

WHAT MAKES THE AYURVEDA DOCTORS SUITABLE PUBLIC HEALTH WORKFORCE?

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ABSTRACT

As a large populous country India always faces a paucity of health workforce. The dearth of these health workforce troubles the public health system of the country. This can better way be managed by a robust public health workforce from different systems of medicine including Ayurveda. The importance of Ayurveda workforce, principles and therapeutics for public health intervention are gaining recognition these days. The present document focuses on the suitability of Ayurveda graduates for public health practice. The best example where Ayurveda graduates are in to hard core public health practice is the appointment of AYUSH doctors under the scheme of "mainstreaming of AYUSH and revitalization of local health traditions" within the broad umbrella of National Rural Health Mission. Government of India has recognized some of the principles and therapeutics of Ayurveda as a mode of intervention to some of the community health problems. Private sectors are also increasingly recognizing the potential of Ayurveda graduates trained in public health for the management and implementation of various public health programmes. It's indeed high time to recognize the huge potential of Ayurveda graduates as suitable public health workforce on the basis of their training, exposure and interest. The paucity of public health workforce could be replenished to a great extent with such recognition and appreciation.

Key-Words: Ayurveda Doctor; Public Health Workforce; Suitability

India is the second largest populous country with a great heritage consisting of many cultures, religions, languages. In the line of many such varieties India is also having a rich plural medical system. With the firm existence of modern allopathic system of medicine, there exists seven other indigenous systems of medicine, and in fact, India is the only country to legalize these seven systems of Indian medicine. These systems of medicine are designated by an acronym called AYUSH. This stands for Ayurveda, Yoga & Naturopathy, Unani, Sidha, and Homoeopathy. The Ayurvedic system of medicine is one of the oldest medical systems of human civilizations. This system of medicine has its root in India, evolved through a continuous process of transformation from its original Vedic form to the modern day Indian System of Medicine. It has witnessed a paradigm shift from its oldest version of "Guru-Sishya-Ashram" tradition (A way of learning, by a disciple, from a Spiritual Mentor in an Ashram) to the modern day medical education system, formally taught in schools of Ayurveda with the use of all modern amenities. The present day Ayurvedic education in India is imparted at three different levels i.e., UG, PG and Doctoral. The

current UG programme for Ayurveda is a 5 and ½ yrs degree programme conducted throughout the country. The degree programme consists of Non-Clinical, Para-Clinical and Clinical courses with one year of compulsory rotatory internship. Unlike the modern allopathic system of medicine this system is having its own principles and philosophies, but, the present syllabus is an amalgamation of modern Allopathic medicine and classical Ayurvedic medicine. This gives a greater scope on integrated study to the graduate pursuing Ayurveda at both UG and PG level. Precisely speaking, it rather becomes a challenging job for an Ayurveda student, as he /she has to study both Ayurveda and modern allopathic medicine.

According to the World Health Organization (WHO), almost all the countries in the Asia-pacific region are facing several common health workforce-related problems and challenges including workforce shortage, skill-mix imbalance, mal-distributions, poor work environment, and weak developing and managing capacities and knowledge bases. The health work force of India is characterized by a diversity of health workers

offering health services in several systems of medicine.^[1] The present document tries to appreciate the suitability of Ayurveda doctors to bridge the gap of scarcity of public health workforce India.

A conscious effort has been made to garner information regarding Ayurved Doctors since the last decade. The following few figures and tables show the percentage, growth of Ayurveda doctors in the last decade and the number of people served by these doctors. The evolution of this system has faced lot of hurdles to reach to the present shape, be it the education system or the acceptance of the system as a system of medicine or even the acceptance these practitioners in India, where multiple other systems of medicine exist parallel to the firm presence to the modern allopathic system of medicine.

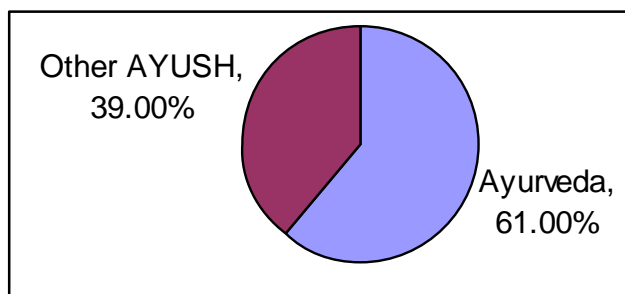


Figure-1: Percentage of Ayurveda Doctors in India^[2,3]

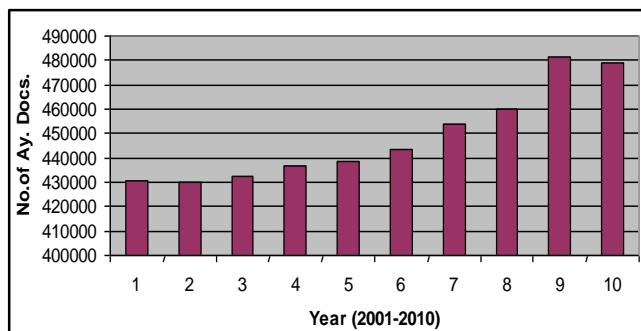


Figure-2: Growth of Ayurveda Doctors since the Last Decade^[2,3]

Table-1: Registered Ayurveda Doctors and Population of India^[2,3]

No. of Registered Practitioners	% of Registered Practitioners	Registered Practitioners per crore Population
478750	61.0%	4078

Table-2: Average Annual Growth Rate of Ayurveda Doctors^[2,3]

8th Plan (1992-1997)	9th Plan (1997-2002)	10th Plan (2002-2007)	11th Plan (2007-2010)	Cumulative (1992-2010)
0.4%	4.3%	1.2%	1.8%	1.7%

India being one of the most populous countries in the world is faced with a crunch of health work

force in one way or the other. On the other hand it is mined with a variety of work forces which are sometimes underutilized. Among those, one such untapped work force is the Ayurveda graduate.

With this back ground a review was carried out to find out the suitability of Ayurveda graduates as public health workforce. Information were collected from various sources pertaining to,

- Their educational training, exposure, and orientation to public health and related subjects.
- Their interest in to the domain of public health.
- Evidence of their impact on public health programmes.
- Acceptance of these graduates by firms and organizations working in public health and related areas.
- Educational institutions accepting Ayurveda graduates for public health and related courses and trainings.
- Government policies to incorporate them in to mainstream health care delivery system.

The results hence obtained can be summarized as per the following sub titles-

- **Educational Training, Exposure and Orientation to the subjects of public Health:** For this purpose a comparison was made between the curricula of community medicine of MBBS (Bachelor of Medicine and Bachelor of Surgery) with that of SwasthaVrit Vijnan (Homologous to Community Medicine in Ayurveda) of BAMS (Bachelor of Ayurvedic Medicine and Surgery). Information about the syllabi for both the subjects was obtained from Medical council of India (MCI) and Central Council of Indian Medicine (CCIM) respectively. After the comparison it was found that out of 18 topics 16 were found matching. The subjects found matching are health care delivery system; national health programmes; epidemiological methods; bio-statistical methods and techniques; demographic pattern of the country; roles of the individual, family, community and socio-cultural milieu in health and disease; principles and components of primary health care; the national health policies;

environmental and occupational hazards and their control; water and sanitation in human health pertaining to community medicine. Other subjects pertaining to social and behavioural science are also found matching and are the principles of sociology including demographic population dynamics; principles of practice of medicine in hospital and community setting; social factors related to health, disease and disability; impact of urbanization on health and disease; dynamics of community behavior; elements of normal psychology and social psychology. Similar results have been obtained by Jaideep Kumar et al. in "Conceptual differences and similarities between public health related contents of syllabus of Ayurveda graduation (B.A.M.S.) with syllabi of M.B.B.S, M.P.H. and M.D. (social and preventive medicine) in India."^[4-6] Similar comparison can also be made between post graduate level courses such as MD, Community Medicine and MD, SwasthaVrit Vijnan. The same has not been made owing to its limitation of the study to the graduate Ayurveda doctors in India.

- **Their interest in to the domain of public health:** Ayurveda graduates have their interest in to the domain of public health and other allied areas. In one of the study it was found that 70% of Ayurveda interns showed their interest in pursuing a career in public health.^[7]
- **Evidence of their impact on public health programmes:** Ayurveda doctors are participating actively in all National disease control programmes as well as Panchavyadhi chikitcha (Treatment of five diseases such as Malaria, Leprosy, T.B, Diarrhoea, Acute Respiratory Infection and Scabies) in terms of planning and monitoring. Supervise ANMs and Sub center and participate in Immunization programme, RCH (Reproductive and Child Health)/Health camps, VHND (Village Health Nutrition Day), IMNCI (Integrated Management of Neonatal and Childhood Illnesses), epidemic control and school health programme. Promote family planning activities.^[8-11]
- **Acceptance of these graduates by firms and organizations working in public health and**

related areas: It was observed from a website since last 2-3 years that many of the firms, organizations including both public and private have shown their interest in recruiting Ayurveda graduates for various public health assignments. (Personal observation of the author as being an Ayurveda graduate and a public health professional).^[12]

- **Educational institutes accepting Ayurveda graduates for public health and related courses:** Information obtained by systematic search process using internet based Google search engine from the individual institute websites about the acceptance of Ayurveda graduates in to various educational courses in public health, except few taking only MCI recognized courses for the same.
- **Government policies to incorporate them in to mainstream health care delivery system:** The 11th Plan document made a commitment to "mainstreaming AYUSH systems to actively supplement the efforts of the allopathic systems" and thus, included co-location of AYUSH services and posting of AYUSH doctors within the primary healthcare system. National Rural Health Mission has finally implemented it on a countrywide scale in 2005. Similarly, the National Policy on Indian Systems of Medicine & Homoeopathy, 2002 declares as its basic objective, inter alia, the "integration of ISM&H in healthcare delivery system and National Programmes and ensure optimal use of the vast infrastructure of hospitals, dispensaries and physicians.^[8-11,13]

According to the World Health Organization (WHO), almost all the countries in the Asia-pacific region are facing several common health workforce-related problems and challenges. India faces a substantial overall deficit of health workers; the density of doctors, nurses and midwives is a quarter of the 2.3/1000 population of World Health Organization benchmark. Importantly, a substantial portion of the doctors (37%), particularly in rural areas (63%) appears to be unqualified. The workforce is composed of at least as many doctors as nurses making for an inefficient skill-mix.^[1] According to 11th five year plan document India is facing a paucity of health

human resources.^[14] At the same time the requirement of public health workforce is going to be huge in days ahead which would encompass professionals from diverse disciplines, fields and backgrounds.^[15-18] This scenario could be different in an Indian context owing to its large pool of health workforce from different systems of medicine. India's health workforce is characterized by a diversity of health workers offering health services in several systems of medicine. These health workers are present in both the private and public sector.^[1] These workforce could be utilized in different areas of public health depending on their suitability, interest, training and exposure. The best example where Ayurveda graduates are in to hard core public health practice is the appointment of AYUSH doctors under the scheme of "Mainstreaming of AYUSH and revitalization of local health traditions" within the broad umbrella of National Rural Health Mission. Under this scheme these doctors are both in to clinical practice and more clearly in to public health practice. This was actually a felt need at various segments of the community. Lack of interest of modern allopathic doctors to serve the rural poor, moreover, their involvement in clinical practice has created a huge laxity in the implementation of various public health programmes at community level. These activities could hugely be supplemented by the collocation of AYUSH workforce and facilities at rural areas. The potential of Ayurveda drugs to tackle community health problems resulting from nutritional deficiencies, epidemics and vector-borne diseases has been widely recognized.^[19] Government of India has recognized some of the principles and therapeutics of Ayurveda as a mode of intervention to some of the community health problems. These include Ksharsutra (Medicated alkaline thread used for ano-rectal surgery in Ayurveda) therapy for ano-rectal disorders and Rasayana (Rejuvenative therapy for senile degenerative disorders proposed in Ayurveda) for geriatrics care etc. Private sectors are also increasingly recognizing the potential of Ayurveda graduates trained in public health for the management and implementation of various public health programmes. This is also reflected within the educational institution imparting public health education. With this note a fairly

large proportion of Ayurveda graduates in a country like India can be very much instrumental in delivering public health services without any doubt as per their education training, interest and obviously with the governmental support.

Conclusion

It's indeed high time to recognize the huge potential of Ayurveda graduates as suitable public health workforce on the basis of their training, exposure and interest. The paucity of public health workforce could be replenished to a great extent with such recognition and appreciation. This will on the other hand depend upon high level of determination and strong will power of the concerned authority. Scenario is changing day by day as the hegemony of modern allopathic system is no more the same as before in the domain of public health. Moreover no single system is sufficient enough to tackle all the health problems of a community. India as a country is fortunate enough have such a potential source of its indigenous health care systems which could be properly utilized in every field be it clinical medicine or community health.

References

1. Rao KD, Bhatnagar A, Berman P. So Many, yet Few: Human Resource for Health in India. *Hum Resour Health* 2012;10(1):19.
2. Department of AYUSH (<http://www.indianmedicine.nic.in>) (Accessed on 22/05/2013)
3. Department of AYUSH., Ministry of health and Family welfare, New Delhi Government of India, , AYUSH till 2010.
4. UG syllabus: BAMS. Central Council of Indian Medicine. Available from: URL: http://www.ccimindia.org/draft_syllabus-swas.html (Accessed on 22/05/2013)
5. Kumar J, Roy JD, Minhans AS. Conceptual differences and similarities between public health related contents of syllabus of Ayurveda graduation (B.A.M.S.) with syllabi of M.B.B.S, M.P.H. and M.D. (social and preventive medicine) in India. *Global Journal of Medicine and Public Health* 2012;1(3):24-32.
6. SinghRH. *Swasthavrita Vijnan*. Varanasi, UP: Choukhamba Surya Bharati Prakasan. 2009.
7. Samal J, Pratap AK. Knowledge, Attitude and Practice regarding the opportunities, issues and practice of public health among AYUSH interns. Presented at: National conference on Health Care Management, IHMR-Bangalore. 2012.
8. Samal J. Recent involvement of AYUSH doctors in public health practice. Presented at: South East Asia Regional public Health Conference and 57th Annual Conference of IPHA. 2013.
9. Ministry of Health and Family welfare. Mainstreaming of

- AYUSH under NRHM, Modified Operational Guidelines, (Updated on May 2011) Dept. of AYUSH, New Delhi, Government of India.
10. Ministry of health and Family Welfare. National rural health mission (2005-2012), Mission document, New Delhi, Government of India. 2005.
 11. National Health System Resource Center. National Rural Health Mission: Mainstreaming of AYUSH and revitalization of local health traditions under NRHM, An appraisal of the annual state programme implementation plans 2007-2010 and mapping of technical assistance needs. Ministry of health and family welfare, New Delhi, Government of India.
 12. Development Jobs and Consulting Opportunities in India. <http://devnetjobsindia.org/>
 13. Department of ISM &H. National Policy on ISM & H-2002. New Delhi, Ministry of Health and Family Welfare, Government of India. 2002.
 14. Planning Commission, Government of India. Working Groups /Steering Committees / Task Force for the Eleventh Five Year Plan (2007-2012). New Delhi, Planning Commission, Government of India. Available from: <http://planningcommission.nic.in/plans/planrel/11thf.htm>
 15. Ministry of Health, China. Annual review of HRH situation in Asia-Pacific region 2006-2007 Beijing: Health Human Resources Development Center, Ministry of Health, People's Republic of China; 2008.
 16. Beaglehole R, Dal MR. Public health workforce: challenges and policy issues. *Human Resource Health* 2003;1-4.
 17. Bhandari L, Dutta S. Health Infrastructure in Rural India. India Infrastructure Report. New Delhi: Oxford University Press. 2007. Available from: URL: <http://www.iitk.ac.in/3inetwork/html/reports/IIR2007/iir2007.html>
 18. Rao K, Bhatnagar A, Berman P. HRH: Policy Note 2: India's Health workforce: Size, Composition and Distribution. Available from: URL: <http://www.hrindia.org/assets/images/HRH%20Policy%20Note3.pdf>
 19. Ministry of Health and Family Welfare. Final Health Ministry Annual Report: 2008-2009. Available from: URL: http://mohfw.nic.in/FINAL_HEALTH_MINISTRY_ANNUAL_REPORT_2008-09.pdf

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