

Integrative Medical Education, Exploring Prospects for Ayurveda



Integrative Medicine is incipient around the world. The past two decades have made tangential developments across the globe in this direction. Integrative medical education is the process of training conventional biomedical and traditional medicine practitioners in each tradition such that patient care in its entirety can be effectively coordinated. A bilateral or multi-directional education model ensures that students in each tradition are cross-taught by experts from the 'other' tradition, imparting knowledge and values in unison. Clinical wisdom titrated by acculturation is foundational to bilateral integrative medical education and practice (Steven H. Stumpf and Simon J. Shapiro 2006). Discussions are needed for an open-minded bilateral educational model that can result in the new generation of integrative medicine teachers.

The global status of Integrative Medicine is diverse and remains largely undocumented. The impact of Integrative medicine in the West is definite, but scarce. Countries like China and India in the forefront, aiming to integrate the best of Complementary and Alternative Medicine (CAM) and conventional medicine would do well to look not only at the many differences between the two systems, but also at the areas where both converge to help tackle the unique health challenges of the 21st century.

In an ideal world, traditional medicine would be an option offered by a well-functioning, people-centred health system that balances curative services with preventive care (WHO Report 2019).

Patients often turn to CAM including Ayurveda and use it concurrently with conventional medicine to treat illnesses and promote wellness. It is undisputed and an accepted fact that these two paradigms are often not combined effectively. Patients often do not tell physicians about CAM treatments or CAM practitioners about conventional treatments that they are using. Sometimes, this can lead to inefficient care and/or adverse interactions. There is also a lack of consensus about the structure and practice of integrative medicine among the various types of practitioners. We need to identify the key domains and develop a conceptual model of integrative medicine at the provider level, using a grounded theory approach

and a viable model. 'Dual-trained' practitioners qualified in conventional medicine and any one CAM can be exemplified as clinicians with a greater orientation toward integrative medicine. They can advocate an open-minded perspective about other healing traditions, promoting co-management with appropriate referrals to practitioners of other paradigms, and treating patients with both CAM and conventional healing modalities.

As an educational initiative, basics of Ayurveda modules can be taught to the students at conventional medical schools students so they can later communicate more effectively about CAM. It is reliably learnt that such an initiative has begun in the United States. Similarly Ayurveda students should be effectively trained to communicate with conventional medical people in a language that is mutually understandable resulting in cross-pollination of ideas. We need to introduce an educational initiative in integrative medicine in India, emphasizing evidence-based learning, patient-centred care, and communication skills with conventional health care providers. CAM practitioners of all AYUSH systems should feel better equipped to communicate with conventional health care practitioners if they undergo a specially designed educational program that is well-structured, futuristic and inclusive across trans-disciplinary domains.

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