



# Surgery and Ayurveda

## Why in News

Recently, a government notification listed out **specific surgical procedures** that a postgraduate **medical student of Ayurveda** must be practically trained to acquaint with, as well as to independently perform.

- The notification has been criticised by the **Indian Medical Association (IMA)**.
- IMA is a **national voluntary organisation of Doctors of Modern Scientific System of Medicine**, which looks after the interest of doctors as well as the well being of the community at large.

## Key Points

- **History of Surgery in Ayurveda:**
  - The **Rigveda** is the earliest account of ancient Indian civilization which mentions that **Ashwini Kumaras known as Dev Vaidya were the chief surgeons** of Vedic periods, who had performed rare legendary surgical operations.
  - There are many Granthas and Samhitas dealing with Ayurveda; among them, **Charak Samhita, Sushrutaa Samhita, and Ashtanga Sangraha are the three main pillars of Ayurveda.**
    - **Charak Samhita and Ashtanga Samhita** mainly deal with **medicine knowledge** while **Sushrutaa Samhita** deals mainly with **surgical knowledge.**
    - **Sushruta is the father of surgery**, his works are compiled as Sushrutaa Samhita. He described 60 types of upakarma for treatment of wounds, 120 surgical instruments and 300 surgical procedures.
    - Sushruta considered **surgery the first and foremost branch of medicine** and stated that surgery has the superior advantage of producing instantaneous effects by means of surgical instruments and appliances and hence is the highest in value of all the medical tantras.
- **The Current Debate:** It revolves around allowing postgraduate students in Ayurveda undergoing **'Shalya' (general surgery) and 'Shalakyas' (dealing with eye, ear, nose, throat, head and neck, oro-dentistry)** to perform **58 specified surgical procedures.**
- **Arguments in Favour:**
  - There are **two branches of surgery** in Ayurveda, **Shalya Tantra** and **Shalakyas Tantra.** All **postgraduate students** of Ayurveda **have to study** these courses, and some go on to specialise in these, and become **Ayurveda surgeons.**
  - Postgraduate education in Ayurveda is guided by the **Indian Medical Central Council (Post Graduate Education) Regulations.**
    - The 2016 regulations **allow postgraduate students** to specialise in Shalya Tantra, Shalakyas Tantra, and Prasuti evam Stree Roga (Obstetrics and Gynecology).
    - Students of these three disciplines are **granted MS (Master in Surgery in Ayurveda) degrees.**

- The process of education, internship and learning for Ayurveda students is **similar to that of Modern Medicine students.**
  - Medico-legal issues, surgical ethics and informed consent is also part of the course apart from teaching Sushruta's surgical principles and practices.
- For several surgeries, **Ayurvedic procedures almost exactly match those of modern medicine**, however there is significant divergence in post-operative care.
- **National Institute of Ayurveda** in Jaipur, claims that at least **1,000 major surgeries are performed every year at the hospital.**
- As per the Ayurveda practitioners, the latest notification just **brings clarity to the skills that an Ayurveda practitioner possesses.**
  - A patient is usually not clear whether an Ayurvedic practitioner has the necessary skill to perform one of these operations, after the notification, they know exactly what an Ayurveda doctor is capable of.

#### ▪ **Objections:**

- **IMA** doctors claim that the new notification gives the impression that the **skills or training of the Ayurveda doctor in performing modern surgeries are the same as those practising modern medicine** which is **misleading** and an **encroachment** into the jurisdiction and competencies of modern medicine.
- Just because Ayurveda institutions prescribe textbooks from modern medicine, or that they carry out surgeries with the help of practitioners of modern medicine, is not reason enough to allow this encroachment.
- IMA doctors have asked the **Central Council of Indian Medicine (CCIM-** functions under the **Ministry of Ayush**) to explain, with proof, how each of the procedures mentioned in Ayurveda literature is equivalent to the modern surgical procedures.
- Surgery involves **technical expertise developed through many workshops to standardise training and impart it.** The infrastructure of training, research and exchange of knowledge in modern medicine is much better evolved than in Ayurveda.
  - Government-funded Ayurvedic colleges are **not equipped with the necessary infrastructure, skilled manpower and supporting staff** to impart quality training.

#### ▪ **Gaps in Healthcare Infrastructure:**

- According to research earlier this year by **Brookings Institute**, a US-based policy organization, the country has only **0.55 beds per 1,000 people.**
- According to a **government statement** in Parliament in 2019, **there is only one modern medicine doctor for every 1,445 Indians.**
  - The [World Health Organisation's](#) norm is **one doctor per 1,000 people.**
  - The shortage of allopathic doctors, including surgeons is compounded by the **concentration of medical colleges in Southern States**, as well as the **unwillingness of doctors to serve in rural areas** despite measures such as compulsory rural internships.

#### ▪ **Government initiative to resolve the problem :**

- [AYUSH Health and Wellness Centres \(AYUSH HWCs\)](#) is a component of the [Ayushman Bharat](#).

## Way Forward

- The government has to take steps to **improve healthcare service however it should make sure that safety standards should not be compromised** while inducting Ayurveda practitioners to perform surgery.
- Government should rethink and introduce **bridge courses** as mentioned in the [National Medical Commission \(NMC\) Bill 2017](#) which should be aimed to serve an important part of a broader effort to empower and better utilise the capabilities of **Ayush** practitioners for healthcare delivery.

- Government needs to explore creative ways of addressing this gap by **evidence-based approaches, such as task-sharing, supported by efficient and quality referral mechanisms.**
- India should achieve **Medical pluralism** which is already a reality in several countries like China, Japan, etc.
- The need of the hour is an adequate investment, for creating a health system that can withstand any kind of public health emergencies, deliver universal health coverage and meet the targets of the [Sustainable Development Goals.](#)

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