India is a land of great ecological, cultural, political and economic diversity. Its healthcare system reflects this diversity, both in its plural systems of health knowledge and practice and in its range of healthcare that begins from a vast array of home remedies and culminates in the most recently developed technologies of modern tertiary care through a vast array of hospitals. Eight officially recognized medical systems make India unique. AYUSH is the current official acronym (Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa Ripka and Homeopathy) for what was earlier called Indian Systems of Medicine and Homeopathy (ISM&H), representing all except the eighth official system: ‘western medicine’, ‘modern medicine’ or biomedicine. Each of the AYUSH systems has its empirical base of codified knowledge, often textual, and has endured as a living tradition during a century-long dominance of western biomedicine.

Ritu Priya
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The commercialisation of Ayush, and LHT as non-commercial healthcare
Traditionally, Ayurveda, Unani and Siddha (AUS) used medicines made by the practitioners; but in an attempt to ensure the survival of these systems, the production and marketing of their medicines now take place on a commercial scale. The commercialisation of AUS has changed the character of the systems. The Department of Ayush seems to be greatly influenced as well. Its major focus of activities is now on promoting the manufacturing and international promotion of AUS medicines. The National Medicinal Plants Board, under the Department of Ayush, has also become more interested in supplying the industry than the local users. A 2008-09 study among public institutions in 18 states found that none of the Ayush doctors used raw herbs or prepared their own medicines anymore.3

Only LHT still represent the non-commercial dimension of traditional medicines in present times. The Department of AUS has under the charge of AUS doctors and can generally not become in charge of the health centre, whatever their seniority in service.

Ample studies show that people use various medical systems and practitioners, based on their collective experiences over decades. For instance, people use home remedies as a first resort for common ailments such as diarrhea and fevers, for antenatal and postnatal health problems. A policy document of the National Health Mission (2011) has suggested that the public health system should evolve into a more non-commercial dimension of traditional medicines in present times. The Department of Ayush, under the charge of Ayush doctors, is under the charge of the Department of Ayush, has also become more interested in supplying the industry than the local users. A 2008-09 study among public institutions in 18 states found that none of the Ayush doctors used raw herbs or prepared their own medicines anymore.3

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The moralisation of healthcare hinders a perspective on medicine as a non-commercial service that can be non-igneous, of good quality and affordable for all.

Interactive pluralism: the possibilities
There is an emerging body of research that attempts to bring the knowledge systems together in terms of their principles. For instance, there is the study by a public institution that has attempted to verify whether the concept of individual practioner, defined by Ayurveda (loosely translated as individual ‘constitution’), correlates with an individual’s genetic markers.4 A study undertaken by a private trust institution, together with the United States National Institute of Health, pioneered a clinical trial on modern lines without compromising the principles of Ayurveda.5 The Central Council for Research in Ayurvedic Sciences has undertaken several clinical studies, but they do not stand up to the scrutiny of modern trials; the council needs to strengthen its methodology based on what it learned from the aforementioned study.

Documenting the use of more than one system by practitioners of modern and traditional medicine and learning from their practices can be revealing. In fact, if we can revive the composite culture that existed in the past, as documented for Punjab, the Hindu upper caste and Sikhs practised Unani as much as the Muslim Khatis, and the Sikhs translated Ayurveda and Unani texts into Gurmukhi so that the less scholarly could read them.6 Ayurvedic texts were translated from Sanskrit to Arabic or Persian (the language of the Muslim courts) and Unani texts from Arabic to Sanskrit.

The Tibbia College, started in 1916 in Dehi by Hakim Ajmal Khan, combined the teaching of Ayurveda and Unani. This activity would rejuvenate the Ayush systems, their teaching and the confidence of their practitioners. It would also provide the world with a different vision of what health-care could mean to human civilization even in contemporary times, contributing to democratic pluralism and sustainable healthcare. The commercialisation of healthcare hinders a perspective on medicine as a non-commercial service that can be non-igneous, of good quality and affordable for all. Layperson worldviews, the ethical codes of LHT and principles of Ayush provide resources for that imagination.7 If Indian public health picks this challenge it will move towards righting many historical wrongs and healing the physical, social and cultural igitroseno of contemporary healthcare systems.

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Notes
1 This paper traces the growth of services of diverse systems of health and healing within Indian public health, drawing upon findings of a study conducted by the author across eighteen states (provinces) in 2008-09.