RAMAIAH
Indic Specialty Ayurveda

Recent advances in traditional and complementary medicine at global level

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Medical pluralism – highly prevalent

- Health behavior is mainly influenced by the various socio-cultural issues
- "Medical Pluralism is an adaptation of more than one medical system or simultaneous integration of orthodox medicine with complementary and alternative medicine (CAM)"

Some definitions....

- **Traditional medicine** - sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness
- **Complementary medicine** - or "alternative medicine" refer to a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system.

The CAM AND IM Movements

- The 1990s were a landmark decade in the rise of CAM in the west, it was estimated that in the United States visits to CAM providers greatly outnumbered visits to primary care physicians (425 million vs. 388 million), with equivalent out-of-pocket, or non-insured costs ($10.3 billion vs. $12.8 billion) in 1990

Increasing demand - popularity

- "traditional medicines, of proven quality, safety, and efficacy, contribute to the goal of ensuring that **all people have access to care**. For many **millions of people**, herbal medicines, traditional treatments, and traditional practitioners are the **main source of health care**, and sometimes the **only source of care**. This is care that is **close to homes, accessible and affordable**. It is also culturally **acceptable** and **trusted** by large numbers of people. The **affordability** of most traditional medicines makes them all the more attractive at a time of **soaring health-care costs** and nearly universal austerity. Traditional medicine also stands out as a **way of coping with the relentless rise of chronic non-communicable diseases**." Dr Margaret Chan, WHO Director-General, International Conference on Traditional Medicine for South-East Asian Countries in February 2013

WHO TM strategy 2014-23 steps....

Member States should define and better understand T&CM within their own national situation by identifying the forms of T&CM used, defining who uses them, exploring the reasons for their use and determining both present and future needs. In essence, countries must build their own national profile around T&CM.

reflecting on their national profile, Member States should develop policies, regulations and guidelines that address those forms of T&CM which meet the health needs and choices of their people. While common themes and priorities may exist between Member States, national approaches must be developed to address individual countries' needs. Clearly they will be subject to existing legal frameworks, cultural beliefs about T&CM, and structures to supervise individual products, practices and practitioners.

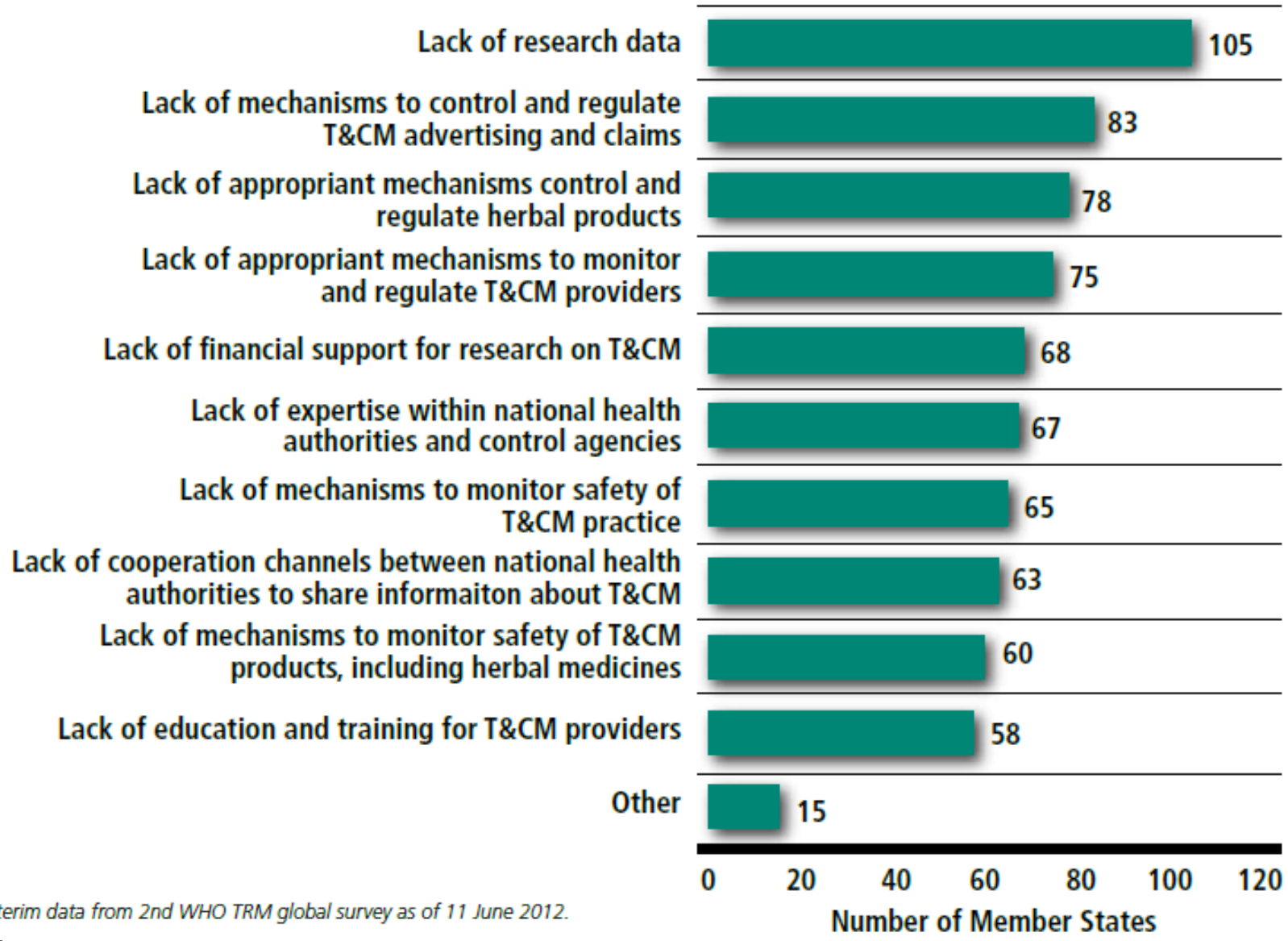
WHO TM strategy 2014-23 objectives....

1) to build the knowledge base for active management of T&CM through appropriate national policies;

2) to strengthen quality assurance, safety, proper use and effectiveness of T&CM by regulating products, practices and practitioners;

3) to promote universal health coverage by integrating T&CM services appropriately into health service delivery and self-health care.

Regulatory hitches globally....



Interim data from 2nd WHO TRM global survey as of 11 June 2012.

Directions of growth - ayurveda....

Clinical practice

- Wellness
- Illness

Research

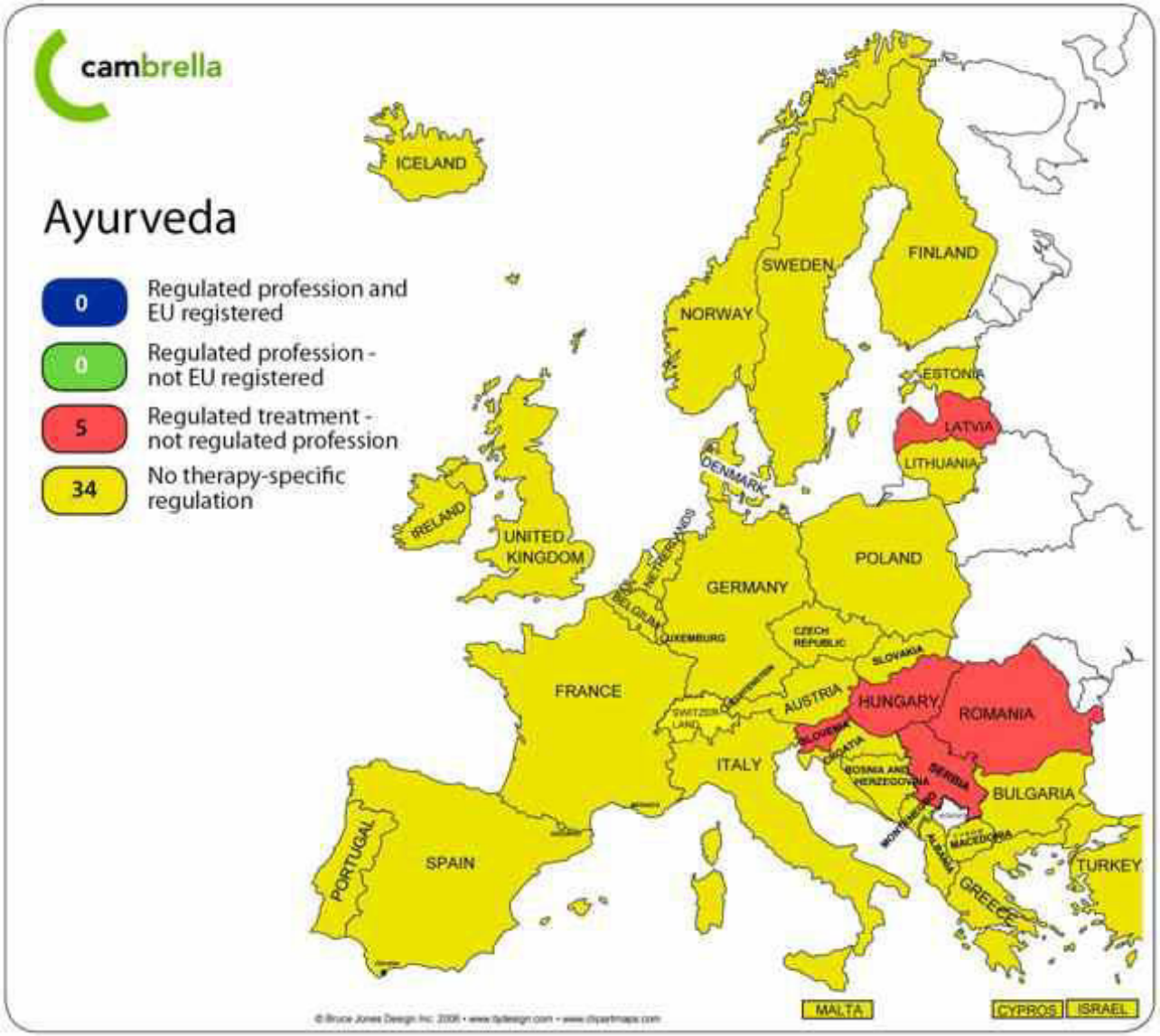
- Clinical effectiveness/efficacy
- Mode of action

Education/training

- Allied healthcare practitioners
- Laymen

Countries where Ayurveda prevails

- Ayurveda recognised countries (for registered practitioners - BAMS)
  - Nepal
  - Srilanka
  - Bangladesh
  - Australia
  - Sultanate of Oman
  - Qatar
- Ayurveda popular countries
  - Argentina, Republic of Czechoslovakia, Brazil, Germany, Hungary, Italy, Russia, Japan, Portugal, New Zealand, Switzerland, Malaysia, Singapore



Ayurveda practice in these countries is by allied health practitioners, not BAMS

Ayurveda pharmaceuticals

- Outside India, following nomenclatures
  - Unlicensed OTC herbal medicines
  - Herbal supplements
  - Food supplements
  - Nutraceuticals
  - Botanicals
  - Dietary supplements
  - Novel foods
  - Border line products
  - Traditional Remedies
  - Herbal extracts
  - Raw herbs and
  - Cosmetics

Key Directives/Acts/Guidelines In Place For Herbals/ASU products

- EU/UK – European Directive on Traditional Herbal Medicinal Products (THMPD)
- US – Dietary Supplement Health and Education Act of 1994 (DSHEA)
- CANADA – Natural Health Products Directorate (NHPD)
- AUSTRALIA - Australian regulatory guidelines for complementary medicines (ARGCM)

Market scenario

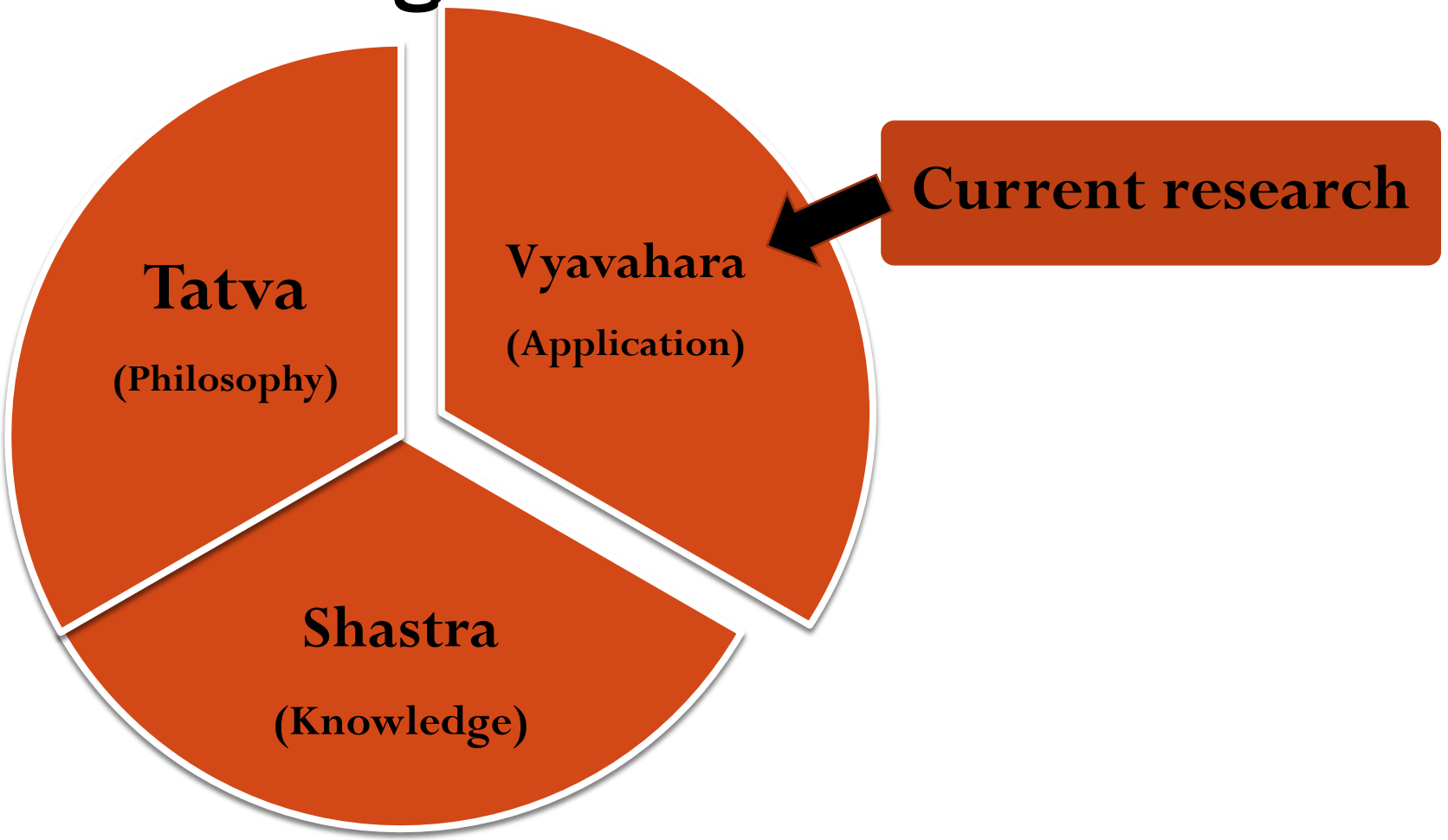
- Herbal Product's Market :USD 80 billion
- Annual Growth Rate : 7%
- By 2050 : will reach 6 trillion
- Indian Market : Estimated as Rs. 4205 crores
- Export of Ayurvedic drugs & allied herbal products : Estimated as Rs. 440 crores
- Potential by 2020 : Estimated as Rs. 7000 crores

Source : EXIM Bank Report

Challenges –clinical practice....

- Mindset of people who are sold on 'herb for disease' concept
- Short cut/quick fix "detox" – abuse/misuse of "Panchakarma"
- Assumption - "natural is safe" - self-prescription, prescription by **unqualified** practitioners
- Absence of statutory regulation for practice of Ayurveda outside India
- Overt commercialization
- Resource crunch – skewed supply-demand ratio
- Absence of region based herb/therapy/diet etc. based on study of local geography, sociocultural dynamics etc.
- Commercialization of trade of herbs leading to exploitation, adulteration, etc.

Challenges –research....



- Lack of sustainable long term collaborations with foreign research units
- Misinterpretation of Ayurveda research outcomes

Challenges –education....

- Absence of statutory regulation for teaching of Ayurveda outside India
- Mushrooming of Ayurveda "course" – 1 month, 3 month, 6month etc.
- Absence of awareness/lack of adherence to guidelines – eg. WHO Benchmarks for Training in Ayurveda
- Lack of easy availability of authentic Ayurveda information, eg. portals like WebMD, Mayo clinic etc.

Way forward

- Hub and spoke model for each of the verticals – clinical practice, research and education with centralised policy making/regulatory authority
- Starting of many WHO collaborative centres which will guide member countries on policy
- Strict ban on practice of Ayurveda by non-degree holders
- Setting up of transdisciplinary, inter-country research collaborations
- Streamlining of operations of different stakeholders – practitioners, academia, researchers, industry

THANK YOU