

## Mixopathy

Nishikant N. Gujar<sup>1\*</sup>, Ashfak Ahmed R. Kakeri<sup>2</sup> and Sajid Ahmed Mudhol<sup>1</sup>

<sup>1</sup>Department of General Surgery and <sup>2</sup>Department of ENT, Al Ameen Medical College and Hospital, Athani Road, Vijayapur-586108, Karnataka, India

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The government has issued a notification authorizing post-graduate practitioners in specified streams of Ayurveda to be trained to perform surgical procedures i.e., 58 surgeries, a move which has drawn flak from the modern medicine fraternity [1]. The November 20 gazette notification by the Central Council of Indian Medicine (CCIM), a statutory body under the AYUSH Ministry to regulate the Indian systems of medicine, listed 39 general surgery procedures and around 19 procedures involving the eye, ear, nose and throat by amending the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016 [1].

On November 19, 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” [2].

One more claim is that it is not that Ayurveda practitioners are not trained in surgeries, or do not perform them. In fact, they take pride in the fact that their methods and practices trace their origins to Sushruta, an ancient Indian sage and physician, whose comprehensive medical treatise Sushruta Samhita has, apart from descriptions of illnesses and cures, also detailed accounts of surgical procedures and instruments [2].

Besides they also claiming several surgeries Ayurvedic procedures almost exactly match those of modern medicine about how or where to make a cut or incision, and how to perform the operation [2]. Apart from that they also claim that Medico-legal issues, surgical ethics and informed consent is also part of the course apart from

teaching Sushruta’s surgical principles and practices [2]. The notification has invited sharp criticism from the Indian Medical Association, which questioned the competence of Ayurveda practitioners to carry out these procedures, and called the notification an attempt at “mixopathy” [2].

The Indian Medical Association (IMA), the largest body of modern medicine doctors, has condemned the move, describing it as “poaching the disciplines of modern medicine through back door means” and a “retrograde step of mixing the systems” [1]. IMA rejects the clarification as deceptive camouflage of mixing the systems of medicine. It’s nothing but a blatant attempt at Mixopathy and Khichdification of medical education and practice [3]. The IMA is right to worry about *khichdi* training, a mishmash that works well for food, but not for education, producing substandard doctors [4].

They believe in treating on assumptions that were made thousands of years back. Hence, the National Education Policy, 2020, which speaks of medical pluralism and lateral entry laying the foundation legitimizing "Mixopathy" is a controversial move [3].

This new policy introduced by the central council of Indian medicine (CCIM), that Ayurvedic practitioners can perform surgical procedures, which will lead to the patient’s care being compromised. Moreover, the entire medical profession of the nation feels betrayed by the level of violation and encroachment by the CCIM [3].

In modern medical system, major steps were taken by MCI in undergraduate medical education program as envisaged in the revised graduate medical education regulations 2019 with overall goal is to create an Indian medical graduate possessing requisite knowledge, skills, attitude, values, and responsiveness, so that he/she may function appropriately and effectively as a physician of the first contact of the community while being globally relevant. To fulfill this goal the graduate must be able to function appropriately, ethically, and effectively in his/her roles as clinicians/ leader/ member of the health care team and system, communicator, life-long learner, and professional [5].

Noteworthy step by MCI in MBBS curriculum is to implement competency based medical education and attitude, ethics and communication (AETCOM) at the root level to make a competent doctor. These modules have extensively been implemented in medical colleges even during the pandemic time, sensitization was not stopped and 90 % of teachers all over India were trained. We are creating new fresh doctors and our future is dependent on them. Hence we are teaching the first year MBBS students about how to take consent, how to break bad news, and other case-based scenarios. In our curriculum all subjects are vertically and horizontally integrated along with the skill lab training, stimulator training and communication skills.

Surgery is not carpentry. Performing any surgery not only requires practice in that particular surgery and dexterity of hand and also requires immense knowledge.

*You don't ask the bus drivers to fly planes just because you ran short of pilots! You focus on making more pilots instead or you get ready for a lot of casualties.*

For every surgical procedure there are many complications which have to be read about to be dealt with. That is why there is specialized surgical branches like ophthalmology ENT dentistry and general surgery. If M S Ayurveda can learn all these surgeries. Then surely a gynecologist should be allowed to do brain surgery after all we read the same course of MBBS and we also do surgeries. There is vast knowledge to read up. Anatomy to be learnt

before we even touch the scalpel. Just by reading some books during BAMS course does not make them eligible to practice modern medicine.

#### Let's consider some facts;

- One guy with **MBBS-5.5 years + 3 year MS +1-3 year optional senior residency +3 year MCH**. Strong foundation of anatomy, pharma, anesthesiology, radiology, and surgery itself.
- Other guy with **5.5 years of BAMS + a few months of bridge course**. Have **no idea about anatomy, pharma, anesthesia, radiology and surgery** (The basic building blocks of surgery).
- Post-surgery you should know to look for early signs of complications and experience in how to treat them before they get worse. Even the surgical procedure will fail if not followed up properly post op.
- The doctor body also highlights that Ayurveda lacks the essential services of anesthesiology and post-operative care, essential steps during regular surgeries. Then how will they administer anesthesia, prophylactic antibiotics, manage surgical complications? [6].
- *Surgery requires anaesthesia, which the ayurvedic pharmacopeia does not possess. This being the case, one fails to understand the logic behind promoting ayurvedic surgeries by importing anaesthesia and antibiotics from the modern pharmacopeia* [7].

Ayurveda practitioners point out that students enrolling in Ayurveda courses have to pass the same NEET (National Eligibility-cum-Entrance Test). Their course runs for four-and-a-half years, followed by one year of internship, six months of which are spent at an Ayurveda hospital, and the remaining six months at a civil or general hospital, or a primary health care centre [2] But how are they claiming? Without the proper infrastructure and modern diagnostic facilities.

For the building of a proper surgeon, it's difficult to grab a surgery seat in NEET PG, to get into MS SURGERY, how many years of

hard work, perfection is required to hold a scalpel and perform on the human body, surgeons are not made quickly they have to perform a number of surgeries to be called as a perfect surgeon. The thing about surgery is, it is ever evolving. Surgeries performed a few decades ago, the techniques used then might be considered obsolete or there might be alternatives to such procedures now.

In earlier days surgeries were mainly open surgeries, now we have switched on to keyhole surgeries and now moved on to Robotic surgery (evolution). For example, when we learned Hernia surgery, the technique we learned 10 years back to the one we are practicing now is totally different. Modern medicine is driven by guidelines and protocols and updates and a rigorous fact finding quest. Even to get a simple procedure introduced it goes through enormous scrutiny and if accepted someone will always be out there to come up with something better.

Being an Indian, I am proud of its diverse medical practices. I respect Ayurveda. Ayurveda is indeed a genuine system of medical science rooted in India and the subcontinent. In other words, it's not spurious. But the point is: The approach of ayurveda is completely different than that of allopathy [8].

Instead of that, the government of India - should take steps by increasing the research in Ayurveda, instead of lateral entry, they can start new research on evidence-based medicine in Ayurveda.

***Even this has been mentioned in Lancet, Editorial, 1997***

*"The Health Ministry of India along with IMA must look into the issue of how Ayurvedic and Homeopathic doctors in India perform full-fledged surgeries upon patients who're guinea-pigs in the hands of these incompetent doctors*

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*who've not learnt the basics of intricate surgery. These 'doctors' can at the most do incisions, but surgery of any sort must be out of their domain."* [8].

***Also as mentioned by Dr. Devon Neil and Dr. Clarke Stackpole, Lancet, September 2004.***

*"Ayurveda is a different and independent system of medicine/s. It must be based on the necessary aspects of Ayurveda only. Mixing it with Allopathy by incorporating surgery into its syllabus may sound a Medical Blasphemy to the practitioners of Allopathy"* [8].

All those ancient Ayurvedic treatises are in Sanskrit but if you look at the syllabus of BAMS (Bachelor of Ayurvedic Medicines and Surgery), you hardly find even a superficial translation of any of the 81 available Ayurvedic treatises of ancient India. Students and teachers of BAMS don't use Sanskrit terms. Instead, they resort to Greek and Latin terms of modern medical science and hurriedly learn a semblance of surgery to become a doctor to be on a par with an allopath! This is unjust and unfair [8].

I don't intend to demean Ayurveda at all. This is not about any pathy as such. The problem lies in the decision of replacing a 12 year training period with an alternative crash course.

Surgery is a highly skilled based field. If this policy is Ayurvedics performing general surgical procedures then the skill is going to get compromised and will lead to a lot of complications. But of course, if well-renowned people all agree to treat themselves and have their surgeries done by Ayurvedic surgeons then sure I would happily agree.

*In fact, it's the Poor who suffer not the Elites.*

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\* **About the author:** Author is an Assistant Editor of 'Al Ameen Journal of Medical Sciences'. He can be accessible by [drnishikantgujar7@gmail.com](mailto:drnishikantgujar7@gmail.com)