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Historical Perspective

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Introduction

Ayurveda, Unani and Siddha systems of medicine have a long history which dates back to centuries gone by – even millennia. The historical perspective which follows reflects on relatively recent developments from around the beginning of the 19th century onwards. This period has been selected to give an idea of the historical landmarks and policy debates that led to the evolution of Ayurveda, Unani and Siddha systems of medicine and have greatly influenced the manner in which they are taught and practised today. The background also shows how the attitudes and approaches of the government and the protagonists of the three systems responded to the changing times, including the interface with modern medicine, leading to new ways of packaging and presenting Indian medicine, now called AYUSH.

Background

Prior to British supremacy the Indian systems of medicine had an independent cultural ethos and ideology and were the mainstay of medical and health care. They were not influenced by political upheavals and nor did they depend on state patronization- although it was often extended by the Mughal dynasty and later by several provincial rulers after the decline of the Mughal Empire. Although Ayurveda and Unani had their own ancient historical roots and shared little in common, they functioned in an environment of mutual trust and understanding.

After the British made political inroads into India, the ideologies of liberalism and utilitarianism began to percolate into the Indian mindset. In the case of the Indian Systems of Medicine (ISM), after a supportive beginning from the British rulers, there came a conscious effort to subdue the practitioners under the hegemony of colonial domination.

The early phase of co-existence between the protagonists of western medicine and Indian medicine ended with Lord Thomas Babington Macaulay's[1] famous minute on education (1835) in which he expressed the superiority of the "Occidental system" over the "Orientalist tradition" in the following words:

> "It is impossible to conquer India unless we break the very backbone of this nation which is her spiritual and cultural heritage. Therefore, I propose that we replace her centuries old education system with English education; this way the Indians would loose self-esteem and would become a truly dominated nation".[2]

This development is seen by historians as the "defeat of the Orientlists at the hand of the Anglicists." Thereafter, Government policies and actions proceeded to support strategies that aimed at marginalizing Indian medicine and its practitioners. Almost everything that had roots in the orient was relegated to the vestige of superstition and consequently treated as redundant.

During the last phase of the nineteenth century there was a reaction to this attempt at subjugation which ironically resulted in giving impetus to the revitalization of Ayurvedic and Unani medicine. But a really favorable environment for the systems came only after independence.

Moreover, the exposure to Western medicine also affected the practitioners. Several Ayurvedic physicians moved away from their traditional moorings to assimilate whatever could be gleaned from the new medical approaches. Charles Leslie considered a doyen in this area and the author of

1. Thomas Babington Macaulay (1800-1859) was a Whig politician, a poet and a historian. He was the first law member of Governor-General's council and an ardent advocate of English education over the vernacular.
2. Lord Macaulay's speech in the British Parliament, 2.2.1835.

"Asian Medical Systems" has described the phenomenon in the following words:

> "It is evident that indigenous practitioners did not lack the will and ability to incorporate knowledge from other systems with which they came into contact."[3]

Ayurveda – An Overview

When modern medical science was introduced in India, it was inevitable that like many other institutions Indian medicine especially Ayurveda would also be affected.

Ayurveda: The Stage of Transformation

After 1812, the British government required that 'native doctors' acquire training to enable them to provide medical services to the community.

Instead of the usual methods of apprenticeship it became necessary to introduce a more systematic way of imparting medical education.

Anil Kumar in his work on Indian Medicine has observed "the then Medical Board was impressed with the richness of the Sanskrit language and especially the unrevealing of some excellent treatises on Ayurvedic medicine by the orientalists."[4]

Therefore, in 1822 the government established a novel medical institution called the "Native Medical Institution" where western and Indian traditional medical education was to be imparted side by side.

During the same period Ayurvedic teaching in Sanskrit commenced in the Calcutta Sanskrit College and others followed.

The new institutions saw an amalgamation of Indian as well as western medical thought and practice for the first time. There are substantial records of European doctors, botanists and pharmacologists, listing the flora, fauna and other natural and medicinal resources of India. It is significant to note that together with an appreciation of the knowledge of plants and their uses derived from the Indian systems of medicine, there was an attempt to apply this knowledge for the containment of newly emerging diseases sought to be tackled through bio-medicine.

Thus, a 'Materia Medica of Hindoostan' by Whitelaw Ainslie appeared in 1813 and Sir William Jones' "Botanical observations on select Indian plants" appeared around 1790-1800 A.D.

Cantonment hospitals had limited resources which also necessitated placing reliance on local systems of medicine. This led to their limited incorporation in the early years more as a necessity than a conscious choice.

The founding of the Native Medical Institution (1822) followed by the Calcutta Sanskrit College and the Calcutta Madarsa, where parallel instruction was imparted in the vernacular, are examples of what was happening The intention was to train "natives' in medicine and also to use them to help run the medical services which were expanding.

At the same time, the British government realized the 'economic importance' of the drugs used in the Indian systems of medicine. It was the high comparative cost of European and "native" medicine which persuaded the Department responsible for Medical Stores to argue in favour of the use of local medicine.

To quote Madhulika Banerjee, "a drug substitution policy of European drugs by indigenous ones was initiated. This way the supply of European medicine could be limited to just those medicines for which no native drugs could be used."[5]

Ayurveda: The Stage of Rejection

The incompatibility of the two systems of medicine, western and Indian led to a sharp division in thinking. The Native Medical Institution established in 1822 was abolished in 1835 and replaced by a modern medical college. The political developments in Britain also had a profound effect on the future of Indian medicine. The Medical Registration Act of 1853 and the setting up of the 'General Medical Council' were precursors for more changes to follow.

3. Leslie, Charles. *Asian Medical Systems: A Comparative Study.* Delhi: Motilal Banarsidas, 1998.
4. Kumar, Anil. *Medicine and the Raj: British Medical Policy in India – 1835-1911.* New Delhi: Sage Publications, 1998.
5. Banerjee, Madhulika. *Power, Knowledge, Medicine: Ayurvedic Pharmaceuticals at Home and in the World.* Hyderabad: Orient Blackswan, 2009.

Initially, although registration of medical practitioners had begun in Britain, the government dropped plans to register western medicine doctors in India, fearing an outcry from the Vaidyas and Hakims. Moreover, the focus of Western medicine as practiced in India was initially on tropical medicine, epidemiology and vector control. The new approach impressed educated Indians who became curious about these developments.

But along with this came a change in attitude towards Indian medicine. Indeed what has been described as the "tool of empire" by KN Pannikar[6] became a means of breaking social dependence on Indian Medicine by directing attention and curiosity towards western medicine.

Ayurveda: Marginalization through Legislation

Although initially the British Government had been reluctant to insist on the registration of the western medical practitioners on the lines of what was already in vogue in Britain, in 1912 the proposal received approval with the enactment of the Bombay Medical Registration Act.

Such a policy that gave no recognition to the Vaidyas and Hakims was considered oppressive by protagonists of Indian medicine.

Ayurveda: The Stage of Revitalization

Measures had perforce to be introduced to overcome what was happening. The dissemination of knowledge available in the classics was the first focus of the revitalization movement. The availability of printing presses made that achievable. By the end of the 19th century there were as many as fifty medical journals in various Indian languages.

An important contributor in this area was PS Varier[7] who published a catalogue of Ayurvedic medicines with details of their usage dosage and related information to enable people to access medicine without the prescription of physicians.

In support of this, *Chikitsa Sangraham* was written by Varier to spread awareness about the basics of the Ayurvedic medicine and treatment. His fortnightly journal '*Dhanwantari*' was considered particularly important as the essays focused on the promotion of good health.

Varier wrote a number of articles where he argued for selective adoption of ideas from both western and Indian systems. His thrust was based on the belief that Ayurveda as a medical system had relevance because it addressed medical needs which were directly related to climatic conditions prevalent in India.

He is also credited for establishing a system of public education and examination for Ayurvedic practitioners in Kerala. Such institutions were called "Pathashalas" (elementary schools) and the aim was to revive Ayurveda, to equip the physician with sufficient knowledge and skills to conduct practice: but it was also a means of apprising the British government about these new strategies.

The 'Pathashala' adopted a five year course with Sanskrit in the first year and later both Malyalam and Sanskrit as the medium of instruction. The curriculum of the Pathashala comprised both indigenous and western knowledge. The emphasis was on mastering Ayurvedic texts as well as acquiring knowledge about formulations and their medicinal uses. This was supplemented with instruction covering physiology, anatomy chemistry, midwifery and surgery which were incorporated from the western system.

This approach gave rise to two distinct points of view: the first was represented by the 'Purists' who resented any move to make a variation from the classical approach. They wanted the curriculum to be exclusively confined to the classical texts and commentaries.

In contrast the 'Modernists' placed greater reliance on western knowledge, particularly on anatomy and physiology.

Promotion of Ayurvedic Knowledge

Inspired by the efforts of PS Variar, other places in India also saw the emergence of many other institutions which aspired to promote Ayurvedic knowledge.

6. Pannikkar, *op.cit.*
7. Vaidyaratnam PS Varier was an Ayurvedic physician from Kerala, India who in 1902 founded Kottakal Arya Vaidya Sala, an organization that started the manufacture and sale of Ayurvedic medicines.

The inauguration of 'All India Ayurveda Mahamandal and Vidyapeeth' which conducted courses like diploma and degree in Ayurveda, was another effort to legitimise Ayurvedic education.

Another landmark was the setting up of Ashtanga Ayurveda College (1915) in Calcutta by Jamini Bhushan Ray a famous physician and *'kabiraja'* (ayurvedic practitioner.) The foundation stone of Ray's institution was laid by Mahatma Gandhi.

Soon thereafter, Vaidya Shyamdas established the Vaidya Shastra Pitha in 1921 to teach 'Shuddha' (Pure) Ayurveda which was inaugurated by Dr. Rajendra Prasad.

'Kabiraja' Gananath Sen started the Govinda Sudan Ayurvedic College in 1922 in Calcutta. The Ayurveda Maha-Vidyalaya came up in 1932 also in Calcutta and was inaugurated by C.V. Raman an institution where Ayurveda and allopathy were taught side by side.

The All-India Ayurveda Mahasammelan, an Association of Ayurvedic physicians was formed in 1907 at Nashik (Maharashtra).

Likewise, in 1915 a college for Indian system of medicine was established at Madras where subjects like anatomy physiology, hygiene, medicine and surgery were included in the syllabus and the Degree of Licentiate of Integrated Medicine (LIM) was awarded.

Checkered Attitudes to Ayurveda

Inevitably the spirit of Nationalism and the quest for credibility for Ayurveda united. In 1918 the Indian National Congress passed a resolution which criticized the way the indigenous systems of Medicine were being denigrated by "Laymen Antagonists" without the practitioners even being able to present their case.

From 1920 onwards the demand for extending patronage to Ayurveda grew. Under pressure, the provincial governments granted assistance to Sanskrit Mahavidyalayas imparting instruction in Ayurveda. During this period a number of provincial governments passed legislation regulating indigenous medicine. But interestingly, when the Indian Medical Association (IMA) was formed in 1928, it concentrated exclusively on Western Medicine. Formed under pressure of the General Medical Council in Britain it had close links with the Indian political leaders and important doctors in India but even so the interests of Indian Medicine were side-stepped. The allopathic medical profession's general aversion to Indian Medicine is apparent even today although winds of change are also felt at a few places.

Policy-makers and planners in the health sector that were in the forefront in the colonial and post colonial period were clearly opposed to the inclusion of traditional medicine .This was evident from the recommendations made by the Sub-Committee of the National Planning Committee (1938) which was entrusted with drawing up a plan for health services for independent India. It was significant that the Sub-Committee wanted to setup "health workers" for rural India but the integration of the vaidyas and hakims was recommended to be done only a "after additional training" had been imparted to them.

Gandhi's Viewpoint on Ayurveda

Madhulika Bannerjee has summarized Mahatma Gandhi's viewpoint on Ayurveda which holds relevance even today. Her assessment[8] is as follows:

(i) For Gandhi, Ayurveda did not exhibit a spirit of inquiry and humility to the unknown, similar to that of modern science,

(ii) The second criticism of Gandhi related to the commercial aspects of Ayurveda where the main focus was upon the sale of tonics and sexual stimulants. Gandhi regretted that no association or person protested against this trend as being immoral and unethical,

(iii) Gandhi also regretted that Ayurveda was neither cheap nor efficacious. Nonetheless he supported Pandit Shiv Sharma, the Vaidya who treated him at the Sevagram Ashram, to help propagate Ayurveda if he was assured that the vehicle adopted for this purpose was that of a "true practitioner".

In 1921, while inaugurating the Tibbia College at Delhi, this is what Mahatma Gandhi said:

> "I regret to have to record my opinion based on considerable experience that our Hakims and Vaidyas not exhibit that spirit

8. Banerjee, *op. cit.*

> of research in any mentionable degree. They follow without question formulas. They carry on little investigation. The condition of indigenous medicine is truly deplorable. Not having kept abreast of modern research, their profession has fallen largely into disrepute. I am hoping that this college will try to remedy this grave defect and restore Ayurvedic and Unani medical science to its pristine glory. I am glad, therefore, that this institution has its western wing." (CW 19: 357-58).[9]

Speaking at another event in 1925 he is reported to have criticized "large-scale advertisements primarily of Ayurvedic tonics as sexual stimulants aimed at resting on the laurels of Ayurveda without conducting genuine research."

He also said, "I know of not a single discovery or invention of any importance on the part of Ayurvedic physicians as against a brilliant array of discoveries and inventions which western physicians and surgeons boast."

When some Vaidyas were upset with Gandhi's response, he retorted,

> "I do like everything that is ancient and noble, but I utterly dislike a parody of it. And I must respectfully refuse to believe that ancient books are the last word on the matters treated in them. As a wise heir to the ancients, I am desirous of adding to and enriching the legacy inherited by us." (CW 27: 344).[10]

Unani – An Overview

In undivided India, especially during the Mughal period, Unani medicine enjoyed remarkable state support and also had great public acceptance. This environment was conducive to attracting practitioners towards Unani medicine including from abroad. Even after the disintegration of the Mughal empire, Unani medicine and its practitioners were extended patronage by the princely states that emerged after the downfall of the Mughal empire and subsequent events. It was only in the second half of the nineteenth century that votaries of Unani medicine became aware of modern medicine emerging as an effective tool for colonial domination. Interestingly, they did not hesitate to learn from some of the recent developments in European medicine – mainly surgery, anatomy and chemistry – especially since they considered 'Doctory' (allopathic practice) to be an off-shoot of their own Unani system.

Through their responses and critiques of Doctory, historian Neshat Quaiser has broadly divided the practitioners and users of Unani into four groups:

1. The **Modernists,** who accepted modern Western medicine as the only true and valid medical science and thereby rejected the indigenous systems of medicine.
2. The **Purists,** who rejected the basics of Doctory and upheld the view that Unani tibb was most suited for the treatment of human beings. The physicians of the Lucknow School, represented primarily by the Azizi family were the most vocal advocates of this view.
3. The **Synthetists,** who accepted modern medicine as the most developed scientific system of knowledge and yet remained quite concerned and sympathetic to Unani tibb. Such people suggested a combination- a medical unity of the three – Unani, Ayurveda and Doctory i.e., *Tibbi Ittehad-e-Sulasa.*
4. The **Reformists,** who insisted on reforming the Unani system by adopting 'scientific' methods and its form (including packaging) but not on changing the fundamentals of the system.[11]

The Delhi School of Unani Tibb represented primarily by the Sharifi family which established the first Madrasa-e-Tibbia (1889), a formal medical school to teach the Unani system, was the most vocal supporter of this view.[12]

Quaiser argued that, "The votaries of the Unani system adopted all possible methods to revive their medical tradition through the Madrasa-e Tibbia set up at Delhi. The All India Vedic and Unani Tibbi

9. Prasad, Shambhu. "Towards an Understanding of Gandhi's Views on Science." *Economic and Political Weekly,* September 29, 2002. (Based on *Collected Works of Mahatma Gandhi.* New Delhi: Publication Division, Ministry of Information and Broadcasting, Government of India,1994.)
10. *Ibid.*
11. Quaiser, Neshat. "Politics, Culture and Colonialism: Unani's Debate with *Doctory."* In *Health, Medicine and Empire: Perspectives on Colonial India,* edited by B. Pati and Mark Harrison. Hyderabad: Orient Longman, 2001.
12. *Ibid.*

Conference held its first annual conclave in 1910 at Delhi. It marked the beginning of a concerted plan to bring together the two systems viz., Unani and Ayurveda to fight the onslaught of modern medicine."[13]

The 'profit-making' motive of the colonial government was also questioned during the 'Unani-Doctory' debate. It was argued that the English destroyed Unani tibb so that allopathy could be popularized and medicines from Europe and America could flood the Indian market.

Lack of governmental encouragement to Unani education and jobs for hakims were additional factors which discouraged the spread of Unani education. Many of them suggested that there should be a combination of doctory and Unani Tibb which they thought would ensure government support, while others emphasized greater reliance on their own resources. Overall, the Unani system tried to mitigate the colonial influence which questioned its theory and practice. Having understood the realities of the colonial game-plan it forged an alliance with Ayurveda in an effort to challenge the dominance of western medicine.

In 1926 Hakim Ajmal Khan (1868-1927), a Unani revivalist, a nationalist, a poet, a freedom fighter and a renowned Hakim, established a Research Committee for reforming and bringing Unani Medicine up-to-date. Two things stand out:

First, in his address to the gathering, Hakim Ajmal Khan said:

> "It is most essential for us to develop the *Tib* on the same lines of progress made in modern times. Ages have passed, knowledge has reached its heights by moving very fast but we did not make any progress. Not only that we did not make progress but on the other hand we have gone down in the direction of deterioration."[14]

Following this, he along with five associates took an oath which is reproduced below:

> "Today, Friday, the 2nd July, 1926, we started a basic and fundamental work in Unani System of Medicine for its moderation. We pray to God to help us in carrying out this magnificent work and to continue it to our best capacity."[15]

Siddha – An Overview

The Siddha system has undergone many changes in the course of its long history and remains the mainstay of medical relief to a large section of population especially in the southern state of Tamil Nadu.

Evolution and Theoretical Basis of Siddha System

The Siddha system of medicine originated in the Tamil speaking parts of India. The word Siddha means 'an object to be attained' or 'perfection or heavenly bliss'. It has been suggested that Siddha medicine could have originated in Harappan civilization because of the widespread use of different kinds of salts, which were not found in the Ayurvedic texts.

The Siddha system of Medicine comprises different types of sciences and practices such as alchemy, philosophy, yoga, magic and astrology. In the Siddha system religion and philosophy intermingle so as to direct the practitioners "to the path of righteousness." The medical literature of the Siddha system was scientifically codified – subject wise – only in 18th Century AD.

Siddha Medicine in Pre-Independence Period

The Siddha system of medicine was officially patronized in the ancient Tamil kingdoms. It had various specialities with physicians dedicated to different branches of medicine. The Siddha system is reported to have had suffered setbacks due to natural calamities, inhibitions of practitioners about disclosing their formularies and the destruction of original manuscripts. The wisdom slowly declined from its original form leaving many missing links and with knowledge and skills confined to only a few physicians. The British government also discouraged the use of traditional medicine including Siddha.

13. Quaiser, Neshat. "Politics, Culture and Colonialism: Unani's Debate with *Doctory."* In *Health, Medicine and Empire: Perspectives on Colonial India,* edited by B. Pati and Mark Harrison. Hyderabad: Orient Longman, 2001.
14. Nizami, Zafar Ahmad. *Hakim Ajmal Khan*. New Delhi: Publications Division, Ministry of Information and Broadcasting, Government of India, 1988.
15. Razzack, Mohammed Abdur. *Hakim Ajmal Khan: The Versatile Genius*. New Delhi: Central Council for Research in Unani Medicine, Ministry of Health and Family Welfare, Government of India, 1987.

But later on, with the institutionalization of the Siddha system, the missing links are reported to have been re- discovered through clinical practice and also by establishing a rapport with the older Siddha physicians.

Initially, the Siddha system was practiced by those who were products of the Guru – disciple system. After the introduction of a formal education system, teaching through colleges was started in rural areas, where allopathy practitioners were scarce.

Policy Formation and Approaches to the Indian Medicine (1946 onwards)

Just prior to independence and thereafter several committees were constituted to recommend appropriate remedial steps to bring the Indian Systems of medicine at par with other medical systems. A brief account of these committees follows. The account is based upon data supplied by the National Institute of Medical Heritage, Hyderabad and culled out by the PI.

Bhore Committee (1946)

The Committee headed by Sh. Joseph Bhore recommended a rapid extension of bio-medicine but placed itself at a 'safe distance' from the traditional systems of medicine and left it to the provincial governments to decide what part, if any, should be played by the indigenous systems in public health and delivery of medical services.

Sokhey Committee (1946)

The Sokhey Committee suggested "absorption" of the practitioners of Ayurvedic and Unani systems of medicine into state health organizations by giving them "further scientific training".

Chopra Committee (1948)

The Chopra Committee was appointed by the Government of independent India under the Chairmanship of Lt. Col. (Dr.) RN Chopra himself an allopathic doctor, who was considered a sympathizer of the Indian system of medicine. He recommended *inter alia*:

(i) Harmonization of indigenous and western system of medicine through integration of the concepts and methods in the education system

(ii) Standardization and rationalization of research and production parameters,

(iii) Encouragement to learning by imbibing techniques from bio-medicine.

The committee also proposed that different system of medicines could be taught together.

Pandit Committee (1951)

The Pandit Committee was established to finalize the recommendations made by the Chopra Report regarding "Education and Medical Institutions" and "Research." The idea of a common integrated syllabus for all medical colleges was rejected, but it was felt that research should be undertaken into the validity of indigenous medicine from the point of view of contemporary medical science. An early outcome of the Pandit Report was the establishment of the Central Institute of Research in Indigenous Systems of Medicine and the Postgraduate Training Centre for Ayurveda, both in Jamnagar, Gujarat in 1952.

Dave Committee (1956)

The Dave Report presented a model integrated syllabus to be used in colleges that would impart education to the physicians of indigenous systems of medicine (ISM). The report positioned itself as a corrective to the Bhore Report. It stated:

> "The Bhore Committee . . . was not in a position to assess the value of the various systems on account of paucity of time and opportunity to conduct such investigation into the problem."

In particular, the Dave committee recommended only one syllabus to be applied throughout India with a course of five and half year's duration. It also recommended the establishment of a council like Medical Council of India. In addition, that the registration of ISM practitioners should be undertaken both in respect of products of college education but also those who had 15 years or more experience of working as "hereditary physicians".

Although the recommendations were circulated to the states they were not adopted, and each state continued to regulate education independently. The Dave Committee saw its work as carrying forward or "finalizing" the proposals of the Chopra Report relating to the state control of medical practice and education.

Uduppa Committee (1958)

The Uduppa Committee moved beyond medical education and went into the quality and standardization of Ayurvedic pharmaceuticals. The Committee observed that, "the preparation of medicine by hand was one of the serious handicaps that made Ayurveda practitioners and their treatment less popular among modern people."

The committee was concerned about the lack of standardization and too many source books used for the formulation of medicine.

Mudaliar Committee (1962)

This report was prepared by Dr. Arcot Lakshmanaswami Mudaliar who rejected the integrated approach of medical education and research. Instead, it was recommended that indigenous medicine should be taught and practiced in a purely classical form, with due attention to language skills and access to original sources. The recommendations of this committee were accepted by the government and the Central Council for Research in Indian Medicine and Homoeopathy was established in 1969 as a result.

Vyas Report (1963)

Shri Mohanlal P Vyas was the Minister for Health and Labour, Ahmedabad, Gujarat who chaired the Committee which had Pandit Shiv Sharma one of the most prominent protagonists of Ayurveda among its members. The committee was entrusted with the task of drawing up a curriculum and syllabus of study in pure (unmixed) Ayurveda extending to over four years, which should not include any subject of modern medicine or allied sciences in any form or language. The report's title, "Report of the Shuddha Ayurvedic Education Committee," emphasized its dedication to the ideal of Shuddha, or pure ayurvedic doctrine and practice. Interestingly, the whole report was prepared in the Sanskrit language to emphasise the purist viewpoint.

Sampurnananda Committee (1964)

Dr. Sampurnananda, former Chief Minister of Uttar Pradesh, chaired a Committee which also included Pandit Shiv Sharma and Dattatraya Anant Kulkarniji as members. Interestingly, no allopathic practitioner featured in the committee. The committee made the following recommendations:

1. That the syllabus should be predominantly Ayurveda oriented,
2. The eligibility criteria for admission in the Ayurveda course should be made as Intermediate pass with Sanskrit and a moderate knowledge of English,
3. Science subjects should not be made compulsory and may be taught later during the course.

Dr. Sampurnanand wanted to bring back the wholesome and traditional way of Ayurvedic teaching and education. However this committee could not establish a consensus regarding the syllabus. It was chiefly because some members were interested in promoting the integrated syllabus while other members wanted to persevere with the Shuddha (pure) Ayurveda course. Also, the media, teachers and students of Ayurveda raised various obstacles in the way of implementing the committee's report.

To avoid the difficulties and controversies in uniting on the syllabus, the committee to a large extent adopted the syllabus followed at the Banaras Hindu University which was introduced at other places with minor alterations. Ultimately the committee recommended the introduction of a uniform integrated syllabus for Bachelor of Ayurvedic Medicine and Surgery (BAMS), which came into effect from 1976.

Regulation of ISM Education Prior to Central Council of Indian Medicine

Before the enactment of Indian Medicine Central Council (IMCC) Act, 1970 several state governments had passed different Acts to regulate Ayurvedic Degrees and the practice of the systems. The earliest one appears to be the Board of Indian Systems of Medicine Act 1947 of Mysore State followed by East Punjab Ayurvedic and Unani Practitioners Act 1949. Likewise, Madras, Maharashtra, Hyderabad, Andhra Area, Jammu & Kashmir had their own Acts. The Andhra Ayurvedic & Homeopathic Medical Practitioners Registration Act 1956 was specifically introduced to regulate and recognize practitioners of Andhra area.

Closure of Integrated Medicine Course

Over time the support for integrated colleges declined while pressure for pure ayurvedic colleges increased. Ayurvedic practitioners and supporters of Ayurveda generally pointed to the popularity of indigenous practitioners; the higher cost of integrated colleges due to the expensive equipment required teaching Western medicine; the tendency to spend too much time on allopathy; the availability of indigenous graduates for rural practice and finally, the inherent incompatibility of the two systems. Eventually, the supporters of a pure system of education and training for Ayurveda gained political support. This led to the formation of several independent councils for looking after the research, development, training and aspects related aspects of ISM.

Thus, when efforts were going on for the integration of various medical streams, on the other side a campaign was gaining ground against it. Stalwarts and organizations representing both modern medicine as well ISM began campaigning for and against the continuation of the integrated syllabus. The allopathic doctors started objecting to the teaching of modern subjects to Ayurvedic students. The orthodox Ayurvedic scholars were also not in favour of it. Further practical difficulties were faced in teaching modern medicine subjects to the Ayurvedic students.

The hereditary Ayurvedic physicians were also exerting their influence on the government though they were willing to include surgery, obstetrics, toxicology etc., of modern medicine though not overtly. They succeeded in starting Shuddha (pure) Ayurveda, Unani and Siddha courses in all ISM colleges from 1960 onwards.

Establishment of Central Council of Indian Medicine (CCIM)

To bring uniformity in standards of ASU medical education and register practitioners of Indian medicine the IMCC Act, 1970 was enacted thereby establishing the Central Council of Indian Medicine (CCIM). The Council has been patterned with almost identical composition as that of the Medical Council of India (MCI) set up by the MCI Act, 1956. The comparison indicates that a similar system for membership and election to the General Body and the Executive Body of the CCIM was introduced. A comparative chart is at **Annexure I.** The length of the course for MBBS/BAMS/BSMS and BUMS is 5½ years. This laid the foundation for claiming parity and attempts to equate the professional qualifications of Indian medicine courses with modern medicine.

Ramalingaswami Committee (1981)

Professor V Ramalingaswami (1921-2001), Fellow of the Indian National Science Academy, Fellow of the Royal Society, and a one time President of the Indian National Science Academy, was considered one of the most illustrious Indian scientists of his day. The committee that he chaired recommended that the existing model of health care in India should be replaced by one that combined "the best elements in the tradition and culture of the people with modern science and technology." In this it differed from the Chopra Report, which recommended not a combination of systems but absorption of the best elements of the traditional by modern medical science.

Outcome of Reports by Various Committees

Although much water had flown under the bridge, integration of Ayurveda into modern medicine was not accepted. The government wanted research along scientific lines both for the Ayurvedic and Unani systems – to be incorporated into modern medicine in due course. The thrust was on having one medical system and the teaching of modern science was considered essential for the betterment of Indian medicine.

Many councils, national institutions and drug testing laboratories were established following the reports of the above mentioned committees. Leena Abraham and V Sujatha have outlined the role of "political economy" which affected the development of Indian medicine as an independent system. For the authors, the "state backed institutional development subjected ISM to validate itself along scientific lines. But the increasing role and participation of vaidyas and certain institutions mitigated the hegemony of the scientific model to some extent."[16]

16. V Sujatha and Leena Abraham, "Medicine, State and Society", *Economic and Political Weekly,* April 18, 2009, Vol. XLIV, No. 16, pp. 35-42.

Third Five Year Plan and ISM (1961-66)

The Third Five Year Plan was the first plan where there was a specific section devoted to strategies to promote Indian Medicine. The significant recommendations included the following:

1. Establishment of a Central Council of Indian Medicine to regulate Ayurvedic education in the ISM sector; separate Directorates for Indian Medicine and Statutory Council and Boards to be set up in all the states,
2. Constitution of a separate Central Drugs Control Organization for the regulation of indigenous medicine,
3. Compilation of Ayurveda and Unani pharmacopoeias; establishment of at least one medicinal herbal garden in each state and also a central medical plant garden,
4. Survey of medicinal drugs found beneficial for the treatment of common ailments,
5. Establishment of pharmacological research units preferably attached to the botany departments of colleges to pave the way for laying down working standards for raw materials used in Ayurveda and Unani pharmacies.

These goals drawn up in the early 1960s remained the template for state action for the next there decades or so. Subsequent five year plan documents were either silent about this sector or simply repeated the approach.

ISM Landmarks

The Central Council for Research in Ayurveda (CCRA) was set up as an advisory body in 1962 and finally the Central Council for Research in Indian Medicine and Homeopathy (CCRIM&H) was established in 1969.

The Central Council for Research in Ayurveda and Siddha (CCRAS), an apex body for the formulation co-ordination and development of research in Ayurveda and Siddha on scientific lines was established in March, 1978.

The purpose of all these efforts was to make it possible for the poor to have access to a health system which was 'legitimate' and the stated goal was to "validate" the knowledge of Ayurveda in 'scientific terms'.

Drugs standardization, preparation of official formularies for simple and compound drugs, the prescription of tests for identification and for judging the purity of drugs and for inventorising the methods of administration were the main thrusts of the Ayurvedic pharmacopoeia committee which was established during this period.

Hence, from the vaidya who was trusted for producing quality medicine for individual patients, the emphasis moved to ready-made preparations produced by large manufacturers. Referring to commercialization Madhulika Banerjee has observed:

> "The rules and regulations formulated by government actually help the profit making big pharmaceuticals companies."[17]

While this movement to make Ayurveda scientific and industrialized continued, in the 1980s the spurt in complementary and alternative medicine abroad and revival of interest in the natural products presented a new thrust area for the government.

In 1995, the Narasimha Rao government decided to convert what was until then a mere division (albeit with huge infrastructure attached to it) of the Department of Health in the Ministry of Health and Family Welfare, into a full fledged department with an independent Secretary.

The history of how the Department of Indian systems of medicine was created and subsequently acquired the name of AYUSH (an acronym for Ayurveda, Yoga, Unani, Siddha and Homoeopathy) remains of importance even today. That is because what happened in the years 1993 to 1995 have flashbacks to how protagonists of Ayurveda had influenced many government decisions pre- and-post independence. The following account is based upon the PI's knowledge of what took place in those years which has been counter checked with people who were directly involved in decision-making.

It can be said that the momentum that started post-independence which itself had been driven by decisions taken on the basis of committees set up in the 50s and 60s resulted in extensive institution building although in dimension it could not be compared even remotely to developments on the side of modern medicine. The Prime Minister PV Narasimha Rao was among the staunch supporters

17. Banerjee, Madhulika, *op.cit.*

of the Indian systems. Since he had served as the Union Health Minister in the mid-eighties he was well aware of the milestones that had been crossed and was keen to see that various aspects of Indian medicine got due importance. In December 1993 at the Akhil Bharatiya Ayurveda Mahasammelan for the first time Prime Minister Narasimha Rao announced publicly that there was a move to establish a separate Directorate or a separate Ministry for Ayurveda. A copy of his speech delivered at the Conference is at Annexure-II.

The Prime Minister was well acquainted with the grand old Vaidya Brahaspati Dev Triguna and his son Devendra Triguna. They had direct access to him, which overcame huge barriers that otherwise existed. In conversation with Vaidya Devendra Triguna the PI came to know that the establishment of a department for Indian medicine was not acceptable to the bureaucrats in the Health Ministry. Senior officers wrote strongly against the move arguing among other things that Ayurveda and the other Indian systems pre-dominantly addressed preventive health and the management of healthy life-styles. This did not require to be administered in the same way that modern medicine was governed. In July-August 1994 in a meeting chaired by the then Prime Minister Shri PV Narasimha Rao the officials once again opposed the move to establish an independent Department for ISM.[18] But despite strong resistance the decision to establish an independent Department was taken. The Government notification setting up the Department issued on 8 March 1995.

An independent Secretary was soon appointed to head the Department with an office in the Red Cross Bhawan near Parliament House with a complement of professional staff. The short-lived coalition Governments of the late nineties were ambivalent to ISM. The fortunes of the Department changed dramatically at the turn of the century. The Vajpayee government was as committed to Indian medicine as the then Prime Minister PV Narasimha Rao.

In April 2000 at the suggestion of the Confederation of Indian Industry, the Department agreed to host a joint national conference in Vigyan Bhavan which was inaugurated by the Prime Minister Vajpayee, attended by UN agencies besides all secretaries of Government of India. The president of CII Shri Rahul Bajaj laid a roadmap for industry's support for Indian medicine; Brahaspati Dev Triguna recited *shlokas* in Sanskrit and the Prime Minister released a new volume of the Ayurvedic pharmacopoeia and said laudatory words in praise of the systems – all extempore.

Another landmark development was when the Prime Minister inaugurated a conference on Ayurveda in New York in 2000. Around the same time the Minister for External Affairs Shri Jaswant Singh chaired a meeting on how the Indian missions abroad could help propagate Indian medicine. In the months to come ISM research, books, plants,drugs and practices were showcased at the World Health Assembly in Geneva and at the EXPO 2000 at Hanover (Germany.)

Even so Ayurveda aficionados were not happy with being clubbed under the umbrella of Indian medicine. They argued that Ayurveda should be recognized for what it was and the nomenclature of the Department should be changed to incorporate Ayurveda in its name. In 2003 the name of the Department was changed from ISM & H to AYUSH, an acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy. A copy of the Government notification is at Annexure-III.

This history serves to show how periodically proximity to the centre of power helped give prominence to Indian medicine and Ayurveda in particular. Unlike the general belief that this importance was a part of religious revivalism with a Nationalist agenda, the previous history shows that the Department was created by Prime Minister Narasimha Rao who seemed to have intrinsic confidence in the Indian systems and the role they could play in the delivery of health services. Years later the Government of Delhi under the Chief Ministership of Sahib Singh Verma alloted 95 acres of land for setting up an Ayurveda Hospital. Later, Chief Minister Sheila Dikshit sanctioned ample funds to establish a 210-bed hospital there with nearly 50,000 sq. metres of built up space. In 2002 the Rajasthan State set up the Rajasthan Ayurvedic University at Jodhpur on 300 acres of land which today has affiliated 44 ISM colleges. The examples show how different governments and political parties have espoused the cause of Ayurveda and other Indian systems of medicine.

18. As told by Vaidya Devendra Triguna to the PI and corroborated by the then Joint Secretary in charge of ISM, Mr Pawan Chopra.

While efforts to systematize the development and propagation of Ayurvedic, Unani and Siddha medicine received impetus through the creation of an independent department, the first ISM policy was announced only in 2002. Also, it was only in the Ninth Five Year Plan (1997-2002) that a separate chapter was devoted to the Indian system of medicine; some important developments that took place interalia included:

- The establishment of National Medicinal Plants Board,
- The creation of the Traditional Knowledge Digital Library (TKDL), a collaboration of the erstwhile Department of Indian Systems Medicine, the Council of Scientific and Industrial Research (CSIR), Patent examiners and Information Technology experts, to foil patent applications based on ASU knowledge,
- The establishment of the National Institutes for Siddha and Unani Medicine and the upgradation of the National Institute for Ayurveda,
- Centrally funded projects and schemes to establish state drug testing laboratories; the notification and compulsory adoption of Good Manufacturing Practices by Industry; the publication of pharmacopoeias and formularies for Indian medicine,
- Focus given to improving the quality of education,
- A decision to establish an All India Institute of Ayurveda,
- Thrust on the globalization of Indian medicine.

The period 1995 to the present day has been largely spent in augmenting and consolidating these initiatives. In the ensuing report the current status of Ayurveda, Siddha and Unani system of medicine has been described with special reference to the benefits that have accrued to the public; also gaps that need to be addressed in the 12th Plan (2012-2017).

Annexure-I

Comparative Constitution and Membership of MCI Act, 1956 & IMCC Act, 1970

	Medical Council Act, 1956	Indian Medicine Central Council Act, 1970
[A] Constitution	a) One member from each State other than a Union Territory to be nominated by the Central Government in consultation with the State Government concerned.	The Central Government shall, by notification in the Official Gazette constitute for the purposes of this Act a Central Council consisting of the following members, namely:- a) Such number of members not exceeding five as may be determined by the Central Government in accordance with the provisions of the First Schedule for each of the Ayurveda, Siddha and Unani systems of medicine from each State in which a State Register of Indian Medicine is maintained, to be elected from amongst themselves by persons enrolled on that Register as practitioners of Ayurveda, Siddha or Unani, as the case may be;
	b) One member from each University to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no Senate, by members of the Court.	b) One member for each of the Ayurveda, Siddha and Unani systems of medicine from each University to be elected from amongst themselves by the members of the Faculty or Department (by whatever name called) of the respective system of medicine of that University;
	c) One member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such register who possess the medical qualifications included in the First or the Second Schedule or in Part II of the Third Schedule. Seven members to be elected from amongst themselves by persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule.	c) Such number of members, not exceeding thirty per cent of the total number of members elected under clauses (a) and (b), as may be nominated by the Central Government, from amongst persons having special knowledge or practical experience in respect of Indian medicine:Provided that until members are elected under clause (a) or clause (b) in accordance with the provisions of this Act and the rules made there under, d) The Central Government shall nominate such number of members, being persons qualified to be

	Medical Council Act, 1956	Indian Medicine Central Council Act, 1970
	d) Eight members to be nominated by the Central Government. e) The President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves.	chosen as such under the said clause (a) or clause (b), as the case may be, as that Government thinks fit; and references to elected members in this Act shall be construed as including references to members so nominated. e) The President of the Central Council shall be elected by the members of the Central Council from amongst themselves in such manner as may be prescribed. There shall be a Vice-President for each of the Ayurveda, Siddha and Unani systems of medicine who shall be elected from amongst themselves by members representing that system of medicine, elected under clause (a) or clause (b) of sub-section (1) or nominated under clause (c) of that sub-section.
[B] Mode of Election	a) An election under clause (b), clause(c) or clause (d) of sub-section 3 shall be conducted by the Central Government. b) Where any dispute arises regarding any election to the council, it shall be referred to the Central Government whose decision shall be final.	a) An election under clause (a) or clause (b) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf. b) Where any dispute arises regarding any election to the Central Council, it shall be referred to the Central Government whose decision shall be final.
[C] Restriction on Election and Membership	a) No person shall be eligible for nomination under clause (a) of the sub-section 1 of section B unless he possess any of the medical qualifications included in the First and Second schedules residing in the state concerned, and where a State Medical Register is maintained in that State, is enrolled on that Register. b) No person may at the same time serve as a member in more than one capacity.	a) No person shall be eligible for election to the Central Council unless he possesses any of the medical qualifications included in the Second, Third or Fourth Schedule, is enrolled on any State Register of Indian medicine and resides in the State concerned. b) No person may at the same time serve as a member in more than one capacity.

Annexure-II

Inaugural Address of Prime Minister of India Shri PV Narasimha Rao at the 54th Session of All India Ayurveda Conference at Nagpur on 25 December 1993

अखिल भारतीय आयुर्वेद महासम्मेलन के 54वें महाधिवेशन, नागपुर के अवसर पर माननीय नरसिंह राव जी, प्रधानमंत्री, भारत सरकार का उद्घाटन भाषण

आदरणीय शरद् पवार जी, शंकरानन्द जी, श्रद्धेय त्रिगुणा जी, और आयुर्वेद के महान् ज्ञाता, विद्वान और उसके अनुष्ठान करने वाले महानुभव। आप सब लोगों को मेरा प्रणाम है। आज कई वर्षों के बाद मुझे यह अवसर मिल रहा है, आप सभी लोगों से मिलने का और आपकी बात सुनने का और अपने कुछ विचार आपके सामने रखने का। मैं आपका बहुत–बहुत आभारी हूँ।

मैं स्वास्थ्य मंत्री राज्य में रह चुका हूं, केन्द्र में रह चुका हूं और ये जो विभिन्न पद्धतियों के बीच टकराव होता है और उस टकराव के कारण जो वाद–विवाद होते हैं उनसे मैं परिचित हूँ। मैं सोचता हूं कि इन वाद–विवादों को बंद करके, पूरा बन्द नहीं कर सकते तो कम करके आगे बढ़ने का मौका मिलना चाहिए। आप जानते हैं कि एक प्रणाली में एक दृष्टिकोण है, दूसरे में दूसरा दृष्टिकोण है। दोनों ही अपनी–अपनी जगह में सही हो सकती हैं। दोनों में ही कुछ त्रुटियाँ हो सकती हैं, कमियां हो सकती हैं। आज सब यह अवश्य स्वीकार करते हैं। अंततोगत्वा बहुत कुछ गलतियाँ करने के बाद, बहुत कुछ वाद–विवाद के बाद, इसे स्वीकार किया जा रहा है कि मानव का शरीर कोई अलग–अलग अंगों का जमघट नहीं है। कहीं से पांव ले आये, कहीं से हाथ ले आये, कहीं से नाक ले आये, सबको इकट्ठी कर दिया तो मानव बन गया। ऐसी बात नहीं है। इसलिए जो ओवर स्पेशलाइज़ेशन होता है कि आँख वाला आँख ही देखेगा, पाँव वाला पाँव ही देखेगा, नाक वाला नाक ही देखेगा और एक दूसरे में इतना झगड़ा होगा। आँख और नाक में झगड़ा होने लगा तो क्या उस बीमार का हाल होगा? तो ये अच्छी बात नहीं है इस ओवर स्पेशलाइज़ेशन को हम इस हद तक न ले जायें कि जो मानव है, जो मनुष्य है, जो रोगी है, उसके मनुष्यत्व को, उसकी समग्रता को ही हम भूल जायें।

इसलिये यह जो आजकल होलिस्टिक कहा जा रहा है एक समग्र दृष्टि है। मनुष्य का शरीर आपके सामने है। केवल शरीर नहीं है, मन भी है और सभी की आवश्यकताएँ है। अभी हाल में पहली बार इस बात को मान लिया गया है। मैं सोचता हूं कि आयुर्वेद की सबसे बड़ी विजय यही है। लेकिन केवल विजय कहने से काम नहीं चलेगा। अब आयुर्वेद के लिए हमारे देश की जो चिकित्साएं हैं चाहे चीन की हों, चाहे हमारी हो, उनके लिये अच्छे दिन इसलिये आये हैं कि इनको बाहर के लोग मानने लगे हैं। पहले तो यही लोग नहीं मानते थे। एक–दूसरे की काफ़ी खिचाई होती थी। आलोचना होती थी कि आयुर्वेद कोई पद्धति ही नहीं है। इस तरह की जो बातें सुनने में आती थीं आजकल सुनने में नहीं आ रही हैं। आज तुलसी को लेकर, अश्वगंधा को लेकर, नीम के पत्ते को लेकर और पता नहीं कितनी मूलिकाएं हमारे पास हैं एक–एक मूलिका को यहां से बड़े सस्ते दामों में हमारे जो आदिवासी लोग हैं उनको थोड़ी बहुत मज़दूरी देकर बटोर–बटोर कर बाहर ले जाया जा रहा है। प्रयोगशालाओं में उनके गुण–धर्मों का परीक्षण किया जा रहा है, उनकी उपयोगिता के बारे में बड़ी–बड़ी पत्रिकाओं में बातें निकलने लगी हैं और बहुत बड़े–ऊंचे दर्जे के डाक्टर और विशेषज्ञ उनको मान रहे हैं, उनका व्याख्यान कर रहे हैं।

तो अब हमें सूझने लगा है कि मेरे घर के सामने जो नीम का पेड़ मैं पचास साल से देख रहा हूं और मुझे पता ही नहीं था कि इतनी अच्छी चीज़ है। मुझे अच्छी तरह मालूम है हमारे छोटे–छोटे गांव है तथा गांव से दो फ़र्लांग पर जंगल शुरू होता था। कोई बीमारी आती, कोई बीमार पड़ जाता था तो वैद्यराज आते थे। वह

आयुर्वेद महासम्मेलन पत्रिका, फरवरी 1994

जंगल में जाते और कुछ पत्ते वग़ैरह ले आते और पत्ते के रस से रोगी ठीक हो जाता था। अब वो पत्ता क्या है वह बताने वाला नहीं रहा। क्योंकि उसको हमने बड़ा गुप्त रखा। इस देश में शास्त्र को, जानकारी को, ज्ञान को दबा–दबाकर रखने की परम्परा चल पड़ी। किसी और को नहीं पता। ऐसे प्रिस्क्रिप्शन्स हैं, ऐसी रेसिपीज़ हैं जो वैद्यराज के साथ ही समाप्त हो गए। उनके लड़के क्लर्क बने फिरते हैं। अब उसको सुरक्षित करने वाला कौन है? उसको आगे चलाने वाला कौन है? और दूसरी तरफ सब खेत ही खेत उगे हैं कहीं जंगल तो नज़र ही नहीं आता। जंगल के लिये जाना हो तो कहीं विन्ध्य पर्वत में चले जाइये और कहीं चले जाइये। वहां भी काफ़ी कटाई हो रही है। इधर–उधर के पेड़ पौधों के साथ कटाई हो रही है। हमारे बहुत उपयोगी पेड़ जिनमें औषधियां बनती हैं, वो भी समाप्त हो गये। आज उनको पहचानने वाले कोई नहीं है। मैं अच्छी तरह जानता हूं अपने गांव के बारे में जो लोग वैद्य थे मेरे बचपन में, उनके लड़के आज कुछ जानते नहीं हैं, उनके पोते नहीं जानते और वह ज्ञान उनके साथ समाप्त हो गया।

आज आप जब आयुर्वेद को आज़ाद करवाना चाहते हैं उसका सबसे पहला काम यह होना चाहिये कि जहां ज्ञान हो उसे आप पहले खुले में लाइये। जहां कहीं हो, चाहे पुराने ग्रन्थ हों, ताड़ पत्र हो, किसी पर भी लिखे हुए हों, कहीं भी लिखे हुए हों या छोटी–छोटी रेसिपी हमारे यहां उनको चिटका कहते हैं उनके बारे में जो ज्ञान है हमारी पुरानी महिलाओं को, वृद्ध महिलाओं को जो ज्ञान है जिन्होंने दस–दस पन्द्रह पन्द्रह बच्चे पाले थे और कई उसमें हट्टे–कट्टे भी निकले वो ज्ञान नहीं रहा है। आज इस बात के संग्रह की ज़रूरत है। आपने देखा होगा ये जो हमारा आदिवासी इलाका है वहां से लोग आते है थैलियों में मुलिकाएं भरकर, उनको कोया कहते हैं। वो एक टाईप है। वो आपके पास आयेंगे, मेरे पास आयेंगे। पर तस्वीर खिचवायेंगे। तस्वीर शरद जी को दिखायेंगे, शरद जी यह तस्वीर साल्वे जी को दिखायेंगे यह कहने के लिये कि हम इन सबसे मुलाक़ात करते हैं। कोई बुरी बात नहीं है। लेकिन वो सड़क के किनारे बैठकर मूलिकाओं का प्रदर्शन करते हैं। उसमें कई चीज़ें ग़लत हैं। बोगस हैं। लेकिन कहीं–कहीं ऐसी चीज़ निकल जाती है उसमें जो बहुत नायाब चीज़ हैं। क्योंकि उसी एक परिवार में उसका ज्ञान होता है। उस परिवार के साथ फिर वह ज्ञान भी समाप्त हो जाता है। आज किसी ने इन लोगों से बात की है? किसी ने उनसे वार्तालाप किया है कि उसके पास क्या है? क्या नहीं है? दस–बीस रूपया खर्च करके उसके पास क्या चीज है उसका पता भी लगायें? कहां से वो लाते हैं उसका भी पता लगायें। तो वन मूलिकाओं का इन्हीं के पास से हमें ज्ञान का भण्डार मिल सकता है।

जो मूलिकाऐं हमारे पुराणों में लिखी हैं वह सभी वनों में नहीं मिलतीं। ये एक तो हिमालय के बारे में कहा जाता है दूसरा श्रीशैलम के पास जो हिल्स हैं उनके बारे में कहा जाता है कि औषधियों में काम आने वाली मूलिकाओं का बहुत बड़ा ख़ज़ाना वहां मौजूद है। इसी तरह कुछ ऐसे स्थान हैं, कुछ ऐसे वन हैं जिनके बारे में ये प्रसिद्ध है, सभी वनों के बारे में नहीं है। हम जानते हैं कि कहां–कहां यह प्रसिद्ध है। ये ख्याति कहां है और क्यों है? वहां जाकर देखें। वहां जाकर लोगों से बात करें। कोई बड़ा काम नहीं है। हमारे आदिवासी इलाक़ों में कुछ अजीब रोग हैं। संक्रामक भी हैं, असंक्रामक भी है। लेकिन उनका कहीं कोई इलाज नहीं है। बाहर के न वैद्य कर सकते हैं न डाक्टर कर सकते हैं। कोई कर सकते हैं तो वहां की जो मूलिकाएं होती हैं उसी से उनका इलाज होता है। क्या आयुर्वेद ऐसे रोगों को ठीक कर सकता है? परवान चढ़ाना हो तो यह तभी होगा जब आप चुनौती स्वीकार करेंगे।

मैं यह नहीं कह रहा हूं कि इतनी बड़ी इमारत आपको चाहिये तो आप मत लीजिये। लेकिन अपना स्टैन्डर्डाइज़ेशन करिये। आयुर्वेद चिकित्सा करने में क्या–क्या लगता है, कैसी आपको इमारत चाहिये, प्रयोगशाला कैसी चाहिये, चाहिये कि नहीं चाहिये। दूसरे आज जो आधुनिक पद्धतियां है ब्लड काऊन्ट वगैरह देखने के, ब्लड प्रेशर देखने के, और चीज़ें देखने के जो छोटे–छोटे आले हमारे पास हैं उनकी आपको आवश्यकता है या नहीं। एक जमाने में नहीं थी। खाली नाड़ी देखकर पहचानते थे तत्कालीन वैद्यराज, अब भी वैसे हैं लेकिन बहुत कम रह गये हैं।

आयुर्वेद महासम्मेलन पत्रिका, फरवरी 1994

मुझे मालूम है एक वैद्यराज एक गांव में होते थे और पचास गांवों से रोगी उनके पास चले आते थे। प्रैक्टिस कुछ नहीं होती थी।

''वैद्यो नारायणो हरिः''

वैद्यराज अपने पास से उनको दवा दे देते थे। कोई उसका मूल्य नहीं होता था। और सबसे बड़ी बात हमारे समाज में यही है कि दवा की कोई कीमत नहीं ली जाती। गांव वैद्यराज का प्रबन्ध करता है। वैद्यराज लोगों की बीमारियों को ठीक करने के लिये अपने पास से दवायें बनाते भी हैं और देते भी हैं। ये एक ऐसा नमूना है को–आपरेटिव–लिविंग का कि जिसमें किसी प्रकार के पैसे का मामला नहीं है। फ़ीस का मामला नहीं है। ये एक समाज था हमारा। अभी तक है कई गांवों में। शहर से जितना दूर जायेंगे उतना आपको वह वातावरण मिलेगा। ये फीस वाला चक्कर वहां नहीं है। सभी को दवा मिलती है जब हो तो, नहीं हो तो अलग बात है। तो इस तरह से वैद्य को लेकर हमारा एक सामाजिक संगठन भी है। उस सामाजिक गठन में उसको कैसे बैठाया जाता है इसका भी एक नमूना हमारे पास है। पुराने लोग कहते है कि जिस गांव में कर्ज देने वाला न हो, जिस गांव में वैद्य नहीं, जिस गांव के पास नदी–नाला बहता नहीं, बहने वाला पानी न हो (देखिये कितना इसमें स्वास्थ्य का मामला है) और जिस गांव में कोई मर जाय, किसी की शादी हो जाय, कोई शुभ हो अशुभ हो उसको करने वाला पुरोहित जैसा आदमी न हो। ये चार–पांच ऐसे लोग हैं जो जहां नहीं होते हैं उस गांव में आपको बसना नहीं चाहिये। ऐसा पुराने लोगों का कहना है। उसमें वैद्य सबसे पहले आता है और फिर कर्ज देने वाला। अब आप कर्ज देने वाले बैंक हो गये हैं। मान लीजिये वैद्य के डाक्टर हो गए है। पानी–वानी तो बहता नहीं है। आजकल तो सब बांध लग गए हैं। कहीं कोई नाला आए तो आए, नहीं तो न आए। इस तरह से समाज बदला है। लेकिन साथ ही साथ यह भी है कि दवा देने वाला आदमी वहां जरूर चाहिये। ये एक ऐसी मांग है जो हर गांव से आती है। हर शहर से आती है और इस मांग के चलते आपका एक ऐसा पेशा है जो कभी समाप्त नहीं होगा। आपके पास बेरोज़गारी बिल्कुल नहीं होगी। जब तक आते रहेंगे रोगी आपको काम मिलेगा। इसका मतलब यह नहीं है कि आप उनको एक्सप्लाइट करें। मैं यह कह रहा हूं समाज के लिये आपकी आवश्यकता ऐसी है, आपकी अनिवार्यता ऐसी है कि आपके बगैर नहीं रह सकता। किस चीज़ की कमी है। अपने शास्त्र को, अपनी जानकारी को और पैना बनाने में और आगे बढ़ाने में, उसको परवान चढ़ाने में कोई कमी हमको नहीं करनी चाहिए, कोई संकोच नहीं करना चाहिये।

कभी पूछा जाता है कि आप ये बनेंगे तो आपकी नौकरी मिलेगी कि नहीं मिलेगी। दूसरे पेशों में यह बात लागू हो सकती है लेकिन आपके लिये नहीं। आप अपने गांव में भी बैठकर लोगों की सेवा कर सकते हैं। इसको सुविधाएं देने की बात है। हम कोशिश कर रहे हैं। अभी शंकरानन्द जी ने कहा बहुत कुछ इससे पहले हो चुका है। आन्ध्र प्रदेश में और दूसरे राज्य में। इसका अलग विभाग और निदेशालय वगैरह है।

सरकार के स्तर पर तो यह होता है, लेकिन उससे काम पूरा नहीं होता। अब भारत सरकार में भी कई दिन हुये हमने सोचा है कि इसका अलग डायरेक्टर या अलग मिनिस्ट्री ही बना दें। क्या फर्क़ पड़ता है। बस वो ही काम करता रहेगा। जैसा हमने नान कन्वेंशनल एनर्जी के लिये सौर ऊर्जा गोबर गैस के लिये जब से हमने मिनिस्टर अलग बना दिया है उस पर इतना काम किया जा रहा है, इतना ध्यान दिया जा रहा है और एक साल के अन्दर उन्होंने काफ़ी प्रगति दिखाई है। आयुर्वेद के विषय में भी यह हो सकता है। ठीक है जो करना है हम करेंगे लेकिन इस विद्या को आगे बढ़ाने का काम आपका है। हम और कुछ नहीं कह सकते हैं। मैं ये कह सकता हूं कि यदि मैं किसी का प्रतिनिधि हूं तो भारत के रोगियों का प्रतिनिधि हूं। न मैं डाक्टर हूं, न वैद्य हूं न और कुछ हूं मुझे क्या चाहिये? आपके सिस्टम के झगड़े में मुझे नहीं पड़ना है मुझे तो शफा चाहिये और ये बात आपको समझना है। आज बीमार कहां–कहां जाता है शफा पाने के लिये। कोई मंतर वाले के पास जाता है कोई जंतर वाले के पास जाता है कोई छूँ–फूंक वाले के पास जाता है, कोई कुछ और करता है। ये सब करता

है किस लिये? इसलिये कि उसे अपनी जान प्यारी होती है। वह आपके सिस्टम में पड़ना नहीं चाहता है। जैसे कह दिया कि जिसको कुछ मन का रोग हो तो किसी मंदिर के स्थान में ले चलिये, वहां उसको रखिये क्या मतलब है इसका? साइकोलाजिकल ट्रीटमेंट कैसे होता है? उसको अपने घर से ले जाइये, कहीं तिरूपति, कहीं श्री शैलम्, कहीं काशी, वहां उसे बैठाइये। रोज़ जप कराइये उससे। जप का क्या मतलब है? क्या जपता है शायद उसका अर्थ उसे मालूम न हो मगर जपता है। क्यों ये कहा गया है कि जप होना चाहिये, करना चाहिये? इससे पीछे कुछ रहस्य है, बाते हैं जिनको समझने की आवश्यकता है। ये केवल गंवारपन नहीं है, ये पिछड़ा पन नहीं है। अपने मन और शरीर को ठीक रखने के लिये इन सारी चीज़ों की आवश्यकता होती है। क्यों कहा जाता है कि एकादशी के दिन व्रत करो, खाना मत खाओं, उपवास करो। कई लोग तो ऐसा उपवास करते है कि कुछ और चीज़ें खा जाते हैं। ये सब क्या है? बहुत ही अच्छे आरोग्यप्रद हैं ये चीजे, ये बातें। ये सब कुछ हमारे पास मौजूद है। तो इस परम्परा को आगे बढ़ाने के लिये और उसका एक वैज्ञानिक रूप देने के लिये हमें बहुत कुछ करना है।

अभी बड़े–बड़े डाक्टरों से मैंने सुना है कि आधुनिक रोगों का रूप बदल गया है। अभी कह रहे हैं वे डाक्टर लोग कि इंजेक्शन और एन्टीबायोटिक का ज़माना चला गया है। आज जो रोग मानव जाति को परेशान कर रहे हैं वो लाइफ़–स्टाइल के रोग हैं। आपका आहार–विहार कैसा है, आपकी जीवन शैली कैसी है उस पर से ये रोग आपको आ रहे है। इसलिये जीवन शैली पर आधारित और सम्बन्धित रोगों की अब बहुत ज़्यादा रोकथाम आपको करनी पड़ेगी। इन्जेक्शन मिल सकते हैं, जैसे बड़े रोगों का कोई न कोई रास्ता निकल जायेगा, आपरेशन हो जायेगा तो किसी का हृदय निकाल कर किसी को लगा देंगे, शायद किसी की बुद्धि भी निकाल कर किसी को लगा देंगे क्या पता? ये सारी चीज़ें मिल सकती हैं। लेकिन जो ऐसे रोग हैं जिनका इस प्रकार इलाज नहीं हो सकता वो है लाइफ़–स्टाइल वाले रोग जैसे डायबिटीज़ है। इसलिये ये सारी बातें हैं जिनका जवाब मैं सोचता हूं कि हमारी परम्पराओं में है। बहुत सोचना है, बहुत खोज करनी है, चर्चा करनी है और उसकी असलियत तक पहुंचने के लिये काफ़ी प्रयास करने पड़ेंगे।

दवाओं के बारे में एक बात कहना चाहूंगा। कई लोग आजकल आयुर्वेद के नाम से फ़ार्मेसी खोल रहे हैं। अच्छी बात है। किसी को कोई एतराज़ नहीं। लेकिन आपकी दवा खाकर पचास लोग मर गये ये कहा जाय तो आपकी दवाओं को कौन पूछेगा। आप जो दवा बनाते हैं, आयुर्वेदीय दवाओं के लिये ऐसी बदनामी होगी तो इससे तो आपका पूरा सिस्टम ही बिगड़ जायेगा। बहुत क्षति होगी। शायद कुछ लोग सब जानबूझ कर करते होंगे। अख़बारों में लिखाते होगें ये हो सकता है कि इससे आपकी बदनामी हो भी रही है और की जा रही है लेकिन सावधान आपको रहना पड़ेगा। कई लोग कहते हैं कि आयुर्वेदिक औषधियों पर मेरा बड़ा विश्वास है लेकिन कोई असल औषधि देने वाला नहीं है। इधर–उधर की चीज़ें हमको मिल जाती है जिससे शफा की आवश्यकता है। यह शंकरानन्द जी का काम है, कैसे इसको स्टैण्डर्डाइज़ करेंगे। जैसे एलोपैथी और दूसरे लोगों ने किया है। यह काम ज़रूरी है। आप लोग काम करिये हम आपके साथ हैं, किसी ने अभी यहां कहा था कि आप साथ दें तो हम दुनियां बदल सकते हैं, लीजिये हम आपके साथ हैं दुनियां बदल कर दिखाइये।

अन्त में आप सबको शुभ कामनायें।

आयुर्वेद महासम्मेलन पत्रिका, फरवरी 1994

Annexure-III

Copy of Government of India Notification regarding Change of Name of Department of ISM & H to AYUSH

No.1/22/1/2003-Cab.(i)
GOVERNMENT OF INDIA (BHARAT SARKAR)
CABINET SECRETARIAT (MANTRIMANDAL SACHIVALAYA)
RASHTRAPATI BHAVAN
****

New Delhi, the 11th November, 2003

The undersigned is directed to circulate herewith for information a copy of the notification dated 11th November, 2003 by the President under clause (3) of article 77 of the Constitution regarding Amendment to the Government of India (Allocation of Business) Rules, 1961.

(P. Gopalakrishnan)
Director (Cabinet)
Tele: 23015802

(To be published in Part II, Section 3, Sub - section (i) of the Gazette of India, Extraordinary, Dated the 11th November, 2003)

Doc. CD- 464/2003

RASHTRAPATI BHAVAN
NEW DELHI

Notification

Dated the 11th November, 2003

S.O. _____(E).- In exercise of the powers conferred by clause (3) of article 77 of the Constitution, the President hereby makes the following rules further to amend the Government of India (Allocation of Business) Rules, 1961, namely:-

1. (1) These rules may be called the Government of India (Allocation of Business) (Two hundred and seventy Amendment) Rules, 2003.

(2) They shall come into force at once.

2. In the Government of India (Allocation of Business) Rules, 1961,-

(1) in the First Schedule, under the heading "13. Ministry of Health and Family Welfare (Swasthya aur Parivar Kalyan Mantralaya)", for the sub-heading "(iii) Department of Indian Systems of Medicine and Homoeopathy (Bharatiya Chikitsa Paddhati aur Homoeopathy Vibhag)", the following sub-heading shall be substituted, namely:-

"(iii) Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) (Ayurveda, Yoga aur Prakratik Chikitsa, Unani, Siddha aur Homoeopathy (AYUSH) Vibhag)";

(2) in the Second Schedule, under the heading "MINISTRY OF HEALTH AND FAMILY WELFARE (SWASTHYA AUR PARIVAR KALYAN MANTRALAYA)", for the sub-heading "DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY (BHARTIYA CHIKITSA PADDHATI AUR HOMOEOPATHY VIBHAG)", the following sub-heading shall be substituted, namely:-

"Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) (Ayurveda, Yoga aur Prakratik Chikitsa, Unani, Siddha aur Homoeopathy (AYUSH) Vibhag)".

A P J Abdul Kalam
President

[File No 1/22/1/2003-Cab.(i)]