THE PLACE OF AYURVEDA IN THE HEALTH SERVICE SYSTEM OF HIMACHAL PRADESH

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This dissertation entitled "THE PLACE OF AYURVEDA IN THE HEALTH SERVICE SYSTEM OF HIMACHAL PRADESH" is submitted in partial fulfilment of six credits for the Degree of Master of Philosophy of this University. This dissertation has not been submitted for any Degree of this University or any other University and is my original work.

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INTRODUCTION

The relations of power and authority carve spaces for the cultural production of knowledge and provide the context in which certain aspects of knowledge are privileged systematically over others. In other words knowledge comprises a culturally coded set of ideas and events that are imbricated in power and authority and informed by locally specific relations, interests, and politics. For example whose knowledge is considered worth, or which discursive set of events, ideas, interpretations, and practices come to be defined as 'knowledge', and how knowledge is circulated, transformed and transmitted, are some questions that reflect the thorny cultural politics of knowledge and power [1]

Perpetuating the argument on this vein the general consensus on the interaction of Indian systems of medicine and biomedicine has been that, biomedicine has laid down the parameters for the trajectory of Indian medical systems. The colonial aggression in its wake brought in allopathy armed with a scientific endeavor (Banerji,1979)which ousted the already stagnant indigenous system Banerjee,1979;Pannikar, 2002), marginalization was further perpetuated by the post colonial state in terms of allocation of resources to indigenous system of medicine (Banerjee,2000) and in educational spheres too it was subject to two contradictory pulls; conflicts between shuddha Ayurveda and shuddha allopathy(Brass,1972), recently there have been attempts to revive indigenous systems of medicine especially Ayurveda but in this attempt it has been largely reduced from a system of knowledge to a mere supplier of medicines (Banerjee,2002; Brass 1972).

Given this thought that biomedicine has had a sway over other systems of medicine, the truism that Indian systems of medicine too have been extensively catering to people also cannot be negated. The existence of these systems has been inextricably governed by the sociological and the historical context which has given them a regional, social stance thus making their presence in specific regions. Dwelling on this aspect this endeavor seeks to

[1] Gururani,(20020, 'Construction of Third World women's knowledge in the development discourse' in International Social Science Journal, 173.

study 'The Place of Ayurveda in the Public Health Service System of Himachal Pradesh.' The schema charted out by this study moves from the general to particular in the sense talking about the trajectory of Ayurveda in the larger context and then moving down to the state of Himachal Pradesh and looking into the aspect that why credence has been given to ayurveda in the state and what position does it occupy in the Health Service System. Chapterisation of the study has been done in accordance with the schema, taking in consideration the interaction of ayurveda and allopathy in the national context, and then taking on its position in the state of Himachal Pradesh. Chapter I gives an introduction into the interaction between ayurveda and allopathy, weaving in aspects from the colonial phase to the post-colonial phase. Chapter II briefly reviews the policy initiatives on indigenous systems of medicine. Delineating the argument from the policy initiatives Chapter III tries to look at some concerns for ayurveda in the contemporary context. Chapter IV tries to put forth the historical overview of Himachal Pradesh, with the readings of gazetteers as a backdrop to the position of ayurveda in the state of Himachal. Chapter V looks at the overview of ISM institutions in Himachal Pradesh, with data on district variation in terms of institutes in ayurveda, utilization pattern and a comparative profile of allopathy and ayurveda in Himachal. Along with this it provides the qualitative data generated through in depth interviews with key individuals. Chapter VI tries to link all the aspects and look into why credence has been given to ayurveda in Himachal Pradesh and what position does it occupy relative to allopathy.

Chapter I
THE INTERACTION OF AYURVEDA AND ALLOPATHY

All societies have found ways to cope up with illness, ameliorate their sufferings from disease and sickness. Different societies have had variety of healing options ranging from choices between different practitioners to choice between self-prescription to consultation. Similarly, the Indian sub-continent too weaves a wide tapestry of health traditions. We have with us perhaps; the longest unbroken health traditions ranging from classical codified systems to folk tradition.

An ancient proposition goes Mantram, Tantram, Yantram and Aushadam (loosely translated as chanting, quick wittedness, charm like devices and medicines) should all go hand-in-hand in treating a person. [1] This proposition in a way aptly explicates the multi-faceted dimension of health care in the Indian context or rather the facet of medical pluralism in India.

CONTOURS OF MEDICAL PLURALISM

Pluralism as a concept has been used in many different ways, most notably in relation to political phenomena. But we may agree with Mc Lennan that the force of any brand of pluralism depends on its ability to characterize and problematize some prevailing monistic orthodoxy. Pluralism signals multiplicity, the interaction of a number of voices in any given arena. The idea of medical pluralism was developed in the context of research on the countries of South where a biomedical monopoly of health services has been the exception rather than the rule.[2] Medical Pluralism in the Indian context is characterized by prevalence of medical tradition at two different levels namely the classical stream and the folk-stream. Classical systems such as Ayurveda, Siddha, Unani, characterized by institutionally trained practitioners, a body of text, a well developed and active pharmacopoeia, materia medica and highly developed theories to support their practices, offer a rich and vibrant tradition which has had a sweep and depth of knowledge. Amongst the classical codified systems, Ayurveda occupies a top level in the hierarchy and stands out distinctly as one of the oldest formulated system of medicine. Ayurveda literally means the 'science of life.' Tradition renders it to be

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[1] Ramachander (2000) 'Awaken those energy Auras' in THE HINDU, Folio

[2] Cant (1999), A new Medical Pluralism? Alternative medicine, doctors, patients and the state, UCL Press pp:3

divine in origin; the rudiments of the treatment for some diseases are discussed to an extent in the Vedas. Full fledged expanse of Ayurveda based upon scientific knowledge finds mention in corpus of technical works namely the Samhitas.

As against this, we also have oral folk traditions which have been passed down from one generation to the next. An important area of concern has been to categorise the pluralistic nature of the indigenous health system. Charles Leslie has evolved a framework based on the way knowledge is transferred and acquired. Providing a brief picture of medical systems in the Indian context, Charles Leslie provides with a framework wherein the medical practices have been distributed as: The Ayurvedic medicine of the Sanskrit classic texts Yunani medicine of the classic Arabic texts; The syncretic medicine of the traditional culture which evolved among learned practitioners from the thirteenth to the nineteenth centuries (the physicians who cultivated learned versions of traditional culture medicine identified themselves as either Ayurvedic or Yunani practitioners, and were familiar with some classic texts, but their understanding of them was shaped by later syncretic commentaries and oral traditions); Professionalized Ayurvedic and Yunani medicine, which has continued the syncretism of the past, transforming learned traditional-culture medicine by assimilating cosmopolitan knowledge and institutions; and Cosmopolitan medicine(allopathy). Another kind of traditional culture medicine is folk medicine, which includes midwives, bonesetters, super natural curers of various types, and other specialists. Popular culture medicine, homeopathic medicine, learned magico religious curing. [1] On this basis Leslie identifies those systems like Ayurveda, Unani and Siddha that have codified texts, which form the basis of knowledge transfer. The other forms of healing practices include a number of practitioners who acquire knowledge orally and not through texts, the other forms which have with introduction of new systems of medicine formed either a combination of the two or more systems or are syncretic versions of the original classic texts.

GREAT AND LITTLE TRADITIONS

Another way of classifying indigenous systems as anthropological and sociological literature concurs is on the basis of Redfield's 'Great' and 'Little' traditions. 'The concept of 'little' and 'great' traditions was first used by an eminent American

[1] Leslie, (1976), 'The Ambiguities of Medical Revivalism in Modern India' in Charles Leslie, (ed.) Asian Medical Systems: A Comparative Study, California University Press, California pp:359

anthropologist Robert Redfield. Redfield holds that every civilization is composed of traditions. On the one end are the traditions of 'elite' and the 'thinking class' while on the other there are traditions of unlettered peasants. The former emanate from urban centres, their educational institutions, temples and so on and are usually transmitted from one generation to other through texts and are called as Great traditions. The concept may be understood from another angle. Every society consists of a Great Community and Little Communities. The traditions, behaviour patterns, customs and rites, rituals and festivals of these communities may also be termed as great and little. The source of its great traditions may be traced back to its ancient thinkers and the philosophers and the scholarly works and epics and the treatises composed by them. Within the boundaries of this great community and great traditions come a number of little communities and their little traditions, which are usually transmitted orally. These communities are found in the rural and tribal segments of the society[1] The little and great tradition, though existing independently to a certain extent also interact with each other also maintain a certain level of relationship as Nakeeran observes We can cite a number of elements, which are a part of formal systems found commonly among the folk systems too. For instance the principle of hot and cold is a central principle in Ayurveda. But this is also an incredibly common way of organising immediate physical environment pre-literate as well as village communities. It is a central aspect of folk belief systems and of folk epistemologies indeed. Likewise the practice of tying amulets like yantra, eadu etc. is again a ubiquitous folk practice to ward off evil eye or spirit possession, but it is very much a constituent of a type of Buddhist medicine practised in many parts of south East Asian countries. It is therefore impossible to trace the origins of these practices, to definitely say which one originated from where, from folk to formal or vice-versa. While some anthropologists have explained in terms of interaction between 'great' and 'little' traditions, this provides no escape from presupposing a 'great' and 'little' tradition.[2] The limitation of the approach of little/great tradition approach is that it categorises the 'Little' and 'Great' tradition as traditional versus modern. Latter is seen as modern, scientific and rational while the former is seen as less rational and unscientific. This kind of dichotomy does not quite explain or address the

[1] Hasnain 1988 Readings in Indian Anthropology, Harnam Publications, New Delhi

[2] Nakeeran (2000) 'Perspective on traditional systems of medicine' in Social science and Health news letter, Department of Health Service Studies, TISS, Vol. 1, No. 2

influence of traditional practices on the growth of allopathy. In the context of medical systems literature reveals that allopathy has been generally viewed in the framework of great traditions, relegating Indian classical systems like Ayurveda, Unani to being systems of little tradition. Given the aspect of medical pluralism in India what becomes interesting is that in spite of such a wide tapestry of health traditions allopathy managed to score over these systems and there in ushered a protracted period of its dominance. This aspect hence intrigues one to question that what gave a carry-off to allopathy, what has been the tempo of Ayurveda through out and what is it's present status and it's position in the contemporary context, relative to allopathy.

ALLOPATHY AND AYURVEDA: A RELATIONSHIP OF UNEASE

Ayurveda has gone through a spectrum of experiences, like phases when it gained high ebb, to phases of decadence and further on to phases of revivalism. Stagnation of knowledge within the native systems, lack of patronage from the colonial powers further a strong support from a newly emerging cadre of western educated intelligentsia cumulatively became instrumental in giving a vantage position to allopathy in the pre-independence phase. As Pannikar observes, During the initial phase of colonial rule in India the indigenous system of knowledge and cultural practices came under severe strain' and further summarizing the internal factors for decline in the indigenous systems Pannikar elucidates, 'The internal causes were related to three factors: stagnation of knowledge, ignorance of the practitioners and non availability of quality medicine. The main drawback of the system was that its knowledge had become outdated. However excellent were the classical texts, the knowledge contained in them had remained stagnant, as there were no substantial efforts to improve upon them through experimentation and relate knowledge with new experience. To the ecological and sociological changes which occurred after the composition of these texts, Ayurveda had remained indifferent and hence its method of treatment had lost touch with reality.[1] Though in the initial phase of their regime the British had a positive perception of indigenous systems which was guided by an open learning policy from these systems,

[1] Pannikar(2002) Indigenous Medicine and Cultural Hegemony: A Study of the revitalization Movement in Keralam' in K G Paulose (ed.), Lectures on Ayurveda, The Arya Vaidya Sala Kottakal, Kerela pp 1, 13-14

as observed by Banerji the surgeons of British East India Company learnt the art of rhinoplasty from Indian exponents of surgery, 'the British rulers did not interfere with the indigenous medical system during the first two decades of the nineteenth century .It was customary for them to employ Indians as 'Native Doctors.' As the demand for these workers increased, a school for native doctors was founded in Calcutta under British patronage in 1827 & along the with instruction in some western medicine, in Sanskrit College This college was opened in Calcutta under British patronage In 1824, and its medical curriculum was the first one to include parallel instruction in ayurveda and western medicine. This friendly coexistence did not last[1]. However attempts to revive indigenous systems of medicine were made at this juncture also in terms of the debate between the British Orientalists and the Anglicists. The Anglicists wanted the ruling East India Company to establish an English-language school system, with the practical purpose of training Indian men for jobs in British enterprises. The Orientalists were cultural pluralists who advocated that reforms be undertaken by utilizing indigenous institutions, For example a member of the Orientalist faction surveyed traditional education in Bengal in the 1830's and one of his recommendations was that medical textbooks be written in the Bengali, Hindi, and Sanskrit languages to combine modern scientific knowledge with local practices [2] Towards the mid nineteenth century official interest towards these system appears to have waned which reflected in their attempts to oust Ayurveda from state ambits like Government hospitals, cantonments, medical colleges and in their ventures like abolition of schools imparting teaching in Ayurveda which Brass further elucidates as 'From this period onward, the western medical system became firmly established in British India and asserted its supremacy at least in India's urban centres. The Ayurvedic system, however, continued to receive Government patronage in some princely States, where either prominent *vaidyas* carried on instruction through the guru-disciple system or, in some cases, Ayurvedic colleges were established.[3]

As a counter trend to the imperialist expansion a revivalist stance was born in Indian history wherein the dictat was to restore and preserve the past and cultural inheritance in all domains, it was a foray back into 'nativism' as nativism resonated with the knowledge, customs, ideas and mores of the natives. 'Cultural resistance to

[1] Gupta, 1976:370
[2] Leslie,1976:360-361
[3] Brass, 1972: 345

imperialism', as Edward Said has remarked, has often taken the form of what we call nativism used as a private refuge to fight against the distortions inflicted on your identity in this way is to return to a pre-imperial period to locate a "pure" native culture.[1] In the wake of revivalism a renewed interest in the medical heritage of the past too gained momentum, and herein active proponents of Ayurveda too beseeched a strong support for the languishing and marginalized field of Ayurveda. The revivalist movement in British ruled India asserted itself in 1907 with the establishment of professional interest group of indigenous practitioners known as the All India Ayurveda Mahasammelan (Ayurvedic Congress), the revivalist movement first received political support in the Indian National Congress, which passed annual resolutions from 1920 onwards demanding government patronage for Ayurveda, further on with the gradual development of representative institutions in the British-ruled provinces and the increasing entry of Indians into the Executive councils and legislatures in the provinces,[2] the leaders of the Ayurvedic movement were able to negotiate with the power structures in order to provide funds and grant assistance to institutions imparting education in Ayurveda. 'Thus, even before independence, the Ayurvedic movement had entrenched itself in the provincial political and educational systems. Before independence, there were already more than sixty recognized Ayurvedic colleges or Mahavidyalayas spread over the country,[3] in addition government institutions namely boards of Indian medicine, to regulate indigenous practitioners were established in many states.

THE POST INDEPENDENCE PHASE

During the post independence phenomenon the term Indian System of Medicine and Homeopathy (ISM&H) was adopted for indigenous systems which covers both systems which originated in India as well outside but got adopted and adapted herein the course of time. These systems are Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homeopathy. The process of development that was charted out after independence in India was one obeying an imperative towards science and technology. Ayurveda too could not be left untouched by the commitment to the scientific temper, though there were attempts to acknowledge Ayurveda and restore it back to the pinnacle, but the

[1] Pannikar, 2003: 5
[2] Brass,1972:345
[3] ibid

trajectory was governed by the hegemony of biomedicine. McMicheal opines 'that our understanding of development has also come to mean directional change. Such a change can also be in governing beliefs of societies, in their social patterns or in their material means[1] Viewing within this perspective if we examine the changes in dimensions of Ayurveda, there has been a shift towards arrangements that are familiar to biomedicine about which Banerjee opines 'there was an attempt to translate these systems (ISM&H) into methods of teaching, marketing and production followed in biomedicine', 'the argument advanced ad nauseam was that for these systems were to be taken as seriously as biomedicine, an equivalent five year degree course, as comprehensive as the basic medical education required for a bachelor's degree the world had to come to recognise, needed to be fashioned. Equally mass produced indigenous medicines would have to be subjected to rigorous quality testing such that their 'value could be established in terms understood by the pharmaceutical industry. This demanded a process of standardizing: though both the procedure of preparation and testing were already laid down in great detail in the texts and practices of yore, they needed to be translated to contemporaneity.[2]

[1] McMicheal, Philip, (1996) Development and Social Change: A Global Perspective, Pine Forge Press
[2] Banerjee 2000:46

Viewing these aspects it is evident that there have been attempts to chart out a trajectory for ISM&H in the arenas of education, medicine but the most pronounced marginalisation has come forth in terms of allocation of funds to ISM&H relative to allopathy. If we take into consideration the pattern of outlay to ISM&H relative to allopathy it is discerned that these systems get only 2% of the mammoth health budget

OUTLAY ON ISM&H ACROSS PLANS

Table I

Plan	**Health Outlay**	**Indian Systems & Homeopathy**	**Proportion of Outlay on ISM & H to Total on Health (%)**
(1)	(2)	(3)	(4)
First Plan (1951-56)	65.3	0.40	0.61
Second Plan (1956-61)	140.8	4.00	2.84
Third Plan (1961-66)	225.9	9.80	4.34
Fourth Plan (1969-74)	335.5	15.83	4.72
Fifth Plan (1974-79)	760.8	27.72	3.64
Sixth Plan (1980-85)	1821.1	29.00	1.60
Seventh Plan (1985-90)	3392.9	43.25	1.27
Eighth Plan (1992-97)	7494.2	108.0	0.02
Ninth Plan (1997-02)	19818.40	266.35	0.03

It is significant that the expenditure on ISM&H has been relatively low to allopathy, but what is interesting to note is that there are variations in expenditure within ISM&H also, Ayurveda has had the largest share, but interestingly it has also been uneven across states.

SHARE OF EXPENDITURE ON INDIGENOUS SYSTEMS ACROSS PRINCIPAL STATE 1974-75

Table II

STATES	AYURVEDA	HOMEOPATHY	OTHERS	TOTAL
Andhra Pradesh	1.69	0.37	1.19	3.25
Bihar	0.29	0.04	0.11	0.44
Gujarat	3.37	0.01	0.00	0.38
Haryana	3.78	0.01	0.00	3.39
Himachal Pradesh	14.33	---	0.33	4.12
Karnataka	1.86	0.00	0.01	1.87
Kerala	6.72	0.81	0.00	7.54
Madhya Pradesh	6.58	0.06	0.38	7.02
Maharashtra	1.57	0.05	0.27	5.67
Orissa	1.74	0.93	0.00	2.67
Punjab	5.10	0.00	0.00	5.10
Rajashthan	13.17	0.07	0.32	13.56
Tamil Nadu	0.13	0.05	0.67	0.85
Uttar Pradesh	4.54	0.43	0.00	4.97
West Bengal	0.24	0.17	0.13	0.52
Total all States	3.24	0.19	0.26	3.60

Source: cited by Baru (KN Reddy & V. Selvaraju, Health Care Expenditure by Government in India: 1974-75 to 1990-91 New Delhi, Seven Hills Publications, 1994.)

It is revealed from the statistics that the states have been spending a major portion on Ayurveda relative to other ISM &H system; the data also reveals that states like Himachal Pradesh and Rajasthan have spent the maximum 14.33& 13.17 respectively upon Ayurveda in the mid seventies. But if we look in the larger context states like Rajasthan, Kerela & M.P. spent the maximum in totality on indigenous system of medicine. 'For the mid eighties one finds that once again Himachal Pradesh and Rajasthan spent the highest percentage of their total expenditure on indigenous systems. However there was a slight decline in percentage. During this period there was slight increase in Madhya Pradesh, Uttar Pradesh, Gujarat, Haryana, Bihar and West Bengal. Andhra Pradesh, Rajasthan, Maharashtra and Tamil Nadu registered a slight decline in expenditure during this decade. During the early nineties there was a decline in the share of expenditure for the states in general. However states like Rajasthan, Himachal Pradesh, Madhya Pradesh and Kerala continued to spend almost the same percentage as

earlier decades.[1] If we talk about the present context there are separate Directorates of ISM&H in 18 states. Though Ayurveda is popular in all these states, this system is more prevalent in the states of Kerala Himachal Pradesh, Gujarat, Karnataka, Madhya Pradesh, Rajasthan, Uttar Pradesh, and Orissa.[2] This intrigues one to question why the system of Ayurveda is more prevalent in some states only. If we take into consideration the aspect that the past is always a powerful force in the making of the present a reading of the regions and medical practice contests the notion that Ayurveda was a pan Indian phenomena it, experienced a pocketed growth, with its practice flourishing in certain regions where it enjoyed patronage from the erstwhile princely states and some local philanthropists. 'During the late nineteenth and earlier twentieth centuries the trading community, namely, Marwaris, from certain regions of the country started investing in Rajasthan, Gujarat and Maharashtra. State Gazetteers indicate that in these states both the patronage of local rulers and prominent members of the trading community played important role in the growth of charitable dispensaries and hospitals.[3] It's practice in various regions was conditioned by the availability of patronage from the erstwhile princely rulers of the provinces and local philanthropists, this aspect was reinforced in the post-independence phase which is visible in the varied pattern of prevalence of Ayurveda in different states of medical budget devoted to Ayurveda has varied from less than 1 percent in West Bengal to more than 13 percent in Kerala[4]

Conceptualization

An analysis of the available evidences suggests that there are clear regional differences in the growth of ayurveda. The data shows the states of M.P, Kerala, Rajasthan, Himachal Pradesh have invested more than the national average on ayurveda, besides this ayurveda continues to be prevalent in states like Kerala, Himachal Pradesh, Gujarat, Karnataka, Madhya Pradesh, Rajastahan, U.P and more recently Uttaranchal. We believe that the reasons for this are historical and social in nature. In order to explore this further we propose to study the evolution of ayurveda and its present place in the health service system of Himachal Pradesh.

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[1] Baru, R (1996), Studies on Human Development in India, Project of the United Nations Development Programme
[2] Annual Report, Ministry of Health &Family Welfare, GOI, 2002-03:227
[3] Baru
[4] ibid

The broad objective of this study is to look into why credence is being given to ayurveda in the state of Himachal Pradesh. Feeding into this aspect the other objective is to trace evidences in history for the position of ayurveda in the larger context and in the state, and to bring its linkages with the present context and analyse the structures of finance, provisioning and utilization patterns for ayurveda in the state.

The study seeks help from secondary sources that includes Government reports, Committee reports, reports from the AYUSH department, GOI; ISM&H department, Himachal Pradesh; Gazetteers related to the state of Himachal Pradesh, information from the website of Government of Himachal Pradesh, news reports on Himachal and other available texts.

To further support the findings through review of the secondary sources in depth interviews were conducted with key individuals, supported by a checklist of questions. To get a varied view on the subject, the key individuals includes three levels namely the ayurvedic practitioners, paramedical staff of ayurveda in public sector, private practitioners and students of ayurveda.

CHAPTER II
POLICY REVIEW

Since health services development is a state concern we undertake a review of policy to unravel the cause of development of Ayurvedic services. In India from the start of colonialism, a development discourse has informed policy debate and provided a language of legitimacy for the state. Since the early nineteenth century, the terms that have defined progress, participants in policy-debate, and the audiences that have shaped debate have changed dramatically. But they share a cognitive terrain that has remained remarkably stable. Its major landmarks include 1) ruling powers that claim progress as goal, 2) a "people" whose condition must be improved, 3) an ideology of science that controls principles and techniques to effect and measure progress, and 4) self declared enlightened leaders who would use state power for development and compete for power with claims of their ability to effect progress. These are components of politic rhetoric and development sciences that collapse into one another within a modern cultural that pervades colonialism and nationalism alike. From this perspective, technical talk about economic growth, development, planning is not so much about science and progress as about "power", specifically state power in a development regime.[1] The achievement of independence in 1947 saw dawn of new opportunities and opening up of new vistas, the leaders of the Ayurvedic movement here anticipated full- fledged support to Ayurveda from both the central and the state governments about which Brass observes "the response of the central government was disheartening to many Ayurvedists. As in other areas of central government policy, the reaction of the central government was the appointment of a succession of committees, a process which has continued up to present' and further about which Banerjee opines, 'The post-colonial nationalist rhetoric never fails to deride the colonial state's policies and attitudes for ignoring the ISM, a claim supported after research. What is less realised is that the postcolonial Indian state too systematically marginalized the ISM for the better part of 50 years.[2]

The role of the indigenous system of medicine within the overall health care system and their development has been the subject of deliberation by several committees both in the pre-and post-Independence periods. The National Planning Committee, established by

[1] Ludden, David (1992), 'India's Development Regime' in Nicholas Dirks' (ed.) Colonialism and Culture, University of Michigan Press pp251-252

[2] Banerjee 2000'Whither Indigenous Medicine' in Seminar, 489 pp:44

the Indian National Congress in 1938, resolved to absorb the practitioners of Ayurveda and Unani systems into the state health organization of Independent India, by providing them scientific training where necessary. The Bhore Committee report[1] which became a precursor to all health policy initiatives and is considered as the blueprint for health services in India however had a quite hostile spirit towards indigenous systems. It observed that it was not in a position to asses the real value of these systems of medical treatment and with it a system which was static in conception and practice in their opinion had little to contribute to fields like public health, preventive medicine, obstetrics or advanced surgery. Hence it called for the option of biomedicine. The attitude and omission on part of the Bhore Committee provoked a great deal of criticism and as a consequence of this, the Health Ministers Conference held in October 1946 resolved to make provisions for research based on the application of scientific methods, in Ayurveda, Unani; the establishment of colleges &schools for training in Diploma& Degree course in indigenous system; the establishment of post graduate course in Indian medicine for graduates in western medicine; the absorption of *vaids* and hakims as doctors, health workers etc., after scientific training where necessary; the inclusion of departments and practitioners of Indian medicine on official boards and councils.

This was followed by the appointment of the Committee on the Indigenous Systems of Medicine (Chopra committee), 1948, which called for integration of the biomedicine and traditional medical systems. The curricula was to be designed the way the weakness in either of the systems could be supplemented and strengthened by each other, while research would focus on clearing Indian medicine of accretions of doubtful value and make its science/art palpable to the scientific oriented minds. The drugs would be standardised .The committee envisaged a 2 tier integrated medical care system, which would involve indigenous practitioners with 6 months training at primary level and institutionally qualified (in integrated medicine) persons at secondary level. Pandit Committee (1950-51) this report turned down the idea of a common integrated syllabus for all medical colleges (including allopathy) and further suggested that research is initiated on indigenous system in order to establish their validity. The Dave Committee (1954) set a platform for a model integrated syllabus for ISM teaching colleges alone, combining indigenous and modern sciences. It also recommended equal

privileges for registered medical practitioners for ISM. ISM colleges functioned on this integrated syllabus till 1962.Udupa Committee (1958). Recommended the gradual integration of modern medicine into ISM. Mudaliar Committee (1961) this committee recommended the foray of ISM back to their pure classical or Shuddh forms thus calling to do away with the integrated courses.

If we broadly view the Committee recommendations it's that ISM colleges functioned on the basis of an integrated syllabus from someway around 1947 to 1961.

These policy outlines implicate that medical practice has been oscillating between the two extremes of 'pure' Ayurveda and the other advocating the support for integration .However it was the pure ayurveda stream which eventually scored over in the field of education, but research was to be carried on the basis of scientific terms as outlined by biomedicine.

In the early 1970's concern was voiced in the international arena that the existing health services in developing countries were not meeting the requirement of the majority. The search for new programmes and strategies focused on developing community participation through a variety of locally acceptable people like practitioners of traditional medicine. The joint UNICEF/WHO study that recommended the mobilization and training of indigenous practitioners. At the national level too, the 1970's witnessed a resurgence of such discussions.

The ICCSR/ICMR joint study group recommended the development of a national system of medicine through the synthesis (not integration) of different systems Subsequently the National Health Policy was formulated.[1]

National Health Policy, 1983 refers and acknowledges old heritage of medical and health sciences. The policy outlines that a vast infrastructure is available in the ISM&H for addressing health care of our people, they are under utilized. The policy suggested that it was necessary to initiate measures to enable each of these various systems of medicine and health care to develop in accordance with its genius. The policy emphasized the need for phaseful integration of Indian systems of medicine with modern medicines.

National Policy on ISM&H (2002) recognizes for the first time that ISM&H has been getting abysmally very low funds in the total health budget of the nation. At the state

[1] FRCH (1984) Indian system of medicine and Homeopathy, Bombay

level also funds are very low they remain either unutilized or are not released. The policy also recognizes that though government has set up a separate department in 1995 for ISM&H, it has not been able to play a significant role in the health care delivery services for want of their legitimate involvement in the public health programmes, speaks about issues of accessibility and equity. The policy outlines an intention to promote medical pluralism also recognizes stakeholders in the policies on ISM. The policy recognizes the vast repository of medicinal plants, setting up of medicinal plants board identifies thrust areas as promotion of medical tourism, documentation of traditional knowledge, integration of ISM&H and National Health care Programs.

CHAPTER III

SOME CONCERNS FOR AYURVEDA IN THE CONTEMPORARY CONTEXT

A brief review of the policy initiatives in the contemporary context gives an idea that there has been a resurgence of interest in indigenous systems. The interesting question that arises is why the renewed interest in indigenous systems. The renewed interests have manifold motivations. These include changing patterns of disease, limitations of allopathy to cure a range of non communicable diseases, potential for pharmaceuticals to make profits on 'herbal' and 'indigenous' drugs; demand from developed countries for herbal drugs and other products.

The world is chanting the herbal mantra, so how can India be left behind, as we have had a rich tradition of medical systems and a rich biodiversity. 'India has 16 agro climatic zones, 45000 different plant species and 15000 medicinal plants. Indian Systems of Medicine have identified 1500 medicinal plant, of which 500 species are mostly used for drug preparation of drugs[1] Consumer attitudes and demands have increased the significance of indigenous systems and the presence of medicines/products. Herbs are today a profitable enterprise. Statistics reveal 'Global market for the alternate medicine is presently pegged at around 15 billion USD and is poised to grow up to a whooping five trillion USD by the year 2050 feel experts. There is near absence of Indian players in this market. China holds 48% of global share of the international alternate market, whereas Indian share lies between 1-2%.'(India Post, April 30, 2004). The domestic market of ISM&H is of the order of Rs. 4000 crores (2000), which is expanding day by day. The drug market alone is of the order of Rs. 3500 crores (2000).Besides this, there is a demand for natural products including items of medicinal value/pharmaceuticals, food supplements ,cosmetics in both domestic and international markets.. Presently India's export from Herbal plants is Rs. 446 crores (2000only, this would be raised to Rs. 3000 crores annually.[2] The question that arises is what is the Indian situation in the world herbal market? As told by the figures the herbal market, offers a vast potential for India in the market owing to its richness in resources, but stringent quality norms by regulatory bodies like FDA in the US and other

[1] Department of AYUSH, GOI, 2000
[2] Department of AYUSH, GOI, 2001

regulatory bodies in European countries act as a restraint for India. Indian herbal products are to be marketed as supplement as these countries want documentation of the research work and demand extensive clinical trials with large sample sizes and want these products to match the safety and efficacy measures laid out by their regulatory authorities.

As is outlined through the policy reports at the national and the international level one thing which has been constantly reiterated is the recognition that traditional systems of medicine have been providing extensive services to people. People are becoming concerned about the adverse effects of chemical based drugs and the escalating costs of conventional health care. The positive features of Indian systems of Medicine, namely, their diversity and flexibility; accessibility; a broad acceptance by a section of the general public; comparatively low cost; a low level of technological input and growing economic value have great potentials to make them providers of health care that the larger sections of people need.'[1]

These aspects intrigues one and few questions can be raised if policy reports have been constantly reiterating one aspect that Indian system of Medicine have always been there and catering to people and they have had a broad acceptance, then whose 'resurgence of interest are we talking about? Is it the Western world or the Urban Indian Consumer of the high class who have of late realized the side-effects theory of allopathic drugs? Nitcher reacts to this theory as This is an impression fostered by practitioners and the advertising industry alike, yet a statement identified as dangerous by every Ayurvedic pundit whom I interviewed. Three issues may be raised. First, while many herbal medicines may be harmless in their traditional form, where absorption rates of active drugs are low, little is known about the long term effects of newly introduced medicines having different concentrations of essential ingredients. Second, the term Ayurvedic leads the public to trust a new product and exercise less caution when using it. A third issue involves the manner in which an implicit "fix" ideology has encompassed "traditional" medicine. Ayurpathic drugs are as much the vehicle for the ideology of

[1] National Policy on ISM, 2002

health commodification as allopathic drugs, regardless of their herbal content.[1] The burgeoning health farms, spas and Panchkarma centres across the length and breadth of the country and concept of the Medical tourism an endeavor being embarked upon very enthusiastically by the ISM&H department in India, raise questions as what are the motivations behind this. These endeavors by the ISM&H in collaboration with the Tourism departments simply lay down the idea that these are attempts to earn foreign capital, with the websites and pamphlets clearly defining the clientele type: the high spending class.

[1] Nitcher, Mark, (1996), 'Pharmaceuticals, the Commodifcation of health, and the Health Care- Medicine Use in Transition' in Nitcher and Nitcher (ed.) Anthropology and International Health: Asian Case studies, Gordon and Breach Publishers

Review of historical, socio, political factors influencing ayurvedic services from pre-independence period to the present reveals that a number of factors are responsible for its present state .These include the domination of allopathy, the stagnation of the science of ayurveda, the ambiguity of planners towards the indigenous systems, lack of investment in ayurveda, have relegated it to a secondary position .In recent times the motivations for the growth of ayurveda has been discussed. At this juncture it is important to recognise that the available evidence suggests that ayurveda is not a pan Indian phenomenon but marked by regional variation therefore we had proposed to study the place of ayurveda in the health service system of Himachal Pradesh. This section looks at the state of Himachal Pradesh entailing its history, reading of gazetteers the reading, profile of information related to ayurveda on Himachal Pradesh.

C HAPTER IV
HISTORICAL PROFILE OF HIMACHAL PRADESH

"In the hundred ages of Gods I could not tell thee of the glories of Himachal where Shiva lived and the Ganges fell from the foot of Vishnu like the slander thread of a lotus flower....."

Skand Purana

Himachal Pradesh (literally meaning the land of snowy mountains) the name conjures up visions of scenic locations and landscapes. Nestled in the lap of Northwest Himalayas, given the sobriquet "Dev Bhoomi", showered by riches of nature, Himachal has it all, high snow clad peaks to meandering valleys, emerald meadows, verdant vales, tranquil rivers to lush green forests rich in flora and fauna. Himachal Pradesh has been inhabited by the human beings since the dawn of civilization. It has a rich and varied history which can be divided into several distinct eras.

This section provides a brief introduction to the history of Himachal Pradesh, providing a background to how and when the state was formed and who are the people who inhabit the state.

ANCIENT HISTORY

About 2 million years ago man lived in the foothills of Himachal Pradesh, viz in the Bangana valley of Kangra, Sirsa valley of Nalagarh and Markanda valley of Sirmaur. The foothills of the state were inhabited by some people from the Indus valley civilization which flourished between 2250 and 1750 B.C. People of Indus valley civilization pushed the original inhabitants of Ganga plains who were known as Kolorian people towards north. They moved to hills of Himachal Pradesh where they could live peacefully and preserve their way of life.

In the Vedas they have been referred to as the Dasas, Dasyus and Nishads while in later works they have been called Kinnars, Nagas and Yakshas. The Kols or Mundas are believed to be the original migrants to hills of Present Himachal.

The second phase of migrants came in the form of Mongoloid people known as Bhotas and Kiratas. Later on came the third and most important wave of migrants in the form of Aryans. These laid the base of history and culture of Himachal Pradesh.

According to the Mahabharata the tract which forms the present day Himachal Pradesh was made up of number of small republics known as Janpadas each of which constituted both a state and cultural unit. Prominent amongst these were the Audumbras (they were the most prominent ancient tribes of Himachal who lived in the lower hills between Pathankot and Jwalamukhi. They formed a separate state in 2 B.C.), Trigram (the state lay in the foothills drained by three rivers, i.e. Ravi, Beas and Sutlej and hence the name .It is believed to have been an independent republic), Kuluta (the kingdom of kuluta was situated in the upper Beas valley which is also known as the Kullu valley. Its capital was Naggar), Kulindas (this kingdom covered the area lying between the Beas, Satluj and Yamuna rivers i.e. the Shimla and Sirmaur hills. Their administration resembled a republic with members of a central assembly sharing the powers of the king.

MEDIEVAL HISTORY

Chandragupta slowly subdued most of the republics of Himachal through show of strength though he did not rule them directly. Ashoka, the grandson of Chandragupta extended his boundaries to the Himalayan region. He introduced Buddhism to this tract. After the collapse of Gupta Empire and before the rise of Harsha, this area was again ruled by petty chiefs known as Thakurs and Ranas. With the rise of Harsha in the early 7^{th} century, most of these hill small states acknowledged his overall supremacy though many local powers remained with the petty chiefs.A few decades after Harsha's death (647 A.D.) many Rajput states ascended in Rajasthan and Indus plains .They fought amongst themselves and the vanquished moved to the hills with their followers, where they set up small states or principalities. These states were Kangra, Nurpur, Suket, Mandi, kutlehar, Baghal, Blaspur, Nalagarh, Keonthal, Dhami, Kunihar, Bushahar and Sirmaur.The small hill kingdom enjoyed a large degree of independence till the eve of Muslim invasions in northern India. States of foothills were devastated by the Muslim invaders from time to time. Mahmud Ghazanvi conquered Kangra at the beginning of the 10^{th} century. Timur and Sikander Lodi also marched through the lower hills and captured several forts and fought many battles.

Later on the Mughal dynasty began to break up; the rulers of the hill states took full advantage. The Katoch rulers of Kangra availed of this opportunity and Kangra regained independent status under the Maharaja Sansar Chand who ruled nearly for half a century. He was one of the ablest administrators of the region. After he took formal possession of Kangra fort, he began to expand his territory. The states of Chamba, Suket, Mandi, Bilaspur, Guler, Jaswan, Siwan and Datarpur came under the direct or indirect control of Sansar Chand.The Gorkhas, a martial tribe came to power in Nepal in the year 1768. They consolidated their military power and began to expand their territory. Gradually the Gorkhas annexed Sirmaur and Shimla hill states. With the leadership of Amar Singh Thapa, Gorkhas laid siege to Kangra. They managed to defeat Sansar Chand, the ruler of kangra, in 1806 with the help of many hill chiefs. However Gorkhas could not capture Kangra fort which came under Maharaja Ranjeet Singh in 1809. After this defeat the Gorkhas began to expand towards south. This resulted in the AngloGorkha war. They came into direct conflict with the English along the tarai belt after which the English expelled them from the hill states east of the Satluj. Thus British slowly emerged as the paramount powers in this tract. After the Anglo-Gorkha war the common border of the British domain and Punjab became very sensitive. Both the Sikh and English wanted to avoid a direct conflict, but after the death of Ranjit Singh, the Khalsa army fought a number of wars with the British. In 1845 when, the Sikhs invaded the British territory by crossing the Satluj, the rulers of many hill states with the English as they were looking for an opportunity to settle scores with the former. Many of these rulers entered into secret communication with the English. After the first Anglo-Sikh war, the British did not restore the hill territory vacated by Sikhs to their original owners.The revolt or first Indian war of independence resulted due to the building up of political, social, economic, religious and military grievances against the British. People of the hill states were not politically alive as the people in other parts of the country. They remained more or less aloof and so did their rulers with the exception of Bushahar. Some of them even rendered help to the British during the revolt. Among them were the rulers of Chamba, Bilaspur, Bhagal and Dhami. The rulers of Bushahar acted in a manner hostile to the interests of British. However it is not clear whether they actually aided the rebels or not.

BRITISH RULE

The British territories in the hill came under British Crown after Queen Victoria's proclamation of 1858. The states of Chamba, Mandi and Bilaspur made good progress in many fields during the British rule. During the First World War, virtually all rulers of the hill states remained loyal and contributed to the British war effort both in the form of men and materials. Amongst these were the states of Kangra, Siba, Nurpur, Chamba, Suket, Mandi and Bilaspur.

The people of hill also participated in the freedom struggle and many agitations were launched against the British yoke.

POST INDEPENDENCE PERIOD

The hilly state of Himachal Pradesh came into being as a chief commissioner province of the Indian Union on 15th April 1948 as a result of merger of 30 erstwhile princely states of Punjab and Shimla hills. All these areas at that time hence constituted into four districts viz.Chamba, Mahasu, Mandi and Sirmur with an area of 27,167 sq.km and population 9, 35,000.In July, 1954, the neighboring part C state of 'Bilaspur' was integrated with Himachal, thereby adding one more district.In 1960, the border tehsil of Mahasu district (chini tehsil) was carved out as a separate administrative unit and district Kinnaur was formed raising the total number of districts to six. In November, 1966, the Punjab state was reorganized with the formation of Haryana as a separate state and merger of then Kullu, Kangra, Shimla and some hilly areas of Hoshiarpur district and Dalhousie of Gurdaspur district into and Himachal further led to the constitution of four new districts viz. Kullu, Lahaul-Spiti, Kangra and Shimla. With this addition then Hiamachal comprised of 10 districts.In September 1972, two more districts viz. Hamirpur and Una were created by trifurcation of Kangra district and the Mahasu and Solan districts were reorganized as Shimla and Solan districts. Hence, resulting in a total of twelve districts in the state. Since 1972, there have been no changes in the administrative structure of Himachal Pradesh except for carving out of new sub-tehsils and raising of sub-tehsils to level of tehsils.

In the year 1951, Himachal Pradesh was made a part 'C' state, till 1956 when it was rendered as a Union territory. It maintained its status of Union territory till 1971, when it was granted a full-fledged statehood, hence became a state on 25 January, 1971. The

state comprises of 12 districts namely Bilaspur, Chamba, Hamirpur, Kangra, Kinnaur, Kullu, Lahaul-Spiti, Mandi, Shimla, Sirmur, Solan and Una.

[1](Sources for history of Himachal)

[1] The official government website of H.P, www.himachal.nic.in, Balokhra (1995)

PHYSIOGRAPHY OF THE STATE

The state of Himachal Pradesh is located in the north-west of the country bound between 30° 22'40" to 30°12'40" north latitude and 75 47 to 79 4' east longitudes. To the east, it forms India's border with Tibet, to the North lies the state of Jammu-Kashmir, U.P in the south east, Haryana on the South and Punjab on the west. The entire territory of the state is mountainous with altitude varying from 350 meters to 7000 meters above sea level.

The state has an area of 55,673 sq. km. It constitutes 1.69% of India's area and 10.54%of the Himalayan land mass. Topographically, Himachal's territory from South to North can be divided into three zones namely the Shivaliks or outer Himalayas, Inner Himalaya or mid mountains and Alpine zone or the greater Himalaya.

SPATIAL DISTRIBUTION AND POPULATION PROFILE

This section provides an insight into a brief profile of the population in the state and the spatial distribution, providing a background to the characteristic of the population as to it being rural or urban. There is a distinct clustering of population in the valleys, areas of harsh climate and steep inclines are thinly populated. The high and rugged mountain ranges with snow capped pinnacles and forest clad slopes are particularly uninhabited.

Population Profile according to Census (2001)

Disrtict	Total Population	Rural	Urban
Bilaspur	340735	318786	21949
Chamba	460499	4255981	34518
Hamirpur	412009	381836	30173
Kangra	1338536	1266362	72174
Kinnaur	77007	77007	0
Kullu	379865	349772	30093
Lahaul-Spiti	33224	33224	0
Mandi	900987	840029	60958
Shimla	721745	554912	166833
Sirmaur	458351	410765	47586
Solan	499380	408205	91175
Una	447967	4088545	39422
State of H.P.	6070305	5475424	594881

Source: Year Book 2002-2003, Health and Family Welfare Department, Himachal Pradesh.

From the data it is revealed that Himachal is predominantly a rural state the majority of population being rural. The state has a population of 6,077,248 (2001 census). Lahaul-Spiti and Kinnaur districts have 100% rural population. Kangra has the highest number of ruralites (1, 2266, 362) and Bilaspur district at least (3, 18,786). Shimla district has the distinction of highest urban population (166833).

Of the 12 districts in the state Hamirpur continues to have high density of population (369) distantly followed by Bilaspur (292), Una (291), Solan (258), Kangra (233), Mandi (228), Sirmaur (162), Shimla (141) persons sq. km.
Where the areas are inhospitable it is sparsely populated as in the case of Kullu (69) and Chamba (71). The trans Himalayan tracts of Lahaul and Spiti and Kinnaur carry very little population as they are semi-arid highland zones, the former maintaining status quo with 2 persons per sq. km as since 1971 and Kinnaur a little better at 13 persons as compared to 8 persons per sq. km in 1971. Area wise, Hamirpur is the smallest district which covers an area of 1,118 sq. km (2.01%) and Lahaul –Spiti covers the largest area of 13,835 sq. km (24.85%of the area of H.P.)

TRIBAL POPULATION

Himachal Pradesh has a large area under tribal belt which covers two districts of Lahaul-Spiti and Kinnaur and Bharmaur and Pangi development blocks of Chamba district. Geographically about half the area of the state is covered under tribal belt whereas the population here is just 2.2 lakhs i.e. 4.2 percent of the total population of the state. (1991) Census)

RURAL-URBAN DISTRIBUTION

The state of H.P. being predominantly a hilly state, the majority of its population (90.21%) is rural, living in 16,997inhabited villages. The urban population concentrated in 57 towns is barely 9.80% of the total population.

LIFE EXPECTANCY AT BIRTH, H.P. & INDIA

Period	Himachal Pradesh		INDIA	
	Male	Female	Male	Female
1970-75	54.8	50.9	50.5	49.0
1976-80	58.1	54.9	52.5	52.1
1981-85	58.5	62.9	55.9	55.9
1986-90	62.4	62.8	57.7	58.1
1991-95	64.6	65.2	62.4	62.8

This table shows that life expectancy is relatively a little higher in the state of Himachal Pradesh.

INFANT MORTALITY RATE

IMR of the state which was 118 in 1971 as against 129 of the country has declined to 64 in 1998. For 2001 it stands as 54 as against 66 at the all India level. IMR for rural areas in 2001 is 56, urban areas 32 as against the national figure of 72 in rural areas and 42 in urban areas.

AGRICULTURE

Agriculture is the mainstay of the people of Himachal Pradesh, contributing 35.87% towards the state gross domestic product. Apple cultivation is of special significance for the people living in the higher hills of the state. Crops grown here comprise wheat, maize, rice, pulses (accounting for more than 50% of its total agricultural production) and ginger, potato, mushroom and fruits. Agriculture production is 16 lakh tons per year and horticultural production is 4.36 lakh tons.

The state is rich in flora and fauna. Forests occupy 35,518 square kilometres area, which accounts 63.8% of the total area of Himachal Pradesh (Balokhra, 1995). Himachal has 33% of real forest with a density of 2.5 trees only, whereas the required density for hilly states is 10. The area under reserved forest cover has not under gone any change for the last 10 years. It stands at 189613 hectares.

HERBAL WEALTH OF HIMACHAL PRADESH

This section gives a brief insight into the presence of a vast repository of herbal wealth in Himachal Pradesh, which also becomes one of the essential elements for the pharmacopoeia in ayurveda

"**HIMVANAUSHUDHI BHUMINAM**", an old Sanskrit saying loosely translated as, the herbs grow in abundance, where else can the place be, it can be only Himachal.

Owing to a variety of conditions Himachal Pradesh has been a rich repository of medicinal herbs and plants. The varying agro-climatic condition from sub-tropical to temperate and extreme cold make Himachal Pradesh a natural habitat for the cultivation of a large number of medicinal and aromatic plants that are used as raw material for manufacturing a large number of Ayurveda medicines. Distinctly, four major Agro-climatic Zones are found in the state viz. (i) Sub-tropical low hills (Shiwalik Ranges, below about 800 metres (ii) Mid hills sub temperate zone (between about 800 to 2800 metres), (iii) High hills Temperate Wet and Sub Alpine (above 2800 metres), (iv)High Hills Temperate Dry Alpine Zone (higher reaches of Inner and Outer Himalayas and Lahaul &Spiti). Each of these above zones has its own characteristics geographic features and the flora also.

Speaking about the glory of Himalayan region for medicinal herbs Basham cites example from the Susrut Samhita in ancient India 'Particularly noted for medicinal herbs were the Himalayas, the home of the God Siva, the lord of Vaidyas, and the Soma, the king of plants, from which the narcotic beverage drunk by the brahmanas at sacrifices was produced. Though not mentioned directly, there must have been a considerable trade in drugs from the mountains to the plains.[1]

A large number, 55 to 60 species of medicinal plants are known to exist in Himachal Himalaya hills because of high diversity in habitat ecology ranging from tropical, sub tropical, wet temperate, and arid temperate. However high value of plants which are being extracted in large quantity from their natural habitat include Aconitum *heterophyllum (atees), aconitum palmatum (patis), podophylum hexandrium(bankakri),*

[1]Basham, (1976) The Practice of Medicine in Ancient and Medieval India' in Leslie Charles (ed.) Asian Medical Systems: A Comparative Study, California University Press, California pp:30

*dactylorhiza hataginea (salam panja), nardostochys grandiflora (jatamanasi), picrohiza kurraoa (karoo), jurinea macroephaln benh (dhoop),arnebea benthamii (ratanjot), rhododendron acanthopon, tanus baccata (talispatra).*These are rare and endangered species. There are a large number of other plants which are used medicinally in villages.[1] ().In Lahaul- Spiti 'Chief medicinal herbs are species of *'artemesia'*, *'epherda'*, *'aconitum'*, *'podophyllum'*, *'karu'* and *hyoscyamus niger'*. Jelly of fruit of hippophae rhamnoedes is recommended by Lamas in lung complaints. *'Rattanjot'* is found in Spiti valley.[2]

'In the western Himalaya region, the sources of nearly 80% of Ayurvedic, 46% of Unani and 33% of all the allopathic medicines are known to exist.' (Chauhan 1999:30) These aspects reveal Himachal is a storehouse for herbs and medicinal plants.

[1] Sharma,2002: 25

[2] Balokhra,(1995) The Wonderland Himachal Pradesh, H.G. Publications, New Delhi pp:200

READING OF GAZETTEERS

This reading of the gazetteers here attempts to knit together an array of information available on Ayurveda across different parts of Himachal Pradesh

BILASPUR

Like other states in India the Ayurvedic and Unani systems had been in vogue in Bilaspur till recent times. Hakims and Vaids with considerable reputation in the neighbourhood had flourished so long as the patronage of the rulers in the state had been forthcoming. But with the opening of the first centre in allopathic treatment, the indigenous system gradually declined in importance as well as in extent. During the decade (1930-1940) efforts were again made to revive the indigenous systems and ever since Ayurvedic dispensaries and qualified men are being added gradually to allopathic medical system. [1]

MANDI

The Ayurvedic system had many adherents and there are several practitioners in Mandi town. Of these Vaid Vidya Sagar was, until his death in 1918, the state Vaid and used to attend well over 5,000 cases a year. [2]

KANGRA

States popular treatment is chiefly carried out by 'baids' and hakims, whose pharmacopoeia consists, largely of croton seeds, mercury and arsenic. Very little surgery is practiced; scarification, counter irritants and leaches are the only operations which might be called surgery. The following native drugs are amongst those used by the people under the instructions of hakims and baids. *Banafsha, Unab, Zufa, Mulathi, qawzaban, alachikhurd, cinnamon, ginger, lasurian, bihidana, reshakatmi and gilloh.*[3]

KINNAUR

The area called Kinnaur up to the beginning of the present century remained steeped in traditional beliefs of supernatural and a few traces of it continue to persist even today. The age old use of some indigenous medicinal herbs and plants was prevalent. This had roots in local beliefs, climate and taboos. Side by side the people had, as they still have much faith in their local deities and lamas. They believed in propitiating Gods and

[1] H.P. district gazetteers 'Bilaspur' M.D. Mamgain(ed); pg 414
[2] Gazetteer of the Mandi state, 1920, Pg: 201
[3] Punjab district gazetteers, Kangra district, 1924-25, Volume VII, Part A

spirits to get rid of their ailments and diseases. The lamas were consulted and though there were a few hakims, yet the bulk of the people pinned their faith in charm and incantations as a cure for various ailments. Some private practitioners locally known as the *Habas*, *Chobas* and Tibetian lamas went from village to village to provide medical relief to succour the sick. These private practitioners received their training in Tibet on Ayurvedic pattern. Among the private practitioners of the past Dwarka and Khargydtanzin of village Morang, Rasbir of village Ropa and Nockchebaba of village Thangi are well known. Dwarka was a renowned qualified Vaidya from Tibet. He practised Ayurvedic system of treatment and was a specialist in use of herbs. A Vaid capable of performing miraculous feats like replacing the tainted leg of human beings is believed to have lived here. The talent and proficiency of such Vaids was duly recognised by their contemporary rulers and the eminent ones were honoured by the grant of fiefs etc. to them. [1]

CHAMBA

Bearing a testimony to the aspect that practitioners were duly acknowledged for their talent the Chamba state gazetteer states, 'Dr. Chatar Bhuj, Raja-Vaid, is the head of a Vaid Brahmin family long resident in Chamba. In the reign of Raja Raj Singh, the ancestor of the family named Premji emigrated to Jammu, where he acquired knowledge of the Yunani system of medicine and was afterwards recalled to Chamba and appointed Raja-Vaid, or the physician to the court. The letters of recall and appointment are still in possession of the family. From that time the office became hereditary and Dr.Chata Bhuj, who was educated at the Lahore Medical School, has acted as a court physician since 1884. [2]

LAHAUL-SPITI

A survey of public health and medical facilities was never carried out in the district of Lahaul-Spiti. Neither is the history of institutional and historic growth possible to trace owing to the non-availability of source material. The area remained cut off from the rest of the country and hence was isolated from the current of social and cultural history of India. Buddhism in turn brought in its wake arts and science like mathematics, astronomy, painting sculpture, dance and along with it medicine to these regions.

[1] H.P. district gazetteers, 'Kinnaur', 1971, pp:300-305
[2] Gazetteer of the Chamba state, 1904, Punjab state Gazetteer, Volume VXXII A, pp: 169

Padmasambhava who spread Buddhism to Tibet, is believed to have been proficient in indigenous system of medicine himself. The Tangyur scriptures contain translations of Charak and Agastya. It was in the 11th century that one Ganpopa is credited with the authorship of some books on medicine.

Whatever medical practice was there it was looked after by the lamas and such facilities during the middle ages, revolved around the Buddhist monasteries in the district. Its ecclesiastical association originates from the fact that 'Buddha is considered the Adi-Vaidya (the primeval- medicine man). The local system as at present contains a fair mixture of the Ayurveda and indigenous system of medicines while its diagnostic part is based completely on Ayurveda, its material-medica is to a large extent. Like Ayurveda the local system believes that a healthy human body contains an evenly balanced combination of phlegm, heat and wind. Deficiency or excess in any of these elements disturbs the equilibrium and causes disease. The curative process therefore consists in restoring this balance. As in Ayurveda the three major diagnostic aids in this system are: pulse-reading, examination of stool and urine and questioning the patient. Its materia-medica consists of herbs, stones, wood, meat, earth and compounds of precious stones and metals.'*Triphala*' or the three fruits namely *Harar*, *Bahera* and *Amla* (a kind of myrobalan) figures very prominently in all prescriptions. So much that Harar is called 'Namgyal Machhog' or the king of medicine. The indigenous system of medicine is popular in Lahaul and there are about 36 practising Vaids in the area. In Spiti the local form of treatment, which has no particular name, is possibly based on the famous local system but surprisingly, quite unlike the latter is not very effective probably because of the non availability of proper herbs and other constitutes for the preparation of good medicines. The Vaids or the IMCHIS as they are called locally, depend upon a number of reference books, all in Bhoti or Tibetan. The two most important authors are Sonchit Jumi and Yatuk Gunpo.Almost all villages have one or two medii who are supposed to be capable of communicating with the Gods, on being placated with chhang or even money. When a person gets sick, such a media is called. Amidst chanting of spells he goes in a trance and diagnoses the cause of illness usually due to the use of abusive language, disrespectful attitude towards monasteries or lamas or because of committing of theft or due to any social crime and suggests the treatment

should be obtained from the local Imchis. These Imchis who are hereditary village doctors belong generally to big households. There is one such person in each of the important villages and the services which they render are, by and large, honorary. The treatment may vary from blood-letting from the ear-lobe, to pouring of near boiling oil over parts of head and neck for curing insanity and other nervous disorders. Blood-letting from a vein near the ankle is also resorted to for securing an abortion and it is quite successful. Treatment may also be given in the form of oral pills, accompanied in most of the cases by recitations of spells and Mantras. The two systems of medicine namely Tibetan and the allopathic have continued separately and have influenced each other a little. Though the Tibetan system still holds sway over the people, the allopathic system also has been steadily gaining popularity during last few years.[1]

[1] H. P. Lahaul-Spiti, district gazetteers, 1975, Gazetteer of India, pp: 245-247

MISCELLANEOUS INFORMATION ABOUT AYURVEDA IN HIMACHAL

This section briefs us with the information gathered on the presence of ayurveda in the state of Himachal through different readings apart from the gazetteers.

To cure the sufferings and ailments of the people, the first ever seminar is reported to have been held in some parts of H.P. at a place situated somewhere in Shivalik range[1] 'Punarvasu Atreya, a great scholar in Ayurveda, is believed to have lived in Chandra Bhaga river catchment in Lahul-Spiti. Nagarjuna, the scholar in medicinal chemistry, learned and worked in Jwalamukhi (Kangra) and later shifted his research activities to Triloknath in Lahaul-Spiti.Owing to illiteracy and lack of proper written records the practice of herbal cure which mostly often, literally depends on the phenomenally good memory of the practitioner, had to suffer a lot during the course of time, the person who knew the art of healing, usually did not reveal his knowledge to anyone for the fear of being misused.' [2] 'Indian traditions were very advanced from the early times had a profound influence on the practice of plastic surgery in various parts of the world. The first detailed description of surgical replacement of the nose is found in Sushruta Samhita. The two early methods of practised in India namely the cheek- flap method and median forehead flap method are still used by modern surgeons. The method of total nasal reconstruction was practised by the caste of brick makers and potters. The use of fore lap method has been in vogue at least since the 15th century in Maharashtra. There are also families of Kangra (Himachal Pradesh) who are skilled in this art and the last surviving member of this family Hakim Dinanath (who belongs to potters caste) performed this operation during the 20th century.'[3] The present day district Kangra of Himachal Pradesh has been popular in history for its paintings as well as the skilled art of nose construction. 'The present name that is Kangra appears to have been derived from the word KAN-GARA or the ear shapers. Kangra was famous from the ancient times till the 19th century for shaping of ears, noses etc.

The shapers of these limbs and organs were known as KAN-GARA or KAN KE KARIGIR. The operation for the restoration of nose which was for centuries performed at Kangra is said to have originated in the time of Akbar. BUDHYA, a surgeon of his

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[1] Chauhan, 1999: 29
[2] ibid
[3] Balasubrmanian, 2000

own operation. was rewarded by giving a Jagir in Kangra under a title deed which is said to be still in the possession of his descendants. Cunningham states that according to his information, the operation was in existence even before Akbar's time and people came from Nepal to be treated. Vigne(An English traveller) describes the method of operation of noses. He says 'I learned that they first give the patient a sufficient quantity of opium, bhang or wine to render him senseless, they then tap the skin of the forehead above the nose, until a sort of blister arises, from which a piece of skin of the proper shape is then dressed with an ointment in which blue vitriol is an ingredient. The surgeons practise on the credulity of the Hindus, by telling them that all is done is by favour of the Devi or spirit who is featureless and the operation would succeed nowhere else but at Kot Kangra. On my way to and from the place I saw several persons, who had been operated on, and were returning homewards, looking quite proud of their new acquisition, this was however but a sorry substitute for the old feature.'[1]

[1] Katoch, 2004

SUMMARY

Himachal has had a chequered history, the trajectory of which has not been linear. The state has been formed by culmination of different regions which has had their specific ethos particular to the region, and hence a review of literature available on the history and in the gazetteers has acted as a rich source in reconstructing the fragments of the past. It was a complex task to look for strains of evidences for patronage to Ayurveda couched in the vast landscape of history, as there has been very less documentation on this aspect.

A reading of the gazetteers and other miscellaneous literature available upon Ayurveda in the state of Himachal Pradesh gives a fair idea of the presence practitioners of Ayurveda in the state and also about the other form of indigenous system practised in the tribal areas of Himachal Pradesh. Literature also reveals the facets of patronage showered by the princely rulers to the practitioners.

DISEASE PROFILE OF HIMACHAL PRADESH

In this section we present the disease profile of Himachal Pradesh as a background to look into the resort pattern for utilization of services.

The state has not witnessed a major epidemic of communicable diseases since 1991, when only a few districts were affected by Cholera epidemic which took a toll of more than 100 lives. However, the state is more prone to disasters due to its geographical features and its location in the seismic zone for earthquakes. Various health problems which constitute the burden of diseases include communicable and non-communicable diseases, trauma and under nutrition.

The routine data about Himachal Pradesh on morbidity profile for the year 1998 for ten leading diseases is given tin the following table.

MORBIDITY PROFILE FOR TEN MAJOR DISEASES IN HIMACHAL PRADESH- 1998

Table 1

Diseases	Number of patients in OPD	Number of patients in IPD	Total (%)
Acute Bronchitis	3,37,915	5118	3,43,033(17.18)
Anaemia	3,12,070	3695	3,14,765 (15.81)
Ch. Bronchitis	2,30,620	6345	2,36.965(11.86)
Dental Diseases	2,23,139	119	2,23,258(11.18)
Gastroenteritis	1,83,301	11,361	1,94,662(9.54)
Skin Diseases	1,88,610	1901	1,90,511(9.54)
Tonsil, adenoids	1,29,536	13,788	1,43,224(7.17)
Wound, Injuries	1,30,153	2581	1,32,734(6.64)
Ill defined intestinal infections	1,02,504	2976	1,10,480(5.53)
Amoebiasis	1,02,785	3180	1,05,965(5.25)
Total	19,45,633	51064	19,96,697(100)

Source: Himachal Health Vision 2020, Dept. of Health & Family Welfare.

This table reveals that diseases like acute bronchitis, anaemia, chronic bronchitis, dental diseases gastroenteritis are largely responsible for the dominant morbidity in the state.

1) Communicable Diseases:
The population of Himachal Pradesh suffers from three major groups of communicable diseases:
(i) Respiratory problems like Bronchitis, TB, and ARI in children
(ii) Water and food borne diseases like Diarrhoea, Dysentery, Worm infestations, Hepatitis, Enteric fever. According to Water Survey Report (1992), the prevalence of parasitic infestation in children below 14 years was found to be 13.8%.

(iii)Contact diseases such as skin diseases, RTIs, STDs including HIV/AIDS.
HIV/AIDS
Like other states, Himachal Pradesh is also afflicted with HIV/AIDS. As on November 2000, out of 26837 persons screened, 267 were found as HIV positive which includes 82 AIDS cases. Over 80% of these cases are from District Hamirpur, Kangra, Shimla, and Bilaspur& Mandi. On the basis of HIV sentinel Surveillance data is collected in 1999, it is estimated that there might be around 3500-4000 HIV positive cases in the state.
RTIs/STDs
The problem of RTI/STD is also quite high in the state. A community based study carried out in district Hamirpur in March 1997 revealed STDs prevalence through syndromic diagnosis as 23.9% and by etiological diagnosis as 3%. The prevalence is higher in women. However, seropositivity for Syphilis, which was 37.04% in 1952, has declined to 0.73% in 1999. Overall prevalence of RTI/STD is quite high.

2) NON COMMUNICABLE DISEASES

Disease of cardio vascular system, dental problems, cancers, diabetes mellitus, nutritional disorders, visual impairment caused by cataract form the major disease burden due to non-communicable diseases.

3)TRAUMA AND ROAD ACCIDENTS

The state is prone to road accidents due to its terrain and poor road conditions. Every year a large number of persons get killed and crippled due to road accidents. Accidents in hilly areas take a higher toll of life and limbs.
A profile of Morbidity and mortality from road accidents since 1988

Table 2

Year	No. of road accidents	persons died	persons injured
1988	909	386	1427
1989	942	430	1778
1990	1123	465	2225
1991	1360	480	1135
1992	1331	379	2079
1993	1360	470	2788
1994	1564	559	1393
1995	1818	651	3501
1996	1918	748	2133

Source: Statistical Outline; H.P.
The number of deaths due to road accidents reported in 1999-2000 is 704.

Facilities for trauma care are limited to District/Zonal Hospitals only as the diagnostic and management facilities exist only at these levels, resulting delayed treatment of the injured.

NUTRITIONAL PROBLEMS

As per nutritional survey conducted by the Ministry of Women and Social Welfare Government of India, which covered 10 districts of Himachal Pradesh, 0.5% infants were found to be suffering from Marasmus. 81% children suffered from mild to moderate degree of malnutrition and only 4% suffered from severe degree.8% of adults suffered from Chronic Energy Deficiency (CED). Goitre was the major nutritional deficiency disorder (2-13%) in various age groups. Being a Sub-Himalayan belt, goitre is still a nutritional deficiency disorder of some concern in the state. Prevalence of goitre, which was quite high previously, (Una 41.2% in 1959, Solan 39.9% in 1959 &Shimla 41.6% in 1974) has come down to 2-13% in 1996 for various age groups.

ENVIRONMENTAL HEALTH PROBLEMS

Environmental pollution affecting water, air soil, etc. is also responsible for many health problems.

Water Pollution

The State government although has provided drinking water supply to approximately 90% villages and all urban areas, yet the quality of water is not up to the desired standards even in urban areas. According to the Water Survey report (1992), in urban areas, where better quality standards are ensured, 21-39% of water samples from households and community taps were found to be contaminated. The figures below tell the story:

DRINKING WATER SAMPLE ANALYSIS OF URBAN AREAS

Table 3

Sources of water samples	Coli form MPN/100 ml		E.Coli MPN/100 ml	
	NIL %	≥ 1 MPN	Nil %	≥ MPN %
1. Household Taps (383)	62.1	37.9	78.6	21.4
2. Community Taps (130)	59.2	40.8	60.8	39.2
3. Household storage vessels (514)	45.7	54.3	66.7	33.3

Source: Water Survey HP 1992

A recent report in the news daily of Himachal reports that 'amongst the North Indian states the state of Himachal is one where diseases like lung cancer, bronchitis and tuberculosis are 40% more as compared to other states. According to official sources amongst the people coming for check up for the respiratory and chest infections, on average 70 out of 100 are suffering from asthma, lung and other respiratory infections. Respiratory infections have been found to be more prevalent amongst the people residing in the humid areas of Transgiri in Sirmaur, Raunhar, Shilai and backward areas of Chopal. [1] According to the NCEAR survey the state of Himachal has reported a high over all morbidity as well as a high prevalence of chronic illness. The state has reported a high prevalence of chronic diseases like arthritis and rheumatism in the rural areas and cardiovascular diseases, asthma and weakness, dizziness and anaemia in urban areas.

(**Source** of Information on Disease profile, Himachal Health Vision, 2020, Health& Family Department, Govt.of Himachal Pradesh)

[1] Divya Himachal, 2004, June 16)

CHAPTER VI
THE PLACE OF AYURVEDA IN THE HEALTH SERVICES OF HIMACHAL PRADESH

1) COMPLEMENTING HEALTH CARE WITH TOURISM

Himachal being a renowned state famous for some hill stations and keeping up on with the trends of health tourism, Himachal too is trying to catch up with them with the same pace by introducing health packages along with tourism. The website of HPTDC announces: Himachal Pradesh is celebrated for its clean and green environment and its peace loving and friendly people. The availability of rare and fresh herbal medicines from the Himalayas provides great potential development of the Health Tourism through Ayurveda. Panch karma being super speciality of Ayurveda has achieved tremendous popularity in the state in recent years; therefore the Ayurvedic department in collaboration with HPTDC has started Ayurvedic rejuvenation packages in two hotels of Himachal Pradesh Tourism Development Corporation (HPTDC) at Hotel Sarvari, Kullu and Hotel Uhl, Jogindernagar. This package is specially designed for high spending business executives and foreigners who wish to take time off from their hectic and stress filled schedule to unwind and be close to nature. It is with this objective in mind that the venues chosen for these packages are in scenic locations with a salubrious climate which would provide the much needed tranquillity to the worn out city traveller.

Returning to its roots as it were, the Department of Ayurveda, Government of Himachal Pradesh Tourism Development Corporation(HPTDC) have pooled Ayurvedic expertise and impeccable hospitality to create a complete health and leisure in the tract where Ayurvedic treatment was conceived – and where many of the rare and precious herbs required in the treatment still grow.[1]

2) INTERFACE WITH FAMILY&HEALTH DEPARTMENT

(a) In order to overcome the difficulties faced by the Health &Family Welfare Department to provide Doctors of Modern systems of medicine particularly in hard area/remote areas earlier this department has created 40 posts of Ayurvedic Medical officers on regular basis in PHCs of Health department to provide Medical Health Care

[1]www.hptdc.nic.in

(both preventive &curative) on experimental basis. Subsequently based on the good experience gained in these PHCs, 50 more Ayurvedic Medical Officers on contract basis were also posted in PHC/Civil Dispensaries in remote &difficult areas particularly in the absence of Allopathic doctors. All Ayurvedic medical officers have joined back the department therefore there services can be better utilized to boost the national programme in the remaining institutions. [1]

This statement from the Department of ISM&H, H.P govt. overtly reflects the tenor of being a leveller at the ground level of the allopathic and Ayurveda systems. But it raises questions like are Ayurvedic medical officers acting as fillers in place of allopathic doctors who are unwilling to serve in the remote and far flung areas.

(b)AYURVEDIC MEDICINES IN THE RCH PROGRAM

Amongst the current priorities of the ISM&H department one which is being embarked upon is a larger involvement of ISM in the national health care delivery system including the RCH program. Under the aegis of this program 9 Indian states have been identified which include Himachal Pradesh, Uttar Pradesh, Uttaranchal, Rajasthan, Madhya Pradesh, Chattisgarh, Tamil Nadu, Karnatka and Kerela, which would be dispensing Ayurvedic medicines.Seven medicines have been identified for this; these medicines will be for anaemia, oedema during pregnancy, post partum problems such as pain, uterine and abdominal complications, lactation-related problems, nutritional deficiencies and childhood diarrhoea. Also included are massage oils for babies and mothers. Five medicines (namely *saubhagya sunthi, kshir bal taila, bal rasayana, ark pudina ark ajwain*) are to be dispensed through sub-centres and would be included in the ANM's kit. The other two (namely *punarvadi mandur & ayush ghutti*) would be dispensed through the Ayurvedic Health centres.[2]

(c)HOME REMEDIES KIT PROGRAM

The state government has also embarked upon the Home Remedies kit *program*, this has been initiated as a pilot project for Kangra district and 100 villages have been chosen, Ayurvedic medicines will be distributed by Anganwadi workers who will be given an extra incentive of Rs. 100/- per month.

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[1] Source: Deptt. Of AYUSH, GOI, 2004

[2] Source ISM&H, deptt. Himachal Pradesh

These programs namely the Ayurvedic medicines in the RCH program and the Home remedies Kit according to the officials at the Directorate of Ayurveda Shimla are in the stage of infancy, have been recently introduced in the state and are in the experimental stage, however speculations can be made about these programs, like will there be acceptability for dispensation of Ayurvedic medicines through the sub-centres, where is the pressure coming for is it the pharmaceutical sector, is it being considered a viable option to provide cheaper drugs?

(3) HERBAL GARDEN

To promote cultivation, propagation and conservation of the varied Medicinal Plants, the Govt. has set up following Herbal Gardens in different Agro Climatic Zones:-

Herbal garden, Jogindernagar, Herbal garden, Neri (Hamirpur), Herbal garden, Dumehra, (Shimla), Herbal garden Jungle Jhalerha (Bilaspur), Herbal Garden Paprola (kangra).

4) MEDICINAL PLANTS BOARD

The state govt. has constituted a Medicinal Plants Board on the pattern of National Medicinal Plants Board to Govt. of India. The Medicinal Plants Board will look after all the activities related to Medicinal Plants. Grant of Rs.10lakh has been received from National Medicinal Plants Board for establishment of Nucleus Centre at the Directorate level.

5) VANASPATI VAN PROJECT

Government of India, Ministry of Health &Family Welfare formulated a scheme during 1997 to be executed through a Society for establishment of Vanaspati Van with the central assistance. The Scheme has been formulated under RCH programme, where the medicinal plants use d for Ayurvedic, Unani and Homeopathy systems of medicine were to be grown over denuded forest land of 3000 to 5000 hectares. Financial assistance to tune of approx. Rs.1.00 crore per year was to be provided for a plan period of five years. After examining the whole gamut, the Department of Ayurveda got the Society for Development of Vanaspati Van registered on 9th July 1998 under the Societies Registration Act 1860. The GOI approved two sites i.e. District Chamba and District Kullu. The motivation for setting up these endeavours namely Herbal gardens, Medicinal Plants Board, Vanasapti Van projects is that the government sees it as a potential for revenue as news reports outline 'According to an official spokesman, this

hill state is a virtual storehouse of some of the most wanted medicinal plants and herbs. We have something like 3000 species of which 500 have medicinal properties .The estimated production of drugs had risen from about Rs. 100 crore in 1991 to almost Rs. 4000 crore and the demand was increasing. The state itself has witnessed an increase in the number of Ayurvedic pharmacies, which now stands at 80. To cater to the demands of this growing industry, the state government had embarked upon a Rs 8.27-crore plan to establish *Vanaspati Vanas*' (herbal forests) in collaboration with the Union Health Ministry, the spokesman added. The state's agro-climatic conditions were ideal for growing medicinal plants. To fully exploit this potential, the state has been divided into four zones - the sub-tropical low hill Shivalik range, the mid-hill sub-temperate zone, the high hill temperate wet and the high hill temperate dry alpine zone. Each zone had its own characteristic which was witnessed in the medicinal flora also. To utilize the optimum potential of the state's herbal wealth, the government had decided to establish herbal garden in each of the four zones [1]

The Himachal Government's impetus on development of these programs gives an implication that banking on the vast potential for medicinal plants in the national as well as international market, Himachal government too wants to capitalize this aspect.

6) **Documentation of Herbal Cures**

Under this program Herbal Garden and Herbarium Unit of Research Institute of ISM, Jogindernagar has started to identify the traditional healers who practice through the local herbs for curing different ailments especially in the tribal and backward areas. The main focus of the activity is to explore this hidden knowledge for further clinical and scientific evaluation so that the expertise of traditional practitioners may be brought into public use. Under this activity, practitioners have been registered in Chauhar valley District Mandi and Kullu. Interaction, meetings/workshops were arranged to store their experience and also how to keep the record/data so that it may be further analyzed. So far 24 such traditional healers have been documented in district Mandi under the programme. A news report outlines that as a part of its efforts to harness resources in ayurveda in Himachal Pradesh Government has begun the task of documenting knowledge about herbal cures that has been an exclusive preserve of the *'Vaids'*.

[1] Times of India, 2003

Department officials say that precious and rare knowledge about treatment of diseases through realms of knowledge, developed and accumulated over time remains with the '*Vaids*' and in many cases, does not percolate down. Since the practice of Ayurveda more or less became a family occupation, aspects of treatment and secrets about Remedies stayed within the family, thus attempt is to get and arrange this knowledge for the benefit of the students and the community, says a department official. [1]

[1] Tribune Service of India,2000

CHAPTER V
HISTORICAL OVERVIEW OF ISM&H

This section provides a brief overview if the ISM& H department in Himachal Pradesh, looking into the structures of ayurveda.

Indian System of Medicine and Homeopathy have played historically a vital role in the health care system of the state of Himachal Pradesh. Due to its varied climate the state of H.P. has been a repository of herbs used in various medicines. In the tribal areas, the Tibetian system of medicine under the name of Bhot Chikitsa Padati continues to be popular, in recognition of which the H.P. government has opened four Amchi Clinics in the tribal districts of Lahaul & Spiti and Kinnaur.

The state government has been attaching a great importance to the indigenous systems of medicine, in deference to which a separate department Of Indian System of Medicine and Homeopathy was created on 7th November, 1984. Though a separate wing of Ayurveda had been established in the year 1976, from 1976 to 1984 this wing was a part of the health department; it was in 1984 only that it stated functioning as a separate department. At that point of time there were 424 ayurveda, 3 Unani, and 2 Homeopathic Dispensaries, and 12 Ayurveda hospitals.

ISM&H INSTITUTION AS IN 1985 (Table 1)

Year	Ayurvedic Hospit	AHC	Unani dispensaries	Homeopathic dispensarie	Amchi Clinic
1985	12	424	3	2	-

ISM&H INSTITUTION AS IN 2003 (Table 2)

Year	Ayurvedic Hospitals	AHC	Unani	Homeopathic dispensaries	Amchi Clinic	Panchkarma centre	Nature Cure Unit
2003	24	1116	3	14	4	2	1

A comparative aspect of the tables given above reveals that in Ayurveda there has been a growth of hospitals and Health centers both, but it is the AHC's which have relatively grown larger, since the bifurcation of the department . Within the overall ISM&H sector new dimensions have been added in terms of Amchi Clinics, Nature Cure Unit, Panchkarma Centres. The number of Unani dispensaries has remained the same, but there has been a growth in number of Homeopathic dispensaries.

What can be gauged the new dimensions added on to the earlier structures have been 2 Panchkarma Centres attached to regional Ayurvedic Hospital at Paprola and district hospital at Bilaspur respectively. One ten bedded nature cure centre at Oel in Una district.

Over the years the Indian Systems of Medicine &Homeopathic Institutions have grown. At present the treatment through ISM& H is being provided to the general public through 2 regional Ayurvedic Hospitals, 2 Circle hospitals, 3 Tribal hospitals, 9 ten/twenty bedded Ayurvedic hospitals, 8 district Ayurvedic hospitals, one Nature care hospital,1116 Ayurvedic health centers and 4 Amchi clinics. The total bed capacity in the department is 410.

(1)NETWORK OF INSTITUTES

The department has a large network of primary and secondary level institutions. The basic primary unit is Ayurvedic Health Centre. I t covers a population of 3000 to 5000 and caters to outdoor patients only. This centre also functions as a referring unit in the case of any emergency after providing first aid treatment. Each such centre has generally a strength of 5 workers includes 1 doctor, one pharmacist, one ANM/Dai, one Class IV and one sweeper (regular/Part time). Normally Rs. 15,000 to 20,000/- worth of medicines are provided every year to AHC's.

The ISM&H Institutes are providing health care at District, Sub-division and village level for both indoor-outdoor patients. At the secondary level presently there are 24 hospitals functioning at different places in the State. The approved staffing pattern for 10/20 bedded hospital for medical and Para- medical staff is 14 whereas in50 /80 bedded hospital the staffing pattern has been 37 medical/par-medical personnel. Normally these hospitals cover a population of about 20,000 to 25,000. Medicines worth approx. Rs. 1.25 lakhs for 80/100 bedded hospitals are being provided every year. One regional Ayurvedic hospital of 100 beds capacity is attached to the Rajeev Gandhi Govt. Post Graduate Ayurvedic College, Paprola, and the Regional Hospital Shimla has partially started its functioning in a new building since November, 2002 with 80 beds capacity. All the Ayurveda Health Centres and Hospitals are being administered/supervised, supplied medicines etc. from the District headquarters.

(2)HIMACHAL GOVERNMENT INSTITUTE OF POST GRADUATE EDUCATION AND RESEARCH IN AYURVEDA

Himachal Govt. Institute of post Graduate Education and Research in Ayurveda is situated at Paprola, Baijnath sub-division of Kangra district.

Historical Background

The present college was started as a private Ayurvedic College by the name to 'Him Ayurvedic College' at Palampur on 14th March 1972. The college was affiliated to Punjab State Faculty of Ayurveda, Chandigarh and was managed by *Vaidya Hakim Parishad* of Himachal Pradesh from the year 1972 till 1978. It was awarding a degree of graduate in Ayurvedic Medicine and Surgery. (G.A.M.S.) The Institute was taken over by H.P. Govt. on 3rd March 1978 and renamed Rajeev Gandhi Government Ayurvedic College, Paprola. The college was affiliated to Himachal University and from then onwards it started awarding B.A.M.S. The Institute was upgraded to Post Graduate Institution in 1998 with an annual intake of six students (three within the state and three out of the state) for MD(Ayurveda).This Institute started with an admission capacity of 20 students, which was further raised to 30,now the intake for the students has been raised to 50.

The institute of Research in Indian System of Medicine at Jogindernagar H.P was established under Centrally Sponsored Scheme on the year 1958 for carrying out research in indigenous system of medicine. Subsequently in the year 1976, this Institute also received another centrally sponsored Scheme for 'Strengthening of Pharmacies including Herbal forms and Drug Testing Laboratory'. Later on both the above schemes were taken over by the Govt. of H.P. under the department of ISM&H.

(3)PHARMACIES

There are three departmental pharmacies at Majra (Sirmaur district), Jogindernagar (Mandi district) and Paprola (Kangra district). The pharmacies at Majra and Jogindernagar were established during 1952-53. These pharmacies are being run departmentally and manufacturing Ayurveda drugs for the free distribution in Ayurvedic Health Centers and Hospitals. The total budget for purchase of raw herbs/material for these pharmacies is Rs. 45 to 50 lakhs. Keeping in view the large number of patients attending Ayurvedic Health centers, some medicines are required to be purchased from the open market under a purchase policy approved by the Government under which 50% of the total budget is allocated for purchaser of medicines on CGHS and 50% for local manufacturers of pharmacies. This purchase is made through a Purchase Committee, headed by the Secretary ISM&H who on the recommendation of sub-committee of Technical person persons takes the final decision. All purchases are incurred through H.P. State Civil Supplies Corporation. The total budget purchase medicines ranging 1.50 crore to 1.75 crores as per availability of the budget.

GRANT OF LICENSE TO AYURVEDIC PHARMACIES

In Himachal Pradesh, the Director Ayurveda is the licensing authority cum drug controller for Ayurveda, Unani and Homeopathy medicines. The new license to manufacture Ayurvedic medicines is granted on recommendation of inspection committee of 4 technical persons and licensing committee of 4 technical persons. The approval of new formulations is made on the recommendation of Licensing Committee of 4 technical persons. Presently there are about 80 pharmacies in private sector in Himachal Pradesh and the approval of licensing is made as per provisions of Drug& Cosmetic Act-1940 and GMP(Good Manufacturing practices)notification of the govt. of India.

PRACTITIONERS

The Department of ISM& H, Himachal Pradesh has registered 7,405 practitioners in ayurveda. Amongst these 2,500 are institutionally qualified and 4,500 non institutionally qualified, the bulk are non institutionally qualified.

DISTRICT VARIATION

These tables provide a brief profile of the district variation in the state in terms of presence of Ayurvedic Institutions.

Number and Activities of Ayurvedic Institutions in Himachal Pradesh as on 31-12-80

Table 3

Sl. No.	District	Number of Ayurvedic Dispensaries	Number of Ayurvedic Hospitals	Number of Ayurvedic Pharmacies	Number of Research Institutes	Beds available
1)	**Bilaspur**					
	Rural	22	-	-	-	20
	Urban	-	-	-	-	-
2.	**Chamba**					
	Rural	36	-	-	-	54
	Urban	-	-	-	-	-
3.	**Hamirpur**					
	Rural	13	-	-	-	-
	Urban	-	-	-	-	-
4.	**Kangra**					
	Rural	72	1	-	-	80
	Urban	-	-	-	-	-
5.	**Kinnaur**					
	Rural	29	1	-	-	-
	Urban	-	-	-	-	-
6.	**Kullu**					
	Rural	27	1	-	-	24
	Urban	-	-	-	-	-
7.	**Lahaul & spiti**	7	-	-	-	-
	Rural	-	-	-	-	-
	Urban					
8.	**Mandi**					
	Rural	54	1	1	1	50
	Urban	-	-	-	-	-
9.	**Shimla**					
	Rural	59	-	-	-	59
	Urban	-	1	1	-	50
10.	**Sirmaur**					
	Rural	32	-	1	-	36
	Urban	-	-	-	-	-

Sl. No.	District	Number of Ayurvedic Dispensaries	Number of Ayurvedic Hospitals	Number of Ayurvedic Pharmacies	Number of Research Institutes	Beds available
11.	**Solan**					
	Rural	30	-	-	-	-
	Urban	-	-	-	-	-
12.	**Una**					
	Rural	23	-	-	-	-
	Urban	-	-	-	-	-
Total	Rural	404	4	2	1	362
	Urban	-	1	1	-	50

Source: Directorate of Ayurveda, Himachal Pradesh, Shimla.
(Statistical outline of Himachal Pradesh (1981)
Directorate of Economic and Statistics, H.P. Shimla.

Number and Activities of Ayurvedic Institutions in Himachal Pradesh as on 31-3-83

Table 3.1

Population (1981) Total Rural Urban	District	Number of Ayurvedic Dispensaries	Number of Ayurvedic Hospitals	Number of Ayurvedic Pharmacies	Number of Research Institutes	Beds available
2,47,368	**Bilaspur**					
2,35,784	Rural	21	-	-	-	22
11,584	Urban	1	-	-	-	2
3,11,147	**Chamba**					
2,89,853	Rural	39	-	-	-	40
21,294	Urban	-	1*(attached with distt hosptal)	-	-	10
3,17,751	**Hamirpur**					
3,01,915	Rural	14	-	-	-	-
15,836	Urban	-	-	-	-	-
9,90,758	**Kangra**					
9,41,820	Rural	78	1	-	-	50
48,938	Urban	-	1*(attached with distt hosptal)	-	-	10
59547	**Kinnaur**					
5,9547	Rural	30	1	-	-	43
0	Urban	-	-	-	-	-
2,38,734	**Kullu**					
2,21,810	Rural	28	1	-	-	14
16,924	Urban	-	-	-	-	-
	Lahaul & spiti	8	-	-	-	4
32,100	Rural	-	-	-	-	-
	Urban					
6,44,827	**Mandi**					
5,97,570	Rural	59	-	-	-	50
3,01,296	Urban	-	-	-	1	10
5,10,932	**Shimla**					
4,30,755	Rural	54	-	-	-	59
80,177	Urban	7	1	1	-	50

Population Total Rural Urban	District	Number of Ayurvedic Dispensaries	Number of Ayurvedic Hospitals	Number of Ayurvedic Pharmacies	Number of Research Institutes	Beds available
3,06,952	**Sirmaur**					
2,70,657	Rural	33	-	-	-	24
32,623	Urban	-	1*(attached with distt hosptal)	1	-	10*(attached with distt hosptal)
3,03,280	**Solan**					
2,70,657	Rural	29	-	-	-	-
26,832	Urban	-	-	-	-	5
3,17,422	**Una**					
2,92,916	Rural	25	-	-	-	-
24,506	Urban	-	-	-	-	-
2, 92,916	Rural	418	3	-	-	306
24,506	Urban	9	5	2	1	97

Source: Directorate of Ayurveda, Himachal Pradesh, Shimla.
(Statistical outline of Himachal Pradesh (1981))
Directorate of Economic and Statistics, H.P. Shimla.

Number and Activities of Ayurvedic Institutions in Himachal Pradesh as on 31-3-85

Table 3.2

Sl. No.	District	Number of Ayurvedic Dispensaries	Number of Ayurvedic Hospitals	Number of Ayurvedic Pharmacies	Number of Research Institutes	Beds available
1.	**Bilaspur**					
	Rural	21	-	-	-	22
	Urban	1	1*	-	-	12
2.	**Chamba**					
	Rural	39	-	-	-	40
	Urban	-	1*	-	-	10
3.	**Hamirpur**					
	Rural	14	-	-	-	-
	Urban	-	1*	-	-	10
4.	**Kangra**					
	Rural	78	1	-	-	50
	Urban	-	1*	-	-	10
5.	**Kinnaur**					
	Rural	30	1	-	-	43
	Urban	-	-	-	-	-
6.	**Kullu**					
	Rural	28	1	-	-	24
	Urban	-	-	-	-	-
7.	**Lahaul & spiti**	8	-	-	-	4
	Rural	-	-	-	-	-
	Urban					
8.	**Mandi**					
	Rural	54	1	1	1	50
	Urban	-	-	-	-	10
9.	**Shimla**					
	Rural	54	-	-	-	59
	Urban	7	1	1	-	50

Sl. No.	District	Number of Ayurvedic Dispensaries	Number of Ayurvedic Hospitals	Number of Ayurvedic Pharmacies	Number of Research Institutes	Beds available
10.	**Sirmaur**					
	Rural	33	-	1	-	24
	Urban	-	1*	-	-	10
11.	**Solan**					
	Rural	29	-	-	-	-
	Urban	1	-	-	-	10
12.	**Una**					
	Rural	25	-	-	-	-
	Urban	-	1*	-	-	10
Total	Rural	413	4	2	1	316
	Urban	9	7	1	-	132

* attached with district hospital.

Source: Directorate of Ayurveda, Himachal Pradesh, Shimla.
(Statistical outline of Himachal Pradesh (1985)
Directorate of Economic and Statistics, H.P. Shimla.

The tables (3, 3.1, and 3.2) give a profile of Ayurvedic Institutes across districts in the state. The bulk of hospitals, beds and dispensaries are skewed towards the rural areas. It is the dispensaries which outnumber the hospitals. There is a district variation in terms of concentration of these institutes in the larger districts like Kangra, Mandi, Shimla.

District Profile of Ayurvedic Institutions in Himachal Pradesh

Table 4

District	Number of Ayurvedic Hospitals			
	1998-1999	1999-2000	2000-2001	2002-2003
Bilaspur	1	2	2	2
Chamba	2	2	2	2
Hamirpur	1	3	3	3
Kangra	3	4	4	4
Kinnaur	1	1	1	1
Kullu	1	1	1	1
Lahul Spiti	1	1	1	1
Mandi	1	2	2	2
Shimla	2	2	2	2
Sirmaur	1	1	1	1
Solan	1	1	1	1
Una	1	2	2	2
Total	16	22	22	22

Number of Ayurvedic Health Centres in districts

Table 4.1

1998-1999		1999-2000	2000-2001	2002-2003
Bilaspur	53	63	64	64
Chamba	83	98	98	98
Hamirpur	52	68	68	68
Kangra	198	226	226	226
Kinnaur	39	40	40	40
Kullu	55	63	63	63
LahaulSpiti	17	20	20	20
Mandi	138	162	163	163
Shimla	131	145	146	146
Sirmaur	72	80	80	80
Mandi	65	75	75	75
Una	61	69	69	69
Total	964	1109	1112	1112

Source :-Annual Administrative Reports Department of ISM & H Himachal Pradesh Government.

These tables show a profile of the Ayurvedic hospitals and the Ayurvedic health centres, from the data it is revealed that the concentration of these institutes is skewed in favour of some districts. The largest number of health centers is in Kangra (226), followed by Mandi (163), Shimla (146).The least number of Ayurvedic health centers is in the district of Lahaul Spiti (20). The largest number of hospitals is also in Kangra. If we gauge the statistics from 1980 onwards there has been an increase in the number of both hospitals and AHC, but it is relatively the AHC which have grown over time.

HEALTH INFRASTRUCTURE A COMPARATIVE ASPECT
ALLOPATHY Vs AYURVEDA

This section provides a comparative aspect of allopathy and ayurveda in Himachal Pradesh

The state has a fairly extensive network of health institutions. The position as on 31st March 2000 is reflected hereunder.

HEALTH INSTITUTIONS, DISTRICT WISE
Table 5

Sr. No.	District	C.Hs	CHCs	PHCs	CDs	ISM Inst	S/Cs
1.	Bilspur	2	5	17	11	67	110
2.	Chamba	4	7	28	11	102	161
3.	Hamirpur	2	5	17	6	72	150
4.	Kangra	8	12	50	34	223	447
5.	Kinnaur	2	3	17	0	44	34
6.	Kullu	1	3	14	5	65	99
7.	L & Spiti	1	3	9	5	24	32
8.	Mandi	6	9	44	13	165	300
9.	Shimla	9	6	47	30	149	241
10.	Sirmaur	5	3	24	14	82	143
11.	Solan	5	3	20	17	78	172
12.	Una	2	3	12	9	73	125
	Total	**48**	**65**	**302**	**167**	**1153**	**2069**

Source: Health Vision 2020 Department of Health & Family Welfare Himachal Pradesh

This data reveals that allopathic institutions are larger in number in the state relative to ISM institutions.

(A BRIEF PROFILE OF ALLOPATHIC INSTITUTIONS)

In addition to the above, there are two teaching hospitals, two leprosy hospitals, two TB hospitals, two Medical Colleges and three Dental Colleges(two in private sector and one in government sector) Besides there are Civil Dispensaries, which are run by different departments (police, University), Boards (HPSEB),
Projects like NJPC, BSL, Central Govt. Organizations (Railways, Defence, Cantonment Boards) and semi government organizations.

TRAINING INFRASTRUCTURE (ALLOPATHY)

1) Health and Family Welfare Training Centres, Shimla and Kangra These training institutions are meant to impart in service training to Medical Officers and Para-medical staff of the health department from time to time. Each training centre is headed by a Principal who is assisted by an Epidemiologist, Medical Lecturer and other faculty .Also guest faculty is invited from H&FW Directorate, other institutions and departments.

2) Para-medical Training Schools: There are facilities for pre-service and in-service trainings for all categories of staff in the department. Given below is the detail of training facilities:

(a) General Nursing Training Schools (5)
(b) Female Health Workers Training Schools (7)
(c) Male Health Workers Training Schools (6)

Indira Gandhi Medical College Shimla and Zonal Hospital, Dharamshala also train Operation Theatre Assistants (20); Lab Technicians (75) Radiographers (20) and Paramedical Ophthalmic Assistants (20). Trainings are given only when there is a need to fill the departmental vacancies.

3) Medical and Dental Colleges: There are two Medical Colleges and one Dental College in government sector while there are two more Dental Colleges in private sector. Medical College at Shimla has an intake capacity of 65 and the one at Tanda has an intake of 50. Dental College at Shimla has 20 seats. Medical College at Shimla also has facilities for 16 post-graduate degrees and 8 diploma specialties.

TRAINING FACILITIES IN ISM&H DEPARTMENT

There are two institutions which impart training

a) Ayurvedic College at Paprola (Kangra) has yearly intake of 50, for five and half years course of BAMS.

b) Pharmacy Training School at Jogindernagar has a capacity to train Ayurvedic Pharmacists in two years course and trainings are conducted as per the needs of the department.

The ISM&H department does not have any provision for training nurses and other paramedical staff.

COMPARISON OF TRAINING FACILITIES
AYURVEDA- ALLOPATHY, H.P. (Public Sector)
Table 6

	AYURVEDA			ALLOPATHY		
Category	No. of training Institute	Duration	Admission Capacity	No. Of Training Institute	Duration	Admission Capacity
Doctors	1	51/2	50	2	51/2	(65/50*)#
Pharmacists	1	2	INA	-	-	-
Nurses	-	-	-	5	31/2	Total capacity230 per batch
Female Health Worker	-	-	-	7	11/2	Total capacity 420 per batch
Male Health Worker	-	-	-	6	11/2	Total capacity 360 per batch

(Note: INA, means information not available
*There are two colleges imparting training to Doctors in allopathy, where the admission capacity is 65 in one & 50 in the other)
Does not include dental college.
It is evident from the table that training is skewed in favor of Doctors in Ayurveda. There is no provision for training for the nurses and ANM and other technical staff in Ayurveda.

FINANCE

The State of Himachal Pradesh came into being in 1971.So the budget for ISM&H is available from the 4thPlan onwards .During the sixth Plan 163.97 lakh of rupees were spent on ISM&H. For the 7th Year Plan an outlay of 250 lakh rupees has been provided. The budget detail of different years is given below

BUDGET ALLOCATION AND EXPENDITURE FOR ISM&H IN HIMACHAL PRADESH.

Table 7.1

PLAN	PERIOD	OUTLAY	EXPENDITURE	NON PLAN EXPENDITURE
IV PLAN	1969-74	6.70	6.70	-
V PLAN	1974-80	54.36	49.15	-
VI PLAN	1980-81	20.00	19.25	1.95
	1981-82	24.00	23.89	2.10
	1982-83	32.00	31.87	2.60
	1984-85	32.95	32.94	2.62
	1984-85	57.00	56.02	3.08
VII PLAN	85-86	40.00	40.00	3.53
	1986-87	60.00	60.00	3.85

Source: GOI, Ministry of Health and Family Welfare, Indian Systems f Medicine and Homeopathy: National & State Profiles, New Delhi 1988.

This Table provides an indication that the expenditure for ISM&H has increased over the plans.

Expenditure during V year plan
Rs. (In Lakh)Table 7.2

	1974-78 V Plan	1980-85 VI Plan	1985-90 VII Plan
Allopathy	247.49 (32.9%)	1535.22 (67.1%)	3194.95 (73.5%)
Ayurveda & other ISM	26.49 (3.52%)	148.23 (6.47%)	422.28 (9.71%)
Health & Family Welfare(TOTAL)	750.00 (100%)	2287.74 (100%)	4346.86 (100%)

Source: Balokhra J M (1995) 'The Wonderland Himachal Pradesh'

This table outlines that though in the larger picture the expenditure on Ayurveda has been high but relative to allopathy it is less.

UTILIZATION PATTERN FOR AYURVEDA

This section looks at the utilization pattern for ayurveda

If we examine the utilization pattern of medical services as put forward by the 42nd Round of NSS (July 1986-87),
Percentage distribution of treatments (not as an inpatient in a hospital) over a system of medicine:

RURAL
Table 8

	Allopathic	Homeopathic	Ayurvedic	Unani	Any combination of these	Others
H.P.	93.00%	1.93%	4.30%	0.09%	0.39%	0.29%
All India	95.91%	1.78%	1.53%	0.27%	0.07%	0.04%

URBAN
Table 8.1

	Allopathic	Homeopathic	Ayurvedic	Unani	Any combination of these	Others
H.P.	97.39%	0.41%	0.45%	1.41%	-	0.34%
All India	96.31%	2.09%	1.03%	0.27%	0.05%	0.25%

It is discerned from the data that though the utilization for allopathic services is high both in rural as well as urban areas, Ayurvedic services are also utilized highly in the rural areas of Himachal Pradesh. In rural areas, other states which have a high utilization of Ayurvedic services include Kerela (4.12%), Rajasthan (3.99%), Orissa (2.19%).
Practitioners also revealed that it is not only people from far flung areas are coming to seek treatment in Ayurveda; people from urban areas too are actively seeking treatment under this system.

This study did not elicit out information from patients regarding the utilization pattern, as to for which kind of diseases they resort to Ayurveda, but premised upon the response of the key respondents and practitioners, and the data available, it is largely for the chronic diseases that people are seeking treatment in Ayurveda. Most patients are those who do not get relief from the allopathy, or rather as the practitioners put it is the last resort for patients to come here, they are disenchanted with allopathy hence seek relief in Ayurveda.

Diseases for which people are seeking treatment in Ayurveda in H.P.

Table 8.2

	1993	1994	1995
Cold Fever etc.	1,54,663	1,28,920	1,16,534
Diarrhea (Atisar)	1,83,883	2,02,923	2,07,340
Ear & Eye ailments	81,566	-	-
Wounds & Injuries	1,06,684	-	-
Respiratory Problems	1,26,637	-	1,95,387
Gastro enteritis	1,600	7,841	735
Other minor ailments	21,60,127	12,82,511	14,80,635
Asthma	-	2,44,527	24,845
B.P	-	5,256	74,008
Amvat (Arthritis)	-	64,906	
Leucoria	-	30,775	36,354
Baran(Skin Infections)	-	1,34,270	

Source: Annual Administrative Reports, ISM&H deptt. Govt. of Himachal Pradesh.

STATEMENT SHOWING THE DISEASES FOR WHICH PATIENTS GENERALLY VISIT ISM & H GOVT. HOSPITALS

Ayurveda

Table 8.3

Sl.No.	Name of the State/UT	Name of the Diseases
(1)	(2)	(3)
1.	Name of the State/UT	Name of the Diseases
2.	Andhra Pradesh	Vatharoga, Madhumeha, Swasa, Dantaroga
3.	Gujarat	Swash, Kash, Pratishaya, Karn Rog
4.	Himachal Pradesh	Peptic Ulcer, Arthritis, R.T.I.,Neurological
5.	Karnataka	Swas,Kasa, Jwara, Vatha,
6.	Maharashtra	Hemiplegia, Jaundice, Arthritis, Diabetes
7.	Tamil Nadu	Sandhibatham, Kaya Rogam, Katisoolan, Pakshavatam
8.	West Bengal	VataByadhi, Amla Pitta, Graham, Prameha
9.	Chandigarh	Arthritis, Digestive, Eczema, Baladness

STATEMENT SHOWING THE DISEASES FOR WHICH PATIENTS GENERALLY VISIT ISM & H GOVT. DISPENSARIES

AYURVEDA

(Table 8.4)

Sl.No.	Name of the State/UT	Name of the Diseases
(1)	(2)	(3)
1.	Andhra Pradesh	Amvatha, Sandivatha, Agnimanda, Muthrarog
2.	Gujarat	Swash, Kash, Pratishaya, Karnrog
3.	Himachal Pradesh	Gastro, R.T.I., Cold, Cough and Fever, Arthritis
4.	Karnataka	Jwara, Vathe, Thwak, Swasa Rog
5.	Sikkim	Rog, Vat, Ras, Swas Twak Rog
6.	Tamil Nadu	Twak, Kasam, Swasam, Gridarasi
7.	West Bengal	Jwara, Prabahika, Krimi, Pandu & Kamla
8.	Chandigarh	Bronchial Asthama, Arthritis, Hypertension, Skin disorders
9.	Daman & Diu	Diarrhoea, Gynacc, Eye problem, Skin, Gastro
10.	Lakshadweep	Hemophylia, Arthritis, Paralysis, Bronchial Asthama

Source: ISM&H in India, 1998, Deptt. of ISM&H

These tables show a profile of the diseases people are seeking treatment in Ayurveda, it is discerned it is largely for the chronic diseases. The annual reports of ISM&H department outlines that owing to the climatic conditions, Himachal being a cold region according to the people are prone to diseases like arthritis., rheumatism ,diseases due to consumption of polluted water like gastroenteritis , worm infestations, diarrhea . The interior regions of Himachal are prone to respiratory infections and tuberculosis problems as outlined by the disease profile of Himachal Pradesh.

REGIONAL VARIATION: A NATIONAL PROFILE

This section looks at the regional variation, in terms of distribution of different institutes of ayurveda across different states.

Statewise Distribution of Hospitals, Beds and Dispensaries in Ayurveda by Management Status as on 1.4.2001

Table a

States/Uts	Number of Hospitals				Number of Beds				Number of Dispensaries			
	Govt.	Local Body	Others	Total	Govt.	Local Body	Others	Total	Govt.	Local Body	Others	Total
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Andhra Pradesh	7		1	8	364		100	464	550	105	782	1437
Arunachal Pradesh	1			1	10			10	2			2
Assam#	1			1	100			100	268		61	329
Bihar#	4		7	11	236		884	1120	216	261	45	522
Delhi	1	2	2	5	75	140	320	535	11	112	9	132
Goa#	2		1	3	65		120	185	1		58	59
Gujarat	29	11	8	48	1126	89	630	1845	255	566		821
Haryana	3		4	7	135		560	695	424			424
Himachal Pradesh	22			22	390			390	1112			1112
Jammu & Kashmir	1		1	2	25		75	100	240			240
Jharkhand			1	1			120	120				0
Karnataka	74		44	118	1117		5820	6937	541	49		590
Kerala	108		2	110	2526		272	2798	713			713
Madhya Pradesh#	34		2	36	1160		250	1410	2086			2086
Maharashtra	5	20	53	78	655	2928	7721	11304	463			463
Orissa	5		3	8	203		213	416	519	3	2	524
Punjab#	5		9	14	20		1024	1044	481			481
Rajasthan #	78		2	80	784		200	984	3450		36	3486
Tamil Nadu	1		4	5	55		370	425	11			11
Tripura	1			1	10			10	30			30
Uttar Pradesh#	2044		3	2047	10319		158	10477	323	327		650
Uttranchal	321		1	322	1605			1605	70			70
West Bengal#	3			3	309			309	285			285
Chadigarh			1	1			150	150	6			6

Source : ISM & H in India, 2001 Deptt. of ISM & H, GOI.
information for the current year is not available .

This table provides a state wise distribution of hospitals, dispensaries, beds by management status. This profile gives an idea that the bulk of hospitals across states are in the public sector. The states which have the larger number of hospitals include Kerala, Gujarat, U.P Rajasthan, Himachal. Compared to other states Karnataka and Maharashtra have the largest share of hospitals managed by other bodies. For Himachal here as discerned the hospitals are in the govt. sector. The proportion of hospitals is low to the dispensaries across all states. Gujarat has a large number of dispensaries managed by the local bodies and Andhra Pradesh has the largest share of dispensaries managed by other bodies. For Maharashtra and Karnataka the bed strength managed by local bodies stand higher than the national average. Himachal as given by the data has a strong presence of the public sector.

Statewise No. of Ayurveda Registered practitioners as on 1.1.2001

Table b

STATE /UT'S	IQ	NIQ	TOTAL
Andhra Pradesh	5470	9240	14890
Assam	250		250
Bihar	131121		131121
Delhi	5561	459	6020
Gujarat	13164	3591	16755
Haryana	5053	13842	18895
Himachal Pradesh	2423	4504	6927
Jammu –Kashmir	343		343
Karnataka	6930	4214	11144
Kerala	7301	6112	13413
Madhya Pradesh	45999	1302	47301
Maharashtra	35679	14677	50356
Orissa	2631	1179	3810
Punjab	5885	14381	20266
Rajasthan	23455	2967	26422
Tamil Nadu	1519	1954	3473
Uttar Pradesh	39419	17162	56581
West Bengal	1753	1170	2923

SOURCE : ISM & H in India, ISM&H deptt. GOI

This table provides an insight into the number of registered practitioners of ayurveda, it gives a varied view, some states have institutionally qualified practitioners and some have a larger number of non- institutionally qualified practitioners. The bulk of institutionally qualified practitioners are in the states of Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan U.P.

The states where non institutionally qualified practitioners are larger are Himachal Pradesh, Punjab.

STATEWISE NUMBER OF GOVT.AND NON-GOVT. LICENSED PHARMACIES IN ISM & HOMOEOPATHY AS ON 1.4.2001

Table c

Sl. No.	STATES/U.T.'S	Ayurveda			Unani			Siddha			Homoeopathy			Total		
		Govt.	N.G.	Total	Govt.	N.G.	Total	Govt.	N.G.	Total	Govt.	N.G.	Total	Govt.	N.G.	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1.	Andhra Pradesh	1	547	548	1	167	168	-	-	-	-	38	38	2	752	754
2.	Assam	1	47	48	-	-	-	-	-	-	-	-	-	1	47	48
3.	Bihar#	+	+	228	+	+	21	-	-	-	+	+	75	+	+	324
4.	Chhatisgarh	+	+	38	-	-	-	-	-	-	+	+	1	+	+	39
5.	Delhi	2	73	75	1	25	26	-	-	-	-	7	7	3	105	108
6.	Goa	-	5	5	-	-	-	-	-	-	-	-	-	-	5	5
7.	Gujarat	3	634	637	-	4	4	-	-	-	-	13	13	3	651	654
8.	Haryana	-	299	299	-	4	4	-	-	-	-	8	8	-	311	311
9.	Himachal Pradesh	3	66	69	-	-	-	-	-	-	-	1	1	3	67	70
10.	Jammu & Kashmir#	+	+	10	+	+	2	-	-	-	-	-	-	+	+	12
11.	Karnataka	1	249	250	1	12	13	-	-	-	-	10	10	2	271	273
12.	Kerala#	2	823	825	-	-	-	-	-	-	1	16	17	3	839	842
13.	Madhya Pradesh#	1	435	436	-	10	10	-	-	-	-	6	6	1	451	452
14.	Maharashtra	2	600	602	-	2	2	-	-	-	-	35	35	2	637	639
15.	Orissa	3	203	206	-	-	-	-	-	-	1	37	38	4	240	244
16.	Punjab#	+	+	149	-	-	-	-	-	-	-	-	-	+	+	149
17.	Rajasthan	4	376	380	2	6	8	-	-	-	-	3	3	6	385	391
18.	Sikkim	-	2	2	-	-	-	-	-	-	-	1	1	-	3	3
19.	Tamil Nadu#	2	337	339	-	9	9	2	371	372	-	7	7	4	724	728
20.	Tripura	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
21.	Uttar Pradesh#	2	2899	2901	2	170	172	-	-	-	-	43	43	4	3112	3116
22.	West Bengal#	3	285	288	1	13	14	-	-	-	1	299	300	5	597	602
23.	Chandigarh	-	4	4	-	-	-	-	-	-	-	-	-	-	4	4
24.	D & N Haveli	-	14	14	-	-	-	-	-	-	-	-	-	-	14	14
25.	Daman & Diu#	+	+	1	-	-	-	-	-	-	+	+	1	+	+	2
26.	Pondicherry	-	31	31	-	-	-	-	11	11	-	5	5	-	47	47
	TOTAL	30	7930	8386	8	422	453	2	382	384	3	529	609	43	9263	9832

Source: ISM & H in India, 2001 Deptt. Of ISM & H, GOI

Information for the current year not available hence repeated for the available year.

This table provides a fair idea of the presence of pharmacies of ayurveda in the non –govt sector, largely it is the non –govt. sector. Fair share of the government owned pharmacies is in the states of Rajasthan, Gujarat, Himachal Pradesh, Orissa, Delhi.

QUALITATIVE DATA

The readings on the history of the state, information from gazetteers and other information available on Ayurveda in Himachal Pradesh provides a macro framework, to further substantiate the information gathered from secondary sources in depth interviews were conducted with key individuals which included a gamut of private ayurvedic practitioners, practitioners in the public sector at the primary, secondary and tertiary level, students of Ayurveda, key individuals at the Directorate of Ayurveda, Shimla; paramedical staff at AHC's and regional ayurvedic hospital, Shimla; key individuals in Department of AYUSH, Ministry of Health and Family Welfare, New Delhi. The in depth interviews were supported by a checklist of questions largely related to aspects of drawing linkages from the past on ayurveda in H.P to the present context, about the kind of infrastructure available for ayurveda in the state, training facilities for the paramedical staff, the kind of diseases people for which people resort to ayurveda, district variation in terms of ayurveda.

All key individuals voiced unanimously that ayurveda was doing a commendable job in the rural areas of Himachal Pradesh. AHC's are serving people in remote and far flung areas of Himachal. Private Ayurvedic practitioners are also serving people through the length and breadth of the state but bulk of them is non institutionally qualified. Many renowned *Vaids* are serving in the state those who have earned repute in curing diseases like paralysis, cancer.

Ayurveda has been prevalent in Himachal since ancient times the royal courts used to appoint ayurvedic physicians as court physicians called *'RajVaidyas'* , but aspects like the kind of training centers for practitioners could not be discerned from the interviews. *Vaidyas* and healers were the main service providers of ayurvedic services in the state but qualifications aspects could not be verified from the interviews. The present day Kangra district has a strong history of royal patronage. In ancient literature this area was known as *'Trigart Pradesh'*. Kangra was renowned for reparative surgery of ears and noses hence giving it a name Kangra. Kangra had been reined for a longest period by Katoch dynasty and Katoch kings used to appoint ayurvedic physicians as *Rajvaidyas*. Ayurveda was deeply rooted in the socio cultural background of Kangra. Kangra region spread in the past up to Lahaul -Spiti in the north and Punjab in the south. Ancient Kangra now being divided in to districts like Una, Hamirpur, Kullu, Mandi (partly) has a strong hold of

ayurveda tradition and is rich in the number of institutions and presently the sole college in Ayurveda is in Paprola, district Kangra. Ther are many families practicing ayurveda in Kangra who have been collectively called the *Vaid Tabbar,* (the family of ayurvedic practitioners) The trading community has traditionally been trading for herbs like *Dhoop, Brahmi, Harad, Baheda, Kuth, Arjun, Daruharida* etc. from this area.[1] Another aspect voiced by practitioners was that the districts of Kangra, Shimla, Mandi have a fair presence of Ayurvedic institutes, as they had a strong tradition of ayurveda and they are larger in terms of population density, which also accounts for a larger number of institutes.

It further discerned in discussions with a renowned *Vaidya* and a Pharmacy owner in H.P. that the Government pharmacy at Majra, was set up by the erstwhile Maharaja of Patiala and this pharmacy served to the royalty, this pharmacy was overtaken by the government in the late 1950's.

There is no provision for training of nurses, ANM's in ayurveda; all nurses are those who have received training in allopathy. But there is provision for training of pharmacists, the training institute is situated at Jogindernagar. There is a variation in the basic pay scale for allopathic and ayurvedic doctors which stands Rs. 8000/- and Rs.7, 220. A large private hospital is coming up in Nagrota in Himachal Pradesh, as told by some practitioners, but the details of which are yet to be explored.

The kinds of ailments for which people seek relief in Ayurveda was voiced by practitioners as problems of arthritis, rheumatism, gastro disorders, respiratory tract infections, paralysis, piles, gynecological problems more recently people are seeking treatment for ailments like high blood pressure, stress related problems, heart ailments.

On questions like cross referrals the response of key individuals was that it is patients generally come on their own to seek relief in ayurveda but it is generally for chronic diseases, it entails a spectrum of reactions like people who have tried every possible option and seek the last resort in ayurveda, some do not find relief in allopathy hence go for ayurveda, and some have been seeking relief for diseases in ayurveda ,hence continue to use it.

[1] Insights given by Principal Ayurvedic College Paprola; Deputy advisor, Ayurveda, GOI

CHAPTER VI

CONCLUSION AND DISCUSSION

This endeavor does not seek to diminish the importance of development in the field of ayurveda, but rather put its representation as progressive in a comparative perspective. It is basically an intrigue into the direction to which ayurveda is veering towards, taking biomedicine as the frame of reference.

At the outset of the study we started with a line of thought which put forth the idea of 'medical pluralism' and explicated a plethora of medical systems in the Indian context. The argument which delineated thereafter was the proclivity in the anthropological literature to categorize medical systems and practices in the framework of 'great' and 'little' traditions. Ayurveda has had an uneven growth across state which has been guided by a number of factors. Variation has come forth in two senses for the indigenous systems of medicine, regional and social differentiation and the other aspect has been the variation in terms of allocation of funds. Marginalization in terms of allocation of funds has become pronounced for traditional systems of medicine as they get only 2% of the mammoth health budget relative to allopathy. Regional variation has been further complemented by a variation in expenditure on Ayurveda by different states, which formed a premise for this study. Different strands of thought emerged as to what led to the eventual decline of ayurveda. One strand advocated the internal stagnation in ayurveda as a reason for its decline, the other held colonialism as the culprit, which brought in its wake the system of biomedicine which has influenced the development of Ayurveda in the present context also.

The broader picture of ayurveda in the national context provided a framework for us to proceed further to look into the state of Himachal.

The operating rationale for the study was the regional variation in the presence of ayurveda, hence this study started with this aspect and focused upon the state of Himachal Pradesh, in this venture we made a foray to explore for the reasons for as to why credence is being given to ayurveda in Himachal Pradesh? What emerged, as pathways in this direction are that for any of medical traditions to survive there are a number of factors. In Himachal these can be broadly said as, the presence of extensive

flora and fauna, a strong hold of Ayurveda in the state in the pre-independence phase governed by a royal patronage& preponderance of practitioners. These factors cumulatively became instrumental in giving a position to ayurveda in the state which was further strengthened by a strong state support in the post independence phase, however remained a second to allopathy The historical profile of Himachal delineated that it had different waves of migration wherein different people from different regions have settled down .A reading of the gazetteers reveals that there was presence of other systems than ayurveda in the districts of H.P. like Unani& Bhot Chikitsa which continue to be popular till the present day in the tribal areas of Kinnaur, Lahaul Spiti. The inferences drawn are limited to the available information; hence questions like the extent and the nature of interaction between these systems, the kind of educational institutions available for the practitioners, the social stratification amongst the practitioners remain unanswered Instances of royal patronage can be drawn, practitioners were appointed as court physicians, granted fiefs and deeds fore their jobs and one of the Ayurvedic practitioner was rendered the status of a state level practitioner. In a discussion with practitioners it was also revealed that one of the state pharmacies located at Majra, was set up by the erstwhile ruler of a princely state which was overtaken by the Himachal Government in the late 1950's.Kangra emerges as a renowned place for reparative surgery. Further discussion with Ayurvedic practitioners explicates that 'it is reported, that kings of the *Katoch* dynasty who had reined Kangra for the longest period, used to appoint Ayurvedic physicians as *Rajvaidya.* Ayurveda was deeply rooted in the socio cultural background of Kangra region. Ancient Kangra now being divided in to many districts like Una, Hamirpur, Kullu, Mandi(partly) has a strong hold of ayurvedic tradition and is rich in the number of institutions also. There are many families practicing ayurveda in Kangra which have been collectively called the *Vaid Tabbar.* Further it discerned in a discussion that Himachal has been also renowned for trading of precious herbs since earlier times, in Kangra district the trading community has traditionally been trading for herbs like *Dhoop, Brahmi, Harad, Baheda, Kuth, Arjun, Daruharida* etc. Himachal being predominantly a hilly state, connectivity and linkages also become salient aspects, Kangra being centrally located also has had a privilege of being well connected and linked, thus adding on to the

'social capital' for the traders. In the post independence phase state investment has played a significant role in fostering growth of Ayurvedic institutions over time, both Ayurvedic hospitals and AHC's have grown, but it is largely at the primary level that the institutes have grown.[1](Table 1,2) The bulk of ayurvedic services are being provided through AHC which offer mainly outpatient care. Given the element of regional variation what came to light that within the state also there are variations in terms of ayurveda being skewed in some districts of the state and concentrated largely in the rural areas. District variation is largely characterized by presence of strong institutional network in Kangra, Shimla, Mandi etc. [2](Table3,3.1,3.2,4,4.1). The uneven pattern for institutional network could be likely explained as these districts are large in terms of population density and have had a strong tradition of Ayurveda in the past. In the discussions it was voiced unanimously by all key individuals and key practitioners that Ayurveda is doing a commendable job in the periphery i.e. the rural areas of the state.

Despite a large investment in Ayurveda what is discerned by figures that there is a significant gap relative to allopathy. There is no provision for training nurses, ANM and other technical staff in Ayurveda. [3](Table 6). Further revealed in discussions was the aspect that there are significant variation in the pay scales for allopathic and ayurvedic doctors in Himachal, basic pay scales being 8,000 and 7,220 respectively. The finance profile mirrors the image in the larger context that of Ayurveda being second to allopathy. There is no private Ayurvedic hospital in Himachal Pradesh, in a discussion it was revealed that a private hospital is coming up in the Kangra district, but details of which are yet to be explored. The Department has registered 7,405ayurveda practitioners who are catering to the population through the length and breadth of the state, amongst whom the bulk is non- institutionally qualified. There are as many as around 80 pharmacies in Himachal Pradesh. Big ayurvedic houses like Dabur have their factories in the state.

Himachal being predominantly a hilly state and majority of its population being rural what comes as the positive aspect is that ayurveda has been catering to people extensively in rural areas, but it raises another aspect that utilization of services is

[1] Table on pg. 47
[2] Table on pg. 50-55
[3] Table on pg. 59

characterized by the availability of services also, is it the failure of outreach of bio-medicine which has had a vast infrastructure, and occupies an esteemed position in the health budget. If we examine the NSS utilization pattern[4](Table 8, 8.1) the use for ayurveda stands relatively higher in the rural areas for H.P. this aspect was also unanimously voiced by all key individuals, however they also said that it is not people from rural areas are coming to seek treatment in ayurveda, the resort pattern to ayurveda entails a spectrum of trust and mistrust, for few people ayurveda is the last resort after they have tried every option, for some it is a resort after they recognized the side effects of allopathy, and some have been always resorting to Ayurveda hence continue to us it. The resort pattern according to available data presents a figure that people are seeking treatment for chronic diseases [5](Table 8.2, 8. 3, 8.4). Owing to severe cold conditions people in H.P suffer from problems of arthritis, rheumatism along with other problems for which they seek relief in ayurveda, also respiratory infections are cause of high morbidity in the state along with gastroenteritis and diarrheal diseases for which they also seek relief in Ayurveda. Treatment for paralysis is also largely sought for in Ayurveda, according to practitioners now people are also seeking treatment for stress related problems, high blood pressures, diabetes, heart ailments in ayurveda.

The renewed interest in ayurveda that has proliferated over the decade has brought in new motivations for ayurveda in Himachal Pradesh. In the late 1990's the ISM&H department has added new dimensions like Panchakarma centres attached to two ayurvedic hospitals, one nature cure unit .The state government has anyways being promoting tourism as Himachal has many hill stations, the new aspect is being ayurveda being married to the tourism industry in the sense Panchkarma centres being started in collaboration with the tourism department, where the motivations are seen as earning revenue .Owing to rich biodiversity, the state also pins large hope on the wealth of herbs and medicinal plants, hence looking for greener pastures in the greens.

The aspects that unfold from the discussion in the larger context of ayurveda as well as the position of ayurveda in the state of Himachal Pradesh, what appears significantly is

[4] Table on pg. 61
[5] Table on pg. 63

that the position of ayurveda cannot be gauged through a discrete factor, there are a number of factors cumulatively feeding into each other embedded in the larger, socio-historical and the political context, which shape up the position of any medical system.

At the very outset of the study we embarked upon the notion that relations of power and authority carve space for the cultural production of knowledge. What is gleaned from the description so far is that the interaction of allopathy and ayurveda provides a context, of how they are viewed with biomedicine as a frame of reference and the encounter of ayurveda with allopathy gives an idea of the unease at certain junctures. Initially the British advocated their interest in indigenous systems of medicine by learning rhinoplasty from exponents of Indian surgery (Banerji, 1979) The British rulers did not interfere with the indigenous medical system during the first two decades of the nineteenth century. It was customary for them to employ Indians as subordinate health workers in hospitals, of those who gained skill in this way were attached to regiments and civil stations as 'Native Doctors'. As the demand for these workers increased a school for native doctors was founded in 1822, and Ayurvedic classes were started in 1827, along with instruction in some western medicine, in Sanskrit College. This college was opened in Calcutta and its medical curriculum was the first one to include parallel instruction of Ayurveda and Western medicine.[6] This endeavor was however not to last too long as the courses ceased to exist and attempts were made to make biomedicine as the acknowledged system of study. Hereafter official patronage to these systems had started waning. At this point of time, during the late 19th and early 20th centuries developments were taking in the different branches of biomedicine the indigenous systems had remained stagnated. The framework provided by Leslie outlines that the indigenous systems present at this juncture were different from those in the classical text, what were available were the syncretic traditions which were a result of confluence of different medical traditions. As Banerji elucidates the professions of the indigenous systems of medicine became dominated by persons of very limited competence, sometimes even by quacks and imposters and the very scientific bases of these systems were almost totally eroded. This set perhaps the first juncture of unease in

[6]Gupta, (1976) 'Indigenous Medicine in Nineteenth- and Twentieth century Bengal' in Leslie Charles (ed.) Asian Medical Systems: A Comparative Study, California University Press, California pp:369

the interaction between allopathy and ayurveda, perhaps the first moment for articulation of biomedicine as an overarching system of medicine, where the indigenous systems had failed to carve a space for themselves. At the time when these events were unfolding the debates between Anglicists and British Orientalists were taking place. These two schools of thought perpetuated an argument over the interaction of allopathy with biomedicine. Convinced that the Indian society was saturated by heathendom, Anglicists considered India to be corrupt. They believed that its culture was degenerate and its population irrational, retarded, superstitious and morally depraved. The Orientalists on the other hand, genuinely sought to understand foreign culture. Surely, they wanted to bring reform. But they were certain that a transformation could be only possible if it resonated with the mores of the natives. Hence they studied the Indian culture, learned its cultural inheritance and discovered a grand past that presented an India excelling in all domains.[7] For example a member of the Orientalist faction surveyed traditional education in Bengal in the 1830's and one of his recommendations was that medical textbooks be written in the Bengali, Hindi, and Sanskrit languages to combine modern scientific knowledge with local practices[8]. The Biritish Orientalists wanted to create a native doctor trained in ayurveda practices and allopathy. The Anglicists on the other hand worked towards a complete hegemony of allopathy, they negated the idea of integrating ayurveda with allopathy. Allopathy had managed to gain a strong hold at least in the urban centers by ousting ayurveda from the state ambits like hospitals, medical colleges. These stances in a way exemplify the element of power how; the very British standwhich had earlier supported the creation of a 'native doctor' now had called to do away with it. With the rise of the national movement the revivalistic movement for ayurveda too gained momentum, and the purists stream sought support for ayurveda. Though ayurveda managed to get patronage in some princely states, and a large number of colleges and boards established in many states to regulate the practitioners, but ultimately at the time of independence biomedicine managed to gain over as development in the field of biomedicine, stagnation within the indigenous systems, the hegemony of the colonial power cumulatively became

[7] Gelders& Derde (2003), EPW:4611
[8] Leslie, 1976:361

instrumental in giving it a vantage position.. A continuity of the debate which was initiated in the pre independence phase by the Anglicists and the British Orientalists was carried in the post independence phase through the stand point of different Committee reports. The juncture of unease is reiterated between allopathy and ayurveda in Committee reports, in the post independence phase debates between the purists strand who did not want an integration with allopathy and the liberals supporting the integration continued, and it was the liberals within the strand which ultimately lost out. 'The support for pure training grew amongst the qualified practitioners in the 1960's, posing major issue for policy. The latter pointed out the popularity of the indigenous practitioners: the higher cost of integrated courses due to requirements of modern equipment ;the tendency to spend too much time on allopathy, the availability of indigenous graduates as rural practice and the inherent incompatibility of the two systems rendering integration impossible. The supporters of integrated training however argued that science was universal, that the low cost argument would promote unscientific practice in rural areas and harm research and development and the indigenous practitioners actually used western drugs and treatment the supporters of pure training had gained government support by the early seventies.[9] Though the purist strand had managed to gain over and called for institutions of education based on the purists line, the modernization strand called for research based on scientific parameters. Some states had witnessed growth of ayurveda in the pre independence phase as a result of patronage form princely rulers, it was further fostered by investment on ayurveda in some states though remains second to allopathy, which became evident through the study of Himachal., but ultimately biomedicine remains the dominant form of medical care in the states also where ayurveda has managed to sustain itself. The interaction of allopathy and ayurveda brings out a picture of the assertion of power of biomedicine over ayurveda. The assertion defines spaces for ayurveda. The interaction of ayurveda with allopathy started on an unequal plane marked by debates between the purists and the liberals. [10] The renewed resurgence of interest in indigenous systems becomes an example where the limits of allopathy are carving out spaces for these systems. For

[9] FRCH, (1984) Indian systems of medicine and homeopathy

[10] The Chinese example of integration embarked upon the idea of taking the strength of both the systems and took it on a much common ground.

example the changing profile of diseases, as is evident from the study of Himachal, people resort to ayurveda more for chronic diseases but as the NSS utilization pattern charted out the utilization of allopathy is high in both the rural and urban areas, relative to ayurveda both at the national level and for the state of Himachal. Allopathy not being able to provide for chronic diseases and the western world and the upper-middle classes realizing the importance of these systems for chronic diseases, makes the resurgence of renewed interest in indigenous systems a global phenomena, hence making spaces for ayurveda. But within these aspects the very contours of ayurveda are being reworked, in terms of what Banerjee defines it as a pharmaceutical episteme, ayurveda being reduced from a system of knowledge to a supplier of pharmaceuticals. The big gain for ayurveda in the contemporary contexts stands in terms of supplier of medicines and the raw materials for which stands in abundance in India, and this can be taken from the example of Himachal Pradesh which has a vast repository of herbal wealth, where different initiatives are being embarked upon by the state government to promote ayurveda. [11]

The dominance of allopathy in independent India can be viewed as a product of the history and ideology as espoused by the Nehruvian vision to embark upon modernization where the dictat was 'big is beautiful' the ideology of science and industrialization were put on the agenda of development. 'In the heady aftermath of Indian Independence, the idea of modernization took on the dimensions of a national mission, became an integral part of the Nehruvian tryst with destiny that the nation had pledged to keep. [12]

[11] Concerns for ayurveda in the contemporary context have been brought in Chapter III, and in relation to the state of Himachal, have been brought in the section 'The Place of ayurveda in the health service system of Himachal Pradesh'

[12] Deshpande Satish, (2004) 'Modernization' in Veena Das , (ed.) Handbook of Indian sociology, OUP, Oxford pp:175

GLOSSARY

AHC	Ayurvedic Health Centre
ANM	Auxiliary Nurse Midwives
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BAMS	Bachelor of Ayurvedic Medicine and Surgery
GAMS	Graduate in Ayurvedic medicine and Surgery
GOI	Government of India
H P	Himachal Pradesh
HPTDC	Himachal Pradesh Tourism Development Corporation
ISM	Indian system of Medicine
ISM&H	Indian System of Medicine and Homeopathy
RCH	Reproductive and Child Health

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