DISCUSSION

Some thoughts on the undergraduate Ayurveda curriculum

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In his reflective piece in this issue, Kishor Patwardhan has exposed the hollowness of the Ayurvedic curriculum in some approaches to anatomy and physiology [1]. Being a teacher of Ayurvedic physiology at the Banaras Hindu University (BHU) and a widely published researcher, his views should be heeded by those responsible for designing the curricula of the Bachelor of Ayurvedic Medicine and Surgery (BAMS). His paper is not a one-off lament. Patwardhan and several others have been writing for over 10 years on the contradictions between recognised medical science and what is professed in the Ayurvedic curriculum [2, 3]. Having himself subscribed to such subterfuges in the past, he now warns that to "superimpose modern science over classical references (is) unscientific," adding that "such misinterpretations could lead to clinical misapplication, misjudgement" and "smother innovation" [1].

For this admission to come from an award-winning Vaidya scientist and one who continues as a serving member of BHU's faculty, it needed courage and audacity. It made me recall the criticism of the BAMS curriculum which had been referred to at length in my report [4]. Chapter 3 of that Report had summarised the views of the faculty and postgraduate students from 114 Ayurveda colleges, collected through postal and online surveys and by holding in-person discussions across different states. Most of the respondents had replied that the curriculum needed reform, that it was overcrowded; contained too much theoretical knowledge, and expected regurgitation at the cost of acquiring clinical acumen.

Each year nearly 30,000 BAMS graduates and 4,500 postgraduates pass out of 400 plus Ayurvedic colleges [5]. If these future Ayurvedic professionals and practitioners employ the didactic knowledge they have imbibed from the curriculum, and repose faith in its epistemic superiority, it could damage the fair name of Ayurveda and defy the aspiration for an integrated "One Nation One Health" system. Today, an increasingly aware and net-savvy consumer segment is seeking Ayurvedic treatment, whether as stand-alone therapy or for adjunct use alongside western medicine. They expect that the Ayurvedic understanding of medical conditions would be attuned to recent developments in laboratory analysis and sophisticated diagnostics which are in widespread use. Instead of keeping students updated, if they are taught antiquated concepts, it will jeopardise the system and how the Ayurvedic practitioner is perceived. The new curriculum of the National Commission for Indian System of Medicine (NCISM) [6] lays stress on competency, but seems to place reliance on pedagogic rigour instead of first re-examining the course content. When erroneous and outdated content continues to be retained in the syllabus, the presumption is that it is considered relevant. Improving teaching methods will not help when the foundations are shaky.

When the *Samhitas* and ancient texts were written by the sages like Charaka and Sushruta, they were founded on empirical evidence available to them in those times. In the 21st century a patient is entitled to avail of treatment from any recognised medical system. There can be no such thing as Ayurvedic anatomy and Ayurvedic physiology, though treatment will differ.

All this is far from saying Ayurveda has outlived its relevance. But its reinvention is needed looking at contemporary needs. First, NCISM should encourage the utilisation of published therapeutic and observational multi-disciplinary studies that have shown how patients have benefited from Ayurvedic treatment. Second, the seasonal and daily regimen (*dinacharya* and *ritucharya, yoga* and *pranayama*), which are already included in the Ayurvedic curriculum, need to be overhauled and reinforced to be able to confront the spread of non-communicable diseases (NCDs), chiefly diabetes, hypertension, cardiovascular diseases, and cancer which are affecting millions of Indians, including those in rural areas. The new generation of Ayurvedic practitioners must be trained to focus on preventive healthcare and the changing needs of population cohort right from birth to childhood, adolescence to middle age, from old age to the end of life. Only if Ayurvedic physicians are confident of their knowledge, competence, and skills, can they fill the gaps in preventive primary care by hastening essential lifestyle changes.

The curriculum needs to include the Traditional Knowledge Digital Library (TKDL) [7], which until a few months ago was available only to international patent offices. It enabled the patent examiner to decide whether a claim was a discovery

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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

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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 charlatanry.

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.[a] Prof Patwardhan's confession is the

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