

IASTAM

INDIA

NEWSLETTER

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*Vol : III *Issue : 7 *June 2019 (Monthly) *Price : Rs. 6/- *Page 8 *Pune

Connecting Systems; Bridging Disciplines

• Ayurved • Yoga • Unani • Siddha • Asian Medicine •

"Discipline is the bridge between goals and accomplishment"

- Jim Rohn

PRE NOTE

AYUSH in AYUSHMAN BHARAT

Dr. Narendra Bhatt

The Ministry of AYUSH and its officials must be congratulated for having successfully got AYUSH systems recognition as part of 'AYUSHMAN BHARAT'. Elsewhere in this issue is an important article by Prof. Dr. S. S. Savrikar where he has covered this largest ever scheme of healthcare in India under the leadership of Prime Minister Modi.

This provides the biggest opportunity that has ever been offered to AYUSH sector. The planning, execution and the outcome of this major step will be closely watched. It has potential to be a game changer for the sector. While Prof. Savrikar has provided elaborate details, I wish to focus on few important factors that can have a major impact on this scheme.

1. Defining Goals – Success and failure in any public healthcare delivery system are determined by properly defined goals. Defining quantifiable goals in such a situation is not easy, particularly when the healthcare delivery system is in itself based on a paradigm which is different from its own basis. Adapting to this paradigm while working on the strengths of the AYUSH systems will be an important challenge. A comprehensive look at the health and medical care for the needs of the people at the remotest level and the identification of specific

areas where AYUSH systems can demonstrate their strength will be the key. Such a consideration; more than wishful thinking, based on potentials, should be driven by ground realities, critical analysis of the strengths and weaknesses of the systems and by the defining of measurable goals. *What AYUSH can achieve in the areas of prevention of diseases, improvisation of the health status of people, morbidity and mortality in terms of diseases and overall improvisation of medical care must form an integral part of defining such goals.*

2. Skill, Training and Enablement of Human Resources – Obviously such a scheme will require skilled and trained human resources at the level of professional execution, support personnel and the administration. This cannot be achieved by organising simple training programmes. *The outcome of the scheme will be fully dependent on the human resources deployed.* The commitment, involvement and enabling of the institutes and people is not going to be easy. It will be necessary to bring in a serious sense of discipline. The training will have to be aimed at the goals without any ambiguity and must be purpose driven. Ensuring that the human resources employed are capable of delivery, will be another important key to success.

3. Resource Development and Management –

All such resources, whether it be in the form of creating awareness, training, training of the masses, providing equipment, providing treatment, drugs, products or tools, will have to be effectively deployed. The predefined goals will need to be transmitted into ground level objectives, their subsets, both quantifiable and qualitatively efficient. **Organisation of the complete chain management, identifying gaps, identifying trouble points and developing troubleshooting mechanisms with back up arrangements will be required for efficient working of the scheme.**

4. Monitoring Mechanism - The fourth and important aspect will be the execution and monitoring including remedial measures to overcome weaknesses if any, in the system. The effective and productive use of information technology will be a key to ensure success. Such an activity will have to be taken up on mission mode not only at the level of the Central Government but at various levels of execution, right from the top to the ground level.

Need for Open and Productive Deliberations - An endeavour of such magnitude should be undertaken only after intense discussions allowing different stakeholders to raise questions so as to provide an efficient system

and minimise troubleshooting points. Each and every view, be it from profession, from administration, or from management in providing inputs, must be considered so as to develop the capability to take on this major challenge. There is a need for an open door (not closed door) systematic deliberation on the subject of deliverance for this important mission. **We must succeed at any cost so as to define our own footprint for a better future for AYUSH Systems.**

The quantifiable endpoint parameters in the context of the whole AYUSHMAN BHARAT Scheme will be very vital to avoid any new confusion about the outcome. I recollect a few instances wherein though Ayurvedic interventions were found to be useful, they could not generate the desired space as was expected, due to lack of clarity about end points. I must reiterate that defining such endpoints based on strengths and weaknesses of our system will be very vital.

There is also an opportunity, if executed in the right manner, to undertake epistemological, epidemiological and surveillance research as a parallel activity adhering to the right mechanisms that could then be evaluated for the gains delivered in order to analyse the contributions made by the systems.

**COMMENT****AYUSHMAN BHARAT****- NATIONAL HEALTH CARE SERVICES FOR AYURVEDA**

By Dr. S. S. Savrikar

In 1971 the Central Council of Indian Medicine was established. The organizational structure of institutionalized education in the field of Ayurved came into existence since then. Prior to that Ayurved was being taught through institutions throughout the country, but there was no uniformity in the training. Most of the courses were conducted under the aegis of boards and faculties in different states. The nomenclatures of these courses were also different. Humorously, it was then said that one could put any alphabet together randomly in any sequence, one would an acronym of some course on Ayurved. There were as many qualifications of Ayurved as alphabets from A to Z. A few Universities did have courses on Ayurved courses but they were exceptions. Presently 339 Ayurveda colleges are listed as recognized, in the list displayed by the Central Council of Indian Medicine on its website. An average strength of 50 students per year per college is presumed and every year around 17000 students graduate and are doctors ready to

practice Ayurveda. from these colleges in the country. As on April 1,2010, 478750 Ayurved practitioners have been registered with the councils.

India is the motherland of Ayurveda. Every intellectual, scientist, medical professional and political leader shouts out about the greatness of Ayurveda and its heritage status on societal platforms, in no mean terms. But when it came to utilization of Ayurveda in public health care services the Ayurveda community was given a big zero till date. Ayurved has had no official outlet to offer service to society through Government-led health services sector. With the exception of few states that could be counted on one's fingertips and have some health care centres offering Ayurvedic health care service most other states are sadly lacking in this. Even in these states that offer Ayurved Health Care Service, doctors employed in these centres have been left high and dry, without any infrastructure, medicine or any other resource support. They were never included in any health care statistics