Correspondence

Role of AYUSH doctors in rural healthcare: Authors’ responses to critical comments

Dear Editor,

We went carefully through the letter written by Prof. S S Savrikar published in J-AIM [1] in response to our article titled “Allopathic, AYUSH and informal medical practitioners in Rural India — a prescription for change” [2]. While thanking him for his comments, we feel a necessity to clarify the more substantive issues raised.

1. Major points of contention

Prof. Savrikar, to summarise, primarily argues that well-trained AYUSH practitioners will be a reliable cadre of workforce to cater to the acute illness-related healthcare needs of people living in remote rural villages. To support his view, he writes that the number of AYUSH practitioners working in rural areas as reported by the National Sample Survey Office (NSSO) survey is possibly inaccurate as the sample size of the study was too small [3]. He further goes on to argue that AYUSH practitioners are competent enough to practice Allopathy and to offer their services in rural areas in the public sector. He blames the Government machinery for not giving the AYUSH sector opportunities as deserved. He repeatedly cites (often unsourced) data from the state of Maharashtra to support these arguments.

2. Our clarifications

a. Our paper is not Maharashtra-centric and addresses a situation that is prevalent Nation-wide, the magnitude of which has been supported with published data referred in our paper. Hence, it must be noted that many observations that might be relevant to the state of Maharashtra cannot be extrapolated and generalised for the country.

b. While rightly pointing to the shortcomings of the NSSO survey, Prof. Savrikar has completely overlooked the massive work of WHO, Geneva, which was cited by us and provides many decisive insights on the issue of India’s healthcare workforce by decoding data derived from the Census of India [4]. The magnitude and role that unqualified medical practitioners (UMP) play in rural health care has been recounted based on irrefutable data which shows conclusively that neither modern medicine doctors nor AYUSH doctors — whether they practice in the public or private sector — are available to provide treatment for acute illness episodes. The distance and several other deterrents have made the unqualified practitioner, the first port of call.

c. Prof. Savrikar has chosen to ignore the report on UMPs authored by the first author of this communication wherein the current situation that compels village households to depend overwhelmingly on UMPs has been elucidated with referenced data [5]. In our paper, we have explained the reason for this state of affairs with supporting evidence. In such a situation, advocacy that AYUSH doctors be given drugs and support to practice allopathy is unrealistic. Innumerable efforts have been made to fill the gaps in the quantitative and qualitative shortcomings in the rural health infrastructure consisting of Sub-Centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs). There is no dispute that those efforts must continue but the question of improving access to medical treatment for assorted medical conditions at the community level (India has 600,000 villages where the bulk of the rural population lives) remains unanswered. We have cited various factors such as rampant employee absenteeism, long travelling distances, unreliable drug supply, shortage of staff and bad roads, as well as a quantitative shortage of these facilities that discourage people from accessing help from rural public health facilities.

d. There is a National-wide survey on the clinical skills and competencies of Ayurveda students published by the second author of this communication which has inter alia revealed the inadequacy of exposure to a cross-section of medical conditions which is needed to acquire clinical proficiency among graduates [6]. The presumption that ‘ Appropriately trained’ AYUSH doctors would serve as a better option than medically trained auxiliaries — is unrealistic - an argument continuously posed by us. The paucity of ‘appropriately trained’ and ‘well learned’ AYUSH doctors has been referenced in our paper. Even when they are available they gravitate to urban areas because of better opportunities and remuneration.

3. Inattentive remarks

Prof. Savrikar has unfortunately made some inattentive remarks without going through our original paper. Following are a few examples:

a. Our paper does not mention that contractual AYUSH doctors refuse to work in remotely located PHCs. The statement in our paper was in the context of Allopathic doctors, not AYUSH doctors.

b. The author states that a well-learned AYUSH doctor can treat Non-Communicable Diseases (NCDs) successfully. He further argues that no special skills or competencies are required to

https://doi.org/10.1016/j.jaim.2019.04.001
0975-9476/© 2019 The Authors. Published by Elsevier B.V. on behalf of Institute of Transdisciplinary Health Sciences and Technology and World Ayurveda Foundation. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
prevent or treat NCDs. If this were indeed true, serious, chronic conditions such as diabetes, hypertension, obesity, depression etc. should not have become the burgeoning challenges of contemporary society. Further, there would have been many good studies showing the evidence that AYUSH systems work well in treating these conditions, which is not the case. We, in our paper, have suggested that if AYUSH systems are to be put to their maximal use their role in NCDs should be explored.

c. His reactions to consider the possibility of introducing a separate entrance examination for AYUSH programs are not backed by any data. Supporting sourced evidence on when and in how many institutions such a strategy was attempted and went awry and the foundation for saying so have not been given.

d. Our proposal for establishing a cadre of licenced, medically trained, and registered auxiliaries working under GPS manned supervision is aimed at filling the huge gaps that exist at the tehsil and village level that are presently filled overwhelmingly by UMPs. We do not understand how the author has converted this suggestion to allude to induction of ‘half-trained’ UMPs.

Sources of funding

Not declared.

Conflict of interest

None.

References

[1] Savrikar SS. Critical comments on “Allopathic, AYUSH and informal medical practitioners in rural India – a prescription for change”. J Ayurveda Integr Med 2019;10(1):72–3.
[2] Chandra S, Patwardhan K. Allopathic, AYUSH and informal medical practitioners in rural India - a prescription for change. J Ayurveda Integr Med 2018;9(2):143–50.
[3] Rao KD, Shahrawat R, Bhatnagar A. Composition and distribution of the health workforce in India: estimates based on data from the national sample survey. WHO South-East Asia. J Publ Health 2016;5(2):133–140.4.
[4] Anand S, Fan V. WHO. Geneva: The Health workforce in India, Human resources for Health observer series No. 16; 2016.
[5] Chandra S. Unqualified medical practitioners – the legal, medical and social determinants of their practice. Shiv Nadar university; 2017. Available at: https://snu.edu.in/sites/default/files/UMP-BOOK.pdf [Date last accessed: 5th March, 2019].
[6] Patwardhan K, Gehlot S, Singh G, Rathore HC. The ayurveda education in India: how well are the graduates exposed to basic clinical skills? Evid Based Complement Alternat Med 2011:197391.

Shailaja Chandra*
Former Secretary AYUSH in Ministry of Health & Family Welfare and Former Chief Secretary Delhi, New Delhi, 110057, India

Kishor Patwardhan
Department of Kriya Sharir, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, UP, 221005, India

* Corresponding author.
E-mail: chandra_shailaja@yahoo.co.in.

6 March 2019
Available online 18 May 2019