

## REVIVING AYURVEDA IN MODERN INDIA: Prospect and Challenges

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*India, one of the world's most thickly-populated countries, has rich medical and health sciences, some of which date back to several thousand years B.C. At the state level, the Indian Systems of Medicine and Homoeopathy (ISM & H), which is under the Ministry of Health and Family Welfare, recognizes the six unique and distinct systems of medicine. Since the 1970s the government has also given similar professional status to the practitioners of various systems. Among the above medical systems, ayurveda is the oldest, having originated and practiced in ancient India. This paper explores and profile ayurveda as an alternative healing choice for a segment of the Indian population in Calcutta. Based on ethnographic field work during August-September, 2004-05, this paper found that a steady growth of ayurvedic medicine use has geared up over the last few decades for various reasons such as: minimum side effect, permanent curability, heal better for chronic diseases, failure of Western allopathic medicine, etc. However, a clear hierarchy of preference existed among patients and young ayurvedic practitioners, with allopathy at the top.*

### **Introduction**

In post-colonial Indian society, the Western medical system has become the key medical system catering to the masses. The government have endeavoured to provide this modern system to the masses at an affordable rate. However, when the Western medical system fails to provide definitive cures to long term and short term illnesses, some Indians, and especially those who can afford it, will explore alternative treatment methods. The establishment of large number of allopathic medical colleges and hospitals in Calcutta<sup>1</sup> during the colonial era to provide health care ensured the priority of Western medicine in the city.

Western medicine is still the mainstream healing choice for the majority of people, and the largest share of the West Bengal state government health budget is allocated for allopathic medicine. The budgetary allocation for the Indian systems of medicine, including ayurveda, is higher in the central government health budget than in the West Bengal state government health budget, the estimated percentages in 2003-04 being 5.13% and 3.94% for the central government and the West

Bengal state government, respectively.<sup>2</sup> Although in India there are 67.7 practitioners of ISM&H, including ayurveda, available for each million people, in West Bengal the number is only 56.4 (AYUSH, 2003). These figures indicate the lesser accessibility to practitioners of ayurveda and other systems of alternative medicine in West Bengal. In most cases, people consider ayurveda or other alternative systems of medicine only after the failure of Western allopathic medicine.

However, there has been a rising trend for health care facilities for ayurvedic treatment in recent decades in India, although it is not yet risen to the level of that for its mainstream allopathic counterpart.

### **Ayurvedic Health Service Facilities in Modern India**

According to AYUSH in India for 2003, there are a total number of 2,253 ayurvedic hospitals available in India, with a total of 43,803 beds (AYUSH, 2003: 48-49). Out of these, there are 4 ayurvedic hospitals with a total of 409 beds available in West Bengal (AYUSH, 2003: 48-49). Apart from these hospitals, there are 13,925 ayurvedic dispensaries available in India, and 295 of these are located in West Bengal (AYUSH, 2003: 50). Although this figure is much lower than that for allopathic hospitals, there has been a significant rise in the establishment of ayurvedic hospitals during the last two decades. In 1980 there were a total of 252 ayurvedic hospitals available in India, but this figure had risen to 2,253 in 2003 an increase of nearly ten times within two decades. There were a total number of 11,631 dispensaries that provided ayurvedic health care available in India in 1980, but this number rose to only 13,925 in 2003 (AYUSH, 2003: 51). The table below shows the establishment of ayurvedic hospitals and dispensaries in India from 1980 to 2003.

### **Ayurveda for Common Diseases**

The ayurvedic system functions parallel to the allopathic system, and many common and serious diseases and other illnesses can be treated by this alternative system. Thus, for many of the patients who explored ayurvedic treatment did so as the result either of personal reference or because allopathic treatment had failed to cure them. One of the most common diseases leading patients to visit ayurvedic practitioners is arthritis. Out of the 75 patients interviewed during 2004-05, 41 were female and 16 were suffering from various types of arthritis, including thyroid arthritis, rheumatic arthritis and coronary arthritis. All the 16 arthritis female patients were housewives. The ayurvedic physicians mentioned that the prevalence of arthritis in women is culturally determined, due firstly to the nature of women's involvement in the domestic spheres, and secondly to their lack of mobility. Housewives in Bengal are predominantly occupied with domestic duties, including

**Table 1**  
**Yearly Progress of the Number of Ayurvedic Hospitals and Dispensaries in India**  
**(1980-April 2003)**

Year	Hospitals				Dispensaries			
	Govt.	LocalBody	Others	Total	Govt.	LocalBody	Others	Total
1980	219	Nil	33	252	7,407	4,224	NA	11,631
1981	243	NA	33	276	7,821	4,233	64	12,118
1982	258	2	48	308	8,362	2,657	1,175	12,194
1983	284	4	43	331	8,508	2,081	1,857	12,446
1984	1,333	79	40	1,452	7,293	3,099	708	11,100
1985	1,341	77	42	1,460	8,289	3,101	721	12,111
1986	1,350	77	42	1,469	8,329	3,109	671	12,109
1987	1,365	79	42	1,486	8,700	2,235	1,419	12,354
1988	1,378	77	46	1,501	9,165	1,953	1,394	12,512
1989	1,382	77	68	1,527	9,792	1,673	1,374	12,839
1990	1,383	77	70	1,530	9,959	1,664	1,357	12,980
1991	1,917	77	62	2,056	10,213	1,617	1,353	13,183
1992	1,926	77	65	2,068	10,344	1,622	1,359	13,325
1993	1,961	77	73	2,111	10,611	1,622	1,382	13,615
1994	1,966	77	93	2,136	10,664	1,598	1,381	13,643
1995	1,969	78	94	2,141	10,834	1,569	1,296	13,699
1996	1,969	78	94	2,141	10,834	1,569	1,328	13,731
1997	1,977	82	120	2,179	10,994	1,808	1,192	13,994
1998	1,986	82	121	2,189	11,252	1,808	1,192	14,252
1999	1,984	113	120	2,217	11,846	1,339	1,231	14,416
2000	2,762	33	136	2,931	12,161	1,442	1,190	14,793
2001	2,773	33	149	2,955	12,305	1,423	993	14,721
2002	2,752	34	146	2,932	12,085	1,468	972	14,525
2003	2,061	34	158	2,253	12,779	1,119	27	13,925

Source: AYUSH, 2003:51

cooking and washing. They use a special type of chopping knife, a *boti*, which they have to use with a particular motion while they sit and chop vegetables, etc. This has a severe impact on the blood circulatory system in the lower part of the body, and arthritis symptoms gradually develop. Housewives in Calcutta are generally less mobile than men and do not do physical exercises. Such a lifestyle can contribute to the development of arthritis.

Likewise, the survey data from the Central Research Institute (Ayurveda) also confirmed that arthritis was one of the leading diseases in both its in-patient and out-patient departments. In the year 2002-2003, there were a total of 491 male and 673 female new patients admitted to the in-patient department. Out of these, 30% of males and 71% of females were suffering from various forms of arthritis. In the same department, there were 482 male and 655 female old<sup>3</sup> patients admitted, with the arthritis cases also respectively 30% male and 71% female. The percentage

of arthritis cases among females was thus much higher than for males, and occurred primarily among older patients. In 2003-04, the out-patient department registered a total of 4,515 male and 3,424 female new patients, and the numbers of arthritis cases were respectively 15% male and 26% female. The numbers of old male and female patients visiting out-patient departments were respectively 9,398 and 7,816. The relative numbers among old patients are reversed here while the percentages of arthritis cases were 14% male and 24% female.

Beside arthritis, ayurvedic clinics also treated other types of diseases in the out-patient department, including peptic ulcer syndromes, piles, fistula, hepatobiliary disease, limboceatica syndrome, heart disease, conghing, joint pain, constipation, painful urine, loose motion, diabetic mellitus, asthma, headache, lenkoderma, skin disease, abdominal pain, eczema, duodenal ulcer, dysfunctional uterine bleeding, menstrual disorder, peptic ulcer, paralysis, respiratory infection and rheumatism (Central Research Institute, Annul Progress Report 2003-04: 70-73).

One patient recalled her encounter with ayurveda:

“I had serious pain in the joints of my legs, hands and arms. I couldn’t carry or move any heavy goods or things. I found it difficult to move my hand sometimes. It first started from the knee joint. I discovered that the pain comes in the morning. I visited Thakuria Arobindo Shaba Shadon for allopathic treatment. They made pathological diagnosis including a blood test and gave some medicines. I took 18 days of physiotherapy. Every day I had to pay INR 45 for physiotherapy. The pain in the lower part of my leg decreased. However, the upper position in my knee joint was swollen. I stopped taking the treatment as I was more or less stable in the meantime. The same pain came back to my hand after 8-7 months. The feeling of the pain was not quite similar but once I move the hand I felt discomfort. My house is located in Canim near to the Sunderban area. There was a patient from my area who took the medication from this ayurvedic research hospital. He shared his experience with me and suggested I visit here as he got benefit after taking medicine from here. Finally I reached here. I have come here for the last three weeks. Today I came to do a pathological test for my blood. I feel slightly better now. The doctor suggested I make oil massage on my foot with garlic salt and *Nishinti pater Rosh* (special kind of herbal leaf). I made that oil and used it on my hand and leg. The doctor asked me to buy some medicine from outside and I bought it. The doctor recommended an ayurvedic shop in the market where the medicine is available”.

### **Priority of Medical System**

From the survey conducted, it was found that 58% of the patients had visited an ayurvedic physician for treatments of ailments that they had had ranging from 2 to 10 years. The majority of the patients sought ayurvedic treatment when they found Western allopathic treatment had become ineffective. Unlike, allopathic treatment, which involves the

**Table 2**  
**Patients Attending OPD for top 25 Diseases during the Reporting Period**  
**1<sup>st</sup> April to 31<sup>st</sup> March 2003-04<sup>a</sup> in the Central Research Institute**  
**(Ayurveda) Calcutta**

<i>Disease</i>	<i>Those who had newly acquired the disease</i>		<i>Those with existing illness</i>	
	<i>Total male (Adult + child)</i>	<i>Total female (Adult + child)</i>	<i>Total male (Adult + child)</i>	<i>Total female (Adult + child)</i>
Piles	153	65	465	178
Peptic ulcer syndromes	844	574	2246	1563
Arthritis and rheumatism	674	898	1327	1890
Fistula	43	14	150	31
Hepatobiliary disease	81	36	310	99
Lumboceatica syndrome	50	44	108	137
Heart disease	28	18	76	47
Fever (general)	41	47	52	72
Conghing	180	65	366	209
Worm infection	78	44	170	107
Joint pain ( <i>Katisula</i> )	66	47	174	131
Constipation	194	107	469	280
Painful urination ( <i>Mutra Kriccra</i> )	68	22	166	69
Dysfunctional uterine bleeding	5	146	18	381
Loose motion	213	83	630	247
Diabetic mellitus	289	156	289	156
Menstrual disorder	-	111	-	148
Asthma	147	55	289	110
Headache	47	51	61	87
Lenkoderma	52	52	151	205
Skin disease	137	101	171	159
Abdomenal pain	188	150	185	287
Eczema	72	25	130	54
Duodenal Ulcer	49	20	105	43
Total	4515	3424	9398	7816

Source: Central Research Institute (Ayurveda), Annual Progress Report 2003-04:70-73

prescription of powerful drugs that give immediate relief, ayurvedic treatment aims for long term cures, with no immediate relief from the symptoms of the illness. Sometimes patients also use homoeopathy in addition to ayurvedic treatment. The table below shows the survey findings, according to which an overwhelming 81% continued to consult allopathic physicians in the first instance. Ayurveda only becomes an alternative choice when allopathy failed.

**Table 3**  
**Comparative Table of the Priority of Choice of Various Medical Systems by Patients**

<i>Choice</i>	<i>Allopathy</i>	<i>Homeopathy</i>	<i>Ayurveda</i>	<i>Unani</i>
1 <sup>st</sup>	61 (81%)	9 (12%)	5 (7%)	0
2 <sup>nd</sup>	8 (11%)	36 (48%)	19 (25%)	0
3 <sup>rd</sup>	0	0	50 (67%)	1
4 <sup>th</sup>	0	0	1	0
Didn't choose	6 (8%)	30 (40%)	0	74
Total	75	75	75	75

From the survey it was found that the fee for a private ayurvedic physician ranged from INR 100-150 per visit for both consultation and ayurvedic medication. This is relatively high in comparison to outpatient charges in government public clinics or hospitals, which charge a flat fee of INR 19, including one week's supply of medicine. From the survey, it was also found that those patients who consulted private ayurvedic physicians tended to hold highly-skilled professional jobs with monthly incomes of INR 10,000-40,000<sup>5</sup> and are middle class. Very few working class Indians with monthly incomes of INR 1000-5000 could afford to pay for a consultation with a private ayurvedic physician. Working class Indians primarily relied on the ayurvedic treatments provided by government out-patient clinics or hospitals.

Among the ayurvedic undergraduate students surveyed, 95%<sup>6</sup> listed their first choice of study was to gain admission to an allopathic medical college to study for MBBS or BDS degrees. The first choice of all of them was to study allopathic medicine. When they failed in gain entry for allopathic medical study, they chose ayurveda as their second option. These undergraduates had also repeatedly tried to enrol in the allopathic medical colleges without success. 45% of the surveyed students had sat for joint entrance exams two times, 40% three times and 10% one time, to get admission to an allopathic medical college.

In West Bengal there are two different joint entrance examinations to study medicine – the joint entrance examination for studying for an MBBS (Bachelor of Medicine and Bachelor of Surgery) and/or BDS (Bachelor of Dental Surgery) at an allopathic medical college, and the joint entrance

examination for studying ayurveda, homoeopathy and physiotherapy courses. The joint entrance examination to enrol in allopathic medical colleges is given at an earlier date than that for ayurveda and other systems.

There are several reasons for the students' priority choice of allopathic medicine. One is that being a qualified allopathic doctor confirms higher status. In addition there is a greater availability of jobs for allopathically-trained doctors.

Only the *kabirajes*<sup>7</sup> who had come into the profession through the apprenticeship system did not consider the allopathic system as their first priority. With the professionalization and the awarding of formal degrees to ayurvedic physicians, it is not surprising that only 20% of them had successor coming in ayurvedic profession through the apprenticeship system. As one *kabiraj* commented:

"I chose ayurveda because it has been our family profession for the last four generations - from my great-grandfather, grandfather, father and me. My grandfather was a famous and renowned ayurvedic *kabiraj* who established an ayurvedic college in Calcutta in his name, Shamadas Baspoti. Unfortunately there is no other person from my family coming into this profession after me. That is the tragedy and I really feel sad for this. My only daughter is a professor of Bengali literature. My great-grandfather was *kabiraj* Annodaprosad Gupto, who practiced *kabiraji* free of charge. My grandfather, *kabiraj* Shamadas Baspoti, was a renowned physician who did the treatment of Sarada Moy, wife of Ram Krisno Deb. My father, *kabiraj* Bomolanando Tarko Tirtho, did the treatment of Rabindranath Tagore and many other famous persons in India and was involved in politics and was a follower of Nataji Subhash Chandra Bose and became uncontested minister from Rajshahi. He was also the secretary of the Parliamentary Group of the Congress Party. I really feel very disappointed to see that I don't have a next generation in ayurveda. If we write our knowledge on ayurveda in a book, there is nobody to read it. If you do practice, it is very difficult to write since (you) are always busy with patients. It is indeed sad that our knowledge will be lost after we pass away. But if you see this from another outlook, it is also true that a Rabindronath is born and you can't make them through training or education. Similarly good physicians are also born and it is not possible to make them through proper training. It needs concentration and passion. Today's physicians are all mechanical, depend on clinical diagnosis. They even don't understand the pulse. One can't gain the knowledge, experience and understanding of pulse checking from reading book, but need extreme concentration".

### **Informal Practice**

Apart from the formal sector of ayurvedic practice in modern India, there is an informal sector. Various forms of indigenous medicine and healing practice are common features in various settings of India, and this represents a true medical pluralism. There are medical practitioners using

a variety of herbs and plants to treat patients. Some of them claim to be ayurvedic *kabirajes*, although there is no official recognition for them due to their lack of formal training. Such practices are often considered illegal and are strictly prohibited by the state. However, they exist because of the fascination of the patients. Leslie mentions a total of 9 forms of medical practice existing in Indian society. These are; (1) the ayurvedic medical practice based on classical Sanskrit texts; (2) unani medical practice based on classical Arabic texts; (3) the synchronized medicine of traditional culture of learned practitioners; (4) professionalized ayurvedic and unani medicine, (5) cosmopolitan medicine or allopathic medicine, (6) folk medicine of various kinds, such as the practices of midwives, bone-setters, supernatural curers of various types, etc.; (7) popular cultural medicine which has emerged with the "institutions and enthusiasm of the mass society"; (8) homoeopathic, siddha, naturopathy, etc. - special forms of popular-culture medicine; and (9) learned magico-religious curing which is accepted by various classes of people in India, for which the "practitioners range from illiterate villagers" to educated urban folk (Leslie, 1976:358-360).

Taylor found that the formal Indian health sector, or the organized health services, provides only 10% of the country's total medical care, with another 10% provided by the trained practitioners of various systems and operated by the private sector, especially in the cities or towns (Taylor, 1976: 286). The other 80% of Indian health care is provided by home medical carers and indigenous medical practitioners (Taylor, 1976: 286). From Taylor's survey, conducted in 1965 in Punjab, it was found that 36% of the apprentice indigenous practitioners received apprenticeship training in ayurveda, 15% in unani, 3% in homoeopathy, 15% in Western allopathic medicine, 22% in a combination of Western and one or more indigenous schools; while 7% of such practitioners had had no apprenticeship, and concerning the remaining 2% Taylor had no information (Taylor, 1976: 286). The scenario has not changed that much in contemporary Indian society. It is not unusual to find an indigenous healer selling his remedy on the street of Calcutta, although with fear in his eye that a policeman might catch him. Also, the urban and educated middle class rush to saints (*pir* or *fakir*) or magico-religious healers for remedies after the failure of conventional medical systems. Of those patients surveyed in the city of Calcutta, 65% had not had any experience of visiting a quack practitioner or healer from the informal sector. However, this might not be the situation in rural settings where access to institutionally-trained practitioners is limited.

### **Problems Facing Ayurveda**

Although ayurveda is gradually gaining in popularity, it is still a long way from becoming an alternative medical system for the Indian masses. There

are several reasons that served to hinder its acceptance by the masses. First, there is its elitist image and its relatively high consultation fees, as opposed to the low subsidized fees of government allopathic clinics and hospitals. This reinforces the perception that ayurveda caters only to the middle classes. Another obstacle faced is that of the qualifications, skills and quality of the ayurvedic physicians. Given the fact that there are ayurvedic physicians trained through the traditional apprenticeship system as well as those trained in modern universities, it becomes important to establish a yardstick to measure them. At the moment, there is no clear yardstick with which to measure, especially for those trained in the traditional apprenticeship system. This problem is further compounded by the presence of 'quack ayurvedic physicians'. However, these too continue to play an important role by providing basic health care services to the rural population. They are found in many rural settings in the developing world.

Another problem faced by ayurvedic physicians is the generally lower status accorded to them in comparison with that of the physicians trained in Western medicine. One practitioner stated<sup>8</sup>:

"Although the government has decided to ensure equal status, the professional satisfaction is different. It comes from two ways: firstly, the patients love, and secondly, the recognition from the society. In this context, if I compare an MBBS and a BAMS doctor, I don't think that both are equal. Now the government has employed ayurvedic physicians in the government hospitals, founded ayurvedic dispensaries all over the country. I find that both the Indian central government and the West Bengal government are eager to promote ayurveda. But patients still lack faith in us. A patient will visit allopathic hospitals first when he/she falls ill".

Another cause for the lack of ayurveda's popularity among the masses in Calcutta is the minimum campaigning as medical issue. Media advertisements are dominated by health products manufactured by the biggest pharmaceutical companies. Pharmaceutical companies used the label ayurveda but they are reluctant to promote ayurveda as a medical system among the Indian masses. Of those surveyed, only 4% of patients had been informed about ayurvedic health care facilities from the media. Some of the middle class professionals had visited such facilities as the Vedic Village Spa because of the influence of the media. 68% of the surveyed patients had been informed about ayurvedic practitioners by neighbours, other family members, relatives or friends.

### **Conclusion**

Neither patients nor young practitioners in Calcutta chose ayurveda as their first preference. Only the *kabirajes* from the apprenticeship system preferred this profession and did not prioritize Western medicine. A clear

hierarchy of preference existed, with allopathy at the top. However, consciousness among patients has increased in recent decades of the severe side effects of allopathic medicine, and some had started to look for possible alternatives. In most cases they had switched over to homoeopathy and/or ayurveda. Disease patterns were another popular reason for moving towards ayurveda. Awareness has grown about the permanent curability from chronic diseases by ayurvedic treatment, and this has increased the demand. However, inaccessibility of quality drugs and herbs and reliable practitioners were major setbacks of patients trying to satisfy their needs.

Young ayurvedic students choose to practice ayurveda because of their failure to gain admission to Western medical colleges. However, the professionalization of the awarding of the formal BAMS (Bachelor of Ayurvedic Medicine and Surgery) degree by the Indian ayurvedic colleges has encouraged many students to study and train in this profession.

#### **Notes**

1. Calcutta is the capital of West Bengal state located in the Eastern part of India. It was also the capital of British India until the beginning of 20th century.
2. For the figure on national statistics, please visit Ministry of Health and Family Welfare web page, Government of India. For the figure on West Bengal State statistics, please see Health on the March West Bengal 2003-04: 64, Directorate of Health Service, Government of West Bengal.
3. 'Old patients' means patients with existing diseases or illnesses who made repeat visits.
4. Only common diseases are cited here.
5. 90% of the surveyed patients who visited private ayurvedic practitioners belong to the INR 10000-40000 income group and 70% of the surveyed patients visiting public clinics belong to the INR 1000-5000 income group.
6. A total number of 20 undergraduate students from ayurvedic College were interviewed.
7. Title of traditional ayurvedic practitioners.
8. A total number of 20 ayurvedic physicians were interviewed.

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