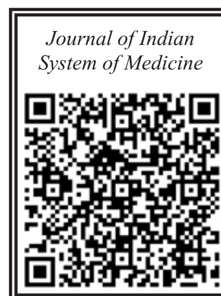
Editor's Note

Future and Past of Ayurveda



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A medicine that has effect will even have side effect. At the outset of criticism on Ayurvedic medicine's nephro and renal toxicity, in 21st century it is essential for Ayurveda to retain self esteem. Ayurveda in modern era faces challenge to bridge a gap for the future in terms of evidence based medicine and on the other hand to retain traditionalism and integrity of the system of the past. To preserve connections of the past knowledge we need to study the manuscripts and Ayurvedic Anthropology. Unfortunately, in the past 1000 years, Traditional Indian sciences have faced turbulences under Muslim and British rule. Recent evidence for such harm is witnessed in the Indo-British Heritage Trust of London which organized a debate on the eve of the inaugural event to mark the 400th anniversary of formal relations between India and Britain back in 1614 on 21 Sep, 2014. A historic debate that put the mighty empire on a mock trial at the Supreme Court and the conclusion drawn was "The British Raj did more harm than good in the Indian subcontinent" [1].

To meet the needs of future outcomes that are pre-defined, measurable and monitored, we depend on the ingenuity of Ayurveda and the strength of the **AYUSH** system. This lies in promotive, preventive & rehabilitative health care, diseases and health conditions relating to women and children, mental health, stress management, problems relating to older person, non-communicable diseases etc. The Department of AYUSH should align its programs and policies with the **National Health outcome, Goals** of reducing IMR, MMR, TFR, Malnutrition, Anemia, Population Control and Child Sex Ratio, etc. [2].

Even though in 11th Plan period, major achievements of scheme implementation were achieved such as Acquisition/ digitization and publication of 23 manuscripts and Publication /translation of 14 books and manuscripts [3], still a lot of manuscripts are in suspension mode at British and German libraries.

A recommendation made in 1920 by Indian National Congress - "*there should be an Integrated System of Medicine and Research which should be combination of both our Ayurveda, Unani, Tibb, Siddha, and Modern medicine system choosing the best out of all and thus supporting one system by another to serve mankind to its best*" should be remembered here [*4*]. The National Health Policy of 2002 noted that *"Under the overarching umbrella of the national health frame work, the alternative systems of medicine Ayurveda, Unani, Siddha, and Homeopathy have a substantial untapped potential of India and build up credibility ... by encouraging evidence based research to determine their efficiency, safety and dosage and also encourage certification and quality marking of products to enable a wider popular acceptance of these system of medicine" [5].*

It is undoubted that the strength of India remains in medicinal plants [6]. The National Medicinal Plants Board (NMPB) has in collaboration with QCI launched a voluntary certification scheme for medicinal plants produce (VSCMPP) which is based on WHO GAP and GCP guidelines [7].

To ensure a good future we do need the utility and control over Information Technology tools which would be applied significantly to improve quality of education, research, health services and manufacturing. Tools like Meta databases, search engines and software of various research

developments with several function are useful in this regards. Examples include clinical documentation, indexing, cataloguing, semantic analysis, cloud sourcing, encyclopedias, E-learning modules, E-books, graphic, entity relationship maps, portals and websites.. To fulfil this goal, the establishment of seven online national libraries for each of the seven components of AYUSH through an all India coordinated program is proposed [8]. A proper support and utility by community can take us to the heights and establish the Ayurveda as EBM.

New holistic research perspectives, frameworks and tools are required for (proposed in 12 five year plan of AYUSH):

a) Clinical research that focuses on *therapeutic outcomes and multi-pronged, individualized, interventions,* rather than single and uniformly applied drugs,

b) Trans-disciplinary and bridging research strategies that correlate AYUSH concepts of health, pathogenesis, nutrition, physiology, pharmacology with bio-medical concepts, thus creating new knowledge that has potential to improve the quality of life of the masses,

c) Fundamental research that also uses IT tools and Indian epistemological perspectives to uncover the depth and width of highly sophisticated "original AYUSH concepts" referenced from dozens of literary sources on different dimensions of health and disease.

d) Identification and scientific development of selected Indian medicinal plants that would meet global market needs, wherein scientific evidence related to their efficacy and safety through rigorous scientific assessment would be taken up in order to meet the emerging global demands for registration under food additives/health supplements/ traditional herbal medicinal products /phyto-medicinal ingredients [9].

To enrich Ayurveda**,** Steering Committee recommends the Establishment of a National Mission on Medical Manuscripts with operational and Financial Autonomy/ independence and development of Core Metadata Standards for Indexing [10]. Apart from development of new scientific monographs, the revision of already published monographs in the 12th Plan has to be under taken [11].

Manuscripts:

Since the inception of human civilization, India has been a center of learning for religion, philosophy, and science. Manuscripts contain writings from eminent scholars. These writings are available on materials such as cloth, birch bark, leaves, clay, etc. They cannot survive without proper handling and care. Central Library, BHU has a large collection of manuscripts that are in regular demand by scholars in different disciplines. This leads to regular consultation of these rare classics which is a cause for the further deterioration of its condition. Efforts are being made to preserve the collection. Simultaneously, conservation of documents is also being done to keep the body and content of the scripture intact. The collaboration of NMM and BHU has advanced efforts in the eastern UP of India in protecting old manuscripts. The collaboration also promises a more intense coordination between the scientific community and manuscriptologists, to bring forth better technological tools and techniques to decipher, search, and retrieve the knowledge stored in these rare scriptures. Last but not least, these efforts help inculcate a sense of responsibility in society toward our rich past. Issues that must be considered include, Identification of type of scholars, Scholars who have contributed to the development of the manuscript database of the region and Access Policies [12].

Medical Anthropology

Medical anthropology, a new discipline within cultural anthropology, offers much to physical therapists who often find themselves practicing in settings with a variety of ethnic groups or predominance of one ethnic group. Culture can be described as a design for living. Cultural beliefs exist to answer certain universal concerns and questions. These cultural orientations are so ingrained that they seem self-evident, but dissonance can occur when these orientations contrast with the values of

individuals from other cultures. At times, unexamined assumptions that clinicians hold can bias treatment planning as well as lead to frustration or even hostility[13]. The indigenous knowledge system has promoted immense bio-diversity in India which of course is negotiated and maintained in a variety of ways keeping the identity of Indian civilization. Peripatetic are one of the links in the complex process [14].

A good practical definition of medical anthropology comes from Cecil Helman: “Medical anthropology is about how people in different cultures and social groups explain the causes of ill health, the types of treatment they believe in, and to whom they turn if they do get ill” [15].

Medical anthropology is the study of human health and disease, health care systems, and bio-cultural adaptation. A key concept in medical ecology is "adaptation," the changes, modifications, and variations that increase the chances of survival, reproductive success, and general wellbeing in an environment [16].

Medical anthropology examines the influence of social and cultural factors, such as professional roles, religion, technology and political economy on health care, and recognizes their potential practical relevance for providing and maintaining health. In multicultural and class-divided societies where health systems function at different social levels (medical pluralism), Medical anthropology, therefore, also considers the exercise of power and differential access to resources, and their impact on people's health [17]. The term 'medical anthropology' however, is a misnomer. It implies identification with the biomedical or scientific perspectives of disease and health, which is questionable because of medical anthropology's interest in dimensions of health care that lie beyond the sphere of biomedicine. Also, one of its aims is to challenge the supremacy of biomedicine as the dominant medical tradition in coexistence with other medical traditions [18].

The most common answer one receives in Mysore city after asking the benefits of Ayurvedic treatment is that it does not have side effects. Apparently the medical, cosmological and philosophical basis of Ayurveda is obscure and imprecise for most laymen. In short, whether allopathy or Ayurveda, the medicine is frequently reduced to the icons of efficacy, if one offers quick fixes, the other has no side effects. This connection between Ayurveda and biomedicine, or an English medicine as it is often referred to in an everyday life in South India, leads us to issues that are relevant for the arguments [19].

One of the most debated issues among Ayurvedic practitioners concerns the advantages and disadvantages of the incorporation of biomedical instruments, technology and concepts into Ayurvedic routines. Regarding the current situation in India the term 'integration' is, however, more appropriate than 'syncretism', for the latter is, apparently, too narrow and problematic to elucidate a state of affairs. However, as emphasized, the present situation in the clinical reality of Mysore does not suggest syncretism, in the historical sense of the term, but to a deliberate and symbolic integration of things, concepts and routines into Ayurvedic practices basically to serve the interests of practitioners and clients.

Apparently the disparity in treatment in the field of Ayurveda is a result of several interrelated reasons, such as: (1) the establishment of luxurious private Ayurvedic centers, actively advertised for foreigners and wealthy consumers, (2) the fact that Governmental subsidies for public Ayurvedic institutions lag behind the ones given to biomedical care, which strengthens the differentiation of Ayurvedic services, (3) the increase in the price of Ayurvedic products and services due to the commercialization and standardization of Ayurvedic therapy in the context of a booming industry and marketing and (4) the conversion of Ayurvedic practitioners from 'small-scale producers to consumers of large-scale manufactures' (Banerjee 2002, p. 446), an aspect that effectively associates Ayurvedic practitioners with an Ayurvedic industry [20].

Anthropology offers two perspectives that can be useful in making health care more acceptable to diverse ethnic groups. The first, ethnography, a central tool in cultural anthropology, involves getting a mental mapping of the patient's world. In other words, the clinician strives for the emic view by learning the patient's definitions and seeing the world from the patient's point of view. The therapist needs to know from what the patient believes he or she is suffering. A doctor's diagnosis, though medically correct from an orthodox point of view, may not be at all representative of the patient's view of the situation. An *etic* view is composed of analytical language such as concepts and theories. An *emic* view refers to the native view or the insider's view. A problem can result when etic terminology and emic terminology are identical in vocabulary but mean different things, assume different origins, and may result in different consequences [21].

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