



Review Article

PROPOSING BILATERAL INTEGRATION OF TRADITIONAL AND CONVENTIONAL MEDICAL EDUCATION AND PRACTICE PERCEIVING MAHAMANA MALAVIYA'S VISION

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ABSTRACT

Total 69% of Allopathic doctors prescribe branded Ayurvedic preparations. In a study in North India, it has been observed that, the prescriptions of Allopathic doctors contained 88% allopathic and 12% Ayurvedic drugs. Another study reported that Ayurvedic drugs were prescribed by 5.26% of allopathic-practitioners. Hence, even without formal knowledge and training, allopathic physicians do not want to refer patients to Ayurvedic doctors but prefer to prescribe Ayurvedic drugs on their own to the patients. This tendency of allopathic doctors is unethical and unwarranted. Similar cross prescriptions are also common among Ayurvedic doctors who frequently prescribe modern drugs, but they are given formal allopathic training during their UG and PG education, which may justify their prescription of Allopathic drugs to some extent.

Thus, it is obvious that how important it is for Allopathic practitioners to learn the basics of Ayurveda as its demand is increasing and as it is a fact that the practice of Complementary Ayurveda by Allopathic practitioners is also as important as practice of Complementary Allopathy is by Ayurvedic practitioners for a successful practice.

Thus "Bilateral Integration" of both streams of Medicine in India has now become essential for sustaining the ethical practice with legal provisions in public interest.

Key words: Mahamana Malaviya ji, Ayurveda, Medical Education, Allopathy.

INTRODUCTION

Malaviya ji proclaimed for BHU, 'I am establishing a University, which will combine ancient wisdom with the knowledge of the physical sciences and technology.' He conceived of a university with a blend of ancient traditions with modern studies as taught in the West.



Some Ayurvedic medicines may sometimes be associated with adverse effects, which include interactions with prescribed drugs. A recent survey found that 15% of patients receiving conventional pharmacotherapy also take herbal products or Ayurvedic products and, among these, potential adverse herb-drug interactions were observed in many patients.^[1,2] However, it is largely believed that the risk of drug interaction with Ayurvedic drugs are minimal

because they are not chemicals, rather they are holistic natural products. Still there is a need for organized studies on drug interaction before anything is said in definite words.

Bilateral Integration and Training will help to reduce such anomalies.

China has effectively incorporated practices from both traditional and modern medicine through a bottoms-up approach with great success.

The Planning Commission of India has already said, "Health sector trends suggest that medical pluralism will shape the future of health care where Ayurveda will play a key role. The shift from singularity to plurality is taking place because it is becoming evident that no single system of health care has the capacity to solve all

of society's health needs. India has a comparative advantage and can be a world leader in the area of medical pluralism because it has strong foundations in western biomedical sciences and an immensely rich and mature indigenous medical heritage of its own in Ayurveda."

As stated by Prof. R.H. Singh (2012), this is a point to note that, over the years Ayurveda in India already follows an integrated pattern of education, practice and research incorporating conventional basic medical sciences and diagnostics.^[6,7,10] This trend of integration can be noticed even in Vedic traditions, which is obvious from the following examples showing the trends of integration of ideas since antiquity:

1. Integration of non-drug health practices of Vedic tradition with the drug and diet based health practices in Ayurveda.
2. Integration of the initial pure Ayurvedic herbal medications with herbomineral drugs of *Rasashastra* during the medieval period.
3. Integration of Ayurvedic herbomineral medicines with contemporary modern drugs.

However, the whole Indian medical sector is not yet very well organized. Hence the integration of the two systems has not yielded desired results. The main reason seems to be the fact that unlike China, our country follows unilateral integration, that too, in a half hearted manner. All the 265 UG and 65 PG Ayurvedic colleges are integrated but the counterpart modern medicine colleges are not integrated and continue to be pure Allopathic institutions leaving a huge gap between the two streams. In contrast, our neighbor country China allows bilateral integration and the gap is reduced substantially leading to a successful model of health care delivery system. In India too there is a need of rationally planned bilateral integration of the two systems at all levels viz education, research and clinical practice. A knowledge-base proportion of 75% v/s 25% at all levels in UG education is required.^[9] Also in previous studies done in developed countries, medical students have consistently expressed interest in gaining more exposure to CAM and hence certain medical colleges are also becoming aware of the need to provide CAM-related education and training. We have to accept that, Integration and inclusive growth is the inherent process of growth of knowledge which occurs spontaneously and is inevitable.

Need for Bilateral Integration

As stated by Basisht, Gopal K. (2011), during the medieval era, warriors fought battles with both a sword and a shield. Fighting with the sword alone is dangerous and risky; but we are fighting disease with only a 'sword'.^[5] We have yet to use a 'shield' for defense. *Ayurveda* can play the role of a shield for us.

The fundamental principle of *Ayurveda* focuses on the types of human constitution which can be demonstrated by a few simple observations:

- Some people relish spicy food, while others cannot tolerate it.
- Some feel comfortable in cold weather with light clothing, whereas others shiver in spite of warm clothes.
- Some people enjoy large gatherings, while others prefer to be by themselves.
- Certain individuals develop toxic effects from medicines, while others do not.

These observations illustrate the fact that our body types differ in structure, function and mental attitude; we react differently to different environments, foods and medicines. By having a clear understanding of the patient's body type, an Ayurvedic physician can plan the best defense strategy by adopting a guided personalized health care approach with *Prakriti-Vikriti* consideration. Unfortunately, allopathic physicians are not trained to identify body types, and this is where the modern system of medicine falls short.

Allopathy, our current system of medicine, has made tremendous strides in improving longevity and quality of life. It works hand in hand with modern medical technology, which has helped us devise state-of-the-art diagnostic procedures, medicines with a specific point of action, sophisticated surgical procedures, transplants and vaccines. Together, these developments in modern medicine combine to make Allopathy an excellent "disease" management system. But the care of "health" management is left behind.

Although modern medical and surgical treatments deliver prompt relief to many patients, many patients have partial to no improvement along with adverse effects. In spite of stringent testing before their release to the public, after decades of their use, several medications are withdrawn from the market due to toxic effects.

These issues have discouraged many patients from receiving conventional treatment and have forced them to look for other alternatives.

People are looking for medical care that is effective, less toxic and within their means.

Most Allopathic physicians generally know only the names of certain Ayurvedic preparations. LIV 52 is found to be frequently used medicine by Modern Medicine physicians. LIV 52 is used in common liver disorders and drug-induced hepatitis. Higher incidence of Liver disorders with no definitive treatment available in modern medicine prompts the doctors to choose Ayurvedic drug. Liver disorders (hepatitis, cirrhosis) form the major chunk of Ayurvedic medicine use by the allopathic doctors followed by arthritis (rheumatoid arthritis, osteoarthritis), cough/cold, kidney stones, piles, skin disorders, and several other diseases like dyspepsia, constipation, menstrual disorders, chronic pain, anorexia, dementia, anemia, diabetes mellitus, asthma, IBS inflammatory bowel disease, and urinary tract infection.^[3] It seems liver disorders, Arthritis, many skin disorders, chronic pain, diabetes mellitus, asthma, inflammatory bowel disease have no curative treatment in Allopathy.

The experiences of last Fifty years have obviously revealed that no one single system of medicine including Allopathy has solutions for all problems of human health. Hence 'Medical Pluralism' has emerged as a reality and is now the prime need of the people all over the world. This sounds in tune with the Alma Ata declaration of WHO of 1978.

About one third of the population uses Ayurvedic medicine in routine practice, which is also shown by Frank *et al* (2010).^[3] This shows the popularity of Ayurvedic medicines in the community. According to a survey by Suchita R Gawde, Yashashri C Shetty and Dattatray B Pawar (2013), majority of physicians feel that among the CAM treatment, the most recommended treatment is Ayurveda (63%).^[9]

Mahamana Madan Mohan Malaviya's Vision

Today in 12th plan government of India has started thinking about innovative University system with the help of 'ppp' model that is 'public private partnership.' Government has decided to establish world Class Universities with the help of foreign finance provider because, for Government of India it is not possible to provide huge finance for infrastructure needed for higher education. But when Malaviya ji established BHU, was the Indian economic condition better than now? British government threw the challenge of one crore rupees collection at that time for granting the permission of establishment of such a university in 1915.^[4,8] Malaviya ji accepted this challenge and started collection of funds from Indian kings, Nawabs, and poor people also but not from any single foreign provider. For the maintenance and progress of his university, Malaviya counted on his countrymen rather than on the 'halting aids doled out reluctantly by an alien administration'. BHU was the only Indian University established by an Indian for Indians without any governmental aid.



British Judge Lord Sankey chairing the second meeting of the India Round Table Conference in September 1931 with Indian leaders, Mahatma Gandhi and Madan Mohan Malaviya on his left and William Robert Wellesley Peel and Samuel Hoare on his right.

Malaviya ji rejected the Macaulay's theory of education.

Let us look at the frequently quoted address of Lord Macaulay to the British parliament on 2nd Feb 1835 which is surprising. He states, "I have travelled across the length and

breadth of India and I have not seen a person who is beggar, who is thief, such wealth I have seen in this country; such high moral values. People of such caliber, that I do not think we would conquer this country, unless we break the very backbone of this nation which has spiritual and cultural heritage, and therefore I propose that we replace her old and ancient education system, her culture, for the Indians think that all that is foreign and English is good and greater than their own, they will lose their self esteem, their native culture and they will become what we (the British) want them, a truly dominated nation.”

Malaviya yet born after the Macaulay period but he knew about his views, so he gave a call to reshape the education system in all spheres bringing back our ancient education practices and moral as well as spiritual values for new India. His vision is seen in BHU.

Malaviya initially formulated the objective of this University is to promote the study of Ancient texts and of literature generally as a means of preserving and popularizing culture of the India, and all that was good and great in the ancient civilization of India to be revived and developed to be used today. Malaviya had vision to link the heritage of ancient knowledge with modern development of science and technology. He pleaded for whole-hearted cooperation in building a modern Nalanda and modern Takshashila in Kashi with a blend of the best of the East and with the best of the West.

CONCLUSION

As pharmacology, as a subject has been included in the curriculum of BAMS (Bachelor of Ayurvedic Medicine and Surgery), because they have to prescribe a few Allopathic drugs, at times, for the benefit of the patient. The same way essentials of Ayurveda should be included in the 2nd year MBBS syllabus to Allopathy doctors to make them competent to practice Complementary Ayurveda (Ayurvedic therapy).

By this, they will not only learn basic Ayurveda to prescribe small medications on their own, but will also be able to appreciate the knowledge of those who have already gained mastery in Ayurvedic disciplines. This will also make them realize the gravity of precise diagnosis required before prescribing an Ayurvedic drugs, and hence will prefer to refer their patients to an Ayurvedic Physician in cases requiring full Ayurvedic treatment.

In internship there can be orientation program giving practical training for Ayurveda Therapy to Allopathy doctors. In addition, regular CMEs should be arranged, where disease-specific experts in Ayurveda could be invited to speak on the same domain.^[11]

The Maharashtra University of Health Sciences (MUHS) has recently announced that basic Ayurveda will be part of the MBBS syllabus in medical colleges in the state from the coming academic year. There are 34 private and government medical colleges in the state. Their syllabus comes under the purview of the MUHS. According to the AYUSH recommendations, every medical college should reserve at least 20 hours to teach Ayurvedic science in MBBS classes.

“Modern medicine doctors should be familiar with Indian Traditional medicine and its treatment methodology.”Dr.Arun Jamkar, MUHS vice chancellor said.

He said that most universities across the world teach the ancient medicine of their respective cultures. For instance, modern medicine doctors in China get lessons in Chinese medicine. “We, too, are introducing the study of our ancient medicine. We are proud that we will be the first state in the country to implement the AYUSH directives,” he said. The Government of India has recently launched “National Ayush Mission” to promote Ayush services and Education at all levels.

Sanjay Oak, Dean of KEM Hospital, said that teaching Ayurveda in MBBS classes is a good idea, but permission will have to be taken from the Medical Council of India before implementing the decision.

As stated earlier by Singh, RH, “there are obvious mutual advantages of integration and integrative practice of traditional and conventional medicine. Conventional medicine could substantially transform its quality by borrowing the pronature, holistic and personalized health care approach of Ayurveda, while Ayurveda could adopt some of the relevant precise diagnostic technologies and fast acting medications for use in selected situations.”

In the course of attempt of integrative practice the following aptitudes and guidelines may help different systems of medicine and their professions to bridge the gap and to proceed nearer to each other with social, legal and ethical limitations in larger public interest. ^[10]

1. In-depth knowledge and skill of the parent system.
2. Good working knowledge of the counterpart complementary system.
3. Mutual respect and appreciation of the holistic nature of Ayurveda as well as the critical scientific temper of conventional biomedical sciences.
4. Proactive intention to bridge the gap for future mainstreaming of Ayurveda utilizing the good of the two systems of health care in service of the people.
5. Over all critical and creative approach in development of future medicine [7].
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