

# **GLOBAL PROMOTION OF TRADITIONAL MEDICINE WITH SPECIAL REFERENCE TO AYURVEDA**

**By**

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1. Ayurveda has been one of the ancient Sciences of Life of the world going back to over 4,000 years BC. As a Science of Life and Health, the different branches of Ayurveda have evolved over the long period as health being mainly concerned with keeping the boy fit and avoiding and curing of diseases which was its main objective. Logically, therefore, there has been a constant research on therapeutic agents that keep the body fit, increase its capacity to combat a disease and bring it back to normal. These therapeutic agents are termed as Drugs.
2. The early scholars in Ayurveda with the philosophy of Tridosha constituting Kapha, Pitta and Vata and their imbalances causing a disease was a thought out key to the cause of various diseases and several drugs were chosen to be the therapeutic agents, which could counter-balance or undo the imbalances of three basic elements (Humours) of life. The early scholars, therefore, depended on several natural products, which had the capacity to restore a proper balance of the three Doshas. The therapeutic agents were chosen on their intrinsic quality based on the theory of Rasa, Guna, Virya, Vipula and Prabhav. These intrinsic restorative and curative properties of such natural products were studied by experimentation and adopted as therapeutic agents and called Drugs. The early human habitat was surrounded predominantly by the vegetable kingdom and it was, therefore, natural that the first choice for the drugs was of the natural products viz. Roots, stems, barks, and fruits of plants in the vegetable kingdom. The early Aryan Society had had a very close access to nature and it was but natural that over thousands of vegetable products came to be used as therapeutic agents and became more and more popular generation after generation. It must be noted that the scholars of Ayurveda also had a close knowledge of the animal kingdom and mineral world. Consequently, therefore, they also found out several therapeutic agents from the animal kingdom and the mineral kingdom, which enriched the armoury of drugs as a whole.
3. Though initially it might have been a single drug treatment in vogue subsequently drugs with similar therapeutic properties must have been tried. Not only that, since a disease is a complex phenomenon of several body shortcomings and influences of several systems in the body going wrong, the practice of prescribing more than one drug in combination must have come in vogue. That was therefore, the genesis of compound drugs and formulations. The process of combining of drugs into formulation however, did not stop at prescribing to the patient more than one drug at a time but were further re-enforced with recipes with compound drugs from the vegetable kingdom being further re-enforced for a better performances with known drugs from the animal kingdom and the mineral world too. This was, therefore, the beginning of the practice of compound formulations in Ayurveda which itself is a fairly old practice going over several thousand years. Animal products like Kasturi

(Musk), Amber, Pearls, the mother of pearls and ordinary conch and corals duly processed became equally popular therapeutic agents and were crowned by research on metals and metal products especially Quick Silver (Mercury), Gold, Copper, Sulphur and the like earmarked as one of the greatest achievements of the early pharmacists. Mercury and several Mercury products at one time occupied the main stage of Ayurvedic therapeutics when the Master Pharmacist and physician like Nagarjuna proclaimed that with his research on mercurial preparations shall create the model diseaseless world.

## **Historical Background**

Dating back to more than three thousand years, the history of Ayurveda is generally split into four periods viz. Vedic period, period of Samhitas and Sangrahas, period of compilation by Hindu chemists and the decadent period. Then comes the present period of attempt at reviving the ancient science of Ayurveda. It is generally understood that Ayurveda forms part of both the Rig Veda and the Atharva Veda.

That there was systematic medical education imparted in Ayurveda is evident from the fact that as early as 2<sup>nd</sup> Century B.C., the University of Takshasila attracted medical students from far and near. Even then all the specialities in medicine were highly developed and full-fledged surgery was in vogue. It is well known that Nagarjuna had made many discoveries in the 2<sup>nd</sup> Century AD in regard to mineral preparations used in Ayurveda. In the 6<sup>th</sup> and 7<sup>th</sup> Centuries AD the University of Nalanda was in full swing and medical students from Japan, China etc. are known to have prosecuted their higher studies in medicine at that University.

But with the advent of Buddhism and Ahimsa (Non-Violence) theory, Ayurvedic surgery declined considerably and thus failed to keep pace with later scientific developments. During the Moghul period, Ayurveda suffered another serious setback, because many of the texts of Ayurveda were destroyed and practitioners of the system were systematically discredited. Lack of State support during the British regime reduced Ayurveda to a stagnant stage. By this time, the situation was ripe for the introduction of Western system of medicine, which resulted in a further deterioration. The conservative Vaidyas becoming dogmatic and impervious to modern advances in medicine made conditions worse. Ayurveda still managed to survive only because the ruling Princes in some of the more enlightened Indian States took a keen interest in the science.

## **Interaction between Ayurveda & Modern Medicine**

The first historic incidence of interaction between the Ayurveda and Modern medicine started in our country on 23<sup>rd</sup>/29<sup>th</sup> May 1786 by the creation of Hospital Boards by the Court of Directors, Governor General in Council of the East India Company. Subsequently, after ten years of its existence, a medical Board was established on 30<sup>th</sup> June 1796. This process was further crystallised by an appointment of the Director-General of Medical Department on 25<sup>th</sup> January 1858.

In addition to these administrative steps on academic side, H.H. Wilson, succeeding Sir. W. Jones and H.T. Colebrooks, introduced the ancient Indian Medicine through an essay on the "Medical and Surgical Sciences of the Hindus" in 1823. He was followed by J.R. Royle's study of the "Antiquity and Independent Origin of Hindu Medicine" 1837. T.A. Wise in 1845 published the first comprehensive treatise on

Indian medicine in any foreign language. This was entitled as the Commentary on the Hindu System of Medicine. These publications do not seem to have created any stir in the Western medical world. Moreover, any interest, which they might have created, soon died down. After a lapse of about sixty years, A.F.H. Horne revived the languishing interest in the ancient Indian medicine by the publication of his studies in medicines of the ancient India, part I Osteology (1907). This was followed by a series of critical and scholarly articles entitled "Studies in Ancient Indian Medicine" in the journal of the Royal Asiatic Society (1906-1910). Besides these studies, he also edited the Bower Manuscripts with consummate skill and scholarship (1893-1912, Kutumbiah 1962).

An attraction to the orthodox Ayurvedic system of medicine amongst the British people at that time was very superficial. But in view of prevailing circumstances of our country at that time, their attention was mostly confined to the economically commercial plants of the country. Later, the pharmacodynamics of the medicinal plants also aroused their inquisitiveness to a limited extent. It, however, could result in the preparation of such books as the Indigenous drugs of India by K.L. Dey, 1867; Useful plants of India and Handbook of Indian flora by H. Druv 1893; Materia Medica of Hindus by U.C. Dutta, 1877; Catalogue of Indian Medicinal Plants (Transactions of Asiatic Society) by John Fleming 1810; Supplement to the pharmacopoeia of India by Moodeer Sheriff 1865; Pharmacopoeia of India and Bazar Medicines by Waring in 1868 and 1874; Dictionary of economic Plants by Smith J. 1882 and Dictionary of economic products of India I-IV Vol. By George Wattin 1889 etc. (Abdul Wahid and Siddiqui 1961).

### **Revival**

It is an established fact that each generation learns considerably from the doings of its predecessor and constructs, reconstructs or at times develops its thoughts and intellect through its own direct experiences. It is more applicable in the field of Ayurveda, developed through the ages, irrespective of the nature of nationality, caste, creed, religion, belief, political doctrines, geographical variations, historical and social affiliations. The main thrust to have a healing touch to his suffering appears to be consistent. It appears akin to the formation of first plasmodial soup of the human evolution itself. How much has to be still preserved and proposed to be rejected or freshly to be adopted is a continuing process. As a matter of fact, Ayurveda (Oriental Medical System of India) has passed through many difficult phases of Indian Medical History. It has certain inner strength, which has helped to keep the interest of the people intact, and therefore, with the advent of British Rule in India, the Indian people resisted the British Rule to desist from making the indigenous systems recede into background. If they survived, they did so primarily because of their own intrinsic ways, means and values. One such example is made by eminent Indians to bring them again into a greater use. Governmental records show as early as in 1916, 11 members of the Imperial Legislative Council led by Pandit Madan Mohan Malavia, Sir Surendra Nath Banerjee and Sir Ganga Dhar Chitnavis pressed the then Director General of Indian Medical Services to accept the resolution for conducting an investigation into possibility of placing the ancient and indigenous systems of medicines on a scientific basis and increasing their usefulness. In addition to this, All India Ayurveda Maha Mandala and later Indian National Congress (1920-1938) passed many resolutions to protect the system of Ayurveda as a national medical system, which was endorsed in first Health Ministers Conference in 1946. However, a tabulated list of events are being placed below to provide various Governmental instances to develop Ayurveda as a system of medicine in the national interest.

**Historical Landmarks to Resuscitate and Revive Ayurveda  
In the 20<sup>th</sup> Century at the State and Central Levels**

S.No.	Important events	Year	Observations, if any
1.	Establishment of All India Ayurveda Mahasammelan (Ayurvedic Congress)	1907	Professional interest group of indigenous practitioners
2.	Indian National Congress	1920	Demanding Government patronage onwards for Ayurveda – Provincial Government began to grant assistance.
3.	Bengal Government Committee	1921-1922	
4.	Committee on Indigenous systems of Medicine, Madras	Oct. 1921	
5.	Committee of Ayurvedic & Unani System, United Provinces		
6.	Council of State Boards & Faculty of ISM	1925	
7.	Committee of Indigenous Systems of Medicine, Ceylon	1926	
8.	Committee of Enquiry into the Indigenous Medicine, Burma	1928	
9.	Committee appointed to examine Indigenous System of Medicine C.P. and Berer		
10.	Indigenous Medicine Enquiry Committee, Punjab	1938	
11.	A Committee to go into the question of encouraging the indigenous system of Medicine, Mysore.	1942	
12.	Bhore Committee, Government of India	1945	Proposed the creation of a chair of history of medicine in medical colleges in India.
13.	Utkal Ayurvedic Committee, Orissa.	1946	-

14.	First Health Minister	1945	Strongly wounded Resolution stating that the provision should be made for Training and Research in indigenous system of medicine. Persons trained in the system may be observed in the State Health Organisation.
15.	Indian Systems of Medicine, Enquiry Committee, Bombay	1947	
16.	Screening Committee to Report on the steps to be taken for the Development of Ayurveda in Assam	1947	
17.	Government of United Provinces also set up Reorganisation Committee of Ayurvedic and Unani Systems.		
18.	Chopra Committee (Prof. R.N. Chopra) Government of India	1946 - 1948	Made Recommendations about General Education of Students and Teachers Control of Education, Research, Drug Standardisation, Medical Relief and Integration.
19.	Pandit Committee (Pandit G.C.Pandit), Govt. of India	1952	Helped in establishment of Jamnagar Institute of Ayurveda.
20.	Dave Committee (Shri D.T. Dave), Govt. of India)	1955	Establishing Standards in respect of Education and Regulation, the Practice of ISM.
21.	Udupa Committee (Prof.K.N.Udupa) Govt. of India (To assess and evaluate the present status of Ayurvedic System of Medicine)	1959	Suggested measures to be applied for Research in Ayurveda and their recommendations helped in creation of post-graduate institute of medicine, Banaras Hindu university, Varanasi, Central Council for Research in Indian Systems of Medicine and Creation of Composite Drug and Research Schemes.

22.	Mudaliar Committee (Dr.A.L.Mudaliar)	1959	Idea of integration appreciated but this idea of concurrent teaching of medicine was unacceptable.
23.	g. Borker	1961	Health in independent India by Ministry of Health, Government of India, New Delhi – reviewed the overall development of ISM till that time.
24.	Ayurveda Pharmacopoeia	20.9.62	
25.	Vyas Committee (Sh. Mohan Lal P. Vyas, Health Minister of Gujarat on a Resolution passed by Central Council of Health in the Annual Meeting.	Oct. 1962	Helped in creation of Shudha Ayurvedic Board Draft Circular syllabus for professional Shudha Ayurvedic Degree.
26.	Pharmacopoeial Laboratories for ISM at Ghaziabad.	1958	To mark out standards and develop tests for single drugs and compound formulations.
27.	Central Council for Research	1969	Established as Autonomous Body for Organising Research in ISM and Homoeopathy.
28.	Drug and Cosmetic Act	1969	Approved by the Parliament.
29.	Establishment of National Institute of Ayurveda	1976	-
30.	Development of state ISM Pharmacies including Drug Tests Laboratories (Centrally sponsored scheme)	1976-77	For the development of ISM Pharmacies.
31.	Central Council for Research in Ayurveda and Siddha	1978	Central Council for Research in Indian Medicine and Homoeopathy was bifurcated Homoeopathy as bifurcated into four council and out of these, one devoted to Ayurveda and Siddha is called Central Council for Research in Ayurveda and Siddha.
32.	Indian Medicines Pharmaceutical Corporation	1981 Oct.	For supply to Government institutes or Research units

	Ltd. at Mohan District in Almorah, Uttar Pradesh		and also for Open Market in Due course.
33.	National Academy of Ayurveda	1989	
34.	Establishment of the Dept. Of ISM &H, Govt. of India, under the Ministry of Health & Family Welfare, having an independent secretary and Health Minister as the overall incharge.	1995	To address the strength of the systems in the areas of current relevance while delineating the immense opportunity that lies ahead.
	Document on National Policy on Indian Systems of Medicine	2001	Drafted by Dept. of ISM&H outlining the past activities present status and future strategies of work.
35.	Govt. of India – National Population Policy – “Mainstreaming Indian Systems of Medicine and Homeopathy” para 30 & 31	2001	India’s community supported ancient but living traditions of indigenous systems of medicine has sustained the population for centuries with effective cures and remedies for numerous conditions, including those relating to women and children, with minimal side effects. Utilization of ISM&H in basic reproductive and child health care will expand the pool of effective health care providers, optimise utilisation of locally based remedies and cures, and promote low cost healthcare. Guidelines need to be evolved to regulate and ensure standardisation, efficacy and safety of ISMH drugs for wider entry into national markets. Particular challenges include providing appropriate training and raising awareness and skill development in reproductive and child health care to the institutionally qualified ISM&H medical practioners. The feasibility of utilising their services to fill in gaps in manpower at village levels and at sub-centres and primary health centres may

			be explored. ISM&H institutions, hospitals and dispensaries may be utilised for reproductive and child healthcare programmes. At village levels, the services of the ISM&H “barefoot doctors”, after appropriate training, may be utilised for advocacy and counselling, for distributing supplies and equipment, and as depot holders. ISM&H practices may be applied at village maternity huts, and at household levels, for antenatal, natal and post-natal care, and for nurture of the newborn.
36.	Medicinal Plants Board	2000	To act as a Nodal Agency on Medicinal Plants and coordinate the activities of Research in various Deptts. Of Government dedicated to research on medicinal plants. It is further anticipated by this Board to boost the export on medicinal plants outside the country and regulate the import in specific area.

### **Modern Age**

In the modern era, with the impact o the West, the science of Ayurveda got a new direction. This new era may be said to begin from 1925 with the establishment of the Government school of Indian Medicines in Madras. This marked the meeting of both the ancient and modern trends and the period since then may aptly be called the Sandhi-yuga. Institutional training in Ayurveda started and at places like Banaras Hindu University, it could receive University status. In 1935, this period took new turn. In the same year, there was a conference on Principles of Pancha-Mahabhuta and Tridosha and Tridosha of Ayyrvedain BHU, Varanasi. Mahamahopadhyaya Kaviraj Gananath Sen was its President. He emphasised the need of the new era called the Mishra Yuga (or concurrent medicine and focussed attention to bring proximity of the ancient medicine to the modern trends.

During this period, many modern works were translated and brought new understanding before the Ayurvedic world. The works of Gananath Sen i.e., Pratyaksha Sharira and Sidha Nidana etc. are the main instances. In 1945, after the death of Gananath Sen Jee, Yadavajee Trikam Jee entered the field and took up the pioneer leadership. This marked the beginning of Samanwaya-Yuga. With the

background of achievements during the foregoing period, an attempt towards reorientation of the old and the new was initiated. This became possible as a result of the active co-operation of the scholars of ancient and modern systems of medicine and also the scientist involved in applied sciences. During this period, a number of Ayurvedic books were written and various seminars and symposia were held. It can be confidently said that whatever Ayurvedic literature is available at present, is mainly the contribution of this era and the entire credit is attributed to Acharya Yadavji Trikamji Acharya directly or indirectly. Among his fellow workers, co-workers or we may say collaborators, were Ayurvedic scholars like Pandit Ram Raksha Pathak, Shree Ranjita Rai Desai, Pandit Ganesha Dutta Sarasvata, founders of Vaidyanath Ayurved Bhavan, Patna and Thakur Balwant Singh etc, side by side modern physicians like Colonel Dr. Ram Nath Chopra, Dr. Balkrishna Amarajee Patham, Dr. Prana Jeewan Mehta, Dr. Dharendra Nath Banerjee etc. have made lasting contribution to the development of Ayurveda in this period. When Yadavji died in 1955, the era of research in Ayurveda conceived with the establishment of the Post-Graduate Training and Research Centre at Jamnagar took new turn. Jamnagar Ayurved University undertook researches more literary in nature and the experimental aspect remained untouched. The other aspects of research like Clinical Research and Drug Research could further be accomplished in August 1963 when the Post-Graduate Institute of Indian Medicine was established at Banaras Hindu University, Varanasi by the Dept. of Health, Government of India, New Delhi. Thus the research in the field of Ayurveda passed to a new phase. Simultaneously few research centres were established in certain parts of the country by private bodies/State Government. The Central Government also created Central Council for Research in Ayurveda which initiated its activities mainly through 'Composite Drug Research Scheme' under Indian Council of Medical Research and journal of Research in Indian Medicine at Post Graduate Institute of Indian Medicine, NHU, Varanasi.

### **The Retrospect and Prospect of Development of Interface Between Ayurveda and Modern Medicine**

Because of the increasing sophistication in modern medicine, its increasing administrative costs and the exponentially expanding degree of training and specialisation health care cost all over the world has sky rocketed. Even in the developed countries like USA, 37 million American people have no health insurance at all and 22 million have inadequate health coverage. The health care crisis is primarily a crisis of chronic diseases like arthritis, allergies, pain, hypertension, cancer, depression, cardiovascular diseases and digestive problems. The modern medicine is extremely effective for treating infectious diseases and traumatic injuries through its one-dimensional solution – like single magic bullet. Unfortunately these synthetic and semi-synthetic drugs are no longer dependable as they once were.

According to WHO, Traditional medicine are utilised as primary source of health care by 80 percent of the world's population. Typically, more than 80 percent of health budgets in developing countries are directed to service that reach approximately 20 per cent of the population. Of this, 30 percent of the total health budget is spent on national pharmaceutical bill. Despite the colonial influence, oriental medical systems outlawed by authorities, attitudes of Western medical practitioners, historic suppression, Ayurveda and modern medicine have interfaced broadly with each other although these systems are determined to maintain the distinguished character. A report on analysis of the facts reveals that their prevalence is being regulated in following 4 ways:

1.	Monopolistic	Modern medical doctors have the sole right to practice medicine.
2.	Tolerant	Ayurvedic medical practitioners are not officially recognised, but are free to practice on the condition that they do not claim to be registered medical doctors.
3.	Parallel	Practitioners of both modern and Ayurvedic systems are officially recognised. They serve their patients and offer their services through separate mechanism.
4.	Integrated	Modern and Ayurvedic medicine merged the medical education and jointly practiced. It has been discouraged in India but have unique health service in China and Vietnam.

Medicine is also an art; doctors still need to listen to their patients. This aspect of medical practice has not changed. Too many patients feel that their physician does not really listen to them. When the patient attempts to explain his or her problem, the doctor interrupts. Subsequently, when the attempts to explain what condition the patient has and outlines a treatment regime the patient is confused because the physician does not communicate to the level of patients understanding. It leads to apprehension, frustration and lack of confidence. However, the modern medicine is unusual in the following ways:

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1. Its intense attachment to materialistic interpretive models.
2. Its focus on physical body, almost to the exclusion of other possibilities.
3. No focus on the disease after virtual exclusion of the person.
4. Its vast development of disease types.
5. Its highly technologic delivery system.
6. The invasiveness of its care modalities.
7. Its emphasis on acute disease, trauma end-stage malfunction with relatively little focus on prevention or wellness.
8. Its high cost.
9. It does not take scientific cognizance of health option or alternatives.

As a matter of fact, Ayurveda and Modern medicine are profound medical knowledge systems and have different epistemological foundation, which is being presented tentatively in tabular form as per details below:

## Tabular presentation of two different medical knowledge systems especially modern medicine and Ayurveda.

### Contemporary Ayurveda

Modern Medicine Ayurveda is based on the body's non-material substrate and therefore, modern medicine cannot explain the scientific observations of Ayurveda. Therefore, the biomedical paradigm needs to be reversed.

Scientific paradigm	
<u>Objectivism</u> – The observer is separate from the observed.	Old in terms of intellectual history
<u>Reductionism</u> – Complex phenomena are explained in simple, component phenomena	Employ old technology who's fundamental character reflects new scientific idea in physical and biological nature.
<u>Positivism</u> – All information can be deduced from physically measurable data.	Clinical pragmatism dictate that successful therapeutic methods should not be withheld while mechanisation are being elucidated or debated.
<u>Determinism</u> Where a phenomina can be elicited from knowledge of scientific laws and initial condition.	<u>Foundation</u> Ayurvedic Philosophy is based Sada darsan (Astika darsana Nastika darsan both)
Science itself is not reality but a system of human knowledge.	Panchamahabhutas Atama Mana Indriyas Tridosas Vichara Dravyaguna
Newtonian physics, pre-Darwinian biology, contemporary quantum, physics/mechanis – recognise aspects of reality beyond matter energy duality, unified fields of energy and matter, wave function	Concept of 13 Agnis Sada Kriyakalas Ritucharya, Dincharya, Ratricharya Sapta dhautus Ojas Srotas Vichara
<u>Biology –Ecology</u> Molecular Genetics continues to dissect the human genome.	

## **5. Special Features**

- i) Wellness – it is more than the prevention of disease.
- ii) Self-Healing – the body heals of its own.
- iii) Bio-energy – the body is an energetic system – disruption in the balance and flow of energy cause illness.

## **International Aspect**

For more than three hundred years, art of modern medicine is being constantly shaped by modern rational scientific, mechanistic view. It has helped in bring about enormous technological and material advances. This approach has produced extraordinary achievements in the treatment of infectious diseases, synthesis of such desperately needed substances as insulin, interferon and now genom therapy. It helped in creation of sophisticated and life saving surgical procedures. However, these biomedical approaches and paradigms have tended to narrow human perspective overtime. People have come to the view that all illnesses are primarily a malfunction of mechanical parts and to regard physicians as technicians to repair or replace them. People have lost sight on importance of the psychological, social, economic and environmental influences on health, illness and of the extraordinary power of the conscious, sub-conscious and ultra-conscious every evolving human mind, which in fact affects and controls the human body in calibrated manner.

For the last four decades, there is growing concern about the appropriateness of the technology-driven modern healthcare for dealing the chronic diseases. There is a wide spread recognition of the need for a less fragmented, more participative and human healthcare approach to address the growing financial, social and personal costs of chronic disease management. In country like United States of America and countries of European Union are debating the change in the health paradigm to meet the new challenges in their own country and also in the developing and under-develop countries. This is reflected by the increasing use of complimentary/ alternative medicine.

In Europe, 50% of the 503 billion-dollar food market is based around nutraceuticals. The JAMA (Journal of American Medical Association) reported that Germany alone spent over \$ 7 billion on nutraceuticals and an estimated 40% of North Americans are using food supplements/herbaceuticals/ nutraceuticals/health foods. U.S. FDA has already enacted Dietary Supplement Health and Education Act (DSHEA) on 25<sup>th</sup> October 1994 to look after the Food Supplements. Under such global development in this field, it is imperative that our country considers laying down specific guidelines on standards, GMPs claims, labelling etc. and appropriate legislation for enforcing the same keeping in view the initiatives which the department of ISM&H, Ministry of Health and Family Welfare have taken with respects to standards evolved for single medicinal plants used in Ayurveda, Unani & Sidha since quite a number of these plants would be the constituents of the medicaments and also nutraceuticals or food supplements being marketed in various forms.

## **Immediate Action Plan**

The standardisation of Ayurvedic preparation is supermost and has for and wide implication. For pharmaceutical purposes quality of raw material specially medicinal

plants needs to be very high. The problem becomes puzzling because complex composition of the drugs, difficult to know the bioactive ingredients, presumably active chemical compound of the drug in general does not reflect reality. Mostly they possess complex mixture of components (mostly inert and active both) provided by medicinal plants. They might be influencing the bioavailability and excretion of the active component. The inert components help in keeping the stability of the active component and minimizing the side effects.

Therefore, the quality control of raw material, specially Ayurvedic angle (nomenclature, shape, appearance, Rasa, Guna, Virya, Vipaka Prabhav) and from Modern Angle (Authentication, foreign matter, organoleptic evaluation, microscopy, volatile matter, ash value, extractive value, chromatographic profile marker component, pesticide residue, micro-organism, radio-active contaminants, analysis of the time of use, in process analysis, analysis in processed material, stability studies etc.) require modern means and methods. They constitute the pre-request for developing the linkages and interface with the modern medicine.

**Of all the gifts, the most precious is health**