commitment and moral courage, from educators, regulators, students, and society.

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Where does "integration" end and "mixopathy" begin? Ayurvedic surgery and beyond…

PUSHYA A GAUTAMA

The Andhra Pradesh Health Minister recently announced [1] that Ayurveda postgraduates trained in surgical studies would be allowed by the state government to practise 58 surgical procedures independently. But what exactly does the term "independently" refer to, and why do accusations of "mixopathy" arise so frequently against Ayurveda practitioners?

In 2020, the Central Council for Indian Medicine (CCIM) introduced an amendment to the Post-graduate Ayurveda Education Regulations of 2016, with the stipulation that "during the period of study, postgraduate scholars of Shalya (surgery) and Shalakya (ophthalmology and ENT)…be practically trained…to independently perform (certain procedures such that) after completion of (their) degree, (they become able) to perform (those) procedures independently" [2]. In particular, it lists 39 sets of procedures for Shalya Tantra postgraduates, and 19 sets of procedures for Shalakya Tantra postgraduates.

However, the amendment does not elaborate on what such "independent" practice might actually entail. For instance:

a) Does this amendment nullify the requirement for biomedical surgeons in the Shalya and Shalakya disciplines for postgraduate training (as such posts could, in the future, be occupied by Shalya and Shalakya postgraduates themselves)?

b) Would it become possible to assimilate, even partially, Shalya and Shalakya postgraduates into biomedical surgery clinics and hospital setups?

c) Would the Shalya and Shalakya postgraduates be licensed to conduct these procedures within their own clinics/hospital set ups, with no legal fallout?

The last is undoubtedly the most pressing question of the three, and the focus of much of the criticism directed at the amendment. Many experts believe that it is impossible for Shalya and Shalakya postgraduates to develop, within three short years of training, sufficient biomedical expertise required to conduct the surgeries listed, without potentially endangering the lives of patients visiting such surgeons [3].

However, why the issue of "mixopathy" arises so frequently in the case of Ayurveda must be examined within broader contexts extending well beyond the domain of surgery. The first pertains to the content and structure of the Ayurvedic (BAMS) course itself. Ayurveda collegiate courses as they stand today are, by their very nature, "integrative". For instance, undergraduate Ayurveda students are taught portions of several biomedical subjects including anatomy, physiology, surgery, and gynaecology, alongside curated Ayurvedic understandings of these [4]. In outpatient departments, students become familiar with the process of issuing diagnoses and making therapeutic recommendations only after laboratory, radiological, or clinical investigations have been done. While this is undoubtedly to provide Ayurveda students the important ability to become conversant with increasingly biomedicalised healthcare frameworks and healthseeker expectations, it also offers them, perhaps unintentionally, incomplete biomedical "tools" to "think with", and "think through", in their encounters with patients. While the ethics of such a hybrid pedagogy can be further examined from several lenses, perhaps the most important one pertains to the realities of grassroots practice in smaller towns and villages.

Many students, during their rotatory internship, join local hospitals as night-duty doctors, considering it a way of earning while studying. However, such posts are available for Ayurveda students, only because biomedical doctors do not consider it a worthwhile posting. Further, even while studying, a large number of students train in the evenings with biomedical practitioners, to pick up skills and techniques required to run a biomedical setup, as many go on to either practise in "hybrid" (Ayurveda cum biomedical),

or fully "modern" (only Allopathy) clinics, largely filling vacant positions (eg, doctors in primary healthcare centres) disregarded by biomedical practitioners. Even as early as 2008, studies found that over 70% of Ayurveda graduates went on to practise biomedicine [5], a phenomenon, according to sociologist V Sujatha, silently encouraged by state governments "desperate to get some medical professionals to work in postings that biomedical professionals avoid" [6]. This scenario, wherein a majority of Ayurveda graduates are informally absorbed by the state and other biomedical healthcare systems, into posts left vacant by biomedical practitioners, and come in turn, to view the Ayurveda degree as an unofficial backdoor entry into the MBBS course, has remained largely unchanged. The "surgery debate", therefore, also bears close examination from within this broader context.

The difficult questions that lie before the wider medical fraternity of both Ayurveda and biomedical experts, therefore, cannot cease with pontifications on disciplinary boundaries, or superficial rants against "mixopathy" and "khichidification". A sustainable way forward can only emerge through a realistic reckoning with the grey realities of hybrid practice on the ground.

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I, **Sanjay S Nagral**, hereby declare that the particulars given above are true to the best of my knowledge and belief.

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