



**CONTEMPORIZING AYURVEDA PRACTICES –NEED VS. CHALLENGES- A REVIEW
ARTICLE**

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ABSTRACT

Ayurveda represents the most ancient and classical knowledge base pertaining to life science, health and cure, its antiquity going back to the Vedas. Because of its unique pro-nature vision, Ayurveda once again is gaining global relevance. This new upsurge of interest in Ayurveda and its rapidly increasing public use has given rise to many newer issues and challenges. The public in general, as well as the scientific and professional community, seems to be largely convinced with the rationality and possible scientific validity of the principles and approaches of Ayurveda as a logical life science and as a healing modality. The research in Ayurveda aims to develop a scientific view of the concepts and theories laid down in the classics with the necessary amendments made wherever desired keeping the basic principles intact. One of the biggest challenges faced by Ayurveda is the lack of standardization in the preparation and use of medicines. Unlike modern medicine, where drugs are synthesized in a laboratory under strict regulations, Ayurvedic medicines are prepared using natural substances, which can vary in quality and potency.

INTRODUCTION

The world is so nearer now that everything can be made possible within minutes at a remote location by use of modern technologies. Advanced modalities and newer technologies are being introduced each day for finer and precise understanding, cellular metabolism and pathological changes in human body. Modern medicine has been extraordinarily developed with the amalgamation of technology in the field of diagnostic, prognostic and curative procedures. Ayurveda being an ancient science of life is practiced and conceptualized since thousands of years. Ayurveda provides an integrated approach to preventing and treating illness through lifestyle interventions and natural therapies. The motto of Ayurveda is Immortality which can be achieved by recognizing self responsibility, respecting the uniqueness and social education for prevention of diseases as well as maintaining health through lifestyle advancements.

The overall spectrum of contemporary Ayurvedic research seems to include (1) Literary and conceptual research; (2) Clinical and therapeutic research; (3) Drug development research, including standardization of in-use drugs and development of new drugs. In my perception, the only successful component of Ayurvedic

research activity during the last five decades has been the literary research conducted by scholars of Ayurveda, including the scholarly works and translations and critical commentaries on Ayurvedic classics in modern languages which made the classical knowledge base accessible to the present generation of scholars and scientists, thereby opening newer vistas of research and development.

As a matter of fact, now Ayurveda requires two-pronged research enterprise, namely, (1) Research in the science of Ayurveda and (2) Research in the therapeutics of Ayurveda. Till now, the entire effort seems to have been focused on therapeutic research, that too in a halfhearted manner, borrowing abridged methodology without any genuine attempt to develop appropriate new methods specific to the Ayurvedic approach. As a result, the research so done has not proved really rewarding. The former sector, i.e., the research in science of Ayurveda, has remained largely unexplored, although now there is a gradual paradigm shift, which can be visualized in Dr. Valiathan's project on *Science Initiative in Ayurveda*.

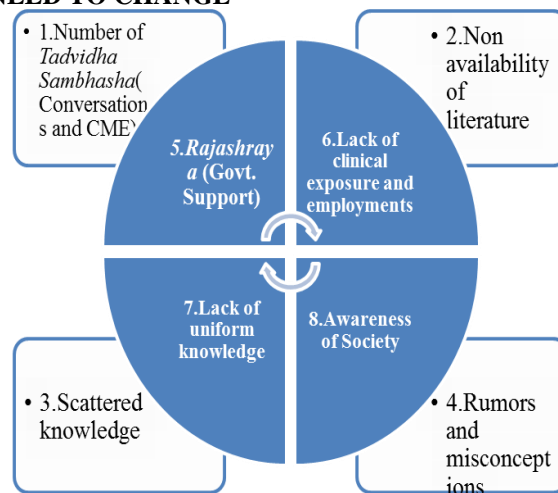
On the other hand, one should not go with the impression that classical Ayurveda has no evidence base. In fact, Ayurveda has always been evidence conscious, and most

of the principles and treatment modalities seem to have been critically tested and validated for the conditions existing in their own time frame. The ancient concept of evidence is based on fourfold testing, viz., (1) *Pratyaksha pramana* (direct observation), (2) *Anumana pramana* (inferential evidence), (3) *Aptopadesa* (scriptural evidence) and (4) *Yukti pramana* (planned rational experimental evidence). This fourfold battery of testing new knowledge is classical of ancient Indian scientific tradition, which seems to be highly contemporary.

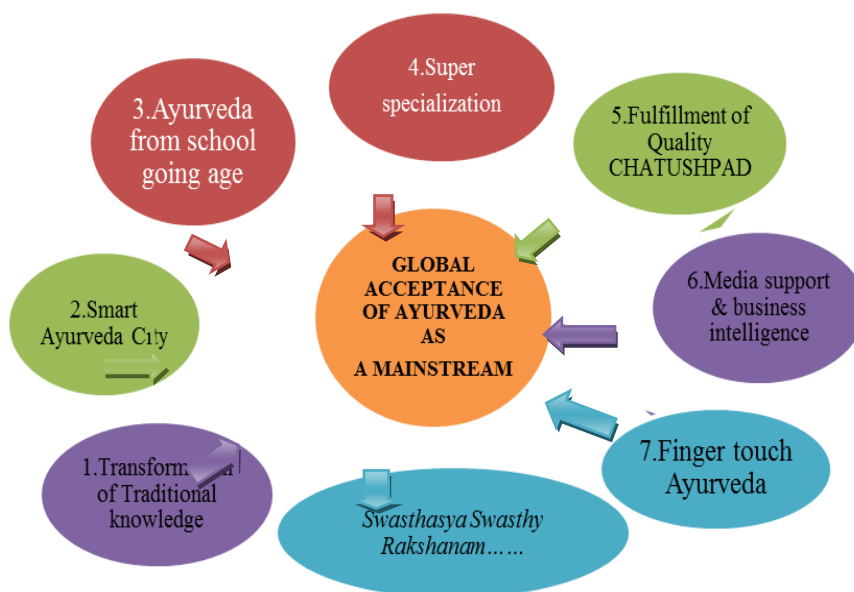
The evidence base of contemporary Ayurveda is to be visualized in several forms, including (1) Textual evidence and folklore claims, (2) Experience-based evidence, (3) Longstanding traditional use, (4) Mass acceptability and (5) New scientific evidence. It cannot be overemphasized that in spite of all the strengths of primary evidence, one cannot deny the need to develop new supportive scientific evidence without which contemporary Ayurveda cannot attain the status of a real global science accessible for the larger benefit of humanity at large. WHO also holds a similar view. However, it must be emphasized that fruitful strategies for developing new scientific evidence cannot succeed if

traditional primary evidence is ignored. New research is to be planned on the foundations of existing textual and experience-based evidence. The frequently used term "evidence" essentially means a relevant and reasonable proof for a fact or truth; such a proof need not be necessarily in words or terms of today's science alone.

NEED TO CHANGE



OUR MISSION



NEEDS IN AYURVEDIC SYSTEM OF MEDICINE

- Conceptually
- Structurally
- Functionally
- Systematically
- Professionally
- Ethically
- Quality

1. CONCEPTUALY

There must be a forum to discuss regarding the classical concepts which are applicable extensively, involving the

experts, experienced, practitioners, students, other related field related with the medicine, etc.

The standardization of all the factor related to the examination, investigation, diagnosis as well as treatment should be patented for the shake of universal guide of this system.

The process of discussion should be documented and upgraded to every level of body in the system.

2. STRUCTURALLY

The structure of the system is to be formed as well as their vision and mission effectively according to the respective expertise.

Vision and mission should be decided as per the system needs excluding the individual needs.

Structure of the system should be registered under the legal law which is recognised by the country policy.

3. FUNCTIONALLY

Forming a standard function of each body in detail through a discussion.

Creating a team to control the functional activity inside the system.

Providing every facilities required inside the system according to its function.

4. SYSTEMATICALLY

All the member inside the system is expected to have known in detail and clearly for the task in systematic way.

Providing a chart to guide systematically of the procedure required to be known by insider as well as outsider of the system.

Providing one unit which acts as the trouble solver in case of presence possibility.

5. PROFESSIONALLY

Professionally of all the member to follow a single system according to their decided vision and mission without any exception.

Punishment for the irrespective blunders in case of any. Charak also condemns quackery among practitioners as “Rogabhisar Vaidya”, which literally means “a doctor who spreads diseases rather than providing health.

6. ETHICALLY

Every member inside the system is expected to understood their every task and become a doer with full of responsibility.

Every member is expected to have a good attitude and respect each other during the process of learning and working ethically.

Ayurveda practice needs to be dynamic, scientific, ethical and integrative.

7. QUALITY

Provide data about rigorous proof of safety and efficacy by modern standards of clinical trial.

Provide high quality pharmaceutical standards to assure consistent quality of preparations.

Participation of National Health Programme, Communication with WHO, NHRC, IUCN along with other institutes.

Ability to match dramatic outcomes with antibiotics, antiulcer agents etc. and Provide proper qualified manpower.

CHALLENGES IN AYURVEDIC SYSTEM OF MEDICINE

Ayurveda and modern medicine are derived from different epistemological and ontological premises. Therefore, the approach to diagnosis of diseases as well as nomenclature differs. It is quite impossible to make one to one correlations or pick up equivalent terms.

A comprehensive Ayurvedic classification and nomenclature of diseases has not yet been developed in contemporary academic environments of Ayurveda.

In the present scenario, there is a need to develop a comprehensive classification and nomenclature for diseases from the Ayurvedic perspective.

On the other hand, if we ignore the Ayurvedic classification and nomenclature of diseases, we are at the risk of losing the unique individualized multimodal approach of Ayurveda to maintain health and treat diseases.

Dosage is another a long pending issue for herbal treatments, while most conventional medicines are aggressively tested to determine the most effective and safest dosages.

Several factors might contribute to such issues & discrepancies, for example:

- Lack of standardization and quality control of the herbal drugs used in clinical trials.
- Use of different dosages of herbal medicines.
- Inadequate randomization in most studies, and patient's batch not properly selected.
- Numbers of patients in most trials are insufficient for the attainment of statistical significance.
- Difficulty in establishing appropriate placebos because of the taste and aroma etc.
- Wide variations in the duration of treatments using herbal medicines.

SOLUTION

We seem to have better consensus on the urgent need for newer models and methods for evidence based Ayurveda.

We need to take the onus to develop and adopt appropriate models in practice.

Charak and Sushruta laid foundations for logical analysis, sequential Nidana and its experimental reversal methods with an emphasis on practical management of patients. Vagbhata reconstructed the texts according to contemporary needs. These Samhita's, in hundreds of verses, explain methods of studying cause-effect relations, evaluation of true associations, and unbiased meticulous observations. But these classics have to be rewritten incorporating the major medical discoveries of the last 2 centuries.

CONCLUSION

As a system of medicine that has already seen three millennia, Ayurveda is going through major transformation. We trust that all these encouraging and timely developments will move evidence based Ayurveda towards being the future medicine for the world. For the present, we need strategy, efficiency and real action. We sincerely hope that with the help of associated experts, mentors and well-wishers this will be possible. We also hope that such a national level, voluntary, self-motivated effort will finally help ailing patients who have the right to receive effective, safe, accessible, and affordable healthcare.