



INCLUSIVE THERAPY

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Pharmacognosy as a topic of clinical application has immense potentialities in an emerging Inclusive therapy of India. The inclusive Indian therapy as envisaged by Government of India will have to find out a space to step up its “make in India” policy by reciprocity of clinical efficacies between two mandatory bodies “MCI” and “AYUSH” with “PCI” doing the pivotal role of accountability.

The basic problems regarding the alternative systems to bring to forefront lie in the ethnic diversities in practicing the same. The diversities in process and techniques as called “desi sampradaya” has to be brought to light through subjective clinical experience of the patients as a “margi sampradaya” by documentation as national wealth. For this matter, all treatises in Ayurveda, Sidha & Unani barring Homeopathy serve as only “sub texts” that cannot be adopted as a uniform syllabus throughout India. These sub texts have been decoded for ethnic practices that are followed in regions. This variations have been in practice depending on multiple factors including availability of raw materials to ethnic way of living. Most of the regional subjective experience goes as hearsay and there is dire need to document them as national property.

Nutraceuticals nomenclature has become a pet name adopted for countries according to their fancy. In US they term it as “Dietary supplements”; in Canada as “Natural Health Products” and Japan refers them as “Foods for Special Health”. In US, Dietary supplements does not need as per the new law any pre-market testing and/or approval from FDA. There is a huge market of various products ranging from anti-oxidant label to reduce aging cells, chronic condition of depression, as anti-inflammatory, for respiratory disorders and so on.

The dietary supplements Bill of 1994 bring these class of products in US between food and drugs. But strangely, Nutraceuticals a term slowly becoming a craze in Indian Pharmaceutical field lie somewhere else in its richness with our ethnic variations of practices. Through a Supreme Court of India order, it is illegal to prescribe these products by Physicians other than those trained as Practitioners of traditional systems. It is a field opened for Pharmacognosists to act between such Practitioners and modern Allopathic Practitioners to make their clinical efficacy accountable.

The present Pharm.D syllabus should find adequate space to accommodate the Indian systems with the modern hospitals. The problem of accreditation of Pharm.D by US committee may be taken as a blessings in disguise and challenge that we can emerge out with a syllabus to promote Indian module of therapy that could prevent any more piracy of our desi diversities. So far India could resist this piracy to an extent due to our diversity.

I take the famous Sanskrit sloka as an example for AYUSH to locate in ear marking such ethnic Practitioners for the study of this continuing education program.

“*Amantram Aksharam Nasti*” – No alphabet that is not a mantra

“*Nastmoolam anoushadham*” – No plant that is not medicinal

“*Ayojyam Purusho nasty*” – There is no person unworthy

“*Yojakasthathra DurlabhaH*” – What is lacking is a proper dispenser (one who formulate)

This give and take policy of the two tier systems in India will make Indian system an inclusive one to complement Modern system with that of desi sampradaya scattered in the diversities of the country.



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