

The Ayurveda Perspective

Ayurveda is a precious Indian heritage, a comprehensive system of healthcare that the Indian subcontinent historically derived medical and surgical care, dietetics, and lifestyles from, for millennia. Qualified physicians practising clinical Ayurveda are a small percentage compared to the number of Ayurveda seekers. This lack of proportion creates an inadequate professional connection when needed most. Unfortunately, this vacuum in the vast clinical space is occupied and exploited by fakery by the academically uninitiated opportunists and, of course, lucrative commercial interests.

A practitioner in India with a B.A.M.S, M.D. or M.S., or a PhD in Ayurveda would have spent 5+, 8+, or 11+ years on a medical university education covering the theoretical and applied aspects of the full spectrum of pre-clinical, para-clinical, and clinical subjects; and then research. The NCISM syllabus is an exhaustive combination of Vedic and modern medical sciences; common are many textbooks for Ayurveda and M.B.B.S. All the voluminous and original source textbooks of Ayurveda are in Sanskrit, and learning this language is inevitable to get access, and progress deeper into the expansive realms of the ancient yet vibrant science of life.

Ayurveda, despite making rich and continued contributions to the world of medicine and surgery across vast geographies and historical timelines, its actual practitioners are less proactive on social media. There is no effective pushback for the unfounded slander Ayurveda faces perpetually, by print and online media and by a few vociferous handles on Indian Med Twitter. To make things worse, the unprepared and overenthusiastic loudmouths keep muddying the waters with tall claims and magical remedies in the name of Ayurveda. The government should work out mechanisms to strike out such unqualified influencers, and also, on the qualified ones who have breached basic ethics.

Standard Ayurveda Pharmaceutical companies comply with Certificate of Pharmaceutical Product (CoPP) guidelines granted as per the WHO-GMP scheme by the Central Drugs Standard Control Organisation, and F.S.S.A.I., H.A.C.C.P., etc, as applicable. Systems necessitate MSDS or material safety data sheets for every batch of medicines. Heavy Metal slur is a nasty arm-twisting tactic with scant supportive data. In Ayurveda, natural substances, including herbs, metals, minerals, etc., are used with purpose, proper knowledge, and processing for a safe, therapeutic, and non-toxic dose and regimen.

For an Ayurveda insider, it is necessary to refrain from disowning any original concepts in the face of agenda-driven confrontations, or attempts to shame; for example, metallic bhasmas as toxic, the use of ghee as detrimental to health, or the much debated gomūtra as awful etc. We now know bhasmas contain therapeutically active nanoparticles; gomūtra is a free or the cheapest non-invasive animal source for biologically active enzymes, hormones, minerals, anti-microbials, and possibly even stem cells! It can be processed and safely employed for intended therapeutic outcomes in various conditions, up to cancer care, making it worthy of multiple international patents.

There are many similarities, dissimilarities, and conflicts between Ayurveda and modern medicine; hence, there are many grey areas. Regular technical vocabulary is insufficient to explain concepts of Tri-doshas, which form the working mechanisms, and the fundamental basis of this entire science of health. It won't be an exaggeration if we say science is yet to arrive to get a clearer explanation for most of the routine and observable accomplishments of Ayurveda.

Immunosuppressives Vs immunomodulators, past surgical glory Vs technologically integrated modern surgery, and that shodhana panchakarma has no parallel concepts yet; these are some examples of a conflict zone.

Robust scientific principles are established first, and technology catches up later to ease its practice. Though a broad-based science, self-reliant, and scalable, Ayurveda missed an opportunity to modernise for a long time, probably for want of common ground or simply, complacency by its core practitioners. Things are changing quickly with newer materials, methods, and technologies that seamlessly integrate with the pristine concepts of Ayurveda. Rapid access to the mainstream generates vast amounts of research data, bringing scientific validation to timeless practices. Every such newfound verification adds to the ever-growing and more confident global outlook, and this fact has seemingly unsettled many cartels.

Possibilities and limitations are a part of every healthcare system, and one should appreciate the possibilities on the other side when ridden by limitations within. While newer diagnostic methods, emergency care, surgical advances, prosthesis, and medical technologies are achievements on one side, shouldn't it also be intriguing to appreciate the observable and repetitive phenomena yet unexplained in terms of western scientific perspective behind how Ayurveda manages chronic autoimmune disorders like rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, or psoriasis without a need for steroids or other immunosuppressants; or, management of recurrent multi-drug resistant infections

without a need for further antibiotics, a definite respite from stubborn gastritis, or how the non-healing ulcers heal, cases of avascular necrosis getting better, PTH levels normalising without a need for a surgery, fibrosis and cirrhosis of liver being resolved and verified with elastogram / fibroscan studies; and in the domain of supportive care in improving the quality of life of a parkinson's or a stroke patient, plenty of such examples are on record. For an ayurvedācharya, these findings and observations repetitively occur when just following the smooth mechanics underlying the well-established Ayurvedic principles of tridosha and triguṇa; while collaborating with modern diagnostic methods to track progress or otherwise. Should the world not participate in such success stories? Remember, it is the differences in concepts that keep the sciences unique, but only until a common language evolves.

It is not all about these minuscule number of foul-mouthed, scaremongering Twitter handles; they are neither an authority nor the sole representatives of systems they assume to be saviours of. They seemingly do not comply with, or willingly ignore, or hide from public, the Pharmacovigilance authority for Ayurveda and that A.D.R. or adverse drug reaction reporting systems and redressal mechanisms are very much in place under the concerned ministry.

In reality, it is not uncommon to see practising Ayurveda physicians and academicians and those from modern medicine having a clean working relationship. Discussions on contentious topics, inter referrals, or seeking remedies from each other, personally or for family, is an ongoing process. A practitioner with an adequate fund of knowledge who sticks to their domain of expertise finds no reason for a tiff. And, wishing each other well becomes a norm!

To arrive at this point of ease, the need for continued interdisciplinary learning, healthy criticism, mutual respect, acceptance of strengths and weaknesses, and collaborative efforts to narrow the gaps is necessary. Efforts in the right direction to synergise the mountains of ancient wisdom with newer learning and technology are the way forward to better our Nation's health and beyond.

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