Salutary Path for Progress

Sushruta and Charaka, the primary exponents of Ayurveda, are respected not only for profound knowledge, logic, and scholarly contributions but also for their open, inclusive, scientific, and critical approach. Similarly, many scholars have facilitated the transformation of Ayurveda from being a faith-based tradition, to a cause and effect-based rational system of medicine. The Samhitas also emphasize the importance of introspection and reflection for impartial understanding of truth. According to Charaka, a Vaidya should try to imbibe the skills needed to assess a continuously changing world. Such a critical outlook on life and approaches to learning has played a significant role in Ayurveda’s development as a science distinctly different from empirical folklore practices. A true Vaidya always tries to acquire more knowledge, attempt continuous introspection, and encourages questioning. Today, such questioning should also include the research-oriented perspectives of modern science. This kind of spirit is essential for the renaissance of Ayurveda in today’s rapidly changing world.

AYURVEDA IN INDIA

Government of India policy has been in favor of integration of Ayurveda and biomedicine for seven decades. What is missing is an epistemologically informed transdisciplinary methodology, strategy, and a clear road map. Over the past 70 decades, many official bodies have advocated the integration of modern medicine with the AYUSH systems: the Bhore Committee in 1946, the Mudaliar Committee in 1961, the Group on Medical Education and Support Human Resource in 1975, a Joint Study Group of the Indian Council of Social Sciences Research and the Indian Council on Medical Research in 1981, and the first National Health Policy in 1983. The National Education Policy for Health Sciences of 1989 emphasized the need to develop healthy relations and mutual respect between different systems of medicine. The AYUSH Policy 2002 group recommended many steps to improve education, healthcare, research, and industry. The 12th Five Year Plan document has also encouraged strategy of mainstreaming AYUSH. Last year, the Government of Kerala formed an advisory committee under the chairmanship of Sam Pitroda, while the Government of Madhya Pradesh has recently established an advisory group under the chairmanship of Shailaja Chandra to encourage Ayurveda. In December 2013, the Government of Gujarat organized a conference with the theme ‘Healthy Gujarat’ one session of which focused on ‘Convergence of Ayurveda and Modern Medicine’, this was followed by a National Ayurveda Summit on February 25, 2014. Thus, Government patronage and policies were supportive for Ayurveda and integration. Yet the Ayurveda profession seems not to have been able to reap benefits to optimal effect. Clearly, the problem seems not to be one of policy and planning but to lie at the level of professional execution.

Efficient execution requires a more capable human resource, and creative minds in administrative and professional domains. Just increasing numbers of doctors or budgets will not lead to the desired results. For instance, while efforts to mainstream AYUSH in the National Rural Health Mission scheme was a welcome step, it has hardly brought any advantages, either to Ayurveda, or to Biomedicine or to the community.[2] This may be because it was implemented in a bureaucratic way mainly designed for the administrative convenience of co-location and co-posting. This shows that just increasing numbers of doctors or budgets cannot lead to desired results unless systematic efforts for capacity building, research, and new training and education programs are included, supporting the core objective of developing a mutually respected, epistemologically informed framework of integration.

Recently, the Government of Maharashtra has taken a policy decision to allow AYUSH practitioners to adopt certain aspects of modern medicine practice, in which they have received training. A few States have already allowed this and a few others are seriously thinking of moving in the same direction. These decisions may be useful to improve the doctor–population ratio and promise improved primary healthcare, especially in remote areas. However, implementing such policies without proper orientation and training in integrative health care has several adverse political, professional, social, and economic implications. Arguably, some serious limitations exist in the present education and training of AYUSH professionals. We need serious attempts in the direction of improving their quality and they should not be seen merely as cheap labor substitutes within the Biomedical systems. They have far
more to offer. Their core skills need to be recognized in their own right, and made available at the health promotion and primary care level as an invaluable and highly necessary complement to practice of Biomedicine, for use in the context of well-informed integrative practice.

AYURVEDA ABROAD

Presently, we are witnessing increased global interest in the philosophy, principles, and practice of Ayurveda. However, the gap between expectations and delivery from Ayurveda professionals also seems to be increasing. Despite its rich legacy, the ancient science seems to be losing its shine, leadership, and opportunities due to fragmented efforts, and poor vision and strategies, a reality that seems to be a global phenomenon. Demand for complementary and alternative medicine is increasing, but the sector has failed to invest enough in generating evidence for its holistic diagnostic and treatment protocols, safety and efficacy, and its economic advantages over biomedicine’s conventional options. Ayurveda must not suffer this fate. It should not be lumped into the same basket as other systems of complementary and alternative of medicine. It needs better recognition, and deserves a respected place, particularly in its own country.

The recently concluded Global Ayurveda Festival organized from February 20 to 23, 2014 in Kochi witnessed remarkable curiosity from scientists, public health experts, philosophers, and most importantly common people to know more about Ayurveda. In his inaugural address, the President of Mauritius, His Excellency, Rajkeswar Purryag stated that Ayurveda is emerging as a popular medical treatment in his own country. At this point, it is important to note that probably the first systematic protocol-driven clinical trial based on Ayurveda’s original, whole system perspective is presently progressing in Berlin Germany to study possible advantages of Ayurveda in the management of osteoarthritis knee. This significant development is a result of consistent efforts primarily from Mark Rosenberg of the European Academy of Ayurveda and Antonio Morandi of the Ayurvedic Medical Association of Italy, supported by the renowned epidemiologist Claudia Witt from the Charité University of Medicine, Germany. The Central Council for Research in Ayurveda and Siddha and the Department of AYUSH must be complimented for showing a strategic vision to fund this historical clinical trial.

Another important project is also from Europe: Dominik Wujastyk and others from University of Vienna are working on a critique of Charaka Samhitas with support from the Austrian Science Fund. This is an exemplary work of fundamental research on the Ayurvedic Samhita after a long gap since contributions from scholars like Meulenbeld during the late nineteen-seventies. Earlier noteworthy efforts of clinical research by physician scientists Daniel Furst and Arvind Chopra in rheumatology, and S R Narahari with Terence Ryan in dermatology have also received scientific recognitions. When China is aggressively encouraging scientific research on TCM through several international collaborations, it is good to see some encouraging Indian examples. Journal of Ayurveda and Integrative Medicine (JAIM) congratulates all these important initiatives on adding scientific credibility and visibility to Ayurveda on the global map.

GLOBALIZING AYURVEDA

While making efforts to globalize Ayurveda, it is even more important to make serious efforts toward finding respectable identity and position in its own house. In this context a reflective critique by S Jalaja, former Secretary Department of AYUSH is quite thought provoking. Jalaja states “Unfortunately and distressingly, in the garb of globalization, Ayurveda is today commercialized to a degree that it is unrecognizable from commercialized modern medicine, but for the nature of drugs used for treatment. Instead of promoting genuine Ayurveda, globalized Ayurveda is show-cased to attract gullible medico-tourists”. She also flags the clear and present danger “The time has come for Ayurveda community to come out with its own self-regulation or code of conduct. Otherwise Ayurveda as a unique healing system will be deeply mangled and the benefits it offers mankind will never be realized”. It is high time now that we accept present realities and prepare ourselves to resolve them.

AYUSH and Biomedicine practitioners both have responsibilities toward their own sciences. Scholars, thinkers, professionals, teachers, and students of Ayurveda have great responsibility as torch bearers of its great legacy. They are custodians of principles, knowledge, skills, and value systems advocated by this noble profession, all highly necessary to improve public health in today’s world of chronic noncommunicable diseases, which Biomedicine’s reductionist approach has limitations of treating adequately. Most importantly, Ayurveda professionals assume greater responsibilities toward their patients. They can ensure that only safe, effective, and affordable treatments are used by appropriately integrating Ayurveda’s holistic approach with biomedicine. They have responsibility to ensure that neither vested interests nor short-term benefits compromise medical practices, and they have particular responsibility to guarantee that such problems do not detract from the dignity of Ayurveda itself.
Admittedly, the situation is very demanding, but present opportunities are very exciting and expectations from the profession are correspondingly high. Among these challenges, the Ayurveda fraternity also has unique opportunities to engage with contemporary sciences, and so evolve evidence-based integrative models for health. Ayurveda needs to revitalize its research culture, which will be the real game changer. We must bridge the gap between the realities, opportunities, and expectation wisely and tactfully. In these testing times, Charaka is, as usual, a source of appropriate words of wisdom that may help show us the future path “we are responsible for any consequence of our thoughts; hence we need to adopt a salutary path for progress”.

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