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Global challenges of graduate level Ayurvedic education

Sir,

The study by Patwardhan *et al*,^[1] is one among many of the revealing studies carried out from time to time by researchers who are concerned about the plight of Ayurveda and are genuinely thinking about possible methods to make improvements in its system appraisal.

Why does a person trained institutionally in the Ayurvedic system of medicine not appear as confident about his future as his modern counterpart may seem to be?^[1] The reasons could be many but they all essentially lead to a poor education system adopted for imparting training in Ayurveda in India. It is important to understand that to instruct students in Ayurveda so as to make them confident, we need to have a battery of good mentors. The administrative system of Ayurveda therefore needs to address the issue of finding and retaining people with essential skills that can augment the capacities of a student.

Without doubt, we need to understand that to improve our education system, we need to empower our teachers with skills and abilities to explore the subject so that they can comfortably engage in the betterment of Ayurveda.^[2,3]

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Author's reply

Sir,

In response to the communication by Dr. Sanjeev Rastogi we are willing to give our following comments:

- Apart from the challenges of Ayurveda education that we have recognized in the present study,^[1] we have also observed that the Ayurveda graduates are not trained adequately in basic clinical skills^[2] and this is probably the major cause of diffident clinicians being produced. Unless the memory-oriented and theoryoriented teaching does not transform into clinically oriented practical training, the problem is probably going to remain.
- 2. There is an urgent need of establishing a national level body for taking care of the following.
 - a. Educational research is carried out in Ayurveda and suitable recommendations are put forth from time to

time to ensure the relevance of Ayurveda education.

- b. Strict regulatory norms are implemented while granting approvals to the institutions.
- c. Uniform pay packages and regular promotions are ensured to attract and retain good teachers and clinicians in the education system.
- d. NET-like compulsory national level screening test is introduced to assess the quality of the aspiring teachers before declaring them eligible for lectureship.
- 3. At present, India follows the policy model of "parallel approach", where traditional systems of medicine and Allopathy are segregated.^[3] Implementation of the policy model of "integrated approach", where all streams of medicine are integrated at all the levels of education and practice, as being followed in China and Vietnam,^[4] may be the eventual solution for this problem.

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Subacute thyroiditis following ginger (Zingiber officinale) consumption

Sir,

I read with interest the article on subacute thyroiditis following ginger (*Zingiber officinale*) consumption by Sanavi and Afshar, which was published in the first issue of this year.^[1]

Although this article highlights a new aspect of ginger pharmacology, I would like to point out that it is not consistent with Ayurvedic aspects of ginger consumption.

Ayurveda clearly states that ginger is contraindicated in individuals with *pitta prakriti*, in hot seasons and in hot lands like Iran.^[2] The dose reported by author (1 g per day) is also too large.^[3] The *anupan* (vehicle) of honey is also not the most ideal one for ginger. In fact ginger should have been given with ghee in small quantity, if at all required. The indication for ginger consumption by the patient and her *prakriti* is not given clearly in the report.

Adverse events caused by Ayurvedic drugs have to be

considered from the Ayurvedic angle before causality is established. It is necessary to label an adverse reaction due to improper use correctly to avoid misconceptions regarding Ayurvedic drugs and to promote rational use of Ayurvedic medicines.

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Author's reply

Sir,

The presented case in our article had consumed ginger by herself without consulting a herbalist. Because of the safety of herbal preparations and habitual consumption of them, many people in Iran consume these preparations without any knowledge about their adverse effects. It is important to note that even though the patient had taken small doses of ginger for the second time, she had experienced similar symptoms. This reveals that the patient might have had a sensitivity reaction to ginger even in small doses.

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