



## Online Access to Ayurvedic Formulary for Practitioners and People: A Pragmatic Need

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### Abstract

In India, Ayurvedic drugs are widely used by millions of people for thousands of years. But despite its household use, organized information bases on evidence-based and experientially observed Ayurveda are not easily available to lay public or to practitioners of medicine. People know a nearby temple, mosque, church or a pharmacy store but not an Ayurvedic physician. The Government of India has taken a bold step and started a separate Ministry of AYUSH (Indian systems of healthcare). The new National Health Policy also aims to enhance primary healthcare and mainstreaming of Ayurveda. The internet and the media carry rampant advertisement and tall claims for Ayurvedic drugs, which often mislead the public. Hence it is desirable to organize first an Ayurvedic Formulary, with authentic and safe knowledge and later have a website, which can serve a pragmatic need. For this work, a team of Ayurvedic doctors, pharmacologists, pharmacists and database experts have to meet and develop such a facility in a phased programme. The endeavour has to be supported by a consortium of all the stakeholders in advancement of Ayurveda globally.

### Introduction

A major project was undertaken by Shailaja Chandra, a former Secretary of the Government of India, Ministry of Health & Family Welfare and Department of AYUSH, on the 'Status of Indian Medicine and Folk Healing', with a focus on benefits that the systems have given to the public. Two volumes were published that give immense information [1,2]. There are more than 2,500 Ayurvedic hospitals, 500,000 Ayurvedic practitioners and more than 250 Ayurvedic Colleges in India. The volumes hold massive nationwide and regional data, which need to be digitized and utilized for the proposed Ayurvedic Pharmacopoeia and the website, after required permissions on copyrights.

Most of the Indian households use spices, Ayurvedic drugs and many plants for health and nutrition. It has been surveyed that around 80% commonly use Ayurvedic drugs/plants. But people and even doctors are generally unaware of the information on these remedies in Ayurvedic texts or new research conducted on these modalities. The medicinal plants are named differently and their precise botanical identity may not be easy. It is necessary to first collect, in a systematic manner, the current usage of Ayurvedic drugs and plants by people. A new discipline has been proposed by Vaidya et al. [3], named Ayurvedic Pharmacoepidemiology for such an endeavour. Organized field and online surveys can generate big data on the frequency of use, benefits and side effects. All such and other data can then be made available in the Ayurvedic Formulary as well as the website.

### Ayurvedic Formulary

There have been ongoing significant efforts on publication of Ayurvedic Formulary and Ayurvedic Pharmacopoeia by AYUSH Department/Ministry [4,5]. But these books were primarily meant for standards and quality of preferred drugs that are manufactured, distributed and sold by licensed drug industry. These do not serve the objective of a user-friendly database for practitioners, people and pharmacologists either for pragmatic use or for leads for research. That is why the present proposal is made to fulfil that unmet need.

The proposed pragmatic Ayurvedic Formulary can be divided in four parts as follows: **Part 1** will cover introduction to the basic theory and practice of Ayurveda, its current status in different states of India, the nature of clinical practice and a registry of leading Ayurvedic institutions for education, services and research, **Part 2** will be the central major chapter that has to cover information on selected common diseases, their symptoms/signs, grades of severity, prognostic outcomes and common home remedies and standard Ayurvedic measures-drugs and non-drug methods- for

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management. All these entries will have to be evidence or experience-based, with references. There can be speciality sections too viz. dentistry, dermatology, obstetrics-gynaecology, ophthalmology, otorhinolaryngology, oncology and general surgery. The strengths, limitations and weaknesses of Ayurvedic management modalities vis-à-vis the methods of modern medicine will have to be stated for guidance to patient's informed choices. **Part 3** will be an index of the marketed Ayurvedic drugs, household remedies and common medicinal plants/spices for the selected common diseases in Part 2. The **Part 4** will provide the addresses, e-mails, phone/fax numbers and websites of Ayurvedic academic institutes, hospitals, research centres and Ashrams/Wellness spas of Ayurveda.

Jainer and Narayana [6] have made a sincere effort to publish a therapy manual for Ayurvedic treatment and procedures. But it has been focused much more on Panchakarma details and references. It may be worthwhile to utilize some of these data online after digitization. The PhD theses have been cited in the book for research work carried out on specific Shodhan karma (Purification). In the same manner the proposed formulary has to cite all the most relevant research publications on the quality, safety and efficacy of Ayurvedic drugs and plants covered in the Part 2.

Ayurvedline<sup>®</sup> is Ayurvedic Drug Index that periodically publishes on selected diseases and their therapy as well as lists manufactured drugs [7]. There are plenty of advertisements in these volumes of Ayurvedline<sup>®</sup>. The addresses and e-mails are also available, which could be useful for the Part 4 of the proposed Ayurvedic Formulary. But apparently there seems to be not a strict peer review process in this and several other journals of Ayurveda. This must be borne in mind too.

### Interactive Ayurveda Website

The primary objective of an Ayurvedic website is to provide an interactive platform to gather needed and relevant information and data on selected topics by search from reliable sources. Acquisition of factual knowledge rather than promotion, criticism or public service would be the motive. Surveys will be organized on selected diseases, drugs, procedures and problems for current information. The survey results would be weighted, screened by experts and digitized. The regional variations in Ayurvedic practice, case reports, case series, adverse reactions, integrated therapy, home remedies availability of plants, and Yoga and other non-drug modalities can be systematically surveyed for documentation. The big data generated can impact the national health care policy and its execution.

When one searches on Google for 'websites for Ayurveda' there are 428,000 results [8]. Majority of these are commercial websites for their products, which offer online doctor consultations, health wisdom and knowledge on Ayurveda. The tall claims and prohibitive prices loudly displayed do more harm than good to evidence-based Ayurveda. It is difficult to distinguish signals from the background noise. There is no assurance of good manufacturing practices and excellent quality control for many of these internet promoted products. So when Ayurvedic Formulary and patient-friendly information has to be put on the website it will be after expert scrutiny and review.

### Leadership, Teamwork and Resources

A major university or institute, with a strong track record in Ayurvedic research and education will have to be identified for a leadership role. Other centres of excellence which can be drawn

into the network to provide competent and committed specialists in Ayurveda, modern medicine, pharmacology, pharmaceutics, botany and information technology to serve on the core team. The exterior team will include volunteers, field workers, vaidya-scientists and pharmacists from all the states. Resources should be raised from the major Ayurvedic drug companies, philanthropic foundations, nutraceutical companies and trusts interested in promoting Ayurveda. Attempts are to be made to be very cost-effective and meet the dead lines for the time bound deliverables. The Core Committee will run the programme with a monitoring process that assures expected progress.

### Work Flow and Phases of Programme

The programme will be divided into three broad phases. The first phase will involve a pre-programme consortium meeting for a consensus on the work flow, defining methods of surveys, assignment of responsibilities, preparation of preliminary database of Ayurvedic stakeholders and state wise peripheral centres. The second phase will involve the draft of the Ayurvedic Formulary, interactive website set up and surveys. The third phase will finalize, print and share the formulary and commission the website with all the stakeholders of Ayurveda. Frequently asked questions and feedback of comments will lead to an increasing knowledge spiral in Ayurveda providing hits, leads and ripe fruits for research in Ayurveda. The latter would use the novel paths of Ayurvedic Pharmacoepidemiology, Observational Therapeutics, Reverse/integrative Pharmacology, Ayurgenomics, Ayurnutraceuticals, Yoga Biology and Human Micro biome [9-15]. A new era of understanding can emerge leading to Integrative Healthcare rather than the current exorbitantly costly Allopathic disease care [16,17].

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