Ayurveda is the oldest system of life science and health care in the world, its antiquity going back to the ancient Vedas. Originating from India Ayurveda seems to have reached its zenith in the period of its classics. Ayurveda is claimed to be the world view of its time in the field of life science and health care. With the fast emergence of new European medicine patronized by the British about two centuries ago Ayurveda stopped growing losing its ground and shrank to Indian subcontinent but survived in India and remained in unbroken clinical practice since antiquity till date but suffered great suppression. However, Ayurveda was preserved and practiced by popular Vaidyas largely unofficially without any state support. Thus Ayurvedic education and practice remained alive without any provision of state regulation.

Initially the British colonial Government implemented the Drug and Cosmetic Act in 1940 to regulate prescription and sale of Allopathic drugs in India without any mention of ASU drugs which was amended time to time. There was no Act to regulate medical education. Much later the Republic of India introduced a chapter to D&C Act to regulate ASU drugs in 1964 with very scratchy provisions. This provision seems to have been briefly expanded to make a provision to regulate the personnel too in 1982. It was in 1964 and again in 1969 that a list of 54 ancient books of Ayurveda were inserted in first schedule of Drug and Cosmetic Act making the provision that drugs and formulations mentioned in these 54 books will be considered generic medicines and will be permitted for direct licensing without any testing for their safety and efficacy. This provision seems to have been made on request of practicing Vaidyas of the time. Even today practitioners specially from South India demand to enhance this list on the plea that the original list of 54 books has ignored important south Indian texts such as Sahasra Yoga. Recently a new amendment has been inserted to recognize the scientifically tested extracts, phyto-chemicals and active constituents of medicinal plants as official drugs.

On the other hand some critical opinion makers consider the 54 book provision in the Act as a funny Act including a list of old outdated books as part of the first schedule of an important Act made for contemporary India. It is felt by many that the formulations mentioned in such books cannot be given the status of generic medicines at par to the generic medicines of Allopathy which are unbranded but are duly scientifically tested drugs. The other party argument is that the drugs and formulations mentioned in ancient books too are tested in their own way in their own time and enjoy the textual and experience based evidence of their safety and efficacy. WHO also gives weightage to such an evidence if it is dynamic. I personally too consider it as the primary evidence of safety and efficacy of traditional medicines which will gradually gather new scientific evidence in future.

It is imperative to mention at this juncture the fact that production of classical /Shastriya drugs and their preference of use by present generation of Ayurvedic practitioners have gone down drastically during last two decades. This trend among practitioners and manufacturers
also questions the legitimacy of classical drugs of Ayurveda today. I as a reviewer feel curious to understand the very wisdom and thinking of the Government and the Law makers, as to whether the provision of taking help of 54 old books as part of Law was because of real faith and conviction in the system and its tradition or was the result of a very liberal attitude or was because the Law makers had no time to think of more rational strategies or they were in pressure of practitioners or it was because of an attitude to help the system to sustain the practice of ASU systems on the face of the fact that development of scientifically tested branded medicines is time consuming and this process may lead to a big hold up in the field so it was felt advisable to allow the both ends to continue for the time being. The other reason as alleged by critics is the casual approach of policy makers and lack of will to move into the matter in a big way to uplift ASU systems to stand and re-stand on sound footings. It seems both the above factors worked together and compelled the policy makers to make short term provisions allowing status quo leading to a limping system of ASU education and practice till today.

By the year 1947 when India became independent the Ayurvedic fraternity expected special state attention but nothing much happened at ground level. Nearly 25 years after independence Government of India agreed to launch the central regulatory body like CCIM in 1971 through an Act of the Parliament. The credit goes to the efforts of the then popular Vaidyas like Pandit Shiv Sharma of Bombay and Vaidya Anant Sharma Tripathi of Orissa who were the members of Parliament during the said period. Thus CCIM came into existence in 1971 and Ayurveda and other ISMs became fully official and legitimate systems of Medicine. CCIM adopted its own Act largely designed on the lines of Medical Council of India MCI without much innovative ideas specially needed to regulate the education and practice of Ayurveda which is distinctly different than the western medicine. CCIM started functioning in the leadership of Pandit Shiv Sharma and Kaviraj Ashutosh Majumdar with good speed for few formative years but subsequently the so called democratically elected Council plunged into controversies, mismanagement and corruption. For several years it has remained in a bad shape. The stakeholders are forced to accept it as it is because Regulation of the system is mandatory. There is a need of major reform in CCIM to make it more transparent with better provision for nomination and election of members of the Council and its President. Or the Government of India decides to think of an alternative model of regulatory mechanism. It cannot be overemphasized that the system has to be regulated reasonably through legitimate regulating bodies with due transparency and critical honesty. It is unfortunate that there have been serious questions raised on working style of the officials and inspectors of the Council in the matter of granting permission to different colleges for admitting students. The Council has not succeeded to reasonably resolve the issue of minimal infrastructural requirements for UG/PG courses. No consensus has yet been reached in connection with the feasibility of Semester system of teaching/examination, as well as the issue of Annual versus Professional systems of examination and grouping of subjects besides inclusion/exclusion of papers on Samhitas and the minimal quantum of Modern medicine component in BAMS and MD/MS courses, because of the lack of holistic thinking and objective consideration among the members beyond personalized interests.

Now there is an urgent need of major reform in the process of formation and functioning of CCIM for better regulation of education and practice of AYUSH systems with enhanced control of Central Government. Such an improved Council should address to the priority issues such as 1. timely election and nomination on the Council strictly at the interval of 3-5 years never beyond, 2.members and office bearers of the Council be not allowed to repeat the tenure more than twice,3.timely admission and examinations in all colleges, 4.semester system of teaching and examination be quickly implemented, 5. the proportion of modern medicine in UG/PG courses be reduced to 25 percent of the total course and be limited to
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basic medical sciences and diagnostics, 6. the ongoing debate on choice of Annual versus Professional phasing of subjects, teaching and examination be planned on the principle of reducing the years of basic subjects strengthening the clinical and practical subjects to promote professional skill among of the graduates, 7. Teaching of Sanskrit and Samhita be continued as before, 8. quality of facilities and functioning of colleges be assessed every three years not annually by a committee not by inspectors. (This is only my suggestion).

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