

Ayurvedic Point: The Italian way to Ayurveda

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INTRODUCTION

Indian and Italian cultures have a long tradition of reciprocal contact beginning in Roman times. Archeological findings bear witness to these relations and, along with the great Italian medical tradition, suggest that the discovery of Ayurveda in Italy can be more properly described as a rediscovery. However, as in other western countries, dissemination of Ayurveda has not been homogeneous especially concerning quality and institutional recognition. The complexity of Ayurveda notwithstanding, superficial information, often driven by commercial interests, and by simplistic new age influences, has made serious Ayurveda education difficult. It is not understood as a genuine medical system, e.g., confusion of *Abhyanga* therapy with simple massage techniques. This has led to the spread of erroneous medical and scientific information concerning Ayurveda's therapeutic potential, and to short and superficial education programs, contributing further to its distorted image.

In the last decade, however, thanks to the commitment of expert professionals, quality demanded by patients, associations and institutions, such as the Italian Scientific Society for Ayurvedic Medicine, in Italian, the Società Scientifica Italiana di Medicina Ayurvedica (SSIMA), the Permanent Consensus Committee for Non Conventional Medicine and the Ayurvedic Point (AP) institute, big steps toward legitimizing Ayurveda as a complete healthcare system in Italy have been taken. Adequate education programs have been started, and a proper medical image proposed and accepted. Commitment by these and other institutions has enabled us to attain important goals toward the legitimization of Ayurveda from medical and scientific perspectives.

18th May 2002 was an historical day for Ayurveda and other

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Received: 02-Apr-2010

Revised: 14-Apr-2010

Accepted: 20-Apr-2010

DOI: 10.4103/0975-9476.65086

nonconventional systems of medicine in Italy. The Italian National Federation of Colleges of MDs and Dentists (FNOMCeO) signed the Document of Acknowledgement of Non-Conventional Medicines, which now falls under the exclusive competence, practice, and responsibility of MDs (chiropractic, osteopathy, phytotherapy, homeopathy, anthroposophy, acupuncture, Ayurvedic medicine, and homotoxicology). This means that Italian medical doctors can now practice Ayurveda. In Milan and many other cities, local Councils of MDs and Dentists have opened specific Registers for physicians expert in Ayurveda. Registration requires the doctor concerned to have had sufficient education in Ayurveda. However, lack of government regulation continues to make things difficult for insurance, products, and, more importantly, acknowledgement of "Ayurveda therapist" as a profession, with such an expertise that copresence with the doctor is mandatory for correct implementation of any Ayurveda therapy.^[1-5]

POLICY AND EDUCATION IN AYURVEDA

In 2001 Ayurvedic Point srl was founded in Milan by the authors with the aim of establishing all necessary facilities for the development and promotion of Ayurveda as a discipline, and, particularly, Ayurvedic Medical practice. Ayurvedic Point's professional activities are channeled through its two divisions – the Educational and Cultural Division, including the School of Ayurvedic Medicine, which has been awarded ISO9001 certification, and its Clinical and Research Division. Ayurvedic Point started the first school of Ayurveda in Italy with separate 4-year courses, and an integrated syllabus for post-graduate medical doctors and professional therapists. Additional courses, Masters in Ayurvedic Pharmacology and in Ayurveda Psychological Counseling, are planned to start in 2010. Further advanced thematic Seminars have also been organized.

Ayurvedic Point's teaching strategy is based on two main points: consideration of Ayurvedic Medicine as a traditional medical science managed by physicians and therapists working together, and the necessity of implementing the inner scientific logic of Ayurveda, against a European background, and so retrieve the lost European traditional

medicine. Ayurvedic Point's Teaching Board is composed of 16 teachers, of whom 11 are medical doctors with documented clinical, research, and teaching experience, coordinated by a Dean (MD degree as prerequisite), a Director of the Course of Medical Doctors (MD degree as prerequisite), and a Director of the Course of Therapists (therapist graduated in Italy and India as well as Yoga teacher as prerequisite). Additionally, in-depth study sessions are held in India, at the Ayurveda Research and Education Institute of SNA Oushadhasala, Trisshur, Kerala, directed by Ashtavaidyan Narayanan Nambi, as part of the program. These include annual examinations and are recognized at the end of 4 years by a joint Ayurvedic Point - SNA Oushadhasala Diploma.

In 2002, following Ayurveda's important acknowledgement by FNOMCeO, SSIMA was founded to pursue the path to legitimization of Ayurveda more effectively. It was constituted as a nonprofit professional association of medical doctors specializing in Ayurveda, and devoted to its cultural dissemination through research initiatives in collaboration with Universities and Foundations.

SSIMA also aimed to work with institutions to define a regulatory framework in which Ayurvedic Medicine can be practiced as well as the Deontology. The following year, in 2003, SSIMA became a founder and active member of the "Permanent Committee of Consensus and Coordination for Non-Conventional Medicines in Italy," a nonprofit organization promoted by Paolo Roberti di Sarsina.^[6] Since that time, the Committee has become the point of reference concerning NCM/CAM for many institutions on national, regional, and local levels. Currently, the Committee includes 27 associations: medical and scientific societies, federations and associations of patients, representing close to 12,000 medical doctors, dentists, and veterinarians. The same year in Bologna, Guido Sartori founded the "Atah" Ayurvedic Patients Association (APA), with the aim of spreading the science of Ayurveda in Italy, and preserving citizen's rights of free choice of healthcare system and therapy – now proposed as a fundamental human right.^[7]

Since that time, richer and more complete Ayurvedic education programs have been proposed; many collaborations with Universities and Hospitals have been initiated. Ayurvedic Point has been appointed to the Ayurveda Module of the Post-Doctoral specialization course in "Health Sociology and Non-Conventional Medicine" of the Faculty of Sociology, University of Bologna, and to annual updating courses in "Fundamentals of Ayurveda" for Family Physicians and Pharmacists held by the ASL (Local Health Authority) of Brescia, Italy, by Centro Italiano Studi di Medicina Orientale (Italian Study Center of Oriental Medicine), and by other Health

Authorities. These collaborations are indicators of the strong interest in Ayurveda by academic institutions. Another important point is that the new Italian Continuous Medical Education (CME) Program, which has been presented to the government for approval in the near future, has a specific chapter entitled "Non-Conventional Medicines and Practices," which includes Ayurveda among its professional events for medical doctors, dentists, veterinarians, and pharmacists.

Today, Ayurveda is more and more recognized in the west, particularly for its efficacy in treating chronic diseases and aging, problems hardly considered by conventional medicine.^[8] This highlights the need for adequate training and education of doctors and therapists. Ayurveda education demands high commitment in terms of study and clinical practice. In the west, it needs to be spread over at least 3 years. Only then can students digest its concepts sufficiently to change paradigm and perspective. Courses for doctors and therapists have to be separate, but harmonized in order to prepare them for collaboration on technical and human levels so that their two professional roles can be integrated. There is also a need for personal coaching to bring students up to new levels of observation, perception, and reasoning. In Ayurveda, physician and therapist complement each other strongly. In Sanskrit, therapeutic success is named *chatushpada* and is defined as the complete integration of four elements: doctor (*vaidya*), therapy (*dravyani*), therapist (*upasthata*), and patient (*rogi*).^[9-11] Therapists' uniqueness lies in their function of interpreting practical application of medical prescriptions, and the extremely delicate function of therapy feedback for the doctor, derived from their intimacy and close contact with patients. From this derives the need for serious education of Ayurveda therapists as healthcare professionals.

In Italy, Ayurvedic Point offers the highest education standard for doctors and therapists: over 600 contact hours in 4 years, 280 hours of supervised clinical practice, and examinations and supervised thesis, all ISO9001 certified procedures. In many cities (Bologna was the first in 2006), the Council of MDs and Dentists has taken it as the template for the main requirement necessary to be registered as doctor expert in Ayurvedic medicine. Moreover this program has also been used as a template, along with those from the Rosenberg European Academy of Ayurveda, Germany, and the College of Ayurveda, University of Middlesex, United Kingdom, for the elaboration of a standard European education program in Ayurveda for medical doctors, proposed for the evaluation by the Department of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH), Ministry of Health and Family Welfare, Government of India.

Together with SSIMA, Ayurvedic Point has established “Guidelines for Good Practice of Ayurveda,” now adopted by the Permanent Consensus Committee on Non-Conventional Medicines.^[12,13] Together with the Educational Program, the Guidelines have been proposed to the Italian Government for the study and definition of a proposed law on nonconventional medicine. In this regard, SSIMA has been called on several times as technical expert in official hearings by government institutions, most recently by the Italian Senate’s Health Commission, which was holding discussions on a proposal for a unified Law for nonconventional medicine in Italy.

The overall policy of Ayurvedic Point has always been guided by the “Localization” concept for Ayurveda. Life is the same everywhere but environmental conditions in which it grows and evolves are different, leading to diverse expressions of living organisms. A traditional medicine is composed of one part concerning local conditions governing the expression of life, while its other parts pertain to basic principles of life. The second part is coded through the first one, which is why westerners learning Ayurveda must enter deeply into the mind and soul of Indian culture, so as to decode basic principles that can then be applied to western conditions. According to this point of view, the widespread concept of “globalization” of Ayurveda, meaning its application “as it is” in any part of the world, is misleading; many conditions typical of India cannot be reproduced in other countries. Even in India, a country covering thousands of kilometers, there are differences between Northern and Southern Ayurveda, leading to disputes between vaidyas from the two as to which is the best and most authentic; in reality both are good because each is derived by adapting Ayurveda principles to its local environment.

Ayurveda is much more than herbs, physical techniques, or general lifestyle. It brings us a “logic” of how to observe the world of natural phenomena. Instead of “globalization,” the concept should be of “Localization,” where Ayurvedic logic has been used to determine its local application. Localization of Ayurveda will be critical for its dissemination, since only that can promote cures for people living in any environment. This of course requires accepting other traditions and lifestyles as real and as good as the one in which Ayurveda originated.

In Europe, there is a strong need to adapt Ayurveda education to a different social and political environment. Historically, its medical tradition has been based on the distinctive roles of medical doctor, and therapist/nurse, that in modern medicine are very close to those described in Charaka Sutrastana IX.^[8] Only a few countries like Germany and Switzerland include roles for medical practitioners as

well as classical physicians. All other European countries are linked to the MD/nurse format.

To promote Ayurveda as an alternative to existing systems of medicine, and to complement their medical practice with Ayurvedic principles, Ayurveda education needs to be designed as postgraduate training for professionals in modern medicine. Any European Ayurvedic education must incorporate local adaptations of Ayurveda’s basic rules and logic, and follow teaching and professional standards established by European institutions. This structure will encourage collaboration between Allopathic and Ayurvedic practitioners on generating Ayurveda’s much needed evidence-base, and will permit institutions to adapt Ayurveda to local needs without compromising its principles.

CLINICAL AND RESEARCH ACTIVITY

Ayurvedic Point’s effort to promote Ayurveda as a medical science is not limited to teaching and education. Ayurvedic Point also runs Outpatient Medical Centers with medical consultations and examinations, where all physical treatments and therapies are offered. In March 2009, it organized Italy’s First International Congress on Ayurveda, “Ayurveda: The Meaning of Life,”^[14,15] attracted more than 400 global participants.

Ayurvedic Point is actively collaborating on Ayurveda research projects with national and international academic institutions. It is working hard to create an international network of excellence in research, with collaborating institutions in all countries in Europe. Research projects and clinical studies on Ayurveda have been set up with schools of medicine, pharmacy, and sociology in major universities, and proposals for national and international projects written and presented. Ayurvedic Point is presently collaborating on two clinical studies: one on Triphala and Guggulu in hypercholesterolemia/obesity, and the other on *Phyllanthus emblicus* in Hepatitis B. Moreover, Ayurvedic Point with the collaboration of the Rosenberg European Academy of Ayurveda, Germany, is participating in a multicentric, international, prospective, randomized controlled clinical trial of the effects of the multidimensional approach of Ayurveda on osteoarthritis of the knee, organized by the Division of Clinical Complementary Natural Medicine, Charité Medical University of Berlin and by India’s Central Council for Research in Ayurveda and Siddha.

Funding has also been requested by Ayurvedic Point for five other clinical studies on the effects of Ayurvedic therapies on (i) side-effects of chemotherapy; (ii) premenstrual syndrome; (iii) sequelae of stroke; (iv) articular

pain; and (v) lumbar and sciatic pain. Also, through the Permanent Committee of Consensus and Coordination for Non-Conventional Medicines, Ayurvedic Point and SSIMA are participating in the International Consortium FP7 (Framework Program 7) CAMbrella, recently given EU1.5 million by FP7 to create a European roadmap for the definition, usage, methodology, requests, and needs of CAM in Europe. They are also part of the European Research Initiative on Complementary and Alternative Medicine to make European governments and public opinion aware of the need to fund CAM R&D. Additionally, Ayurvedic Point coordinated a consortium of 15 European and Indian companies to develop a funding proposal to FP7 for translational research on Ayurvedic pharmacology into western scientific terms, part of the Large Scale Collaborative Research Project on Advanced Traditional Medicines Applications (ATMA).

Of particular relevance is Ayurvedic Point's participation with SSIMA in founding, in July 2009, the study group on traditional medicines, "Gruppo di Studio sulle Medicine Tradizionali," along with the Faculty of Medicine, University and Hospital of Milano Luigi Sacco. Besides MDs, and Ayurvedic Point and SSIMA's teachers, the group includes professors of pharmacology and psychology of the University of Milan Medical School, physicians from the Hospital Luigi Sacco, MDs from the Italian Society of Chinese and Traditional Pharmacology (SIFCET) and the Italian Federation of Acupuncture (FISA). Group activities focus on five main strategic points: (1) doctor and patient surveys of knowledge, availability, and usage of Ayurvedic and Traditional Chinese Medicines in Lombardy; (2) pharmacovigilance and pharmacoepidemiology of Ayurvedic and TCM preparations; (3) research on methodologies like HPLC and mass spectroscopy to define and implement active principles; (4) studies to identify population groups interested in Ayurvedic or TCM therapies; and (5) Ayurvedic and TCM healthcare personnel education programs.

CONCLUSION

All this highlights the peculiarity of the situation. Despite the widespread acceptance and acknowledgement by the aforementioned institutions, the Italian Parliament has not yet passed a national law concerning regulation of NCMs. Consequently, there is no official regulation for the education programs and practice of either their doctors or, more importantly for Ayurveda, their therapists. This creates confusion, since there is no control on the training of Ayurveda professionals, nor regulation of the import and sale of Ayurvedic drugs. A law has been requested for more than 15 years, yet its approval is still

complicated and protracted. At the present time, several proposals have been presented to the government, some of which include only homeopathy, acupuncture, and phytotherapy, neglecting Ayurveda and other NCMs, on the pretext that Ayurveda lacks sufficient scientific documentation, e.g., lack of safety studies on Ayurvedic products. Due to specific economic and political pressures, this position is widespread, notwithstanding the opinion of FNOMCeO. Unfortunately, this movement is very strong, and many Italian ASLs subscribe to it.

In conclusion, there is an obvious contrast between the positive interest in Ayurveda shown by academic institutions and professional associations such as the Council of MDs, and that of the government which has proved unable to establish regulatory bodies for the education and practice of either Ayurveda or other systems of nonconventional medicine.

From a strategic point of view, it is desirable for the dissemination and legitimization of Ayurveda to happen not simply at a national level in Italy, but more importantly at a continental, European level; EU choices regarding education, research, and recognition determine possible courses of action in each country. Important uniformity in Ayurvedic practice and common platforms for the research and education will result. For this, joint task forces by AYUSH and Europe concerning education, research, products, and services should be established through schools, and scientific and medical associations. To this end, the International Alliance of Ayurvedic Professional Associations (IAAPA) was established in September 2009 following the 11th International Ayurveda Symposium at Birstein,^[16] with SSIMA among its founding members.

Sources of funding

No funding was received for this work.

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