Letter to editor

Title: **Dilemma: co-existence of modern surgery with shalychikitsa**

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**Abstract**

This article reflects the current healthcare policy status of India and its possible effect on general population of India. Consideration is given to modification in health policy and co-existence of modern medicine and AAYUSH practice.

**Dilemma: co-existence of modern surgery with shalychikitsa**

Dear editor in chief,

Its high tide just after festival season, covid cases are increasing rapidly and crossed mark of 1 crore. [1] Its effective treatment warrants modern medicine, not every time placebo can turn the table. Similar kind of news hit the surgeons of India after central council of Indian medicine allowed AAYUSH doctor to perform certain surgical procedure which involves other than general surgical procedures like what has been done by orthopaedics, ophthalmologist as well as ENT surgeons. [2] Only a formal press release is done by Indian medical association to save integrity of modern/allopathic surgical practice. [3] It is like giving you a replacement of “Adidas” with “Abidas”. Even general surgery residency has its 3 years tenure before awarding a degree to whom who has passed its complex exam. You can’t allow some non-modern medicine fellow to perform surgeries of different branch which has its own three year curriculum just because there is mention of some name of surgeries in their literature. Even general surgeon in India is not allowed to perform surgeries of other specialities as it is consider other than their specialty.

The only way that can we are left with is mass awareness. Effective communication is the key to awareness. It is nearly impossible for us to overturn the decision/ rules and regulations those are implemented by government once passed in parliament. The need of hour is combined efforts by uniting different surgical speciality society and take necessary steps to save surgical fraternity. ASI (the association of surgeons of India) being the society for general surgeons must initiate awareness program and raise concern on this matter. It will benefit rural areas of India by getting mistreated by quacks with improper qualification for doing certain intervention as well as save the trust of people on medical field.

After all we are not against the any other/alternate way of treatment, but integrity of modern surgery must be maintained. Even in school subject teacher is not allowed to teach other than his qualification. How can be a healthcare of nation being generalised in the name of shortage of proper medical personnel. If government want to increase availability of surgeon, increase post-graduation intake rather than allowing person with improper qualification. In easy word you cannot decrease poverty by lowering below poverty line, you must strengthen them economically. India needs better infrastructure, better doctors and better availability but not by the lowering of standard of care.

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