**Is it sensible to allow non-allopathic doctors to conduct surgeries? – Different perspectives**

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**Abstract**

The professional practice of any field is usually regulated by the law applicable in that place of practice. Recent notification regarding the inclusion of a list of surgeries in regulations of Ayurveda Post Graduate Education in Shalya and Shalakya by the CCIM, thereby allowing Ayurvedic specialists to conduct surgeries at par with allopathic surgeons have sparked off a bitter confrontation between allopathic and Ayurveda doctors and even IMA called for a nationwide strike on Dec 11, 2020, against the decision to allow Ayurveda docs to perform surgery. But if we think from another side this will create turmoil among the patients. And if we look at the background of the issue, it is globally accepted truth and the fact that Sushruta samhita is the first textbook on surgery and the approaches and practices described are still relevant in contemporary times and the “Indian method" of nasal reconstruction is the foundation of surgical super specialty branch i.e plastic surgery. Similarly, Ayurveda has a lot much potential to offer for the different fields of sciences if it is thoroughly looked into with an open-mindedness of readiness to appreciate. So the need of the hour is to rise above the professional rivalry and strengthen both the systems of medicine so that the best healthcare is made available to the patients as no system in itself may claim to be complete and perfect. An attempt is made in this article to articulate the different views of the stakeholders on the issue of the notification and possible ways of going ahead systematically and convincingly for both sides.

**Keywords** – Ayurveda, non-allopathic doctors, CCIM, AYUSH, Shalya, Shalakya

**Introduction -**

Central Council of Indian Medicine (CCIM), a statutory body under Ministry of AYUSH, Government of India, has notified Indian Medicine Central Council (Post Graduate Ayurveda Education) Amendment Regulations, 2020 (1) vide Gazette dated 19th November 2020; wherein sub-regulation 10 (9) i.e. “During the period of study, the PG scholars of Shalya and Shalakya shall be practically trained to acquaint with as well as to independently perform the listed activities so that after completion of his PG degree, he is able to perform the listed procedures independently” was included; wherein 58 surgical procedures are included in the list which is allowed to be performed by an Ayurveda MS (Shalya) (39 procedures) and MS (Shalakya) (19 procedures) surgeons after the completion of their postgraduate study in the respective specialty.

This notification has sparked an outcry among allopathic professionals across India. Subsequently, Ministry has issued a ‘clarification’ (2) saying this notification is a clarification of the relevant provisions in the previously existing regulations of 2016 (3) and the list of surgeries already being performed by Ayurveda professionals "since the beginning" and that all scientific advances including standardized terminologies were inheritances of entire mankind and no group could claim a monopoly over these.

This clarification further fuelled the ruckus in medical professional circles on social media about its validity and authenticity and raised questions over the level of education and skill of ayurvedic doctors and the safety of patients.

**Background of the notified Gazette**

CCIM vide Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016 notification dated 7th November 2016 accords in 17 specialties of Ayurveda of which 3 belongs to pre-clinical subjects, 3 belongs to para-clinical subjects and remaining 11 in clinical subjects. Among the 11 clinical specialties, three are surgical specialties which include Prasuti evam Stri Roga (Obstetrics and Gynecology), Shalya (Surgery), and Shalakya (Diseases of Eye, Ear, Nose, Throat Head, Neck, Oral and Dentistry). Students get admitted through the All India AYUSH Post Graduate Entrance Test (AIA-PGET) being conducted by the National Testing Agency (NTA). Candidates possessing the recognized degree of Ayurvedacharya (Bachelor of Ayurveda Medicine and Surgery - BAMS) and enrolled in the Central or State register of Indian System of Medicine shall be eligible for admission in these post-graduate courses of Ayurveda.

**The crux of the problem**

Anatomy, anesthesia, antibiotics, and analgesia (4As) are the four essentials of surgical training and practice. **Surgery is the field of medicine engaged in the manual and instrumental treatment of fractures, diseases, and other disorders (4)**. It is a complex task, requires skill and years of exhaustive training, along with the comprehension of hygiene and infection control. A surgeon is a highly trained health care provider undergoing rigorous training before they may perform surgery independent of supervision.

**Different perspectives**

Stakeholders of this issue are allopathy doctors, ayurvedic doctors, professional bodies, patients, media, administrators, bureaucrats, etc. An attempt is made to encapsulate the views and opinions of the different stakeholders of the issue followed by personal views at the end.

**Allopaths perspective**

* The Indian Medical Association (IMA), the largest body of modern medicine doctors, described the notification of CCIM as “poaching the disciplines of modern medicine through back door means” and a “retrograde step of mixing the systems” (5). And also “If Ayurveda students are allowed to do surgeries; NEET will lose its importance” (6).
* Further IMA urged the CCIM “to develop their own surgical disciplines from their own ancient texts and not claim the surgical disciplines of modern medicine as their own.” (7).
* An allopathic doctor from West Bengal expressed his concerns about the notification as; "For surgery anesthesia and antibiotics are essential. Does Ayurveda have them? If Ayurveda develops its own anesthesia and antibiotics, it is fine; if people choose to get operated upon by an Ayurveda practitioner, it is fine with that too. But you cannot accord legal status to what we call cross pathy or mixopathy. It is anti-people and anti-science," (8).
* Allopaths also claim that the “list contains certain surgeries which are highly specialized and are taught in post-doctoral super specialty courses even to the students of Modern Medicine (allopathy) and there are procedures which have been developed very recently even in Modern Medicine find a mention in this list, for example, Endoscopic Surgeries” (9).

# President of Association of Surgeons of India expressed their concerns that, 'Allowing Ayurveda docs to perform General surgeries can jeopardize safety of patients' (10).

# Still, there are open and broad-minded surgeons and allopaths, who don't oppose this move, rather they insist on the quality of education and training (11-12). Sanjay Nagral, a surgical gastroenterologist from Mumbai expressed his views in a column written for Hindu English daily emphasized that; In health care, availability is often more important than quality, specialization, and such extravagant ideas. Given the right training, pay and identity, Ayurvedic surgeons can play important roles in our health-care system and can save hundreds of lives (13).

**Surgical specialists’ perspective**

Sanjay Jain, an orthopedic surgeon from Meerut, UP India, sent his views on request about the ongoing issue on my WhatsApp as below -

* “Surgery is a mechanical intervention, the instruments, and techniques which keep on changing with advancing technologies over the time. But the basic techniques and fundamentals of the surgery remain the same even today as have been described in the Sushruta samhita thousands of years back. The principles and medicines of various systems of medicine are different but surgery essentially will remain the same everywhere across all the medical sciences”.
* “Surgery is a gift to mankind by none other than the ancient and eternal Ayurveda, the father of surgery undeniably being the great Maharishi Sushruta. Allopathy joined surgery only nearly 50-100 years back whereas Sushruta samhita was written nearly 5000 years back and was much more advanced than the allopathic surgery”.
* “Sushruta samhita documented detailed surgical techniques to deal with a variety of conditions such as plastic surgery, inflammatory and traumatic ulcers, fractures and dislocations, piles, fissure-in-ano, urinary stones and strictures, abdominal conditions like ascites, intestinal obstructions, and perforations, dead fetus, abnormal presentations of a fetus, swellings, tumors, abscesses, erysipelas, sinus, hernias, hydrocele, diseases of ears, teeth, and eyes including cataract, etc. and also a detailed description of preoperative, operative and postoperative steps. Sixty ways of wound management were also discussed in detail without any use of the course of antibiotics. This all happened in the primitive age even before the start of life in the west”.
* “Ideally, after the completion of graduation from either of the streams (Ayurveda and Allopathy), then they should be allowed to join the PG course of surgery. This PG course in surgery should be the same for graduates of both the streams. Post Graduation in other medical specialties may be different for both the medical streams but surgery should be the same. But any compromise in the quality and standard of surgical training is not at all acceptable whether it is an Ayurveda or allopathy graduate. Surgery is either ayurvedic or allopathic, rather it is ‘state of the art’; training should be imparted to all”.
* “WHO in 2014 declared that we are heading towards the post-antibiotic era where even simple infections may once again kill and surgeries will be impossible to perform. Further, it has issued global guidelines in 2016 to reduce the use of antibiotics in surgery to avoid antimicrobial resistance (AMR) and to save the microbiome. To join the hands with WHO global mission on AMR, as an orthopedic surgeon, for the last many years I am performing all state of the art modern surgeries including implant placements in fractures, arthroscopies, and joint replacements either without antibiotics at all or at the most only a single shot of antibiotics along with the support of Ayurveda medicines in both the cases”.
* “It was out of ignorance and neglect of Ayurveda for thousands of years that it was being considered as surgery belongs to allopathy alone. It was criminal on the part of stakeholders who kept Ayurveda away from modern technology whereas allopathy students enjoyed all the latest developments”.

**Public health expert perspective**

Subhojit Dey (14), a public health expert from India, having the experience of working on Global Burden of Disease project, and holding qualifications MBBS, MD(AM), MPH, PhD (Epidemiology), sent his views on request via email on the ongoing issue as below -

* “While gaining independence from Britishers in 1947, India selected modern medicine as propounded by Britishers, as the mainstay therapy for the country, while at the same time allowing other systems of medicine to continue. Ayurveda, the oldest system of medicine in India, prevalent for centuries, was sidelined by this choice. Since then, the conflict between modern medicine and ancient medicine is continuing; and with the recent government notification issue highlighted it again”.
* “With the current notification, there will be more awareness about Ayurvedic surgeons and surgery in the country of its origin. There is also the possibility of Ayurvedic surgeons reducing some of the shortages of trained surgeons in the country and even provide surgical services in areas where they are absent or inaccessible”.
* “The reaction by modern medicine practitioners may be partially justified on the account of doubts regarding inadequate training of Ayurvedic surgeons or those not providing surgical services related to anesthesia or critical care. However, these clarifications have already been provided, and only trained postgraduate Ayurveda surgery specialists are qualified to provide surgical services with aid of trained anesthetists and critical care specialists”.
* “As long as standards of surgical care and patient safety aren’t compromised, Ayurvedic surgery is a positive development for India”.

**Ayurvedists perspective**

* Chairman of Board of Governors, CCIM said that these surgical procedures were being performed in Ayurveda institutes for over 20 years and the notification legalizes them. And in an exclusive interview with Times of India, he said that IMAs opposition to this notification is hypocrisy (15).
* In response to IMAs press notice on this notification, National Sushruta Association (16), the body of Ayurvedic surgeons issued their reply notice dated 25th Nov 2020 circulated on social media highlighted that, "this notification which will not only strengthen the surgical practice in Ayurveda but also be useful to utilize the institutionally trained and qualified Ayurvedic surgeons to serve the nation in a much better way. A perfect blend of Ayurveda and other systems of medicine is the need of the hour".
* Views of vaidya-surgeons published in an opinion article on careers of Education times that Surgery is a technique of Science, and no one can claim as its own. The origin of surgery is from Ayurveda. "In Sushruta Samhita, Plastic surgery and orthopedics were thoroughly dealt, and were further advanced by the doctors of Western medicine, and that is why Sushruta is also known as the ‘Father of Plastic Surgery’,” and CCIM's notification would certainly give a boost to Ayurveda (17).
* Dr. Kishan from Hyderabad, a former CCIM member of Telangana and an Ayurvedic surgeon by profession stated that there are instances where the surgical skill of Ayurvedic doctors and their methods are far beyond the approach of modern medicine particularly in refractory cases (18) and also there are surgical methods described in Sushruta samhita simulates with contemporary techniques, for example, extracapsular cataract surgery (19-20), sigmoid colostomy (21), total rhinoplasty (22-24), pelvic and acetabular surgery (25) etc.
* There are many articles available on Pubmed regarding the Sushruta’s contribution to the field of surgery (26-31).

**Vaidya-Scientist perspective**

Kishor Patwardhan (32) from Banaras Hindu University (BHU), who is engaged in the field of educational research in Ayurveda; shared his views on request exclusively for this article as below -

* "I think we need to acknowledge that good surgeons exist in the Ayurveda stream. "How did they learn surgical skills?" - is a question that is worth exploring. The role of BHU in training Ayurveda students in modern surgery is something that nobody is talking about. Prof. KN Udupa and Prof. PJ Deshpande, though were from an Ayurveda background, were trained in modern surgery outside India (in the USA and Austria respectively). They started training their students in BHU and these students got settled in various parts of the country thus disseminating the knowledge and skill they acquired. However, making the training in surgical skills mandatory is something that is impractical. Many Shalya specialists in south India, for example, do not practice surgeries except for anorectal surgeries. This is because of the limited exposure they received. Similarly, expecting a Shalakya specialist to be trained in surgeries of the Eye, ENT, and also in Dentistry is totally impractical. When patient turn-out is not good in many institutions, how can we expect our students to be trained well in surgical skills?"

**Allovedists’ perspective**

Uma Shankar Prasad from Hyderabad, who is an allopathic general physician, also possessing qualifications in Ayurveda; known to the scientific community through his writings (33), expressed his views in an informal mobile conversation as below -

* “Though surgery is an integral part of Ayurveda as Shalya or Shalakya, presently it is not a continuous tradition, and most of the skills described by Sushruta are not in practice for centuries. The breach in the surgical tradition of Ayurveda except a few procedures led to current status”.
* “Ayurveda is a very scientific system footed on a sound foundation of basic principles. As it exists today, non-surgical management is the strength of Ayurveda. Many conditions needing surgery as per modern medicine can be treated medically in Ayurveda. Imitating other systems particularly, its surgical indications, in turn, will weaken it, and not good for Ayurveda". Surgery being a lucrative profession, If you allow all the presently enlisted surgeries to Shalya and Shalakya postgraduates, then it is very likely that they will not attempt to learn or to practice their own science and in turn, Ayurveda loses its existence from their minds gradually”.
* “In Ayurveda, the focus should be given on improving the quality of existing institutions to train vaidyas in its own principles and encourage their own surgical procedures  rather than to take up more modern medical training although with ayurvedic names  minimal help may be taken of modern advances in technology, wherever needed without diluting basic principles of Acharya Sushruta”
* “In the context of legalizing the cross-system practice, it may not be appropriate to draw lines between the different streams of healthcare in the interest of the patients. It is very important for a liberal society intent on growing scientifically, that there should not be any boundaries and barriers for the exchange of knowledge in between different knowledge domains and everyone should get an opportunity for cross-exchange of knowledge and Integration; but with stringent criteria, strictly ensuring quality, when it comes to the practice of another system to ensure patient safety”.
* “Ideally there should be only one basic medical degree in the country which should have a basic curriculum established after a rigorous study to understand the needs and resources of our country, and other systems as Optional subjects, so that everyone gets a basic idea of other systems”.
* But in the present situation, the perspective from Ayush doctors’ side is that "Because if someone couldn’t get admission into MBBS after 12th std in Govt funded institutions, people from higher economic groups may take admissions in private allopathic medical colleges, but the people of low economic category choose to avail the available AYUSH systems. But it doesn't mean that they are not eligible to pursue an education in modern medicine. Being a democratic country, he or she may be given another chance to get into the field of choice if he or she wishes later". This may be a valid consideration, given the reality of our country and its education system, but to ensure patient safety it is important to lay the condition that "provided they meet eligibility criterion and can make it in a Common Entrance Test (CET) of the specified level, although this may be for only one designated Inter-disciplinary college in every state and ensure vice-versa for modern medical graduates if they wish to pursue an understanding of Ayush systems".
* “For modern medical graduates it should not be forgotten that Ayurveda and Yoga being our own valuable traditional knowledge, it should be made part of Modern medical curriculum, at least as an optional subject, so that our students are exposed to them and can take up serious research in them, as is being done in China or other countries”.
* “In Ayurveda, the focus should be given on more on improving the quality of existing institutions. And for such steps of empowering Ayurvedic doctors and specialists in advances of modern medicine; an "interdisciplinary medical college" in every state may be designated; willing Ayurveda doctors may be trained after clearing an entry test and allowed to practice after the exit test, rather than empower people through the present legislation, without prerequisite training”.
* “This present notification is far away from the ground reality and has led to more of emotional discussion rather than practical solutions; and will cause an unnecessary chain of events which will vitiate the general atmosphere and complicate Integration in the healthcare; which is so much appreciated by majority of patients in our country”.

**Bureaucratic perspective**

The senior-most bureaucrat Ms. Shailaja Chandra, Former Secretary Ministry of Health & Family Welfare, Govt of India, well versed with ground reality of AYUSH field and also having been the sole author of two status report on the ASU systems (34), expressed her views in an informal mobile conversation as below

* “Sushruta’s surgical contribution is the glory of India, but it doesn’t have practical relevance millennia later. But it also doesn’t mean that surgery is the rightful preserve only of Allopathy”.
* "It is unacceptable to allow M.S (Shalakya) surgeons to perform 19 different kinds of surgical procedures which fall under the domain of three different surgical specializations namely Dental surgery, ophthalmic surgery, and ENT surgery".
* "The country badly needs expanded healthcare services. The paucity of surgeons should not make surgery inaccessible for those who cannot afford high-end hospitals. AYUSH doctors-even nurses and certain paramedics' can be given rigorous training at the nearest District hospital, made to watch and eventually perform selected surgical procedures under the supervision of allopathic surgeons. Those who qualify for a proficiency exam with benchmarks for acquiring hands-on training can be designated as "Accredited surgery associates." But they should be licensed to do only specific procedures that do not involve specialization. What cannot be undertaken by those who have a M.S in General surgery cannot be permitted to be done by Ayurvedic surgeons as in one country, patient safety must be safeguarded by one law.

**Legal perspectives**

* Supreme Court in a judgement in 1996 said that "A person who does not have knowledge of a particular system of medicine but practices in that system is a quack and a mere pretender to medical knowledge or skill, or to put it differently, a charlatan” (35). In the same judgement it was concluded that "The position with regard to Medical practitioners of Indian medicine holding degrees in integrated courses is on the same plain in as much as if any [State Act](https://indiankanoon.org/doc/1443301/) recognizes their qualification as sufficient for registration in the State Medical register”.
* Authorization to use modern medicine by Integrative practitioners under Delhi Bharatiya Chikitsa Parishad (DBCP) act was questioned and set aside by the Delhi High Court in the case of Delhi Medical Association versus Principal Secretary (Health), Government of NCT of Delhi in 2016. This order was challenged in the apex court; the outcome of this matter is pending (36) and on dated 1st October 2018 interim relief was granted that; "no coercive action shall be taken against persons who are practicing the Integrated system of medicine pursuant to degrees/diplomas that have been obtained from Universities which are recognized for teaching the same".
* In a recent judgment by the District and Sessions Court in Pune, pronounced 10 years jail under Section 304 (committing culpable homicide not amounting to murder) against two doctors holding MS qualification in Shalya (general surgery) who were held guilty of conducting surgeries despite not having an MS qualification in gynaecology and obstetrics (37).
* Across judgments, the judiciary has held that cross-system practice is a form of medical negligence; however, it is permitted only in those states where the concerned governments have authorized it by a general or special order (38). Several court decisions have held that even trained specialists are not permitted to dabble in specialties other than their own.. For example, a General Surgeon would be held guilty of medical malpractice if he attempts a highly specialized cardiac or neurosurgery without having undergone proper training (39); and a doctor specialised in dental surgery, isn't supposed to operate on eyes, ears, nose etc., and then why is it an exception for Ayurveda (40).
* An ayurvedic doctor by the name Dr VLN Sastry who did their masters in Ayurveda from Banaras Hindu University and later he also did LLB, expressed his views from a legal viewpoint, which is circulated on social media (41) – “Most of the present surgical equipment is the metamorphosis of the then descriptions of Acharya Susruta. Techniques and skills are not one's own property. Unless patent rights are supported by statute, anybody can learn, gain competency, and enforce them. It should be noted that no legislation forbids Ayurvedic surgeons from associating with modern specialists in order to expand their clinical services for the well-being of patients. It is high time for the state govts./ central govt. to accord necessary permission to Ayurvedic surgeons to use essential allopathic medicines connected to surgeries, by training them through short- term course, in the public interest”.

**Media perspectives**

* **Times view**: “While some forms of surgery have been part of Ayurveda for centuries, that does not justify a mixing up of two very different systems of medicines. Letting vaids perform modern complex surgical procedures, even with some training in modern medicine, is problematic. Even more importantly, the patient must never be left in the dark about who is treating them – Allopath or Ayush doctor. The patients’ right to choose what system of medicine she wants to be treated by gets compromised it’s a mishmash of systems or if it is unclear to her which stream the doctor is trained in” (42).
* A column published in Times of India (43) and also online (44), in which they have compared the Minimum Standard Requirements (MSR) to open a 100 seat UG college in Ayurveda and modern medicine in respect of required beds (100 beds for Ayurveda against 500 beds for modern medicine) with 75% bed occupancy for modern medicine (MM) against 40% in ayurveda (A), average OPD per day (40A/225MM), average IPD per day (200A/800MM), Beds per surgery (25A/120MM), Beds for Ob-gyn plus pediatrics (25A/120MM), full-time faculty (45A/90MM), part-time faculty (9A/55MM), etc. This huge gap in infrastructure, teaching, and training raises questions about the equivalence in respect of allowing the list of surgeries to Ayurvedic doctors at par with allopathic doctors.
* There are also opinions expressed in online media that, this particular notification has been issued keeping in view of career progression of Ayurvedic postgraduates, wherein it was discussed that patient safety is highly important than the career progression (45-46).
* In an editorial of the weekly eMagazine named ‘Organiser’ it was stated that, “without the integration of various medicinal practices, the piecemeal and monopolistic approach of allopathic practitioners can be detrimental to the concept of 'holistic wellness” (47) and further, it was mentioned that IMA disregards its own threefold objectives (48).
* Considering the above statement regarding the antithetical steps of IMA to its stated objectives; it was analysed by the author in detail and given in **Table 1**.

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| **Table 1** | | |
| **S.no** | **IMAs objectives (49)** | **Steps of IMA defying its own objectives** |
| 1 | To promote and advance medical and allied sciences in all their different branches and to promote the improvement of public health and medical education in India. | * Opposed the idea of bridge course for AYUSH practitioners in NMC bill. * Opposing the move of the Ministry of AYUSH for the inclusion of the medical and surgical advances in their regulation, claiming the move as “poaching on modern medicine”. * Reluctant to ‘Integrative Healthcare education system’ envisioned in National Education Policy 2020. |
| 2 | To maintain the honour and dignity and to uphold the interest of the medical profession and to promote co-operation amongst the members thereof | * IMAs statement i.e. “Ayurvedic medicines and treatment a placebo” is dishonour and indignity to the Ayurvedic medical profession and abjure to the interest of the practitioners of the Ayurvedic medical profession. * Criticizing the Government on the inclusion of Ayurveda in COVID and Post-COVID treatment protocol is an antagonistic act of cooperation between the streams of medicine. |
| 3 | To work for the abolition of compartmentalism in medical education, medical services and registration in the country and thus to achieve equality among all members of the profession. | * Opposing the ‘medical pluralism’, which is the need of the hour to address the lack of medical services and personnel in India, one of the major principle of National Health Policy, 2017 & further claiming Integration as “Khichidification” or “Mixopathy”. * Resisting the idea of ‘One Nation – One Healthcare system’ is against the objective of ‘abolition of compartmentalism’ * If there is exchange of knowledge and skill among the different disciplines of medical profession, then there is a possibility of attaining equality among all members of the profession. Any step which resists the opportunity to exchange the knowledge among different domains will leads to inequality among the members. |

**Patient perspectives**

* Most of the patients choose Ayurveda as a non-surgical alternative to the surgical indications of modern medicine particularly in the cases of disc prolapse (lumber/dorsal/cervical), Knee osteoarthritis, frozen shoulder, avascular necrosis, carpal tunnel syndrome, etc. but this notification is against the interest of the patients in Ayurveda.
* Treatment seeking behavior of the patients shifted from general physician to specialist to super-specialist and further looking for an ultra specialist. But this step seems to be as reverse to this shift.
* How many Ayurveda doctors opt for an Ayurvedic surgeon for their self-care other than anorectal surgeries?
* Suburban and semi-urban patients may opt for an Ayurvedic surgeon based on the low cost of the surgery when compared to the surgeon; whereas rural patients may opt for an Ayurvedic surgeon due to the non-availability of an allopathic surgeon. But in either of the cases, there is no chance of knowing about the background qualification of the treating surgeon.

**Personal perspectives**

Myself author of this article possessing qualifications viz. BAMS., M.D (Kayachikitsa/Ayurvedic Internal Medicine)., PhD (Panchakarma), PGDHHM, Vaidya-Scientist Fellow practicing Ayurveda at Delhi.

* Feasibility of the notification seems to be possible only at the institutes where Ayurveda and Modern medicines functioning under one umbrella such as BHU, SDM Hasan, etc. and mere inclusion of the list of the surgeries in the curriculum doesn’t entitle someone to do the same, as it is for the states to allow the same or not.
* The strength of Ayurveda is 'conservative management'. Haemorrhoidectomy, Fistulectomy, Surgical removal of Renal calculus, etc. are the major surgeries whereas in Ayurveda it is being performed on OPD basis as minor surgery or as non-surgical management of calculi. Other simple conditions such as Keloid, Foot corns, Ganglion cysts, etc. are removed surgically in modern medicine but still they recur; but whereas in Ayurveda these conditions are managed medically without recurrence and some of the surgical emergency conditions such as stricture urethra are also managed medically in Ayurveda. Studies also reported that the Integration of Ayurveda and Yoga with advanced surgical techniques resulted in better patient outcomes (50).
* Personally, I have spent almost ten years of my study at a fifty years old Government funded Ayurvedic medical college for my UG and PG studies in Ayurveda, but my college is not equipped since then, till date with the infrastructure, manpower, and supporting staff needed to impart the surgical skills related to enlisted surgeries of the notification to the interested students/scholars to pursue their career in the field of surgery.
* Ayurvedic medicines and practices are linked with many acts and laws in force, for example, Drugs and Cosmetics act 1940 and rules 1945, drugs and magic remedies act, Food Safety and Standards Authority of India (FSSAI), Pre-Conception and Pre-Natal Diagnostic Techniques (PC-PNDT) Act 1994 (*pumsavana karma*), Wildlife protection Act 1972 (trade in wildlife and the derivative parts), Excise Act (to regulate *Asavarishta*), The Biological Diversity Act, 2002 (use of traditional biological resources and knowledge), Narcotic Drugs and Psychotropic Substances Act 1985 (use of drugs like Bhanga etc), Indian Forest act (to collect the drugs from forest area), Disaster management act, like many. As a practitioner, we should aware of the things which may have connections with Ayurvedic drugs and practices though they were not part of the curriculum during the study. It is to inform that the law of that land regulates your practice. Mere possession of qualification also doesn't entitle you to practice, for which you are supposed to register yourself in the concerned state register then only technically and legally you are called as ‘Registered Medical Practitioner’.
* Further, it is odd to say that many of the Ayurveda teaching institutes don't have a proper biomedical waste management system, which is one of the essential components of the surgical practice. If it is claimed that surgery is already being practiced at different institutes, then how can it be substantiated without proper biomedical waste management?
* Always Institutional practice is different from individual practice. We can’t replicate the practices and procedures allowed at the Institutional level to an individual practitioner. If anything mishappening occurs with the patient while undergoing the therapy at an institution onus comes on the institution not on the individual, so that he/she may be saved from legal hurdles.
* Strategies like enabling Ayurveda practitioners to fill the gaps in human resources in healthcare services may be well-intentioned; but there is a possibility of misuse of the same, for example, MS (Surgery) costs about minimum 80 lacs in a private medical college, whereas MS (Shalya) costs about <20 lacs. In the future, they may allow MBBS graduates to pursue MS (Shalya) course.
* Intention of the most of the Ayurvedic doctors taking admission into surgical postgraduate disciplines of Ayurveda i.e Shalya/Shalakya/Prasuti tantra, particularly in private institutions, because they get awarded with degrees as MS (Shalya or Shalakya or Prasuti) so that they can display their degrees as MS on their name boards, which mimic allopathy surgeons’ qualification.
* Indian modern medicine fraternity has always shown narrow mindedness towards Ayurveda. Even a few of them are not to ready to accept Sushruta as 'father of Surgery', and to give due credit to the originality of Ayurveda, for example, an editorial article on Diabetes published in an Indian medical journal (51), while discussing its ancient history, the contribution of Ayurveda was not mentioned, but the same was duly recognized in another article on the same disease published in a highly reputed International journal (52). Ayurveda must be credited when reviewing the milestones in the history of medicine, as Ayurveda can still possibly guide various streams of the current sciences if revisited with the true spirit (53).
* Allopathic surgeons who did their masters in surgery during the period from 50s to 80s were not aware of most of the latest techniques and were also not part of their curriculum during their study. But still, they incorporated all the latest techniques after undergoing proper training under supervision. Even after proper training, modern surgeons performing robotic surgeries though it is not the contribution of modern medicine.
* Allopathic doctors who did their MBBS and MD from other countries particularly from Russia, China, etc. are allowed to register in India for the practice only after clearing an Exam conducted by MCI without assessing the skill of an individual. And the percentage of people who are qualifying for this exam is very poor. But in-ground reality people who are not qualified also practice in urban, suburban, semi-urban, and rural areas. A similar kind of exam may be introduced to Ayurveda doctors who are interested in 'Integrated practice'.

**Discussion**

After having gone through all the above perspectives, the following two are the major points of concern -

* Whether the surgeries conducted in Ayurvedic medical colleges and hospitals have the same standards in respect of infrastructure/skilled manpower/supporting staff/clinical material for training and outcomes as allopathic institutions?
* If we allow ayurvedic surgeons to perform notified surgeries from the perspective to address the paucity of surgeons in urban, rural, and remote areas; then the question arises, how can be a difference in the quality of care between urban and rural patients? – Everybody has a right to reliable and evidence-based treatment from qualified practitioners.

If the Government is serious to adhere to its principles laid down in National Health Policy, 2017, which strongly encourages cross-sectoral actions, medical pluralism, and strengthening regulation (54) & National Education Policy 2020, which promotes ‘Integrative Healthcare education system’ (55); it has to be done meticulously by explication and detailed formal inquiry in the interest of patient safety (56). For which, a third party audit of the institutes which are offering Post graduation in Shalya and Shalakya may be conducted to analyse the ground reality of the status of the institutes with respect to the infrastructure, equipment, skilled manpower, patient resource, etc. needed to impart the theory and practicals of the notified surgical procedures.

**Conclusions**

Lack of awareness and knowledge about the Ayurveda and other complementary systems among allopathic students, practitioners, and scientists may be the reason to resist the idea of integration. So it is advised to introduce 'bilateral integration' (integration of AYUSH systems in allopathic curriculum and vice-versa) at all the levels i.e. at the level of education, practice, and research and also at the level of primary care, secondary care, and tertiary care in both the fields. So that it will enhance the cross-exchange (57) and cross-pollination of ideas. Cross-sectional studies also highlighted the interest of the allopaths to integrate knowledge and practices of AYUSH systems for the betterment of patient care (58).

In a true sense 'integration' doesn't mean to 'disintegrate' the identity of individual fields. There is nothing wrong with Ayurveda complementing modern medicine, but the problem comes when there is an attempt to place an alternative and replace the biomedicine. If the same will happen at the ground level, in the near future Ayurveda will lose its identity and become a proxy for modern medicine.

It’s a known fact that the doctors who did their masters in any clinical specialty from AIIMS like institutions shine in their practice at the corporate tertiary care hospitals but couldn't excel in rural practice due to lack of infrastructure at the rural level. This reflects that level, method, and mode of training influence expertise with respect to the place of working. This logic also applies to the point under discussion. After the proper training to Ayurvedic surgeons at Government district hospitals, they may be allowed for a certain list of surgeries at the village and taluka level.

The very purpose of every field of science is to serve or for the benefit of society. Many countries allow healthcare professionals with more basic training to perform some procedures under supervision to meet the paucity of surgeons (59). Allopaths may oppose bluntly but it’s also their responsibility to suggest the solutions for the existing issues of the people who are not in reach of the surgical services. Professional medical associations should not only work in the interest of their fraternity but also in the interest of the public. Considering the benefit of the public at large particularly in the interest of the people living in remote areas, the issue may be relooked. It is the time to think ‘across the pathies’ instead of cross-pathy or myxopathy in the interest of the population and nation at large.

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