

IASTAM

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Connecting Systems; Bridging Disciplines

Ayurved *Yoga* *Unani* *Siddha* *Asian Medicine*

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"NITI AAYOG PROPOSAL"
NEW ACT FOR
INDIAN SYSTEMS OF MEDICINE
DELIBERATIONS AND SUGGESTIONS

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Presidential Note

WILL WE FAIL AGAIN ?

This 'IASTAM Newsletter' carries an executive summary of the 'Brainstorming Session' that was organized by our association on the 'NITI AAYOG Proposal for AYUSH' which has now been submitted to the NITI AAYOG.

The 'Background' in the preliminary report circulated by the NITI AAYOG states categorically that the present system has failed and has not been able to deliver what was expected of it. Experts from within or outside the system without exception and all the opinions culled from every document hold the same view. The fact remains that this Act formulated in 1971 has survived for 45 years but has caused so much damage to the systems that the main objective for its initiation after a prolonged battle in post-independent India, has been lost. The responsibility for this squarely lies with those who claim to be leaders and with those who have been silent observers or have been part of the declining process for vested interests.

The political situation that has brought in positive upheaval in the country seems to be on familiar grounds.

We at IASTAM have been sensitive to these aspects. My editorials in November 1995 and September 1997 have attempted to address the weaker aspects of Ayurveda. The subject was discussed openly in Delhi at the First IASTAM Conclave on Ayurveda in 2003. The proceedings refer to the discussion on Ayurvedic education and recommended the need for mapping the aspirations via a national survey. It furthered the need for dialogue through review and analysis of the situation, identifying strategic inputs and recommending appropriate processes and tools to attain the desired outcome. The conclave strongly recommended the formation of a national task force equipped with intellectual and interdisciplinary skills, having a totalistic outlook and a mandate to evolve recommendations with an express action plan towards a robust and

workable national policy. Alas this never happened.

Once again IASTAM had taken the lead to address the issue in a systematic manner as a part of its silver jubilee celebrations. In this regard, we met several times to evolve the method of deliberation on the subject. A state level survey of Ayurvedic fraternity and students was conducted before the meet. In 2005 under the theme 'Transforming Traditions for Tomorrow's Health' it deliberated on 'Education Reforms' & 'Applied Research Approaches'. The *Proceedings** were highly appreciated by many. Even a few of the officials at the then Dept of ISM took cognizance of it, to bring in some changes. It is noteworthy that the meet had discussed practically all the issues that are now being addressed in the NITI AAYOG document.

A presentation was made to the Dept. of AYUSH in 2006 and this was followed by a proposal for survey and evaluation of ISM institutes. Unfortunately, an official representing Ayurveda high up in the department, proved an obstacle to this. The battle for power continued with petty interests resulting in mere cosmetic changes being made such as those impacting curriculum and hardly any effort was made to address

basic issues. This was the death knell to an already debilitated structure. With a deep sense of regret I re-affirm that the Ayurvedic fraternity at large and the Ayurvedic faculty in particular, failed to act. The present scenario is the result of our lack of sensitivity to true capabilities and the collective failure to evolve modalities within these systems that could add substance to health and medical care.

IASTAM once again deliberated on the NITI AAYOG proposal at short notice. But this is not enough. The onus is now on the AYUSH fraternity, the current and new generation, to come together, to deliberate on different issues and to evolve a common consensual proposal that will help NITI AAYOG to frame the right policies. Else, the chances of going from one extreme to the other extreme will be gargantuan. The systems will remain vulnerable to outside forces of one kind or the other and will lead to a dilution of all that is good and beneficial. ***Fortunately, the present Government is committed to develop AYUSH Systems and is eager to act. This Opportunity Will Never Come Again. If It Fails, It Will Be A Permanent Loss Not only of The System But also of The People.***

* *Proceedings available at IASTAM office @ Rs. 350/- (Including Postage) Kindly contact.*



Editorial

Dear Members,

This issue of Newsletter carries "Executive Summary of the Brainstorming session on NITI AAYOG initiative", the National Commission for Indian Systems of Medicine (NCISM) organised by our association on 17th April 2017. Though organised at a short notice we could discuss important issues.

Our President Dr. Narendra Bhatt has wide experience in the different fields; academic, clinical, research, and industry. He has contributed an article on the subject that reflects essence of his lifelong experiences in the field of Ayurved.

Though most of our members know him, the views

expressed in this article will be of interest and thought provoking for the new generation of AYUSH fraternity. I am sure.

This issue gives an important overview with focus on what should be done in the light of what has happened'. Points of significance have been summarised for those involved with policy of ISM education and profession.

This issue has historical significance for IASTAM and for the ISM fraternity. We invite your comments and observations on this important subject related to future of Indian Systems of Medicine.

Prof. Dr. Manasi Deshpande



ATTENTION MEMBERS!

The electoral procedure for the managing committee for the year 2017-2020 is initiated. All members are requested to visit IASTAM website - www.iastamindia.org for procedural information and updates.

Inquiry if any be sent to iastam.india@gmail.com

Article

“From Despair and Despondency to Enthusiasm and Excitement”

NITI AAYOG PROPOSAL FOR NEW ISM ACT 2017; WHERE LIES THE DANGER?

Dr. Narendra Bhatt*



Importance of Indian Systems of Medicine [ISM]#

The fact that the Indian systems of Medicine [ISM] have survived for thousands of years, have ethnic relevance and acceptance and are looked upon globally for alternative solutions to serious ailments are reasons enough for these systems to be promoted. More so when the world having recognized increasing costs and limitations of highly institutionalized conventional medicine is looking for economic solutions to issues of medical care. Iatrogenic outcomes are challenges faced by present day medicine. India with large and ageing population needs to evolve its own health and medical care model for treatment of increasing metabolic and chronic diseases. Unlike any other country, by default if not by plan, India over last five decades has evolved an unparalleled unique model of medical pluralism that could further be developed for multifold gains. *Protection and sustenance of ancient knowledge base, use of vast and variable bio resources, protection of nature and environment, huge opportunities for industrial development and opportunities for skilled and semi-skilled employment are added benefits of national importance.*

Obligatory steps are needed to take advantage of the existing pluralistic nature of medical care and ensure mechanisms for its complementary gains rather than divisive parallelism that wastes resources and efforts.

Failure of the Present Systems and Parallelism

The document circulated by NITI AAYOG for the “*National Commission for Indian Systems of Medicine*” (NCISM) in an unambiguous manner has recognized the failure of present structure and regulatory framework. It is unquestionable that the present structure of ISM has failed to provide desirable, knowledgeable, skilled and capable professionals for the development of ISM as expected.

The limitations of the present act are related to admission, educational infrastructure and methods of approval of the practitioners. Most of the remedial measures during last two decades, mainly in the form of changes in the curricula or training have failed to bring desirable results. *The failure has more to do with the confines within which the whole structure of the ISM is built and the precincts of the people involved.*

The origin of divisive parallelism driven by professional dogma and rivalry that formed the basis of medical pluralism in India has resulted in divergence of skills and capabilities amongst medical fraternity.

The origin of divisive parallelism driven by professional dogma and rivalry that formed the basis of medical pluralism in India has resulted in divergence of skills and capabilities amongst medical fraternity. The conventional (allopathy) medical system that has existed for more than 100 years in the country, due to early gains in the form of treatment of infectious diseases and economic benefits, provided the foundation of the present health and medical care delivery structure. This structure in reality has failed to deliver effective and economic medical care to satisfy complex, multi ethnic, socio-economic health care needs of the country.

The first ISM Act of 1970 was development of a structure tantamount to the structural base of the conventional medicine. Rather than being sensitive to the specific needs of ISM it was imitative in nature; this was also due to socio-political compulsions and economic considerations. It is to this fact that the basic approach to the ISM

ISM includes Ayurved, Unani, Siddha, Sowa Rigpa, and Yoga.

followed by the first act in 1970 and thereafter was not clear in their objectives. Following similar path ISM got further diversified; the latest being development of *Sowa Rigpa* and now *Yoga* and *Naturopathy* as separate systems. In the process, a pluralistic structure has emerged that is weak in character and poor in function and that has failed to develop convergence for common national objectives of care. It is very different from a foundation that is needed for the ISM; and unfortunately, the same approach is continuing. ***Here lies the danger!***

Role Revival

It is a matter of serious concerns that since 1970 for nearly 47 years the system has been allowed to be compromised without an effort to understand the basic issues. This raises serious questions about the purpose and about the ways and means the role of ISM has been defined. It has failed to take cognizance of ground realities.

Historically it is proven beyond doubt that the simple equalization or status without a well thought strategy will not enable the ISM to deliver results.

The ISM professionals, particularly the academic fraternity, must take responsibility for allowing the system to deteriorate to such an extent that it fails now to recognize its own role and need.

The fraternity has remained oblivious of the happenings without realizing its shrinking influence leading to its diminishing impact and decision swayed over by other, mostly commercial forces. In the process, the systems have not been able to develop requisite capabilities.

Rather than addressing the basic issues of the system and the structure the approach has always been to bring the argument between ISM and the conventional medicine. For more than 80 years the irrelevant issue of ISM and biomedicine is debated without any significant developments. Historically it is proven beyond doubt that the simple equalization or status without a well thought strategy will not enable the ISM to deliver results. There has to be a direct link between what inherent strengths these systems offer and what could be contributed to health and medical care of people at large; how these systems can provide solutions to medical issues; and then only it will be possible to reason what skills and capabilities are required for the ISM to utilize its potentials.

NITI AAYOG has the mandate and the responsibility of identifying, defining and achieving strength for the role that ISM have to play in the health and medical delivery of the country.

Paradigm Difference: Square into A Circle

The present institutionalized structure of ISM after 23 years in independent India was founded on borrowed parameters. The parameters based on a failed education system were not conducive to knowledge based ISM and its community needs. Alien standards and methods for admissions and for the faculty, particularly at post graduate level were highly compromised to suit the transitional needs. Blind imitation of subject contents without modalities that were essential for new integrative knowledge systems has failed to deliver professional capabilities. This imitative structure has now taken deep roots and proliferated to an extent where the system is near collapse in terms its ability to contribute to the knowledge base and the medical care. Over last few decades, practically over three generations of profession have been wasted to create a pseudo structure for ISM that now does not recognize its own objectives and for what it was formed.

The multifold comprehensive approach as followed by the ISM to life and living for functional harmony based on natural approach is assumed to provide comparatively safe and better solutions. This contextual base and requisites for its use must be considered to evolve any new form for successful adaptability.

There is need for a systematic approach to reshape the ISM with an altogether different paradigm into a contemporary flexible form where the delivery model is built on an archetype based on present requisites. ***The need is to develop a novel form that will help***

Over last few decades, practically over three generations of profession have been wasted to create a pseudo structure for ISM that now does not recognize its own objectives and for what it was formed.

ISM slip into the alien structure without losing its own identity and strengths. Though challenging and complex, this is achievable.

Myth and Reality of Science

The knowledge based ISM like Ayurved, Unani and other are often challenged for lack of scientific basis which is undeniably implied for biomedicine (conventional medicine). These discussions unfortunately are mostly overshadowed by the methods or tools or the techniques for investigation rather than measurement of contextual outcome thereby limiting mutual interactions for developing new means. A hypothesis justified based on knowledge

Any postulate that suggests that anything that operates outside of predefined boundary will be uniformly rejected as being unscientific is not right as that is not the only way to deduce truth or reality of larger realm or dominion.

the scientific approach (logic) of one system may not be directly applicable to the other system. Science and objectivity provide an organized and systematic process of evaluation to generate knowledge, information and understanding and should not be interpreted only in terms of methods involved or parameters applied.

The way an evidence based scientific system cannot be justified into a totalistic realm of knowledge system; in the same way, a logically explained knowledge system cannot be justified into an evidence based scientific system.

Knowledge based systems are invariably subject to interpretation and relies on consensual validity. With agreement of all or rather failure of any challenge, the stated tenet gets general acceptance. The medical sciences and research par say in our country when compared with international rigor and objectives are weak. A strong debated belief that has emerged about limitations of science in medical care has added to the confusion about its relevance to ISM. ***Evidence based science and logic based knowledge systems, both are belief systems. The reality ultimately is understandable through observation, experience or experiment, prediction and outcome.***

Knowledge based systems though at times lack evidence are explained based on logical constructs that are contextual in nature. Science attempts to reduce contextual deviation by strict definitions of terms and conditions and independent reproducibility under similar conditions. Based on these parameters it is assumed that the logic based systems are lesser in value, relevance and application. This is not correct. Any postulate that suggests that anything that operates outside of predefined boundary will be uniformly rejected as being unscientific is not right as that is not the only way to deduce truth or reality of larger realm or dominion.

Objectivity of science is to acquire new knowledge or integrate previous knowledge or amend for new use. A true science has no barriers irrespective of the differences in basic paradigm. ***If both the ISM knowledge base and biomedicine try to recognize and accept gains based on reality of utility rather than divisive absolute claims on different aspects, the conflict could be reduced and resolved.***

There is need to recognize epistemological variances and overlapping of objectives of the ISM and the conventional medicine to derive a new method of inquiry driven and guided by needs of specific solutions for problems of health or medical care. ***The need is to develop new modalities to justify the use of knowledge and experience of ISM as explained or understood on its own logic or rationale and elucidated or validated with the new measures within the realm of its ideal usage.***

Quality: Reliability, A Necessity

Beyond ethnic roots and traditional use the ISM must remain relevant to present day needs. The ISM must aim and aspire to become reliable, trusted by the system and accepted by the people. Quality is fundamental to deliverance of results. Quality is most essential to reliability. ***The quality of ISM structure, professionals, services and products will only decide future of its survival, its form and its significance.***

ISM educational institutions do not provide quality medical education, a feature compounded by poor infrastructure and lack of qualified and committed faculty. Time demands that the ISM must develops skills and capabilities to make

noticeable impact.

Quality is not a mundane subject. Quality is a contextual concept; an ever-aspiring need to be better, to be competitive. Then only it will succeed to deliver. The totality of a structure, skills of professionals involved and solutions provided by the capabilities develop the total character of a system, that satisfy implied needs or offers a better solution will be the determinant of its success and significance.

Quality has been of serious concerns for ISM. Compromises made at every level, right from its origin to present collapsed form in terms of deliverance are responsible for its failure. A fraudulent existence for convenience, continued acceptance of ambiguity and complacency for lack of responsibility has affected the total institution of ISM. A vice that have affected the whole structure to collapse. ***These are required to be radically changed.***

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How to improve the quality? The failure of a system, infrastructure or institution is result of inefficiency. Lack of right skills or right capabilities leads to inefficiency. Poor parameters provide poor skills and compromised capabilities. Parameters are directly linked to deliverables.

Efficiency of a system lies in ability of its different constituents and components to complement each to other to collectively deliver its benefits. The present apparatus evolved over last five decades has completely failed to recognize this basic need.

Unfortunately, the adapted modalities of quality parameters of different constituents of the ISM have been more divisive in nature and form. This had a damaging impact of confused goals. There is need to link quality parameters for collective deliverables.

There is an urgent need to redefine the quality parameters of different constituents; infrastructure, profession, education, research and industry and such others of ISM in terms of deliverance as expected of the systems as a whole.

There are needs of guidelines, regulatory laws and framework and defining parameters for better performance. Quality cannot be implemented by law only. There is need to evolve a system that moves towards efficiency, towards betterment, towards deliverance. The proposal with quality parameters and standards must incorporate structural guidelines to ensure its implementation.

Creating an Environment for Quality

There is need to create an environment which is driven by competition for the quality. The administration or regulation should be activated more to identify and deal with failures only.

The challenge is to create an environment where quality becomes a necessary factor for success. Such a quality driven environment develops only when deliverance of the system and objectives for its constituents are properly defined.

In a huge country like India rather than dependence only on regulatory structure the need is to evolve an environment of awareness of quality parameters and deliverance where consumer gets directly involved in testing the outcome and the system is driven by efficiency to deliver the objectives. In an open environment with open economy the consumer can be the best denominator of benefits. A part self-regulatory phenomenon driven by parameters of deliverance for benefits to health and medical care is desirable. The survival of the ISM and the changing shape of its present use are reasons to believe that the people have probably an important role to play; what is needed is a strengthening of the ISM for its desirable skills and systematic awareness of its right effectiveness.

Integration: In Search of Modality

The ISM have inherent potentials to contribute to preventive, promotive and curative aspects of health and medical

care. These systems are required to successfully adapt to mainstream structure to take on contemporary challenges for existing and emerging diseases and to address health care problems and lifestyle disorders due to social and economic reasons.

Biomedicine has not become globally acceptable without reason; it is built on its own rationale for its effectiveness. Integrative approach to health and medical care is inevitable in country like India. ***The question is that of modality of integration.***

As experienced so far, neither the parallel vertical existence nor the efforts to imbibe selective part of subject content within the ISM have succeeded either to protect knowledge base or their prolific use. Unmindful inclusion of section of biomedicine without its base of learning is objected upon. Also, the ever-changing rationale as basis of biomedicine makes such process less relevant. Use of a pharmacological product that may not be valid tomorrow will not help the system. Ignoring and avoiding these issues and experimenting with ad hoc solutions will not help. There is need to address the issue of integration with absolutely clear approaches as an ongoing necessity and not a transient solution.

Any model of integration must have priority towards preservation and application of ISM knowledge base and must be aimed towards growth of the systems within their own realms. The fear and danger of loss of basic character of ISM are justified as observed from reducing numbers and weakening faith of ISM professionals.

Between two parallel paradigms driven by common purpose it is prudent to provide bridges to carve out new paths. Regular deliberations, interactions and continuous process of sharing information and experiences and exchange of ideas; all driven by common objectives and without any dogma are necessary. ***There is need to identify areas where ISM and biomedicine can complement each other and where integrated approaches could be utilized for better medical benefits.*** An in-built continuous and dynamic mechanism shall form part of new proposal and must be supported by a suitable structure. For any such phenomenon the integrative outcome in terms of development of ISM shall be the only driving factor. Once it is done the whole structure can come up after defining the requirements.

A new integrative modality to mainstream ISM is most vital. Integration driven by benefit to the people shall be essential part of a new foundation to build new structure for ISM. Several countries have developed such structures to satisfy their needs. India shall venture and has an opportunity to develop probably the most pluralistic and dynamic medical structure in the world that will satisfy social, economic, ethnic and scientific needs.

A visionary approach evolved with multidimensional considerations of ground realities, well defined roadmap and required resources shall form basis of the new foundation to reshape the infrastructure and to refresh the human resources and skills as required.

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Defining Goals: Necessary for Gains

The ISM needs a goal oriented efficient system for convergence of effort and inputs rather than directionless diffused infrastructure with poorly defined outcomes.

A worthy policy statement must have specified objectives rather than generalized statements. It is imperative to define the role of ISM in its own context rather than defining in terms of ambiguous complimentary or alternative role.

Despite advances in conventional medicine the medical challenges have increased. The ISM have inherent strengths based on their knowledge base and experiences. The experiences of last several decades have created awareness, generated information and developed understanding and in several cases even provided evidence where ISM can be utilized and could be developed further. ISM can contribute significantly in preventing life style illnesses, promoting health care principles and products and take on challenges of disease burden, both in terms of morbidity and mortality. Infantile disorders, cancers, diabetes, age related disorders and several other are illnesses where ISM like Ayurved, Unani and other have a role to play to reduce sufferings.

Any new proposal must recognize the limitations of the conventional medicine (biomedicine), define its lacunae and must emphasize the role that the ISM are expected to play to contribute to safe and effective medical care nationally.

Any new proposal should be governed by defined goals for Indian Systems of Medicine so as to help develop appropriate skilled human resources and efficient infrastructure to contribute to medical care in an effective and dynamic manner.

A right goal setting will involve systematic evaluations involving the profession and infrastructure for the ISM like Ayurved, Unani and other including collection and compilation, data generation and scrutiny, surveys and analysis of information to evolve realistic goals with measurable parameters.

Goal setting for ISM is necessary with a view to develop an action plan designed to guide, motivate, enable and provide resources to all constituents to achieve desired result that ISM envisions, plans and commits to achieve.

Need for New Architecture

The present administrative structure of ISM lacks visionary approach. Ideas at variance to serve different and at times contrary objectives and activities put together in an ad-hoc manner have failed to provide growth. The gap between poorly defined policy and fragmented implementation has aggravated failure of already complex situation.

The present executive structure of ISM that runs parallel to administration is less accountable for its performance and lacks mechanism to plan for attainable outcomes. Policy based on misapprehension of situation and ever struggling

Ideas at variance to serve different and at times contrary objectives and activities put together in an ad-hoc manner have failed to provide growth.

structure with limitations of resources have not helped strengthen the ISM. Policy without right structural support will be futile and investments for development of infrastructure including institutions and people without clear objectives will not yield results.

The issue of reforms is not new. Unfortunately, rather than examining the basic flows of the system the efforts were conveniently restricted to changes in curriculum only. Curriculum which has not delivered so far and has not satisfied the objectives of the system needs to be relooked undoubtedly. However, curriculum is part of an academic structure driven by professional requirements for its success. The imitative structure has failed.

To address multifarious and complex issues involving large numbers a multilevel mechanism is required. There is need to redefine functional needs that in turn will need a new structure for which a new foundation is necessary. ***There is an unavoidable and obligatory need for NITI AAYOG to develop a new foundation to bring in totalistic, radical, outcome driven changes to address the issues of ISM at fundamental level.***

Policy based on misapprehension of situation and ever struggling structure with limitations of resources have not helped strengthen the ISM.

There is need to visualize a new architecture of the ISM driven by functional needs of different constituents to provide qualified professionals who can confidently contribute to the knowledge, application and growth for contribution to health needs of the country.

3 - Tier Structure for Policy, Modality and Execution

NITI AAYOG proposal has advisory council and boards. In view of huge number of professionals, large number of academic institutes, aspirations for research & development and increase of industrial and of bio-resource requirements it will be appropriate to involve broad based expertise.

The need is to evolve an active and dynamic system to achieve defined goals that can timely respond to challenges. It will be appropriate to consider the three-level interlinked structure for policy for defining goals, modalities for methods and execution for ground level activities as follows.

Policy - It is of utmost importance to identify and define what rightful role the ISM can play in the context of requirements of health care nationally and globally. In west, these systems are recognized as alternative or complimentary due to lack of systemic knowledge base or historical reasoning of usage. **Therefore, it is imperative for policy makers to recognize the ISM based on its own strengths, understand their requirements and provide a vision and direction.** A body comprising of policy makers, experts in the field of health care delivery representing humanities and medical experts, both from within the ISM and outside will help provide direction to determine national needs and global competitiveness. A '**National Commission for Indian Systems of Medicine**' as proposed is welcome.

Modality - An integrative interdisciplinary multi-faculty body to comprehend and plan appropriate means, methods and tools to interlink and mainstream different activities related to profession, learning and training, research, industry and other related activities is required to propose and develop robust infrastructure. Such a body will help develop skills, convergence of capabilities and resolution of conflicts due to parallelism, if any. It will help rectify challenges and enhance role the ISM can play. An independent '**Council**' for each of the Indian System of Medicine namely '**Ayurveda, Unani, Siddha, Sowa Rigpa and Yoga & Naturopathy**'.

Executive - An exclusive body representing varied experiences from within the systems to plan, operationalize and monitor ground level activities is needed to achieve efficiency and accelerated growth. These could be undertaken by formation of Boards for each of the activities under different councils. The structure and size of these boards could be proportionate to functional needs rather than divisive verticals. These functional boards could be for responsibilities namely 1. Education, 2. Research & Development, 3. Regulatory Needs for Profession and Promotion, 4. Industry and Trade, 5. Development of Bio-Resources and 6. Ethics & Quality Systems and Parameters for Services and Products.

Such a three-level approach will provide independent, accountable, performance driven and result oriented structure without any ambiguity of purpose or overlap of activities and yet interlinked by common goals. A three-level approach is justified to incorporate and involve huge numbers of all for its constituent activities, be it education, profession, industry or research.

Selection and nomination for each of the above bodies shall be structured to allow proportionate representation of those who are actually involved in the different areas of activities through a process of election with stringent eligibility criteria.

Selection of Experts, Electoral or Selected Nominee

Any policy making body must be represented by the experts interested for its promotion and those directly involved with its activities. The current electoral process failed to provide true representation of the fraternity. The failure was not necessarily due to its principle and the approach. It lacked any internal mechanism for true situation to surface and allowed system to be maneuvered towards false practices that led to its collapse.

The approach in the NITI AAYOG proposal however has vulnerability of the system to external nonprofessional forces of power or reach or administrative assertiveness with dogmatic notions. This will not help the systems to provide desired results. The factors for growth of the systems must emerge from within the systems. **Rather than electoral verses selected nomination the need is to have a balanced mechanism for dual representation of both electoral and nominated experts to derive maximum complimentary gains.**

The approach in the NITI AAYOG proposal however has vulnerability of the system to external nonprofessional forces of power or reach or administrative assertiveness with dogmatic notions.

A strict and democratic electoral process must be adopted to cover huge numbers of practitioners, teachers, researchers and other related professionals to ensure true representation of the professional experience at the ground level, be it education, research, practice or such related activity. This is easily attainable in present day networked world.

The nomination of experts from parallel sciences including humanities will help bring in professional excellence for contemporary relevance and will provide external dimension for its enhanced and relevant growth. This desirable representation must be through a transparent selection process driven by the principles of excellence in the area of relevant activity. A systematic search and involvement of experts from within the ISM like Ayurved, Unani and others from outside having cross faculty or allied experiences.

The new act must put in place an internal mechanism for appointment of experts based on clearly stated parameters through guidelines to be adhered to and methods of checks and balances to prevent any diversion from stated objectives.

The nomination of experts from parallel sciences including humanities will help bring in professional excellence for contemporary relevance and will provide external dimension for its enhanced growth.

The new act must ensure representation beyond doubt of the most experienced and truly eligible experts on suggested bodies through stringent parameters and mechanisms within the proposed act rather than leaving it open ended for any diversion.

Future: Innovation, the only key

Innovation could be defined as an altogether different application of an existing idea or its modified form for a novel use.

With increasing population, the world is living in an ever connected and interdependent global village with depletion of natural resources and hanging fear of environmental disaster. Mankind is faced with serious issues related to health and survival. Though highly advanced in terms of science and technology for understanding of both human life and illnesses the present-day medicine is failing to cater to all health needs of the people. World today is struggling to attend to diseases due to present life styles and their resistant forms. Present day medicine is faced with challenges of newer and changing forms of serious ailments.

With invent and inclusion of technology that the present day medical system is aggressively trying to adapt, the challenges have become more complex. Normally the use of technology is expected to reduce the cost of an activity. However, driven by socio – economic forces and an institutionalized structure in an industrial and urbanized world the costs of medical care have increased manifold.

With exhaustive understanding of multiple mechanisms of causes, understanding and therapeutic choices for the treatment of an illness, a technology driven institutionalized medical care is need of the day. On the other hand, an individual is thriving or is interested in having control of one's own illness. The conflict between faith and trust in health care and technology driven medical care is becoming more and more obvious.

The world is eagerly looking for solutions and alternatives to bring down the cost and bridge the divide.

When the world is looking at complementary alternative medicine (CAM), India has potential advantage to face the present medical challenges in an innovative way based on the inherent medical heritage and pluralistic medical structure that it has evolved for ISM.

Though not strong and efficient the ISM structure provides never before unique opportunity in India to address not only its own huge medical needs but provides an opportunity to attend to several global needs.

New era of medicine has a dichotomy of technology driven complexity of mass information and personalized healthcare. The ISM like Ayurved, Unani and others have universal principles of bio and cosmos sphere that have simplified approach to address personalized healthcare in the context of the whole. The ISM have potential to provide newer but simplistic understanding and new approaches to interpret health and medical

care of individual in context of totalistic information and to interlink the two. As the science struggles to get into totalistic realms and as biomedicine looks at human life more and more in the context of external milieu the ISM like Ayurveda, Unani and other have a place to go beyond present boundaries.

Present advances in science and technology have capabilities to utilize these principles, once considered as philosophies, into an experiential and experiment driven objective tool to develop medical solutions. As the barriers of biology and physics are getting demolished to give rise to a new understanding of connectivity between life, living and environment, there are significant areas of learning that the ISM like Ayurved, Unani and other offers. This new approach could be utilized to search, identify analyze, define and apply for multiple biological pathways.

Use of Artificial Intelligence as being envisaged to probe and connect sense and sensibilities could be used to provide simplistic interpretations of otherwise complex but subjective parameters in health and disease. As new gadgets reduce the demonstrable gaps between sense and sensibilities the opportunities for ISM are increasing.

The advances in biotechnology have potentials not only to understand health and illness in biological terms but has tremendous potential to contribute towards standardization of treatment modalities, health care products and drugs of natural origin, complex traditional processes and to explain their therapeutic relevance. New tools of IT and BT can be extensively used to avail, analyze and utilize scientific data and match it with traditional knowledge base.

Synergistic utilization of upcoming technologies has potential to provide innovations from ISM. If innovation is the key to future the ISM offers fertile soil to nurture and grow the seeds of innovation to cater to multiple needs. It also provides an opportunity to develop safe and validated treatment modalities, healthcare products and can contribute to new drug discovery that are urgently needed.

T20 approach

The ISM are required to be provided with new foundation, new architecture and redefined objectives with futuristic and visionary approach. If ISM have to survive and contribute to the healthcare delivery it requires an enthralled and enjoyable T20 approach with determination, skill development, training, speed, efficiency and facilitation for targeted resources. It needs vision, determination and effort. This time is ripe for coherence and convergence of knowledge and science through ISM.

Fortunately, the present government respects and is desirable of doing something recognized for the ISM.

THIS OPPORTUNITY WILL NEVER COME AGAIN IF WE FAIL, IT WILL BE A PERMANENT LOSS.

NITI AAYOG has an opportunity to change the scene of ISM from that of despair and despondency to that of enthusiasm and excitement to provide hope for better health.

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**The Author has 43 years of clinical, academic, research and industrial experience.*

With passionate faith as a 4th generation Ayurvedic practitioner he has been interested in learning, observing and finding solutions to challenges faced by the system.

A strong proponent of integrating knowledge base with the technology and translational approaches he is credited with important research contributions. Besides being head of research and management activities of industrial organisations and member of several governmental bodies he has been privileged to understand and analyse factual prospective of the sector.

Report

IASTAM Brainstorming Session on “NITI AAYOG - Proposed Bill for Indian Systems of Medicine, THE NATIONAL COMMISSION FOR INDIAN SYSTEMS OF MEDICINE (NCISM) BILL, 2017, Pune, 17th April 2017

The National Institution for Transforming India, NITI AAYOG had proposed replacing the Indian Medicine Central Council (IMCC) with a new Act of Parliament. A committee was established that suggested reforms through replacement of the act where views from stake holders were asked for.

IASTAM as a multidisciplinary organization is credited with well-planned academic and scientific deliberations on various issues and challenges for development of AYUSH. We organized a '**Brainstorming Session on NITI AAYOG Initiative the National Commission for Indian Systems of Medicine (NCISM)**' on 17th April 2017 to deliberate on the proposed bill. *47 members representing different systems and disciplines with expertise in various subjects participated at the meet.*

The purpose of the meet was

- To deliberate on the NITI AAYOG proposal involving academics, practitioners, researchers and industry.
- To discuss the issues and the impact of the proposed bill in a systematic manner, its impact and to evolve collective viewpoint.
- To provide observations and recommendations to NITI AAYOG as announced.

Discussions at the meet were carried out in phases as -
Session I - Introduction: Subject Matter and Scope of Discussion

Session II - Deliberations on Impact

Session III - Deliberations on Issues and Suggestions

Session IV –Recommendations

FOLLOWING OBSERVATION EMERGED.

I. OBSERVATIONS AND SUGGESTIONS

A.1 Observations On The Draft Proposal1.

Observations on Background

1.1. The group unanimously agreed that the present legal framework has not provided knowledgeable, skilled and capable professionals for the Indian Systems of Medicine as expected.

1.2. Though developed and expanded in terms of institutionalization and the human resources the Indian Systems of Medicine have failed to contribute to desirable levels to the health and medical care.

2. Observations on the Process

There is an urgent need for new policy guidelines and legal framework to enable the Indian Systems of Medicine through developing efficient infrastructure and skilled manpower. The group whole heartedly welcomes the initiative by the NITI AAYOG and applauds the speed with which it has acted so far. It requests the NITI AAYOG for right and faster actions for early and productive outcomes.

2.1. It is stated that the views and suggestions of stakeholders were obtained by committee. It is felt that views of several constituent stakeholders directly involved in related activities and having experience of working at ground level do not get reflected in the document. Most of the participants were ignorant of exercise undertaken by the NITI AAYOG.

2.2. References to various earlier acts have been made. It is noteworthy that all the following acts were preceded and based on the structure that was made for Indian Medical Council Act which has different paradigm than that of Indian Systems of Medicine.

This might have been a major reason for the failure of the delivery by the following Acts including existing Indian Medicine Act.

2.3. The group appreciates the statements related to limitations of the present act, qualifications for admission, educational infrastructure and methods of approval of the practitioners. The group agrees with the proposal for transparent and independent accreditation of institutes by independent bodies. The group suggests that such a body should be governed by defined goals for Indian Systems of Medicine so as to help develop appropriate human resources and infrastructure to contribute to health and medical care of the country in an effective and dynamic manner.

2.4. The group examined the proposals of 'Advisory Council' and 'Regulatory Mechanisms'. The group opines that both the regulatory and the advisory bodies are driven by common objectives and be mandated and equipped with methods to be held responsible for its performance.

3. Observations on Main Features of the Proposed Bill and Underlying Rationale

The group supports need for 'A New Act of Parliament' in place of the existing.

3.1. Elected versus Selected Regulators

The group agrees with the limitations of current electoral process that did not provide true representation

of professionals as was envisaged. The group recognizes the need of selected (nominee) experts to bring in professional excellence for contemporary relevance as proposed. The group suggests balanced mechanism where in both the elected and selected (nominee) experts can play important and complementary role to derive maximum benefits. The group suggests that the new act must **ensure representation beyond doubt of the most experienced and truly eligible experts** on suggested bodies through stringent parameters and mechanisms within the proposed act rather than leaving it open ended for any diversion. The new act must put in place an internal mechanism required to be adhered to appointment of the electoral and selection (nominee) experts.

3.2. A New Institutional Architecture for Regulation

The proposed 'National Commission for Indian Systems of Medicine' shall be the policy making body **not only for education and profession but also for research, industry, products and other related activities**. This is necessary to achieve defined goals in totality through common policy guidelines for constituent activities in view of the inter dependency and complimentary nature of these segments, particularly for the Indian Systems of Medicine.

An Important Suggestion for 'The Architecture'

The group has examined the proposal for two tier architecture in the form of the advisory council and boards. After detailed review and discussions, the group has suggested **a three-tier mechanism as follows**—

1. National Commission for Indian Systems of Medicine

2. Council for Ayurveda, Siddha and Sowa Rigpa

3. Boards to carry 'Functional Responsibilities' as follows

i. Board for Education in Ayurveda

ii. Board for Research & Development in Ayurveda

iii. Board for Professional Regulations and Requirements

iv. Board for Industry and related areas

v. Board for Quality Parameters, Ethics and Resources

It is suggested that the Siddha and Sowa Rigpa Systems of Medicine shall have separate boards covering all the functional responsibilities under the council for Ayurveda, Siddha and Sowa Rigpa.

3.3. Yoga and Naturopathy

The group did not discuss the matters related to Homeopathy, Yoga or Naturopathy due to lack of any representative expert in the group.

3.4. Boards and Separation of Function

The group agrees with the spirit of formation of boards based on functional relevance.

The proposal for separate functional boards as suggested by us is vital for Ayurveda and is justified to incorporate and involve huge numbers of all its constituent activities,

be it education, profession, industry or research. Selection and nomination under each of the above boards shall be structured in a fashion so as to allow proportionate representation of those who are actually involved in the different areas of activities through a process of election with stringent parameters for the eligibility of the experts. Similarly, stringent parameters be applied for the appointments of nominee experts so as to avoid any undue advantage or inappropriate intervention at any level of any nature other than what the objectives are.

3.5. The Secretariat

The group welcomes the formation of separate secretariat.

3.6. Terms and Conditions

The group agrees with the proposal.

There must be a definitive timelines within which the formation of different bodies is carried out. No window be left open for undue delay in formation of such bodies.

3.7. Regulatory Philosophy

The group agrees with regulatory philosophy as proposed.

3.8. National Entrance and Exit Examinations

The group agrees in principle with the approach to ensure common standards of knowledge, skills and agrees with the philosophy of defining objective landmark to judge the outcome.

3.9. Fee Regulation

The group did not discuss the regulation with respect to fees.

3.10. For Profit – Entities and Private Colleges in Indian Systems of Medicine and Homeopathy

The group agrees in principle as stated.

3.11. Power to Give Directions & Transitory Provisions

The group strongly recommends that the central government shall not only constitute rules but shall also provide mandatory guidelines that are required to be implemented at state level for effective and time bound implementation of the Act and its timely implementation and future review.

Bench marks for the outcome of such phenomenon be linked with the provision of central grants given to states in specific areas of activities.

3.12. Interface between Homeopathy, Indian Systems of Medicine and Modern Medicine.

It is desirable to have a regular interface between different Indian Systems of Medicine through specific directives beyond simple suggestions. *India is the one and only country in the world with 'Medical Pluralism of Different Systems through a Recognized Route'.*

The NITI AAYOG shall initiate necessary steps to take advantage of the already evolved pluralistic nature of medical care and ensure mechanisms for its complementary gains rather than divisive parallelism that wastes resources and efforts.

3.13. Drafting of Rules

Necessary steps to be taken in timely manner.

4. Concluding Remarks

The group once again applauds the initiative for the "New Act of Parliament." The group expresses its eagerness to share its views and offers to provide justification of the points above with explanations, if need be.

A.2 Observations on Annexe II: The Proposed Bill for Indian Systems of Medicine

Observations on 'Introductory section'

1. In place of the word 'Supply' the group suggests 'Make Available' in view of the nature of the skilled human resources that the act aims to provide.

2. The 'Act' being part of policy statement shall recognize the rich national heritage in the form of traditional knowledge of Indian Systems of Medicine in specific terms; and the 'Act' must express its unequivocal commitment towards utilization of basic tenets (principles) of Indian Systems of Medicine for its rightful and potential role for the health and medical care of the people of the country.

3. The words 'World Class' in the primary statement is inappropriate in view of the Indian origin of Indian Systems of Medicine and be replaced with terms representing excellence in knowledge, experience and efforts to reach highest level of effective use.

4. The statement 'ENCOURAGES INDIAN SYSTEMS OF MEDICINE PROFESSIONALS TO INCORPORATE THE LATEST RESEARCH IN THEIR WORK AND TO CONTRIBUTE TO SUCH RESEARCH;' *could be replaced with "encourages Indian Systems of Medicine to achieve highest level of professional efficiency with effective integration of its knowledge and skills with the contemporary advances in research and development in related areas."*

A.3 Chapter 2 - The Advisory Council for Indian Systems of Medicine

3. Constitution and Composition

i. The constitution may undergo changes for THREE-TIER STRUCTURE as suggested by the group.

ii. Several states have different criteria for appointment of the Vice Chancellor, whereas at times nominee does not always represent the required qualifications envisaged by this act. Due consideration should be given to avoid such inadvertent situations while deciding guidelines and criteria for election or nominations of experts to bodies under proposed act.

iii. The role of Ministry of Home affairs to nominate the 7 members is not clearly stated; it is required to be justified or attended rightly. The dual approach of electoral and nominee experts as suggested by the group with clearly defined stringent criteria will ensure involvement of greater level of professional skills, experience and

efficiency.

iv. The total number of members of council or board be expanded as needed as per the policy.

v. The group recognizes the need for representatives from the parallel sciences or management faculties. The experienced views of experts from the branches of humanities are equally important from the community point of view. The group strongly recommends involvement of experts from the Indian Systems of Medicine *having cross faculty or allied sciences experiences.*

vi. The group strongly feels that the 'Act' must recognize variance and vastness of Ayurveda for representations on the bodies under the proposed Act; and that the representation from other faculties shall not be at the cost of significance of the experts from within the fraternity. The number of membership or size of such bodies be expanded accordingly.

B. Other Observations on the Proposed Act

B.1 The Epistemology

The new 'Act' both in spirit and letter must acknowledge and recognize the paradigm difference and the epistemological variance of Indian Systems of Medicine.

B.2 Need for Innovative Framework

The framework of rules and regulations as adapted from the western model and as suitable to modern biomedicine may not do right justice to the requirements of Indian Systems of Medicine.

B.3 Ethics and Quality Standards

The act though refers to the requirement of the ethics and quality standards; it fails to provide structural guidelines to ensure its implementation.

B.4 Potential that Indian System of Medicine Offers

The act shall define and address the potentials, the Indian Systems of Medicine can offer and what India as a nation wants to achieve.

B.5 Limitations of Bio-Medicine (Allopathy)

The act shall recognize the limitations of the present day medical care popularly known as allopathy, define its lacunae and must emphasize the role Indian Systems of Medicine are expected to play to contribute to safe and effective health care and medical care at national level. The 'Act' shall not shy off from statement of global realities limitations of biomedicine as global reality.

B.6 Health Care Economics

The Indian Systems of Medicine provide far better economic model to address the issues of health and medical care. The proposed act must recognize the role of Indian Systems of Medicine to contribute to the health economics there by reducing the gross burden in terms of morbidity and mortality.

B.7 New Technologies

The new technologies both in terms of Information

Technology, Bio Sciences and Artificial Intelligence have potentials to play a strong and dynamic role not only to cover the vast span of the knowledge base and its practices but also to accelerate and enhance the role, these systems can play. The act must incorporate this subject in an appropriate manner.

B. 8 Use of words Ayurveda & Ayurvedic

The word 'Ayurved' and 'Ayurvedic' is loosely used or commercial exploitation and for unqualified use. The proposed act must address this issue a part of policy and propose guidelines and suggest mandatory law to prevent such unqualified unauthorized use.

B. 9 National Faculty and Cross Country Training

The group suggests formation of a National (Registry) Faculty of Excellence based on stringent screening procedure in specific areas and a country wide process to transfer skill and development. Such effort will not only help implementation of program but will also act as a dynamic process of competitive excellence in coming times. Care must be taken to avoid misuse of such an effort has happened few times in past.

B. 10 Issues of Natural Resources and Non-Availability of Reliable Products

None availability of raw material quality products and reliable parameters are serious issues that will inhibit any or all efforts for developing Indian Systems of Medicine. The NITI AAYOG must address this issue for the success of any policy or the Act.

B. 11 Qualified Support Staff and Skill Development

Increased institutionalization of learning, training and health and medical services is in urgent need of skilled support staff. The proposed act shall address this issue with specific objectives, guidelines, structural provisions and certification. This will not only help bring in the professionals at large but will also increase employment opportunities and the quality of profession.

B. 12 Qualifications for International Practice of Indian Systems of Medicine

The group expresses its serious concerns about the variance in qualifications and approval of qualifications that are adapted by several institutes in other countries.

It is recommended that the standards for practices within India and abroad must be at par and shall not be practiced and compromised in any fashion what so manner ever by the government or private bodies. At times well recognized institutes, universities are known to have such happenings that will reduce its credibility.

B. 13 No Permission for Any Diversion

The group also felt that several academic activities are encouraged or even officially recognized in the country in the name of protection of knowledge and tradition. These have resulted in parallel but poor academic structures.

The new Act shall clearly stop such activities, term it as illegal; and shall ensure that each and every academic and professional activity be approved or authorized by the new Act; and shall leave no window to compromise on standards in any way; and that any such indulgence be considered a punishable act.



POINTS OF SIGNIFICANCE

NITI AAYOG PROPOSAL; INDIAN SYSTEMS OF MEDICINE ACT 2017.

<p>1. THE CRYING NEED FOR A REGULATORY FRAMEWORK</p>	<p>There is a crying need to provide a new regulatory framework for the Indian Systems of Medicine as the prevailing ISM Act of 1970 has grossly failed to provide knowledgeable, skilled and capable professionals for development and utilisation of Indian Systems of Medicine as envisaged.</p>
<p>2. INDEPENDENT BODIES FOR VARIED INDIAN SYSTEMS OF MEDICINE</p>	<p>The proposal for separate functional bodies for each of the Indian Systems of Medicine such as Ayurved, Unani, Siddha, Yoga, and Sowa Riga is justified to include and involve large existing numbers and future professionals in all constituent activities, be it education, profession, industry or research.</p>
<p>3. REVIEW OF PAST HAPPENINGS AND PARADIGM DIFFERENCE</p>	<p>Any new framework for an optimum use of Indian Systems of Medicine will not be successful without total cognizance of the happenings over the last several decades. The 'Approach' to a new framework must recognise the paradigm difference between conventional medicine (allopathy) on which the present-day healthcare delivery system is founded vis-a-vis the knowledge and experience based Indian Systems of Medicine. This is necessary to identify lacunae that ought to be filled in and to define the means to bridge these gaps.</p>

4. COMPREHENSIVE BUT RADICAL CHANGES NEEDED

The new policy approach and the proposed regulatory framework must have a comprehensive approach that ought to be fundamentally different in order to allow for radical changes that the Indian Systems of Medicine deserve. Structural changes without a thorough understanding of functional outcomes will not provide the desirable outcomes.

5. DEFINING GOALS FOR ISM – A MUST

The proposals for the new regulatory infrastructure and framework must be driven by clearly defined objectives and specific goals. These goals must be derived from inherent strengths that the Indian Systems of Medicine possess and offer and emphasise their potential capabilities to take on the challenges of present day health and medical delivery; both through life style approaches and for cure and relief of existing and new forms of diseases.

6. RESOURCES FOR INFRASTRUCTURE

The successful protection and utilisation of knowledge and experience based Indian Systems of Medicine will be highly dependent on relevant resources and infrastructure like - bio resources, quality of products and services, institutionalisation of delivery network and industrialisation - all these in their own context.

7. QUALITY – MOST IMPORTANT ISSUE

The new approach to the Indian Systems of Medicine must be driven by quality requirements for all its constituent components and activities to ensure their competitiveness which is needed to effectively contribute to the national health and medical care objectives.

8. ELECTORAL AND SELECTED NOMINEES

The new act shall ensure representation beyond doubt, of the most experienced and truly eligible experts on suggested bodies through stringent parameters and dynamic mechanisms within the proposed act rather than leaving it open to interpretation for any interference or divergence. A balanced representation of both, the electoral and the nominee experts representing ground level experiences and ideal expectations respectively on these committees will help further a realistic roadmap for proper implementation.

9. THREE-TIER MECHANISM - BODIES

For productive planning and operational success, a three-tier mechanism governed by a policy group at the top level, an integrative group at middle level and sectoral groups for operational mechanism at base level will be most ideal in order to bring in variety of professional expertise for productive outcomes.

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