Commentary
Volume 10:7, 2021

Alternative and Integrative Medicine

ISSN: 2327-5162 Open Access

Ayurveda Practice in Health Institutions

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Commentary

In the following developments, several state governments such as the Delhi Government started making budgetary allocations for something that they had brushed aside until then. Though export of Ayurvedic medicines, raw drugs, and expertise has been the main thrust of the central Department of AYUSH, a new insertion started with the inclusion of alternative therapies. Further, the establishment of National Rural Health Mission in 2005 made a crucial impact. The NRHM aims for an integrative health structure in which AYUSH systems of medicine and Western medicine would together serve the people in the public health system. The integration of quality AYUSH services in the public health care system by co-locating them with allopathy is to provide a choice of treatment to the patients, especially those who are dependent on government health facilities. The Ministry of AYUSH aims to promote AYUSH systems at the grassroots level by improving outreach and quality of health delivery in rural areas.

Moreover on the other, the study has looked at doctors and patients' views to consider the question of agency in health and illness, which is grounded very much in their socioeconomic and cultural contexts. The sociological study of alternative systems of medicine in contemporary India requires an understanding of medical pluralism and its different facets, namely, popular, scientific, administrative, and interpersonal. The idea of medical pluralism developed in the countries of the global South where a biomedical monopoly of health care has been a rule. It has been observed that mainstreaming has different connotations in different spatial contexts.

It is also assumed that mainstreaming has shown a positive result in metropolitan cities as compared to rural areas because of the better health facilities available in metropolitan cities. A city with huge migrant population also reflects on the values and associations based on which people decide their medical choices. With public and private co-located and standalone institutions and urban and semi-urban constituents, Delhi becomes a rare site to observe the intricacies of mainstreaming. The similarities and differences between institutions are analyzed on the basis quality of Ayurvedic services such as classification of disease, method of diagnosis and treatment, patients' strength, the social background of patients, the source of medicines, and epidemiological data of patients.

This is even true of standalone Ayurvedic institutions. No doubt that mainstreaming has made it possible for Ayurveda to be accessed and availed by poor people in Delhi city, whereas in the private sector it is only accessible to the upper strata of the society and this is by no means a small achievement. But, the question is about providing quality health services because Ayurveda is now reduced to an adjunct therapeutic system and it exists in the form of about 30 odd company made medicines that are handed out by the Ayurvedic doctors.

How to cite this article: Sai Shradha. "Ayurveda Practice In Health Institutions". Alt Integr Med 10 (2021):10:340.

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Received 17 June 2021; **Accepted** 22 June 2021; **Published** 29 June 2021