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HOLISTIC HEALING AND UNDERSTANDING THE AYUSH SYSTEM FOR FIRST-YEAR MBBS STUDENTS

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ABSTRACT

Background: The National Medical Commission has mandated the inclusion of AYUSH systems in the foundational curriculum for Indian medical graduates, reflecting a paradigm shift toward integrative healthcare. This initiative aims to broaden the perspectives of future physicians beyond conventional allopathic practices. **Objective:** This paper aims to raise awareness among first-year MBBS students about the principles, scope, and growing integration of AYUSH systems (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa, and Homoeopathy) with modern medicine, enabling informed patient communication and collaborative care. **Methods:** The article synthesises information from official government publications, curriculum documents, research council reports, institutional models of integration (notably AIIMS Rishikesh), and global health data to present a comprehensive overview of AYUSH systems and their evidence base. **Key Findings:** AYUSH systems operate on holistic principles, including individualised treatment based on constitutional assessment (Prakriti/Mizaj), prevention and health promotion, mind-body-spirit connection, and natural therapeutics. Significant policy initiatives including the National Health Mission, National Ayush Mission, and Ayushman Arogya Mandirs have mainstreamed AYUSH through co-location in over 11,000 healthcare facilities. The establishment of the WHO Global Traditional Medicine Centre in Jamnagar and the Department of AYUSH and Integrative Medicine at AIIMS Rishikesh exemplify integration efforts. Collaborative research with premier institutions (AIIMS, NIMHANS, IITs, ICMR) is generating evidence for conditions including diabetes, arthritis, fistula-in-ano, and mental health disorders. AYUSH products are exported to over 150 countries, with the global Ayurvedic market estimated at \$14.4 billion (2023). **Conclusion:** Understanding AYUSH is essential for future physicians to navigate India's pluralistic healthcare landscape, respect patient health beliefs, and participate in integrative, patient-centric care models. The evidence base for AYUSH continues to develop through rigorous scientific inquiry, positioning integrative medicine as the future of comprehensive healthcare delivery.

KEYWORDS: AYUSH, Integrative Medicine, Holistic Healing, Traditional Medicine, MBBS Curriculum, Ayurveda, Yoga, Evidence-Based Medicine

1. INTRODUCTION

Why Should an MBBS Student Care About AYUSH?

The Board of Governors, in supersession of the Medical Council of India (MCI), the National Medical Council (NMC), has developed a competency-based undergraduate curriculum for Indian

medical graduates. In a landmark move that signals a paradigm shift in Indian medical education, the National Medical Commission has introduced a significant revision to the MBBS (Bachelor of Medicine, Bachelor of Surgery) curriculum with the inclusion of a foundation course, awareness of the History of Medicine and

alternate systems of Medicine, designed to expose future doctors to the principles of holistic healing and the Ayush systems of medicine. This has been started with recent academic batches, this foundational training aims to broaden the perspective of medical graduates beyond conventional allopathic practices by incorporating mandatory orientation on traditional systems such as Ayurveda, Yoga, and Homeopathy. Foundational curriculum mandates a dedicated 10-day yoga training programme, conducted daily for one hour, which was implemented nationwide with the 2021-22 batch onwards. This initiative by the NMC's Undergraduate Medical Education Board is part of a broader vision to foster integrative medicine, encouraging young physicians to appreciate diverse healthcare philosophies and potentially collaborate across disciplines for more comprehensive patient care. The purpose of this article is not to explain how to practice AYUSH systems, but to raise awareness about their principles, scope, and growing integration with modern medicine. The objective of this paper is to raise awareness among the students of the MBBS first year as future physicians about the Alternative, Complementary, Evidence-Based Medicines and to understand the AYUSH system in holistic healing. This paper will help to understand the holistic paradigm of AYUSH, the distinct features of each system, recognize the scientific and research efforts backing them, and envision of future role in an increasingly integrative healthcare model. Doctor practising in a rural primary health centre (PHC) or a super-speciality hospital in a metro city. A patient diagnosed with rheumatoid arthritis comes to the centre. They are on prescribed NSAIDs and disease-modifying antirheumatic drugs (DMARDs). But when physicians ask them, "What else are you taking for your pain?", they might hesitate before admitting, "Doctor, I also take some Ayurvedic medicine for it, and I do Yoga." Another patient with chronic skin conditions might be using Homeopathic or Siddha preparations without the physician's knowledge. What action could the physician take? Will you dismiss their choices? Will you know how these co-administered therapies might interact with your treatment? Will you be able to intelligently guide them, or will you create a communication gap that drives your patient away from seeking integrated care? This is where the relevance of AYUSH begins. The Ministry of AYUSH, established in November

2014, was created with a vision to revive the profound knowledge of traditional Indian systems of medicine and ensure their optimal development and propagation. The term AYUSH itself is derived from the Sanskrit word 'ayusmanbhava,' meaning a blessing for a long and healthy life, reflecting its deep-rooted cultural significance.

The World Health Organization (WHO) encourages the inclusion of traditional medicines, and with the WHO Global Traditional Medicine Centre established in Jamnagar, India, this integration is a global priority. As future doctors, you are not just treating a disease; you are managing a patient's overall well-being, which often includes their trust in traditional systems.

2. VARIOUS TYPES OF MEDICINES PRACTISED IN INDIA

2.1 Alternative medicine: defined as any healthcare remedy or system that is offered in place of mainstream conventional therapies. This category encompasses diverse practices, including folk medicine, herbal medicine, homeopathy, faith healing, Ayurvedic medicine, chiropractic, and acupuncture.

2.2 Complementary medicine: refers to the same non-conventional practices but used **together with** conventional (mainstream) medicine rather than as a substitute. The critical distinction lies not in the therapy itself but in its relationship to standard care: a therapy is complementary when it serves as an adjunct to conventional treatment, such as using acupuncture, acupressure and physiotherapy alongside pain medication or practising yoga to complement stress management.

2.3 Evidence-Based Medicine (EBM): The overarching framework that governs all responsible medical decision-making is **Evidence-Based Medicine (EBM)**, which represents the integration of three essential pillars: the best available scientific evidence from systematic research, individual clinical expertise, and patient values and preferences. **EBM** is formally defined as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients". This approach follows a structured process: formulating a clear clinical question from a patient's problem,

efficiently searching for the best evidence, critically appraising that evidence for validity and usefulness, applying the results in clinical practice, and evaluating the outcome. Based on types of analysis, trials, studies and reports, levels of evidence vary from level-1 to level-4.

2.4 Modern medicine: Modern medicine relies on the scientific method. It operates on the principle of falsifiability—meaning a treatment must be testable, measurable, and repeatable. Modern medicine views through the lens of biology, chemistry, and physics. It seeks to understand the mechanism of a disease at a cellular or molecular level. In a bacterial infection, modern medicine identifies the specific bacteria (biology) and uses a chemical compound (antibiotic) designed to kill that specific bacteria.

3. AYUSH A UMBRELLA OF TRADITIONS

AYUSH is an acronym that encompasses six distinct but philosophically connected systems of medicine. It is the administrative and academic umbrella under which these systems are promoted, regulated, and researched by the Government of India. Understanding the breadth of this umbrella is the first step toward appreciating the diversity of healing practices in India. The full form of AYUSH stands for: **Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy**. The journey of AYUSH as an institutional entity began in 1955 with the establishment of the Department of Indian System of Medicine and Homoeopathy (ISM&H). This department was renamed the Department of AYUSH in November 2003. A landmark moment arrived on November 9, 2014, when the Government of India formed a separate and independent Ministry of AYUSH, highlighting the political and administrative commitment to preserving and promoting these indigenous systems. This ministry is not merely a ceremonial body. It has clear objectives aimed at mainstreaming traditional medicine. These include upgrading educational standards in AYUSH colleges, strengthening research institutions, promoting medicinal plants, and evolving pharmacopoeial standards for AYUSH drugs. This means that AYUSH is not a relic of the past; it is a dynamic field with its own regulatory framework, educational curriculum, and research agenda, running parallel to and increasingly intersecting with modern medicine. The

fundamental premise of AYUSH systems is a holistic approach to health. Unlike the modern biomedical model, which often focuses on a specific pathogen or diseased organ, AYUSH systems aim for complete physical, mental, social, and spiritual well-being. They view the individual not as a collection of parts, but as an integrated whole in constant interaction with their environment.

4. THE CORE PHILOSOPHIES: A PARADIGM OF HOLISM

To effectively communicate with patients and AYUSH practitioners, you must grasp the core philosophical differences that set these systems apart from the conventional medicine you are studying. The term "holistic" is often used loosely, but in the context of AYUSH, it has specific meanings.

4.1 The Concept of Individualized Treatment

In MBBS training, you learn about evidence-based medicine derived from large population studies. You apply standard treatment protocols for standard diseases. AYUSH systems, particularly Ayurveda, Siddha, and Unani, are inherently personalized. For example, in Ayurveda, treatment is based on an individual's Prakriti (unique body constitution), which is determined by the balance of the three doshas (Vata, Pitta, Kapha) at the time of conception. Two patients with the same diagnosis of diabetes mellitus may receive different dietary and herbal recommendations based on their Prakriti. This is not unscientific; it is a different scientific paradigm—one of personalized, constitution-based medicine. In MBBS training, the emphasis falls on evidence-based medicine, drawing from large-scale population studies, clinical trials, and meta-analyses. Standard treatment protocols guide care for common diseases—diabetes gets managed with similar guidelines for most patients, insulin or oral hypoglycemics adjusted based on blood sugar levels, HbA1c targets, and comorbidities. This approach delivers consistency, predictability, and strong statistical backing for outcomes across broad groups.

4.2 Focus on Prevention and Health Promotion

Modern medicine excels in acute care and crisis intervention. AYUSH systems place a heavy emphasis on swasthavritta (the regimen for a healthy life). The primary objective of Ayurveda is not just to

treat the diseased but to maintain the health of the healthy. This is achieved through dietary guidelines (Pathya), daily routines (Dinacharya), seasonal routines (Ritucharya), and ethical conduct. Yoga, as you will see, is a prime example of a preventive and promotive health science. This focus aligns perfectly with the modern global shift from curative to preventive healthcare. Yoga stands out as a classic illustration of a preventive and promotive health science. Its core emphasis aligns seamlessly with the worldwide movement shifting healthcare priorities from primarily curing illness to actively preventing it and fostering overall well-being.

4.3 The Mind-Body-Spirit Connection

While modern medicine often separates mental health from physical health, AYUSH systems view them as inseparable. Mental stress (Manasika Bhavas) is considered a direct cause of physical diseases (Adhija Vyadhi) and vice versa. The concept of "Manas" (mind) is integral to diagnosis and treatment. Yoga and meditation are not just exercises; they are tools to calm the mind, which in turn regulates the physiological functions of the body. Understanding this connection helps you appreciate why a patient with a psychosomatic disorder might find more relief in a Yoga and Naturopathy regimen than in a prescription for a benzodiazepine alone.

4.4 Natural and Drug-Less Therapies

Many AYUSH systems emphasize the use of naturally occurring substances. Unani medicine, for instance, predominantly uses herbal, animal, and mineral substances. Naturopathy, as the name suggests, is a drug-less system that believes the body has an inherent capacity to heal itself, and disease is caused by a violation of nature's laws. Homoeopathy uses ultra-diluted substances based on the principle of 'like cures like.' This focus on natural origins often leads to a perception of fewer side effects, a major reason for their popularity, especially in managing chronic lifestyle diseases.

5. DIVING DEEP: A CLOSER LOOK AT EACH AYUSH SYSTEM

Let's move from philosophy to practice. Each system under the AYUSH umbrella has a unique historical origin, a codified diagnostic method, and a distinct therapeutic tool kit. Understanding these basics will

help you identify which system your patient might be referring to.

5.1 Ayurveda: The Science of Life

Ayurveda, which translates to "the science of life" (Ayur = Life, Veda = Science), is arguably one of the oldest medical systems in the world, with texts like Charaka Samhita, Sushruta Samhita, and Astang Hridayam dating back thousands of years.

- **Core Principles:** It is based on the theory of the Pancha Mahabhuta (five great elements: akash, vayu, agni, jala, and prithvi), which combine to form the three doshas or biological humors: Vata (akash and vayu), Pitta (agni), and Kapha (jala and prithvi). Health is defined as the dynamic equilibrium of these doshas, while disease is their imbalance.
- **Therapeutics:** Treatment aims to restore this balance. This includes:
 - **Ahara (Diet):** Personalized dietary advice.
 - **Vihara (Lifestyle):** Daily and seasonal regimens.
 - **Aushadha (Medicines):** Complex herbal and herbo-mineral formulations.
 - **Panchakarma:** A set of five bio-cleansing and detoxification procedures (like Vamana-therapeutic emesis, Virechana-purgation, Basti-enema) that are unique to Ayurveda.
- **Clinical Applications at AIIMS:** At the Department of AYUSH and Integrative Medicine at various AIIMS, the Ayurveda unit manages chronic conditions like arthritis, metabolic disorders, and skin diseases, often collaborating with departments of neurology, medicine, and orthopaedics.

5.2 Yoga: Union for Health and Well-being

Yoga is both a spiritual practice and a science of healthy living. It was declared by the UN General Assembly to provide a holistic approach to health and well-being, leading to the establishment of International Yoga Day on June 21st.

- **Core Principles:** The eightfold path of Yoga (Ashtanga) includes Yama (restraints), Niyama (observances), Asana (postures), Pranayama (breath control), Pratyahara (withdrawal of senses), Dharana (concentration), Dhyana (meditation), and Samadhi (absorption).
- **Therapeutic Applications:** In a medical setting,

Yoga therapy is condition-specific. At various AIIMS, it is used for hypertension, diabetes, stroke rehabilitation, anxiety, and musculoskeletal pain. It's not just a generic class but a tailored intervention to improve functional outcomes and quality of life.

5.3 Naturopathy: The Drug-less System

Naturopathy is a system of medicine that believes in the healing power of nature. It posits that the root cause of disease is the accumulation of toxins due to a violation of nature's laws and a decreased vitality.

- **Core Principles:** The body has an innate ability to heal itself. Treatment focuses on removing the underlying causes of disease by supporting the body's natural healing processes.
- **Therapeutics:** It employs a range of natural therapies, often in a specific sequence, to cleanse the body. These include:
 - **Hydrotherapy:** Various baths (steam, hip, foot), packs, and compresses.
 - **Mud Therapy:** Application of mud to absorb toxins.
 - **Fasting Therapy:** To give the digestive system rest and promote detoxification.
 - **Manual Therapies:** Massage and reflexology.
- **Clinical Role:** Naturopathy is particularly effective in managing lifestyle diseases, metabolic disorders, and stress-related conditions, offering a non-pharmacological approach to health restoration.

5.4 Unani: The Graeco-Arabic Tradition

Unani medicine originated in Greece (Unani is the Arabic word for "Greek") and was developed by Arab and Persian physicians. It was brought to India during the medieval period and has since become indigenous.

- **Core Principles:** It is based on the Humoral Theory, which posits the presence of four humors in the body: **Dam (Blood)**, **Balgham (Phlegm)**, **Safra (Yellow Bile)**, and **Sauda (Black Bile)**. Each person has a unique temperament (Mizaj) based on the balance of these humors—Sanguine, Phlegmatic, Choleric, or Melancholic.
- **Therapeutics:** Any qualitative or quantitative change in these humors causes disease. Treatment aims to restore the humoral balance using naturally occurring substances, primarily

herbal, but also mineral and animal in origin. The approach includes preventive, promotive, curative, and rehabilitative components.

- **5.5 Siddha: The Ancient Science of South India**
Siddha is one of the oldest systems of medicine, originating in Tamil Nadu, and is attributed to the Siddhars (spiritual saints).
- **Core Principles:** It shares similarities with Ayurveda but has its own distinct philosophy. It is based on the concept of the five elements and the three humors (called **Mukkutram**: Vatham, Pitham, and Kapam). A unique aspect is its emphasis on the relationship between the macrocosm (the universe) and the microcosm (the human body).
- **Diagnosis and Treatment:** Diagnosis is comprehensive, involving examination of pulse (Naadi), urine (Mootram), eyes, tongue, voice, and body color. Siddha is renowned for its use of herbomineral and metal-based preparations, including the use of *kabas and kattu* (ash and oxides of metals), prepared through specialized processes to make them biocompatible. Kayakalpa, a unique rejuvenation therapy, is a hallmark of Siddha. At AIIMS Rishikesh, the Siddha unit manages skin diseases, joint disorders, and respiratory ailments.

5.6 Homoeopathy: The System of Similars

Homoeopathy, developed by Dr. Samuel Hahnemann in Germany, is a distinct system based on the principle of "like cures like" (*Similia Similibus Curentur*). Despite its foreign origin, India is considered a "superpower" in homeopathy, with the largest infrastructure and number of practitioners in the world.

- **Core Principles:**
 - **Law of Similars:** A substance that can produce symptoms in a healthy person can, in ultra-diluted form, cure similar symptoms in a sick person.
 - **Law of Minimum Dose and Dynamization:** The more a substance is diluted and succussed (shaken), the more potent it becomes, with minimal side effects.
 - **Holistic Individualization:** Treatment is based on the totality of symptoms—physical, mental, and emotional—of the individual, not just the disease label.

- Clinical Use:** Homoeopathy is widely used for allergic conditions, respiratory ailments like asthma, skin diseases like eczema, psychiatric conditions like anxiety and depression, and was notably used as a preventive measure during the COVID-19 pandemic. It is the second most common form of alternative medicine globally. Table-1 shows the core principle and common therapeutic methods of different system.

Table 1: The core principle and common therapeutic methods of different system-

System	Core Principle	Common Therapeutics
Ayurveda	Tridosha (Vata, Pitta, Kapha) balance	Panchakarma, herbal-mineral drugs, lifestyle advice
Yoga	Union of body, mind, and consciousness	Asanas (postures), Pranayama (breathing), Dhyana
Naturopathy	Body's innate ability to heal	Herbal, mineral, and animal-derived drugs
Unani	Humoral theory (blood, phlegm, bile)	Herbo-mineral preparations, Kayakalpa (rejuvenation)
Siddha	Mukkutram (Three humors)	Herbo-mineral preparations, Kayakalpa (rejuvenation)
Homoeopathy	Law of Similars (like cures like)	Ultra-diluted remedies, individualized prescribing

6. AYUSH IN MODERN INDIA: MAINSTREAMING AND INTEGRATION

The most significant development in recent decades has been the strategic effort to "mainstream" AYUSH. This means moving it from the margins into the core of the public health system. This process began in earnest with the **National Rural Health Mission (NRHM)** in 2005, which brought the concept of "Mainstreaming of AYUSH and Revitalization of Local Health Traditions". The goal was to utilize the vast, untapped workforce of AYUSH practitioners and their low-cost, effective therapeutics to manage community health problems, especially in underserved areas.

6.1 Co-location and Integration under National Health Mission

Under the NRHM and its successor, the National Health Mission (NHM), AYUSH facilities have been co-located in thousands of modern medicine institutions. As of 2012, this included 468 District Hospitals, 2,483 Community Health Centers, and 8,520 Primary Health Centers. Today, under the National Ayush Mission (NAM), this continues through **Ayushman Arogya Mandirs (Ayush)**, which deliver traditional medicine services at the primary care level. This means you, as a future medical officer or consultant, will likely work in a facility where an AYUSH practitioner is your colleague.

6.2 The AIIMS Rishikesh Model: A Benchmark

For a tangible example of integration, look no further than AIIMS Rishikesh itself. It is the **first AIIMS to establish a fully functional Department of AYUSH and Integrative Medicine**, which was formally inaugurated in April 2025.

- What does this look like?** The department has separate units for Ayurveda, Yoga, Naturopathy, and Siddha, all functioning within the AIIMS campus.
- Collaborative Care:** These units do not work in silos. They offer collaborative care with modern medicine departments. For instance, the Yoga unit works with the Neurology department for stroke rehabilitation, and the Ayurveda unit collaborates with Orthopedics for arthritis management. Patients have access to both systems, and treatment strategies are planned in a patient-centric manner.
- Advanced Research:** This department houses an Advanced Center for Research in Yoga and Ayurveda, supported by the ICMR, to generate robust clinical evidence. This model proves that integration is not just a policy document but a functional reality.

6.3 Policy Mandate: National Health Policy 2017

The National Health Policy (NHP) 2017 provides a powerful mandate for this integrative approach. It recognizes the need to mainstream AYUSH and harness its potential in prevention and promotion. The goal is to move towards a holistic healthcare ecosystem that is preventive, people-centric, and resilient—a goal that aligns perfectly with the strengths of AYUSH systems.

7. THE SCIENCE OF AYUSH: RESEARCH, EVIDENCE, AND STANDARDIZATION

A common misconception among medical students is that AYUSH systems lack scientific backing. While it is true that the evidence base needs to grow to match the standards of modern medicine, a tremendous amount of scientific work is already underway. The government and various research councils are heavily invested in generating robust, verifiable data.

7.1 Research Councils and Funding

The Ministry of AYUSH has dedicated research councils for each major system:

- **CCRAS:** Central Council for Research in Ayurvedic Sciences
- **CCRUM:** Central Council for Research in Unani Medicine
- **CCRH:** Central Council for Research in Homoeopathy
- **CCRS:** Central Council for Research in Siddha
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These councils conduct both intramural (in-house) and collaborative research. Between them, the government has allocated and utilized thousands of crores of rupees over the last five years to fund this research.

7.2 Collaborative Research with Premier Institutions

Crucially, this research is not isolated. It is conducted in partnership with India's premier modern scientific and medical institutions. This collaborative model is the gold standard for generating evidence.

- **Collaborators include:** All India Institutes of Medical Sciences (AIIMS) across the country, the National Institute of Mental Health and Neuro Sciences (NIMHANS), the Institute of Liver and Biliary Sciences (ILBS), the Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), and various Indian Institutes of Technology (IITs).
- **Example:** CCRH is establishing a Fundamental Research Laboratory at IEST, Shibpur, to explore the action of homoeopathic medicines using modern techniques like RTPCR and ELISA. CCRS is working with the National Institute of Nutrition and ICMR on collaborative Siddha research.

7.3 Standardization and Quality Control

To be accepted globally, AYUSH drugs must meet quality standards. This is where organizations like the Bureau of Indian Standards (BIS) and the Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) play a vital role.

- **BIS Initiatives:** BIS has created a dedicated department for AYUSH standardization. They are working on Indian Standards for herbs, equipment, and yoga accessories and have even proposed international standards (ISO) for Ayurveda informatics and Prakriti assessment.
- **Laboratory Upgrades:** Research institutions are being upgraded with state-of-the-art facilities like GC-MS-MS, HPLC, HPTLC, and AAS (Atomic Absorption Spectroscopy) for drug standardization and safety testing. NABL accreditation is being obtained to align with national laboratory standards.

7.4 Evidence for Specific Conditions

Research is yielding positive results for specific conditions. For example:

- **Diabetes (Madhumeha):** Ayurveda has a holistic framework for managing diabetes, emphasizing diet and lifestyle. Numerous herbs have been studied for their glucose-lowering properties, including **Gymnema sylvestre (Gurmar)**, **Momordica charantia (Karela)**, and **Fenugreek (Methi)**.
- **Ano-rectal disorders:** The **Ksharasutra** (medicated thread) therapy from Ayurveda is a recognized, minimally invasive, and effective treatment for fistula-in-ano, often avoiding the need for conventional surgery.
- **Psychiatric conditions:** Homoeopathy and Yoga are being used and studied for their role in treating anxiety, depression, and other mental health issues, with promising results.

8. The Global Footprint of AYUSH

AYUSH is not just a domestic affair; it is a growing global phenomenon. As an MBBS graduate, you might work anywhere in the world, and it is helpful to know the international standing of these systems. Moving from philosophical discussions to everyday practice makes a real difference when working with traditional medicine systems in India. The AYUSH

framework brings together several distinct medical traditions—each with its own deep historical roots, specific ways of assessing health issues, and unique sets of treatments. Getting familiar with these core features helps clarify which approach someone might have in mind when mentioning a particular system.

- **WHO Recognition:** The World Health Organization estimates that about **80% of the world's population** uses traditional medicine for their primary healthcare needs. To tap into this potential, the WHO established its first and only **Global Centre for Traditional Medicine (WHO GCTM) in Jamnagar, India**, in 2022. This is a massive endorsement of India's leadership in this field
- **International Cooperation:** The Ministry of AYUSH has signed numerous Memoranda of Understanding (MoUs) with other countries. This includes **25 country-to-country MoUs**, till date **15 MoUs for establishing AYUSH Academic Chairs** in foreign universities, and **52 institute-to-institute level MoUs** for academic and research collaboration. This means AYUSH is being formally taught and researched in institutions across the globe.
- **Market Size and Trade:** The global Ayurvedic market alone was estimated to be worth **\$14.4 billion in 2023** and is projected to grow at a staggering rate. AYUSH products are now exported to over 150 countries. The demand is driven by a global shift towards natural remedies, wellness, and the management of chronic lifestyle diseases. Table-2 shows the impact of AYUSH system on various indicators.
- **International Yoga Day:** The United Nations' declaration of June 21st as the International Day of Yoga, with participation from 192 countries, is perhaps the most visible sign of AYUSH's global acceptance.

International MoUs	25 Country-to-Country; 15 Academic Chairs; 52 Institute-to-Institute
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9. CONCLUSION: THE FUTURE IS INTEGRATIVE

As you progress through your MBBS, you will often hear the phrase "evidence-based medicine." Remember that evidence is not static, nor is it the sole property of any one system. The evidence base for AYUSH is being built, brick by brick, through rigorous scientific inquiry, collaboration with premier institutes like your own AIIMS, and adherence to modern standards of quality and safety.

Understanding AYUSH is not about choosing one system over the other. It is about expanding your therapeutic lens and recognizing the value of a **pluralistic healthcare system**. It is about respecting your patient's health beliefs and practices. It is about being able to have an informed conversation when a patient asks, "Doctor, can I take this Ayurvedic medicine alongside your treatment?"

The future of medicine is not alternative; it is **integrative**. It lies in creating a patient-centric model where the best of modern diagnostics and emergency care is combined with the preventive, promotive, and holistic wisdom of traditional systems. The government's push for integrative healthcare at primary, secondary, and tertiary levels, the establishment of departments like the one at AIIMS Rishikesh, and the global recognition by the WHO all point in one direction: the walls between modern medicine and traditional systems are coming down.

Your role as a future physician will be to navigate this integrated landscape with knowledge, sensitivity, and scientific temper. You do not need to be an expert in AYUSH, but as a product of India's premier medical institution, you must be an informed collaborator. The health of your patients—and the future of healthcare in India—depends on it.

Table 2: Impact of AYUSH system on various indicators

Indicator	Scale/Impact
Global Reach	AYUSH products exported to 150+ countries; IDY celebrated in 192 nations
WHO Collaboration	WHO Global Centre for Traditional Medicine established in Jamnagar, India
Market Size (Ayurveda)	Estimated at \$14.4 billion (2023); projected CAGR of 27.2% (2024-2030)

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