

## MAINSTREAMING OF AYURVEDA: ISSUES, CHALLENGES AND SOLUTIONS

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### ABSTRACT

*Ayurveda* is the world's most ancient system of natural health care and enjoyed unquestioned patronage in the past. The world today recognizes *Ayurveda* as a science of healthcare. . Regarding its preventive and promotive aspects, conventional system of medicine has no any specific measures to counteract many hazardous problems. While allopathic medicine tends to focus on the management of disease, *Ayurveda* provides us with the knowledge of how to prevent disease and how to eliminate its root cause if it does occur. It follows an integrated approach to the prevention and treatment of illness and tries to maintain or re-establish harmony between the mind, body, and forces of nature. It combines a number of approaches, such as changes in lifestyle, herbal remedies, exercise, and meditation, to strengthen and purify the body and mind and increase spiritual awareness. Mainstreaming of the *Ayurveda* system is necessary in order to help solve the human resource shortage in Indian healthcare system.

**Keywords:** *Ayurveda, Mainstreaming, Healthcare*

### INTRODUCTION

Today, it's a unique, indispensable branch of medicine, a complete naturalistic system that depends on the diagnosis of our body's humours - *Vata*, *Pitta* and *Kapha* - to achieve the right balance.

*Ayurveda* in the 21st century needs a fresh wave of new ideas, adventures and liberation, in order to play its required role in the newly emerging era of medical pluralism. We need frank and objective introspection to ask intrepid questions in the same spirit of the *Upanishads*, where students were encouraged to question their mentors. The *Apta* are revered because of their unbiased knowledge and minds open to inquisitive approach. The inquisitive culture in *Ayurveda* has deteriorated over the centuries. We can no longer live on the

glory of the past. The critical outlook of *Ayurveda* must be regained to build a progressive future. We need to challenge assumptions, try to re-interpret meanings in new contexts and, most importantly, dare to experiment to generate fresh evidence. Today's Evidence based medicine (EBM) expects exactly the same.

#### Principles of Ayurvedic treatment

*Ayurveda* aims at making a happy, healthy and peaceful society.

The two most important aims of *Ayurvedic* treatment are:

1. To maintain the health of healthy people
2. To cure the diseases of sick people

According to *Ayurveda* our environment is made up of the five primary ele-

ments, viz. ether, air, fire, water and earth. Just as in nature, human beings are also comprised of these five elements. When any of these elements are imbalanced in the environment, they will have an influence on us. The foods we eat and the weather is just two examples of the influence of these elements. The five primary elements manifest in the human body as three basic humours known as *Doshas* (*Vata*, *Pitta* and *Kapha*). These three *Doshas* govern creation, maintenance and destruction of bodily tissues. Each person is born with a unique combination of these *Doshas* which decides their basic constitution called *Prakruti*.

### Issues in Ayurvedic system of medicine – Present Crisis

Several thought leaders in *Ayurveda* and health sciences infer that the sector is in crisis and facing formidable challenges. The inference is based on the unimpressive performance of the sector on all fronts, education, research, clinical practice, industry, and regulation. Reasons for the crisis of *Ayurveda* are complex. Visible, right on the surface reasons, include proximate causes such as the conservative and short sighted attitudes of entrenched administrators, educators, scientists, practitioners, industry, and above all lack of strategic vision and political will at the government level. At a deeper more invisible level is the cultural and epistemological divide between globally dominant western science and still marginalized Indian knowledge systems. The colonial legacy of decrying Indian sciences has yet to be outgrown. More reasons for arrested progress *Ayurveda* derive from history especially that of the last millennium when our cultural and intellectual freedom and traditions were trampled and state patronage was ceaselessly denied by foreign rulers. The renaissance, in Europe, and the

subsequent developments in science, technology and medicine, almost bypassed the subjugated India.

*Ayurveda* scholars and practitioners must be given credit for protecting its knowledge during the dark periods; however, it is high time now to face realities of today. *Ayurveda* practice needs to be dynamic, scientific, ethical, and integrative. It must be liberated from emotional, pride-based, blind-following practices, and refrain from spurious advertisements, mysticism, and self-propagation. *Charaka* also condemns quackery among practitioners as "*Rogabhisar Vaidya*," which literally means "a doctor who spreads diseases rather than providing health." The expectations from evidence based medicine are no way different than the qualities of a good doctor detailed in the *Samhitas*. The ability to evaluate the strengths and limitations of existing knowledge is necessary for rational decisions.

Many times a patient goes to an Allopathic doctor for treatment. If he finds no improvement in health despite taking Allopathic treatment, he turns towards *Ayurvedic* treatment. By the time one turns to *Ayurvedic* treatment, the disease gets settled in the body, a lot of money gets wasted on medicines and side effects of those medicines are also experienced. After taking the *Ayurvedic* treatment the patient realises that the disease is getting cured. Then he starts feeling, 'I wish I had taken the *Ayurvedic* treatment right from the beginning!' So to avoid this and to avoid the harmful side effects, it is necessary to take *Ayurvedic* treatment from the beginning of the illness itself.

The National Rural Health Mission has stated as one of its key mandates the mainstreaming of the *Ayurveda* system in order to help solve the human resource

shortage in Indian healthcare. This has been planned by providing training to *Ayurveda* practitioners on primary care and national health programmes, by establishing departments of *Ayurveda* in the district level hospitals and by establishing *Ayurveda* centres of excellence as referral centres, and research, development and supervision points. The practical challenges to be considered include a gross divergence in the basic philosophy of practice; disparities in approach to specific clinical conditions; differences in their normative approach in decision making; an unclear policy for cross referral and problems of cross practice that could potentially rise in this condition. Mainstreaming of *Ayurveda* into the existing public health system can have certain ethical implications: not doing good by failing to concentrate on the community value judgments about *Ayurveda*; doing harm by a confusing plurality in approach and unhealthy segregation of practices without healthy dialogue between practitioners of either system; not disclosing which type of practitioners; lack of proper public accountability mechanisms at the primary care and grassroots levels; and, finally, lack of social justice. These ethical issues have to be considered while mainstreaming *Ayurveda*.

#### **Issues of Quality in *Ayurvedic* system of medicine**

- Explanation for origin or proof of concept
- Availability of Original texts written in Pre-Sanskrit grammar style
- Objective to measure *Doshas* or proof of existence.
- Provide data about rigorous proof of safety and efficacy by modern standards of clinical trial
- Provide high quality pharmaceutical standards to assure consistent quality of preparations

- Provide teaching hospital and research activities
- Proper integration and linkage to Modern Technology
- Participation of National Health Programme
- Communication with WHO, UN, NHRC, IUCN along with other institutes
- Ability to match dramatic outcomes with antibiotics, antiulcer agents etc.
- Provide proper qualified manpower

#### **Challenges in *Ayurvedic* system of medicine**

*Ayurveda* and modern medicine are derived from different epistemological and ontological premises. Therefore, the approach to diagnosis of diseases as well as nomenclature differs. It is quite impossible to make one to one correlations or pick up equivalent terms. *Ayurvedic* classification of diseases is based on the concepts of pathology that are different from those of the International Classification of Diseases (ICD). A comprehensive *Ayurvedic* classification and nomenclature of diseases has not yet been developed in contemporary academic environments of *Ayurveda*, albeit attempts have been made to create working lists and even to find the correlation between *Ayurvedic* disease terminologies and the International Classification of Disease nomenclature.

In the present scenario, there is a need to develop a comprehensive classification and nomenclature for diseases from the *Ayurvedic* perspective. It would make sense to refer to this as the *Ayurvedic* Classification of Diseases (ACD). This is indispensable for effective communication within the community of *Ayurveda*. We are in such a situation today that we need to use both ICD and ACD when reporting clinical outcomes in *Ayurveda*. Without modern scientific terminology of diseases,

it may become difficult to not only communicate effectively, but also to negotiate with regulatory authorities, insurance, and mainstream science. On the other hand, if we ignore the *Ayurvedic* classification and nomenclature of diseases, we are at the risk of losing the unique individualized multimodal approach of *Ayurveda* to maintain health and treat diseases.

Dosage is another a long pending issue for herbal treatments, while most conventional medicines are aggressively tested to determine the most effective and safest dosages (especially in relation to parameters like body weight, drug interactions etc.), there are few established dosage standards for various herbal treatments available in the market.

Several factors might contribute to such issues & discrepancies, for example:

- Lack of standardization and quality control of the herbal drugs used in clinical trials
- Use of different dosages of herbal medicines
- Inadequate randomization in most studies, and patient's batch not properly selected
- Numbers of patients in most trials are insufficient for the attainment of statistical significance
- Difficulty in establishing appropriate placebos because of the taste and aroma etc;
- Wide variations in the duration of treatments using herbal medicines.

### Solutions

If our aim is to develop *Ayurveda* to solve the major nutritional problems and chronic diseases of the people in this country at lower costs, integrative research and transdisciplinary protocols are not the focal points. There have been instances in the regions where the government has successfully used *Ayurvedic* experts in their

own terms to solve public health problems for the needy.

Intensive documentation of the currently available *Ayurvedic* treatments practiced in different regions in the country and their standardization is more important than the standardization of drugs. The former would contribute to consolidation of *Ayurvedic* clinical experience and improvement of expertise of the *Ayurvedic* professional and the latter will help the pharmaceutical industry more. If, we wish to export *Ayurvedic* recipes, integrative medicine becomes necessary; but this is likely to create an *Ayurveda* without any roots, at the mercy of herbal products industry.

Despite these formidable obstacles many significant intellectual efforts have taken place as interpretations, reinterpretations, and critical scholarly commentaries duly recognized by scholars like. *Ayurveda* draws its philosophies from *Darshanas*, which teach relentless and objective search for the truth. The *Darshanas* expect reproducible knowledge earned through rigorous *Pramana*-based and ethical practices. *Charaka* and *Sushruta* laid foundations for logical analysis, sequential *Nidana* and its experiential reversal methods with an emphasis on practical management of patients. *Vagbhata* reconstructed the texts according to contemporary needs. These *Samhitas*, in hundreds of verses, explain methods of studying cause-effect relations, evaluation of true associations, and unbiased meticulous observations. But these classics have to be rewritten incorporating the major medical discoveries of the last 2 centuries. The arrested growth of *Ayurveda* has to be compensated by incorporating the basics of biology, chemistry, and physics. *Ayurvedic* physicians should not be deprived of major disciplines like microbiology, immunology, biochemistry, genet-

ics, pathology, imaging techniques, endoscopies, and minimal access surgery.

### **Future Directions: Some Suggestions**

The emphasis of efforts in *Ayurveda* should therefore be

- Separate entrance test for BAMS course instead of recruiting from the CET pool those who wanted to enter MBBS but could not because of poor scores; There is a need to create *Ayurvedic* professionals who seek to enter *Ayurveda* for its own value and respect their own system of medicine.
- Standardizing *Ayurvedic* diagnostic and treatment protocols by in situ studies and documentation of clinical practices.
- Creating centers of excellence for *Naadi Pariksha, Marma Chikitsa, Visha Chikitsa*, treatment of paralysis, medicinal preparation, and other special methods of *Ayurveda*
- Including these protocols to strengthen the *Ayurvedic* component in BAMS and MD degree courses. Linking skilled traditional *Vaidyas* and *Hakims* with the college education system
- Creating regional *Ayurvedic* protocols for the public health system, including prenatal and postnatal care and maternal health
- Sustainable manufacture and supply of quality drugs for public health
- Greater research into new food stuffs in the market, contemporary dietary habits and lifestyle and their effect of body constitution and *Dosha Dhatu Satmya* as measured in various regions, rather than single-drug research for export
- Nation level forum for serious debate and discussion among *Ayurvedic* professionals about the role of RCTs and Multinationals in *Ayurveda* and for the

creation of pan Indian protocols for strengthening professional boundaries

- Regulatory mechanism to specify to what extent can *Ayurvedic* graduates perform biomedical interventions and whether biochemists/biomedical specialists are competent to carry out research on *Ayurveda* without formal training in *Ayurvedic* pharmacology.
- *Ayurveda* requires research in the areas of diagnostic principles of *Ayurveda* so that the *Ayurvedic* diagnosis can be made more pinpointed leading to more effective treatment strategies.
- *Ayurvedic* scholars need rigorous training in the *Shastras*, science and medicine along with exposure to appropriate research methodology.
- *Ayurveda* laid great emphasis on consensual validity amongst experts. This consensus approach is different from agreement amongst so-called authorities, who often express their views based on personal experience. We have to reactivate the '*Apta tadvidya sambhasha*' on selected challenging areas. The congruent mode of validity will address *Ayurvedic* as well as biological evidence based on probability in *in vitro* and *in vivo* experimental models of a disease or the target features. Finally, the concurrent validity in humans would utilize new approaches like *Ayurvedic* Pharmacoepidemiology, reverse pharmacology and systems *Ayurveda*. This approach promises to address the urgent need for translational research in *Ayurveda*.

### **Suggestions to Empower *Ayurvedic* system of medicine in Mainstreaming**

- Establish own Teaching Hospital having all facilities required for effective practical training and *Ayurveda* health services according to its different spe-

cialities i.e. *Kayachikitsa, Shalyatantra and Prasutitantra* etc.

- Provide teaching hospital and research activities.
- Establish Research Institutes having support for clinical research into use of *Ayurveda* Medicine for treating country's common health problems.
- Explanation for origin or proof of concept.
- Provide data about rigorous proof of safety and efficacy by modern standards of clinical trial.
- Provide high quality pharmaceutical standards to assure consistent quality of preparations.
- Ability to match dramatic outcomes with antibiotics, antiulcer agents etc.
- Proper integration and linkage to Modern Technology.

## CONCLUSION

As a system of medicine that has already seen three millennia, *Ayurveda* is going through major transformation. A lot of research has been done in the past five decades by sociologists and anthropologists on the changes in traditional Asian medicine. These studies show how physicians of traditional medicine aspire to be like biomedical doctors or, are under pressure to prove them in an asymmetrical relationship to laboratory science. Medical professionals and social scientists are placed in an institutional setup where they face similar challenges. A culture of dialogue between social and medical sciences will be fruitful to gain mutual understanding and for a socially relevant professional practice.

Though the number of persons studying and conducting research in the field of *Ayurveda* has increased multifold there has not been a matching increase to facilitate learning and research in this

field. Necessary and efficient tools have not been developed to facilitate easy and correct understanding of the *Ayurvedic* texts. Further, it is to be noted that the system of *Ayurveda* has very strong foundations, both theoretical as well as practical. The practical foundations are well established, while the theoretical foundations based on the other *Vedic* systems, especially the six systems of Indian philosophy, in the required manner. Unless the theoretical foundations of any subject is strongly established, it would be impossible for the practice of that subject to stand the test of time and other vagaries and sustain itself in a proper manner. Therefore it is imperative for a comprehensive medical science like *Ayurveda* to be established on strong theoretical foundations, based on which it can serve the world for a long time. For the purpose of *Ayurvedic* research the modern research methodology is not suitable. Hence, there is a need for a paradigm shift in the research methodology for *Ayurveda*. In this regard, most of the renowned workers advocate the same.

## REFERENCES

1. Dahanukar Sharadini A. EvidenceBased Ayurveda, Lectures on Ayurveda, Kottakkal Ayurveda Series: 50. Kottakkal, Kerala: The Arya Vaidya Sala; 2002. Jan, pp. 159–68.
2. Patwardhan K, Gehlot S, Singh G, Rathore H. Global challenges of graduate level Ayurvedic education: A survey. *Int J Ayurveda Res* 2010;1:49-54
3. Sethi PD. A vision of hope – Primary focus in the new millennium, Quintessential Wisdom. New Delhi: Indian Pharmaceutical Congress Association; 1998. p. 403.
4. “Globalization of Ayurveda Challenges ahead” by Dr. Vishal Gulati, Chairman of IAF, UK (2002)

5. [http://www.whoindia.org/LinkFiles/AYUSH\\_NPolicy-ISM&HHomeopathy.pdf](http://www.whoindia.org/LinkFiles/AYUSH_NPolicy-ISM&HHomeopathy.pdf). [Last accessed on 2009 Aug 10].
6. Health Administrator Vol : XIX Number 1: 74-75 CHAPTER - 17 Adapted from The Pharma Review, August 2005.
7. Integrating Intellectual Property Rights and Development Policy", Report of the Commission on Intellectual Property Rights, London, September, 2002.
8. [http://www.iprbiopiracy.ch4final\[1 \]/](http://www.iprbiopiracy.ch4final[1 ]/)
9. <http://nccam.nih.gov/health/ayurveda/introduction.htm#ususe>
10. Vaidya Yadava jee, Acharya Trikam jee., editors. Rashtriya Sanskrita Sansthan. 1st ed. 2002. Acharya Carak, Carak Samhita; p. 167. (reprinted)
11. Sen Govinda Das, Ratnawali Bhaishjya. In: Siddhi Prada Commentary. 1st ed. Mishra Siddhi Nandan., editor. Varanasi: Chaukhamba Surbharati Prakashan; 2007. p. 936
12. <http://www.indianmedicine.nic.in/howfile.asp?lid=337>.

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