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PGIMER standing academic committee has recently given nod to include Ayurveda and traditional medicine in curriculum of the proposed MBBS course. In fact, two schools have emerged after clearance by the PGIMER standing academic committee. First school of thought has welcomed the move by arguing scientific validation of Ayurveda. Second school of thought has vehemently criticized the move by saying that it shall have impact on integrity of both sciences. In fact, the concept of including traditional medicine in PGIMER domain was conceived way back in 2005 under the aegis of department of pharmacology.

A proposal was prepared for establishing traditional medicine testing center in PGIMER itself in 2007 by pharmacology department. In fact, pharmacology department is ideal for such an ambitious project since a pharmacologist by profession has affinity with drugs of natural source for the purpose of drug discovery. What is the obvious difference between Ayurveda and traditional medicine? This is a natural query that PGIMER standing academic committee has opted for Ayurveda and traditional medicine. Hence, similarities and differences between Ayurveda and traditional medicine must be sorted out.

Majority of population take Ayurveda medicine and herbal medicine on similar lines. Ayurveda is included in Ayush systems of medicine and it has standardized definition. Recently Department of Ayush has given new definition to Ayush systems of medicine -traditional & non-conventional systems of health care and healing which include Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy, etc.

When it comes to traditional medicine World Health Organization has coined a standardized definition. Systems of medicine developed before the era of modern medicine, based on cultural beliefs and practices handed down from generation to generation. Apparently, there seems to be no demarcation between Ayurveda and traditional medicine taking in consideration the standard definitions but has a striking distinction from global point of view.

National Commission on Indian System of Medicine (NCISM) has developed an Ayush module for MBBS course. This is available on the website of the commission. The draft of the syllabus included for proposed MBBS course of PGIMER is yet not available in public domain but major curiosity is whether the ambitious move shall have a practical take off.

As already pointed, a project related to establishment of traditional medicine testing centre at PGIMER was conceived long back but never took practical shape.

Truly speaking, stakeholders of Ayush and Allopathic have been on warpath with respect to policies and regulations. May it be Ayush notification allowing surgery by BAMS doctors or Allopathic practice by Ayurveda doctors or vice versa? Probably, the project related to establishment of traditional medicine testing centre at PGIMER failed to take off due to non-understanding of research policies between stakeholders of Ayush and Allopathic. Here, it must be emphasized that merely by establishing ayurvedic OPD in prestigious institutes like PGIMER, the target of rendering scientific validation of the ancient system of healing for international standards cannot be achieved.

However, touching sensitive issues is not aim of the communication but to suggest a roadmap for practical execution of the PGIMER move. Ayurvedic department has been initiated at few of all Indian institutes of medical sciences with the purpose of boosting clinical practice. Right now commercial value of Ayurveda lies in drug discovery and ethnopharmacology should be included as part of pharmacology curriculum.

Here it is worthwhile to cite example of MS Traditional Medicine course taught at national institute of pharmaceutical education and research at Mohali. Despite several challenges, the course is active and playing crucial role in producing professional manpower for the industry. Institute of traditional medicine under the Mentorship of Indian Council of Medical Research in Bangalore is working on establishing scientific accountability of traditional medicine.

PGIMER move to include Ayurveda and Traditional Medicine in MBBS curriculum had been widely published in newspapers. In this regard, it must be argued that propaganda of such moves must be put on ground reality so that professional etiquette survives. Several people object in naming Ayurveda as Traditional Medicine or reverse pharmacology or more precisely correlate with ethnopharmacology.

Traditional Medicine prospects in India cannot be enhanced until academic work befitting to international standards is pioneered. Inclusion of Ayurveda and Traditional Medicine in MBBS curriculum can be seen as a step aimed at reducing the gap between two sciences and onset of integrative medicine model as advocated by Planning Commission of India is a testimonial in support.

The National Commission for Indian System of Medicine (NCISM) has taken historical steps at the level of graduate and post graduate education. There is provision of study the subject on Research Methodology and Medical – Statistics for Third (Final) Professional Bachelor of Ayurvedic Medicine and Surgery programme under the Department of Swasthavritta & Yoga. Therefore, each and every recognized Ayurveda institution/college shall have to comply with the aforesaid provision.

The Post Graduate Institute requires to have central research laboratory and animal house for starting post graduate, animal house either own or in collaboration. The Central Council for Research in Ayurvedic Sciences has launched New student fellowship programme 'SPARK' (Studentship Program for Ayurveda Research Ken) to support innovative research in Ayurveda.

As per latest news, The National Medical Commission (NMC) has made it compulsory for every medical college to have a "Department of Integrative Medicine Research" to promote integration of modern medicine with homoeopathy and Indian systems of medicine such as Ayurveda. This is welcome news for Ayush fraternity as it shall boost chances of research and development in traditional systems of healing. Probably, decision taken by PGIMER



standing academic committee for including Ayurveda and Traditional Medicine in curriculum of the proposed MBBS course is justified keeping in mind Planning Commission of India and The National Medical Commission betting for integrative medicine model.

With more and more medical institutions coming up in India every year due to acute scarcity of medical professionals and diminishing admission in Ayush institutions, integrative medicine model is the need of the hour for survival of traditional systems of healing. Based on the recent developments at national and global levels, reopening of the project of establishing traditional medicine testing center in PGIMER in 2007 by pharmacology department must be explored. For these ambitious projects funding is the chief issue and with an open mind, the statutory bodies must allocate lucrative funding for boosting traditional medicine research and development.

The Centres of Excellence Scheme of the Ayush Ministry has been lauded for tremendous success in raising high-impact institutions in the Ayush sector. A recent evaluation of the Centres of Excellence scheme of the Ayush Ministry carried by the Centre for Market Research and Social Development (CMRSD), New Delhi, has lauded the scheme for its innovative and creative projects that are promoting Ayush-based healthcare solutions in different parts of the country.

Under the Centres of Excellence scheme of the Ministry of Ayush's support is provided to reputed Ayush institutions for upgrading their functions and facilities to levels of excellence. The Centres of Excellence selected under this Scheme are the institutions that engaged in activities like Clinical Research, Ayush Healthcare (hospitals), Research based on the fundamentals of Ayush, Inter-disciplinary research in areas like pharmacognosy, phytochemistry and pharmacology, product development and bridging Ayush and modern medical science.

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