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Ayush Chintan Shivir 2026: Aligning Traditional Medicine with Viksit Bharat 2047

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Ayush Chintan Shivir 2026: Aligning Traditional Medicine with Viksit Bharat 2047

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WHY IN NEWS:

The **Ministry of AYUSH** organised the **Ayush Chintan Shivir 2026** from **April 15–17, 2026** in New Delhi to align India's traditional medicine systems — Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa, and Homoeopathy — with the **Viksit Bharat 2047** vision. Union AYUSH Minister **Shri Prataprao Jadhav** launched a national toll-free helpline **1800-11-0008** for AYUSH consultations and grievance redressal during the concluding session.

WHAT IS THE MINISTRY OF AYUSH?

The **Ministry of AYUSH** was created in November 2014, upgraded from the Department of AYUSH that operated under the Ministry of Health and Family Welfare. The acronym AYUSH stands for:

- **A — Ayurveda** (oldest documented Indian medical system)
- **Y — Yoga** (mind-body discipline of Indian origin)
- **U — Unani** (Greco-Arab medical tradition naturalised in India)
- **S — Siddha** (Tamil medical tradition)
- **H — Homeopathy** (German-origin system practised widely in India)

In 2010, **Sowa-Rigpa** (Tibetan medicine, practised in Ladakh, Sikkim, Arunachal Pradesh, Himachal Pradesh) was added formally; the M (Sowa-Rigpa-related “M-medicine system”) is sometimes appended, making the broader acronym AYUSH(M).

The ministry oversees:

- **Research councils:** CCRAS (Ayurveda), CCRYN (Yoga & Naturopathy), CCRUM (Unani), CCRS (Siddha), CCRH (Homeopathy)
- **Educational institutions:** All India Institute of Ayurveda (Delhi), AIIA Goa, Morarji Desai National Institute of Yoga
- **Regulatory bodies:** Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM&H), AYUSH education regulators

WHAT THE CHINTAN SHIVIR ADDRESSED

A **Chintan Shivir** (“contemplation camp”) in Indian government parlance is a structured high-level brainstorming forum bringing together ministers, officials, sector experts, and stakeholders to set strategic direction.

The Ayush Chintan Shivir 2026 focused on five strategic axes:

1. Integration with Primary Healthcare

A long-standing ambition is integrating AYUSH with India’s primary healthcare system through:

- **Ayushman Arogya Mandirs (AAMs)** — successor name for Health and Wellness Centres under PM-JAY framework, many of which include AYUSH services.
- **AYUSH dispensaries** at primary health centres in rural areas.
- **Integration with NRHM** (National Rural Health Mission) under the National Health Mission.

2. Evidence-Based Research Protocols

AYUSH systems have historically faced credibility challenges in modern medical journals due to limited randomised controlled trial (RCT) evidence. The Chintan Shivir prioritised:

- **AYUSH Research Portal** — centralised database of AYUSH clinical research.
- **Joint research with ICMR** for evidence-validated AYUSH interventions.
- **WHO collaboration** through the WHO Global Centre for Traditional Medicine, Jamnagar (established 2022).

3. Quality Standardisation

A persistent concern in AYUSH is product quality variability:

- **GMP (Good Manufacturing Practices)** for AYUSH drug manufacturers.
- **Pharmacopoeial standards** through PCIM&H.
- **Heavy metal contamination** prevention — historic concerns about some Ayurvedic preparations.
- **Drug-disease interaction studies** for safe co-prescription with allopathic medicines.

4. Global Outreach

India is positioning AYUSH as a global health soft-power asset:

- **WHO Global Centre for Traditional Medicine, Jamnagar** — first WHO outpost dedicated to traditional medicine.
- **AYUSH services in Indian missions abroad** — for diaspora and host-country populations.

- **Bilateral cooperation** – MoUs with countries seeking AYUSH integration in their health systems.
- **AYUSH visa category** – for foreign nationals seeking treatment.

5. The 1800-11-0008 Helpline

The newly launched **toll-free helpline 1800-11-0008** addresses:

- AYUSH practitioner location queries.
- Preliminary health guidance.
- Grievance redressal against misleading advertisements (a major sector concern).
- Information on AYUSH government schemes.

THE VIKSIT BHARAT 2047 CONNECTION

Viksit Bharat 2047 is India’s centennial vision – to be a developed nation by 2047 (the centenary of Independence). For health, this includes:

- **Universal Health Coverage** with low out-of-pocket spending.
- **Health system resilience** demonstrated during COVID-19 pandemic.
- **Wellness-oriented model** rather than only disease-treatment focus.
- **Indigenous knowledge integration** with global best practices.

AYUSH systems align with the wellness-oriented model – many AYUSH practices are preventive and lifestyle-based, complementing the curative biomedical model.

THE AYUSH SECTOR BY NUMBERS

METRIC	VALUE
AYUSH practitioners (2023)	~8 lakh registered
AYUSH educational institutions	~700 colleges
AYUSH dispensaries	~32,000 standalone
Ayushman Arogya Mandirs offering AYUSH	~12,500+
AYUSH industry size	₹1.5 lakh crore (USD 18+ billion)
AYUSH exports	~USD 500 million annually
WHO Global Centre for Traditional Medicine	Jamnagar (2022)

CRITIQUES AND COUNTER-CONSIDERATIONS

The AYUSH push has faced critiques:

- 1 **Evidence base** – many traditional formulations lack rigorous RCT evidence; the rapid integration with primary healthcare has outpaced research validation.
- 2 **Misleading advertising** – Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 has been weakly enforced for AYUSH products.
- 3 **Drug interactions** – concomitant use of AYUSH and allopathic medicines requires research that has been limited.
- 4 **Regulatory capture concerns** – AYUSH industry's growing influence on drug approval processes.
- 5 **Mainstreaming vs distinct identity** – tension between integrating AYUSH into general healthcare vs preserving its distinct paradigms.

The Chintan Shivir's emphasis on evidence-based protocols and quality standardisation responds directly to these critiques.

WAY FORWARD

For AYUSH integration with Viksit Bharat 2047 to succeed:

- 1 **Research investment** – significantly expand RCT evidence for high-volume AYUSH interventions.
- 2 **Practitioner skill upgradation** – Continuous Medical Education (CME) for AYUSH practitioners.
- 3 **Cross-pathway training** – basic biomedical literacy for AYUSH doctors and basic AYUSH familiarity for biomedical doctors.
- 4 **Quality enforcement** – robust GMP audits and pharmacopoeial compliance.
- 5 **Global standards alignment** – ISO standards for AYUSH products, WHO traditional medicine codification.

UPSC RELEVANCE

PAPER	ANGLE
GS-2 – Health & Schemes	Ministry of AYUSH, AYUSH integration, Ayushman Arogya Mandirs, NHM
GS-3 – Science & Technology	Traditional medicine evidence base, R&D in AYUSH, ICMR-AYUSH research
GS-1 – Society & Culture	Indian medical traditions, knowledge systems, cultural heritage
GS-2 – IR	WHO Global Centre for Traditional Medicine, AYUSH global outreach
Mains Keywords	AYUSH, Ayurveda, Yoga, Unani, Siddha, Sowa-Rigpa, Homoeopathy, Ayush Chintan Shivir 2026, Viksit Bharat 2047, WHO Global Centre Jamnagar, Ayushman Arogya Mandirs, PCIM&H, ICMR-AYUSH

FACTS CORNER

ITEM	DETAIL
Event	Ayush Chintan Shivir 2026
Dates	April 15–17, 2026
Venue	New Delhi
Union AYUSH Minister	Shri Prataprao Jadhav
Toll-free helpline launched	1800-11-0008
Vision alignment	Viksit Bharat 2047
Ministry created	November 2014
Sowa-Rigpa added	2010
WHO Global Centre for TM	Jamnagar, Gujarat (established 2022)
AYUSH industry size	~₹1.5 lakh crore
AYUSH exports	~USD 500 million annually

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