



Letter to the Editor

Integration of AYUSH and allopathy—pros and cons**1. Introduction**

These comments are in reference to the article “Awareness, practice and views about integrating AYUSH in allopathic curriculum of allopathic doctors and interns in a tertiary care teaching hospital in new Delhi, India,” published in *Journal of Integrative Medicine* in March 2018 [1]. Firstly, I would like to acknowledge the authors for their good effort in taking up this research. To my knowledge, 99% of allopathic physicians lack basic knowledge of Ayurveda but 67% of them still prescribe Ayurvedic medications, especially patent and proprietary formulations [2]. Incorporating Ayurveda, Yoga and Naturopathy, *Unani*, *Siddha* and Homeopathy (AYUSH) into the curriculum of allopathy does not appear to be a better solution to the existing medical crises.

2. Clarifications needed for the article

The study design used was not adequate for the objective of assessing the knowledge of AYUSH among allopathic doctors. The questionnaire used should have been included as an additional document, since the cross-sectional design was based on the questionnaire. AYUSH is the acronym used to refer to a suite of alternative systems of medicine, including Ayurveda, Yoga, *Unani*, *Siddha* and Homeopathy. As an Ayurveda academician myself, I strongly believe that it is wrong to conclude that 95.2% of allopathic physicians are aware of the AYUSH systems simply by knowing the expansion of the acronym. We, the Ayurveda community, are interested to know what 13 questions could be able to assess the knowledge of 5 independent systems of medicine. It is incorrect to make broad claims based on a cross-sectional study, conducted in single hospital. Further, this study contained 482 junior residents and interns among the total 740 participants. More than 65% of the participants in the study had not yet entered into full practice of medicine. The reliability of the questionnaire validated by 4 senior residents of allopathy was dubious. An appropriate questionnaire should have the input and approval of AYUSH professionals, as these practitioners already hold the knowledge that the questionnaire hopes to assess.

The objective of adding AYUSH to the curriculum for allopathic practitioners is invalid: it is not possible for a student to learn 6 systems of medicine simultaneously. Such an effort would be an excessive burden to students of allopathy, who as a result would have expertise in no form of medicine. Too many doctors with too little knowledge is perilous to our society in many ways. Rather than prescribing that AYUSH be incorporated into the curriculum

of allopathy, or allopathy into the curriculum of AYUSH, it is advisable to refer the patients to specialists in the relevant field.

The authors reported that 18.6% of AYUSH users claimed to have suffered side effects, but according to Table 4 in the article, it was only 20 junior residents (2.7%) who had opinions about side effects. There were no details about the nature of side effects. As per 2017 AYUSH statistics, there were a total of 773,668 AYUSH doctors in the country and authors juggles the fact of this highest ratio based on a 2005 published article reference about the old statistics of AYUSH doctors. Based on the AYUSH statistics, there were 341 Ayurveda colleges in India, with an average calculation of 50 seats per year, so the annual number new doctors might exceed 17,000 [3].

3. Why integration is necessary and who are benefitting from it?

Primary health care is the back bone of the health industry in any country. Before establishment of the National Rural Health Mission (NRHM) in 2005, rural India lacked a sufficient number of allopathic practitioners to meet health care requirements and a large proportion of the rural population was underserved during the period. The NRHM was established in 2005 for the mainstreaming of AYUSH. An unprecedented growth of health care in India has been attributed to the emergence of AYUSH systems [4]. AYUSH doctors (10,439) and medics (4146) are serving the primary health care needs of rural India. Integrative medicine should be a perfect blending of experts of allopathy and Ayurveda in such a way that allopathy practitioners to integrate AYUSH in their practice. For example, if allopathic physicians manage the emergency situations, such as pain, as part of integration, AYUSH doctors will be more involved in the management of chronic conditions for the same patient. Thus an integrative approach gives the best to the patient in all aspects. Training of allopathic physicians in AYUSH should be offered exclusively to those who had been serving the population of rural India as rural areas were more dependent on AYUSH systems. Only a deep knowledge in the science would be beneficial rather than mere awareness to the population. On the other hand, the addition of AYUSH to the allopathic curriculum would result in doctors with only superficial knowledge, and lead to deterioration of alternative systems of medicine.

4. Unsolved crises in the health sector

Management of some diseases is still on its infancy and needs further research to move forward [5]. Alternative systems of medicine, like AYUSH, can contribute their systems of herbal knowledge to the benefit of mankind. The pluralism of AYUSH

systems is a great platform for research, especially in undefined areas of the medical system. Well-designed randomized controlled trials, case reports, cohort studies and case control studies support making use of an integrative approach. Research into an appropriate integrative paradigm can offer cost-effective measures to combat disease.

5. An alternative method of healing—a better way?

Increased and irrational use of antibiotics has had a galvanizing effect on Gram-negative organisms and as a result, mortality from these infections is increasing. At the same time, there is intense research in the development of antiviral drugs. Alternative systems of medicine already employ a large number of natural products and herbs that may also have use within the allopathic system as candidates for drug development. Most herbal drugs, in appropriate combinations, can be used harmoniously with medicines from other systems [6]. The possibility of using herbal medicines to heal specific conditions should receive continued attention.

6. Conclusion

The incorporation of AYUSH into allopathic systems is not advisable, as it leads to exploitation in terms of alternative medicines. The threat of dilution of the quality of classical medicines and misinterpretation of concepts cannot be avoided. The population who should be considered most strongly in the prospective integration of AYUSH with allopathic medicine is the patient population. This types of cross-sectional surveys do not add much to the science unless done in a proper way. AYUSH training should be based on strict and stringent regulations. Integration of these

systems may have benefits in addressing the unsolved health crisis and also providing a better way of treating some conditions.

Conflict of interests

The author declares that he has no competing interests.

References

- [1] Singhal S, Roy V. Awareness, practice and views about integrating AYUSH in allopathic curriculum of allopathic doctors and interns in a tertiary care teaching hospital in New Delhi, India. *J Integr Med* 2018;16(2):113–9.
- [2] Gawde SR, Shetty YC, Pawar DB. Knowledge, attitude, and practices toward ayurvedic medicine use among allopathic resident doctors: a cross-sectional study at a tertiary care hospital in India. *Perspect Clin Res* 2013;4(3):175–80.
- [3] Press Information Bureau, Government of India. Two new institutes of Ayurveda established by the government: AYUSH minister. (2017-07) [2018-04-20]. <http://pib.nic.in/newsite/mbErel.aspx?relid=169242>.
- [4] Samal J. Role of AYUSH workforce, therapeutics, and principles in health care delivery with special reference to National Rural Health Mission. *Ayu* 2015;36(1):5–8.
- [5] Sundararaman T, Gupta G. Indian approaches to retaining skilled health workers in rural areas. *Bull World Health Organ* 2011;89(1):73–7.
- [6] Martin KW, Ernst E. Herbal medicines for treatment of bacterial infections: a review of controlled clinical trials. *J Antimicrob Chemother* 2003;51(2):241–6.

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