

or an invention or only the result of tweaking codified Ayurvedic knowledge. TKDL has shown irrefutably that the prior art exists as nearly three hundred patents have been foiled based on the information contained in the digital library [7]. If students are exposed to this treasure house of well-structured knowledge, it would open their minds and promote innovation. The Union Cabinet has recently approved a proposal to widen access to the database of TKDL for new users [8].

While the scope to reimagine the curriculum is enormous, for the present, Dr Patwardhan's reflections must be examined and acted upon without further delay. Continuing to tread the beaten path would be an injustice to Ayurveda, to countless students, and most of all, an expectant public. It is an ethical must.

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## DISCUSSION

### Can Ayurveda initiate a paradigm shift? A response to Patwardhan

R SRIVATSAN

Professor Kishor Patwardhan's paper [1] has elicited a great deal of interest as the several comments and criticisms demonstrate. It is clear that he is a highly respected teacher and physician, and my comments as a person who fully believes in the Western system of medicine and has never used Ayurveda are perhaps bordering on insolence. Yet, I feel the need to make them in order to draw attention to some framing aspects of contemporary medicine.

#### Ayurveda's impasse

It is going to be nearly impossible to rationalise Ayurveda using the scientific concepts of Western medicine because the criterion of scientificity is the fundamental basis of this kind of medicine, since the nineteenth century. In its effort to

become scientific, Western medicine has pursued research into new drugs using the tools of modern science (pure biomedical research) and statistical analysis of efficacy [evidence-based medicine (EBM), randomized controlled trial (RCTs), etc]. The problem is complicated by the fact that while Western medicine strives to model itself as a pure science, it is linked deeply to the development of modern technology and business opportunity [2]. It is also as strongly linked to the governmental project of managing the well-being of populations (eg, vaccination, disease control and eradication, mother and child care in India) as it is of curing the individual [3].

In this configuration, Western medicine dominates our imagination and our culture of health in a way that marginalises all other forms of care. It defines the science of the human body while implicitly assuming that the structure and framework of this science is fully developed and what is needed is only more of the same kind of science. It defines the paradigm of health in the epoch of scientific medicine. It jealously guards the boundaries of medicine for itself and arrogates the power to judge what kind of medicine is scientific and what is charlatany.

We relate to our bodies today under the aegis of Western medicine and our experience of health is defined by this idea of modern science. We are thus subjects of a Western medical culture.<sup>a</sup> Prof Patwardhan's confession are the

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To cite: Srivatsan R. Can Ayurveda initiate a paradigm shift? A response to Patwardhan. *Indian J Med Ethics*. 2023 Jan-Mar; 8(1) NS: 66-67. DOI: 10.20529/IJME.2023.005

Manuscript Editor: Sandhya Srinivasan

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expression and reflection of a thinker who struggles with this culture and the subliminal ways in which it defines his own thinking.

And yet, some of us feel a nagging sense of betrayal by Western medicine's lack of commitment to our sense of wellbeing. This sense of being wronged is a potential beginning of a change in the culture of medicine.

### **The challenge**

Thinking more ambitiously, Popper's criterion of falsification, while a good one to design experiments, cannot lead to the success or failure of sciences and scientific formations such as Western medicine. Thomas Kuhn has critically addressed this criterion and suggested that instead, what constitutes scientific knowledge is a dominant paradigm [4]. Single failures of hypotheses can never transform a scientific framework. It requires a shift in the paradigm of that science.

As I have suggested, the dominant paradigm today is that of Western medicine — and this paradigm is intertwined with that of modern scientificity. What's more, it is deeply interwoven with business and profit, administration and government. If one wants to make a dent, it would be to address the criterion of falsification to Western medicine not at the statistical, but at the individual level and show where it fails, where Ayurveda succeeds.

To conclude, Ayurveda's challenge is to be posed not at the level of theoretical scientific formation (biomedical frameworks and theory), or at the level of the objectively verifiable science that works at the level of statistical populations (EBM and RCTs), but at the level of practical application, the definition of medical cure and the healing of the patient. The task is to demonstrate the individual failings of the Western medical paradigm and show how Ayurveda can, if at all, prove to be better at the individual level. And this will involve radically questioning what the term health means. It will involve transforming the idea of medical scientificity so that it does not simply reflect a theoretical finding according to biomedical science or a statistical objective truth at the population level, but also speaks honestly and individually to the profound human experience of illness and healing. In

other words, it will involve listening to the dissatisfactions with modern medicine, and the gaps between our expectations and how we are treated by it.

All this would imply an Ayurveda that is willing to stop harping on about its ancient roots and develop a framework that is capable of going beyond Western medicine, and thus also defining the characteristics of a science to come.

Congratulations and best wishes to the author for initiating this difficult direction of thinking!

### **Note:**

<sup>a</sup> I am intuitively drawing on two (somewhat incompatible) notions here. One, is the notion of a "pattern of consciousness" which is used as a philosophical trope by GWF Hegel in *The Phenomenology of Spirit* (Trans. by M Inwood. Oxford: Oxford University Press, 2018) to describe the historical and logically developing stages through which we constitute ourselves as human subjects. Two, I am also drawing an analogy here with M Foucault's figure of "Man and his Doubles" in a chapter by the same name and the following one "The Human Sciences", in his *The Order of Things: An Archaeology of the Human Sciences* (New York: Vintage Books, 1994). In these chapters, Foucault suggests that our modern experience, or our pattern of consciousness which we may call that of "Man", emerges under the umbrella of concepts and practices in what are called the human sciences (ie, of life — biology, labour — economics, and language — philology and linguistics). I am trying to suggest that the pattern of consciousness that emerges under health is one such figure of Man interwoven between theory, practice and experience today.

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