

[Home](#) / [Cover Story](#) / [Revisiting Ayush Policy](#)

Revisiting Ayush Policy

By Usha Sharma on July 16, 2018



The government is trying to revive the AYUSH sector, but the success of its measures would rest on its ability to establish AYUSH as an evidence-based sector

The tragedy of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) is quite unbelievable! It is one of the oldest traditional form of treatment in the world, which originated almost 500 years back in India. Post independence, it started losing its grass root presence, which continued for many years. The irony is that since the last few decades, AYUSH is being accepted and appreciated in the west and many countries have started considering it for various treatment, however in India people are more inclined towards allopathy medicines.

How does allopathy get into a vein of Indian?

The term allopathy was invented by German physician Samuel Hahnemann and was practised in America from the period of the American Revolutionary War till 1876, which marks the start of preventive medicine.

If we compare origin and existence of AYUSH with Allopathy in India, we realise that the total number of experience of later method is much less and still it is ruling the planet. So, let's understand what went wrong especially post independence?

Mahesh K Vahalia, General Manager, Shree Dhootapapeshwar while criticising the allopathy practice says, "During the british rule everything in India was looked upon as insufficient, improper, first by the Britishers and then by our Indian elite. As a result; we considered Ayurveda as an empirical system without any scientific basis and without much potential. It did not get due attention even post independence."



Like Vahalia, Dr Narendra Bhatt, Consultant Ayurveda – Research & Industry President, IASTAM – India, voice similar concerns and says, "Post-independence

Mahesh K Vahalia

India adhering to British model of allopathy, now termed as conventional medicine dominated medical care, lack of respect and interest by the then government for indigenous medical knowledge, added with industrialisation and urbanisation have caused limited development of Ayurveda and other traditional systems. Even the late recognition from 1971 with Central Council of Indian Medicine (CCIM) Act was implemented as a copy of the IMC Act; thereby creating an unending parallel structure without rightful gains for indigenous knowledge.”

There are more reasons to this. Vahalia points out, “The original scientific scriptures are in Sanskrit which is in coded form and a strong willingness is required to learn age-old science coupled with a comparatively higher level intellect, grasping ability and memory is a pre-requisite to understand and assimilate the knowledge of Ayurveda. This dedication seems to be lacking. This may be another contributory factor.”

Though AYUSH took a back-seat soon after independence, experts of AYUSH were playing as a rear wind shield and alerting about its adverse effects. Many vedic experts continued following the treatment methods and tried to educate the masses about the benefits of AYUSH. The situation would have been far better if both the government and the corporate had come together to take care of AYUSH

Bhatt emphasises, “Several decades have been utilised to run after an aimless race without any major gains except creating a huge but qualitatively poor infrastructure that is less confident and less productive in terms of actual contribution to national healthcare delivery. Whereas opportunities for AYUSH have increased in recent times the AYUSH systems need to gear up to take on present day challenges.”



AYUSH being the second choice of treatment method, Shashank Sandu, Director, Dr Narendra Bhatt Sandu Pharmaceuticals stresses, “The secondary treatment accorded to AYUSH is due to historical importance given in India’s healthcare policy and lack of importance given by policy makers of yesteryears. Before 2014, when AYUSH was known as Department of Indian System of Medicine, within the Ministry of Health & Family Planning, the total amount given to AYUSH in the health budget was a mere three per cent. How can you expect the AYUSH system to grow when the government of the day did give ‘RAJASHARAY’?”

Birth of AYUSH Ministry

The Ministry of AYUSH was formed in 2014, under the leadership of our Prime Minister **Narendra Modi**. Being a newly formed ministry, the ministry implemented policy changes and Niti Aayog was set up. The government wanted to have public debate and opinions from all stakeholders which are spread across India and in more than six lakhs villages.

Sandu, while informing the hardships taken at the ministerial level, to procure an equal status for AYUSH says, “The Ministry has been holding participative workshops of stakeholders in across India, where vaidyas, practitioners, professors, teachers, researchers as well as traditional healers are involved. This is a gigantic exercise and will take time, but this “VICHAR MANTHAN” will certainly bring out a well laid out policy document for AYUSH.”



Bhatt too appreciates the steps taken by the present government in uplifting the status of AYUSH. Bhatt remarks, “It is appreciable that the Modi government is committed to promote AYUSH. It has initiated good steps. However, it is a challenge to deal with the imitative and poorly defined structure that has developed over the last many decades. The inherited structure of administration is more feudal in its approach and action. It has failed to recognise and evolve dynamic open and truly consultative mechanism driven by specific national goals.”

For over a long period of time, we have heard and experienced the side effects of allopathy medication, whereas AYUSH has minimal adverse effects. Now seeing the growing rates of chronic health diseases, people are willing to switch their medication from modern to age old practices. And the trend is not limiting to India, it has been seen across the globe.

Informing about the global perspective, Vahalia says, “People are concerned about escalating cost and side/ adverse effects of chemical-based drugs. Traditional systems have been relegated to play secondary role in their countries of origin. However, Complementary and Alternative Medicine (TCAM) has the potential to play an important role in healthcare. It needs to be validated to gain useful role. Its potential has to be objectively evaluated and just as risk benefit analysis of drugs

Tweets by @ExpPharma

Express Pharma
@ExpPharma

#USFDA approves #SunPharma's #INFUGEM Injection bit.ly/2LsdEIU #pharma #pharmanews



1h

Express Pharma
@ExpPharma

#USFDA gives nod to #Zydus for #acne treatment topical solution bit.ly/2LvAFKU #pharma #pharmanews

3h

Express Pharma

Embed [View on Twitter](#)

with serious side effects is done with chemical-based drugs, it has to be done with TCAM. Then we may be able to realise the benefits of ancient wisdom.”

Sandu while putting forth people’s concern about the adverse effects of chemical-based drugs and their escalating costs of conventional healthcare informs, “There is a growing awareness due the easier and factual availability of information on the internet about the adverse drugs reactions from many drugs resulting in more and more people opting for natural medication. AYUSH system offers this alternative due to their time tested existence. Many common ailments can be treated through AYUSH system. Further, Ayurveda believes in treating patient as a whole, offering holistic cure against symptomatic relief.”

Traditionally, Traditional Complementary & Alternative Medicine (TCAM) is considered as a safe and reliable medication. Ayurveda and other indigenous systems when given as per their own laid down principles are much safer. This is otherwise also true because of natural origin of drugs used in these systems. However, issues of safety have come up that are required to be addressed, and should follow the practice of allopathy. Rather than responding to it in a knee jerk fashion, there is a need to have a systematic comprehensive strategic approach to define and address the safety issues related to these products.

Bhatt briefs, “Quality as a concept means use of right raw material, adherence to prescribed manufacturing process and finding any wrong outcome, if the processes are changed. Deriving the right parameters for the finished products will help address these issues.”

Learnings from China

There is lot more attention required to our traditional methods. It needs to adopt process of modern medication forms of practices, assuring the quality of products which is documented for a longer purpose. We have learnings from our counterpart as well. China adopted to an integrated development model for Traditional Chinese Medicine (TCM) at least five to six decades back. It was a national strategic approach that has given results now as one observes better acceptance of TCM products both in the markets and by the scientists.

Taking lessons from China, which never overlooked its home grown TCM against modern medication and set a global remark, Vahalia defines, “China never neglected its traditional system. Same importance and attention was given to TCAM as to modern medicine. It continued validating the TCAM with tools of modern science.”



Bhatt emphasises, “India needs to evolve a national strategic approach rather than haphazard activities. Haphazard piecemeal activities cannot contribute much. In my view, it will be possible to develop a three to five year plan for global acceptance of AYUSH products. We leave everything to administration which besieged with much more. There is an urgent need to evolve methods to derive a national strategic plan. Evolving an Asian Medicine agenda covering more than 60 per cent of the world population is suggested by me long back. Unfortunately, we lack any internal mechanisms that involve different segments of the sector to develop national strategies. These are left to administration which is less consistent, not outcome driven and less accountable.”

Acupuncture and acupressure are not only well accepted and adopted in China but it is well known globally and widely used as well. Informing about the success and taking learnings from it, Vahalia

suggests, "Chinese settled abroad continued patronising TCAM and popularised acupuncture and acupressure in foreign countries. We have to learn to respect our ancient wisdom. World has benefited from vedas and our ancient scriptures while we have neglected this treasure of knowledge that is relevant even today."

Refraining from misleading ad campaigns

Before the world recognises and accepts it whole heartedly, we need to respect and refrain from misleading ad campaigns of Ayurveda, Siddha, Unani and Homoeopathy drugs in India.

Bhatt informs, "There is an extensive abuse to get benefits under the name of Ayurveda by practically all segments of the industry. Efforts are being made to restrain the misuse. Most of these are half-hearted and influenced by interested factors. I doubt, if we will really succeed in curbing the misuse. There is also need to address the issue of permitting indications at the level of licensing to avoid misinterpretations. Historically, the system has either imitated conventional pharmacopoeia or has been forced to follow it in a twisted way. AYUSH products need their own regulatory approach within the realms of their own principles and practices."

Vahalia informs, "We have an Act called Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954. This act regulates advertisement of all drugs including Ayurveda drugs. It lists 54 disease conditions that cannot be advertised. It includes sexual potency, cancer, diabetes, menstrual disorders, mental capacity and memory, etc. The definition of word advertisement is also quite 'inclusive'. It may be stated here that Ayurveda has drugs on some of the disease conditions listed in DMR (OA) Act, 1954. However, due to the provisions of the Act, ASU industry is not able to advertise this to its disadvantage. However, as with other acts, enforcement is wanting. Advertising Standards Council of India (ASCI), a voluntary body also acts as watch dog on exaggerated advertisements."

He continues, "Recently, the Ministry of AYUSH has entered into an MoU with ASCI to monitor advertisements of Ayurveda, Siddha and Unani (ASU) drugs and report misleading advertisements to AYUSH and concerned state regulatory authorities. Everything said and done, self-regulation is the best regulation."

Looking forward

In the beginning of this article, we have mentioned that the current state of AYUSH would have been better if corporates and the government would have taken efforts. It seems that government is taking steps proactively.

Vahalia informs, "National Health Policy 2017 covers main streaming of AYUSH and deals with many aspects of AYUSH systems such as education, AYUSH care in public healthcare facilities, utilisation of AYUSH manpower in health delivery, validation of AYUSH therapy, stress on research and quality, medical pluralism, free AYUSH drugs, freedom of choice for type of treatment and reimbursement of AYUSH treatment."

u.sharma@expressindia.com

Share this:



[← Previous Story](#)

DRL to appeal against US court decision

[Next Story →](#)

Drug regulator orders recall of Novartis's painkiller diclofenac

ABOUT

Express Pharma, first published as Express Pharma Pulse in 1994, is today India's leading business fortnightly for the pharmaceutical industry. With the patronage of its readers, Express Pharma has grown to become the No.1 Business News Magazine for the pharmaceutical industry. The editorial contents include: news, views, analysis and interviews, under four main

segments: Market (The business of pharmaceuticals), Management (Insight for managing pharma), Research (Expertise for drug development) and Pharma Life (HR issues with a pharma focus). Besides this, we bring out periodic specials like the quarterly Pharma Technology Review, Packaging Special and LABNEXT.