



EDITORIAL

# Clinical consensus in Ayurveda - The need of the hour in practice and research

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The clinical practice as well as research in Ayurveda often face some similar issues regarding the validity and reliability of diagnostic and therapeutic standards. Strenuous qualitative researches followed by tool developments may render some clinical standards for researchers and practitioners. But the ground reality of uncertainty in the area of diagnosis and precise medication demands more practical and easier to use solutions in determining the exact diagnosis and treatment. Especially in the field of ayurvedic diagnostics, where subjective parameters are used mostly in the decision-making process, clinical consensus forms an essential component. Since it has more practical connections, clinicians can follow this practice more easily.

To begin with; the term clinical consensus denotes agreement between clinicians regarding the diagnosis, prognosis, assessment or treatment of a clinical condition. If the biomarkers are not dependable to diagnose or to predict the prognosis or to assess the treatment outcome, as claimed by most of the Āyurvedic practitioners; the usage of subjective parameters can be permitted for all these three purposes with or without integrating them with the biomarkers, but most importantly with the backup of consensus statement in accordance with the current understanding of the given clinical condition. This type of consensus statement can be used in case documentation, reporting as well as in clinical trials. <sup>[1,2]</sup>

## Recent developments

Under these circumstances, Kerala University of Health Sciences through the School of Fundamental Research in Ayurveda has conducted a workshop on Clinical Consensus for Research in Ayurveda on 23-09-2019 and 24-09-2019. The possibilities of generating clinical consensus and their practical implications were discussed in the workshop. The technical report of the workshop is available online. <sup>[3]</sup> The issue of lack of agreement between the clinicians of Ayurveda has been an issue in the research scenario even though clinicians themselves may consider it as an 'inherent strength of Ayurveda' or the 'freedom in treatment'. Paradoxically, strength is often a weakness of the system and freedom is tendency to create chaos so that inherent weakness can be masked. An amicable solution for this 'diversity' is to bring about uniformity in the assessment and interpretation, thereby streamlining the different perspectives (if any) and presenting the scenario as 'unity in diversity'.

A very recent study has highlighted the lack of uniformity in diagnosing clinical conditions when assessed on the basis of given case scenarios.<sup>[4]</sup> The situation needs to be introspected with a scientific goodwill and not with apprehensions and misbeliefs. Contrary to the situation in Modern Medicine, the diagnosis in Ayurveda has some peculiarities. Consensus should be sought in 3 areas. Firstly, on the diagnosis of the condition in Ayurveda; secondly whether modern diagnosis has to be considered and thirdly if it has to be considered how far the clinician has to compare them. Modern diagnosis and investigations cannot be completely ignored in Ayurvedic clinical decision making since it will make the practice unscientific and unethical. At the same time considering them together can create confusions and cognitive dissonance among the clinicians.

### Realizing the ground reality

Going deep into the scenario, one can separate the different layers in this conceptualization. Unlike modern medicine, Ayurveda considers the diagnosis of the person more important than the diagnosis of the disease. So, the personal characteristics like *Prakriti*, *Doshavastha*, *Saara*, *Agni*, *Koshta* etc., have to be given more importance than the disease. In other words, these individual characteristics actually determine the impact of the disease in the body and the response of the body to the disease. But there is no such agreement in terms of these characteristics also, as evident from the comparison of different tools used in the determination of prakriti.<sup>[5]</sup> Still, the techniques and their results that are most near to the truth can be followed. Considering the false positive and false negative results is of paramount importance since they can make the issues more serious by turning myth into reality and vice versa.

The guidelines formulated for diagnosis, assessment and comparison should be in accordance with the existing principles and practices in this area.<sup>[6,7,8]</sup> Defining the expertise needed to diagnose, interpret and compare the Ayurvedic and Modern clinical conditions is the first step in this regard. For example, the clinical condition of *Pandu* and anaemia may have some common characteristics so that some presentations may be coinciding with each other and some may not be. There is need to identify the condition based upon the pathophysiology and the relative dominance of the *doshas* present. In terms of research, the Ayurvedic diagnosis based on *dosha* status is having more 'sensitivity', but less 'specificity' when compared to the modern counterpart. So, a well-made tool or consensus statement to diagnose *pandu* will be more useful in detecting problems of 'hypoxia related conditions' even though those cases may not be clinically belonging to a specific type of anemia. Making a mess with this situation to discard the entire modern investigations and diagnostic

parameters with the intention of reverting to the ancient way of diagnosis with 'pulse and impulses' is in fact a deliberate move by a sector of people with lack of expertise and enthusiasm to mask their ignorance.

### The way forward

As far as Āyurvedic clinical practice is concerned, modern parameters get more importance in clinical assessment of the condition, in defining prognosis as well as in deciding the course of treatment than in making the diagnosis. The connections between diagnosis, assessment, prognosis and treatment together with their link with success or recovery from disease should be clear when the scenario is presented in a scientific platform. Sometimes, issue of an illogical diagnosis may have been solved by another illogical or logical way of treatment rendering good results. Such kind of 'success by chance' are often magnified and projected in social media platforms and even in journals which indirectly make Ayurveda pseudoscience and its claims as obsolete. In accordance with the current GCP guidelines, consensus should be developed in case of clinical reporting,<sup>[9]</sup> formulating management protocols<sup>[10]</sup> and even in designing therapeutic techniques.<sup>[11]</sup> This is the only way out for a standardized, scientific and ethical clinical practice in Ayurveda.

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