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EDITORIAL ANALYSIS

India Must Use the AYUSH Opportunity — Mainstreaming Ayurveda Globally

 **THE HINDU**

23 March 2026

SUBJECTS COVERED**ECONOMY****SOCIAL ISSUES****GS PAPERS****GS2****GS3****CURATED & WRITTEN BY****Bharat Choudhary**

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The Hindu

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GS2

GS3

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The Hindu

MAINS RELEVANCE:

GS Paper 2

GS Paper 3



INTERVIEW ANGLE

"How can India ensure Ayurveda gains global credibility without compromising its traditional knowledge base? What role should evidence-based validation play?"

WHY IN NEWS

The Hindu published an editorial arguing that the Union Budget 2026-27 allocation increase for AYUSH and the India-EU Free Trade Agreement provisions represent a pivotal moment for Ayurveda, but success requires rigorous scientific validation rather than cultural assertion alone.

The AYUSH Moment

India's AYUSH sector — Ayurveda, Yoga, Unani, Siddha, and Homeopathy — is at a strategic inflection point:

DEVELOPMENT	DETAIL
AYUSH Ministry budget 2026-27	Rs 4,408 crore (nearly doubled in 5 years)
New institutions	3 new All India Institutes of Ayurveda announced
India-EU FTA	Enables cross-border AYUSH service provision in Europe
Global market	AYUSH exports growing at ~20% annually

The Editorial's Core Argument

While welcoming the budgetary push and trade opportunities, the editorial raises critical concerns:

- Scientific validation gap** — Many AYUSH formulations lack the rigorous clinical trial evidence that global markets demand. Without evidence-based validation, India risks legal disputes and reputational damage.

- 2 **Conflict of interest in research** — Much AYUSH research is conducted by institutions that are simultaneously promotional bodies. This creates credibility concerns in international scientific circles.
- 3 **Complementary, not competing** — Ayurveda and biomedicine operate from fundamentally different conceptual frameworks (doshas vs pathology). The editorial argues they should complement rather than compete — “evidence-based validation strengthens rather than threatens traditional systems.”
- 4 **Regulatory gaps** — India’s AYUSH regulatory framework (under the Drugs and Cosmetics Act) is less stringent than allopathic drug regulation. This inconsistency weakens global acceptance.

AYUSH in India — Key Data

PARAMETER	DATA
AYUSH Ministry	Established 2014 (upgraded from Department)
AYUSH hospitals	~4,000 (public + private)
Registered practitioners	~8 lakh
AYUSH exports	~Rs 10,000 crore (2024-25)
Key export markets	US, EU, Japan, Southeast Asia
WHO Traditional Medicine Strategy	2014-2023 (extended)

India-EU FTA and AYUSH

The India-EU Free Trade Agreement, signed in 2025, includes specific provisions for AYUSH services:

- Mutual recognition of practitioner qualifications (in progress)
- Market access for AYUSH products meeting EU safety standards
- Provisions for cross-border telehealth consultations in Ayurveda
- Reduced tariffs on herbal and Ayurvedic formulations

This represents India’s first major FTA to explicitly include traditional medicine services.

Global Traditional Medicine Landscape

COUNTRY	SYSTEM	GLOBAL REACH
India	Ayurveda, Yoga	Growing global presence
China	Traditional Chinese Medicine (TCM)	WHO-integrated, 196 countries
Japan	Kampo Medicine	Insurance-covered domestic
South Korea	Korean Medicine	Government-regulated

China’s success with TCM — now integrated into WHO classifications (ICD-11) — provides both a model and a competitive benchmark for India’s AYUSH ambitions.

Way Forward

- **Independent validation bodies** — Separate research from promotion by establishing autonomous AYUSH research councils
- **Pharmacovigilance** — Strengthen adverse event reporting for AYUSH products
- **Standardisation** — Develop internationally recognised quality standards for AYUSH formulations
- **Integration** — Follow the Kerala model of co-locating AYUSH and allopathic departments in district hospitals

UPSC RELEVANCE

AYUSH Ministry (est. 2014), India-EU FTA AYUSH provisions, WHO Traditional Medicine Strategy, ICD-11.

MAINS GS-2:

Health governance — integrating traditional medicine into public healthcare; India-EU FTA and services trade.

MAINS GS-3:

AYUSH as an export opportunity; balancing traditional knowledge with scientific evidence.

★ FACTS CORNER — KNOWLEDGEPEDIA

AYUSH MINISTRY:

Full form: Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy

Established: November 9, 2014 (upgraded from Department of AYUSH under Health Ministry)

Current Minister: Ministry of AYUSH, Government of India

Budget 2026-27: Rs 4,408 crore

INDIA-EU FTA:

Negotiations began: 2007 (relaunched 2022)

Signed: 2025

AYUSH provisions: First Indian FTA to include traditional medicine services

Covers: Goods, services, investment, digital trade

KEY AYUSH INSTITUTIONS:

AIIA: All India Institute of Ayurveda (New Delhi, est. 2016)

CCRAS: Central Council for Research in Ayurvedic Sciences

National AYUSH Mission (NAM): launched 2014 for AYUSH infrastructure development

WHO AND TRADITIONAL MEDICINE:

WHO Traditional Medicine Strategy: 2014-2023 (extended)

ICD-11 (2019): First to include Traditional Chinese Medicine classifications

WHO Global Centre for Traditional Medicine: Jamnagar, Gujarat (India) — inaugurated 2022

OTHER RELEVANT FACTS:

India's AYUSH exports: ~Rs 10,000 crore (2024-25)

Registered AYUSH practitioners: ~8 lakh

AYUSH hospitals: ~4,000

Kerala: Pioneer in integrating Ayurveda with mainstream healthcare

Sources: [The Hindu](#), [Vajiram & Ravi](#)

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