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+91 70421 48991
editor@ijlar.com
www.ijlar.com

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Introduction

Welcome to the Indian Journal of Legal Affairs and Research (IJLAR), a distinguished platform dedicated to the dissemination of comprehensive legal scholarship and academic research. Our mission is to foster an environment where legal professionals, academics, and students can collaborate and contribute to the evolving discourse in the field of law. We strive to publish high-quality, peer-reviewed articles that provide insightful analysis, innovative perspectives, and practical solutions to contemporary legal challenges. The IJAR is committed to advancing legal knowledge and practice by bridging the gap between theory and practice.

Preface

The Indian Journal of Legal Affairs and Research is a testament to our unwavering commitment to excellence in legal scholarship. This volume presents a curated selection of articles that reflect the diverse and dynamic nature of legal studies today. Our contributors, ranging from esteemed legal scholars to emerging academics, bring forward a rich tapestry of insights that address critical legal issues and offer novel contributions to the field. We are grateful to our editorial board, reviewers, and authors for their dedication and hard work, which have made this publication possible. It is our hope that this journal will serve as a valuable resource for researchers, practitioners, and policymakers, and will inspire further inquiry and debate within the legal community.

Description

The Indian Journal of Legal Affairs and Research is an academic journal that publishes peer-reviewed articles on a wide range of legal topics. Each issue is designed to provide a platform for legal scholars, practitioners, and students to share their research findings, theoretical explorations, and practical insights. Our journal covers various branches of law, including but not limited to constitutional law, international law, criminal law, commercial law, human rights, and environmental law. We are dedicated to ensuring that the articles published in our journal adhere to the highest standards of academic rigor and contribute meaningfully to the understanding and development of legal theories and practices.

INTEGRATION OF AYUSH WITH MODERN MEDICINE: LEGAL CHALLENGES IN INDIA.

AUTHORED BY - UNNATI DOSHI, PRATHAM NAYAK & BHAKTI NAIR

Class: 5th Year B.L.S./LL/B.

Introduction

The integration of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) systems with modern medicine represents a key policy goal in India's evolving healthcare landscape. The government of India has actively promoted integrative healthcare models as part of national health strategies, recognizing the historical significance and widespread use of traditional systems alongside allopathic medicine. Initiatives such as the National AYUSH Mission and the inclusion of AYUSH departments in medical institutions reflect an effort to bridge the gap between traditional and modern healthcare approaches. Yet, this integration raises complex legal, regulatory, and professional challenges that are yet to be fully resolved.

A core legal challenge in this integration stems from the regulatory framework governing medical practice and practitioners' rights. Indian law currently delineates clear boundaries between different healthcare systems. For example, Supreme Court Jurisprudence (example, *Dr. Mukhtiar Chand and others vs State of Punjab and others*) prohibits non-MBBS practitioners from prescribing Allopathic medicines, underscoring the legal limits on cross practice and reinforcing patients' safety concerns. Conflicting state orders and inconsistent enforcement add to uncertainty, increasing the risk of litigation and professional disputes.

Another significant challenge is the lack of standardized evidence in scientific validation for many AYUSH Therapies. Modern medicine is grounded in rigorous clinical research, while traditional systems often rely on historical texts and experiential knowledge. The resulting trust deficit between practitioners of the two paradigms complicates legal and policy efforts to establish unified standards of care. Without robust clinical evidence, it becomes difficult to formulate legally sound guidelines for integrated treatment protocols, insurance coverage, and hospital accreditation.¹

Regulatory oversight and quality control of Ayush products and services further influence legal debate. While drugs under Ayush are regulated, they are not subject to the same level of clinical trials requirements as allopathic medicines, leading to concern about safety, advertising claims, and consumer protection. Recent litigation surrounding the enforcement or obligation of rules like Rule 170 of the Drugs and Cosmetic Rule, 1945 which governed Ayush products advertisement requirements- illustrates the involving nature of regulatory jurisprudence and resistance from medical associations.

The proposed integration in medical aggregation such as integrated MBBS-BAMS course has also drawn legal and professional opposition. Mainstream medical bodies argue that such reforms threaten standards of education and patient safety framing them as potentially illegal dilution of established medical qualification².

What is AYUSH?

AYUSH is an acronym that stands for Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy. It is used in India to describe a group of traditional and alternative medical systems that have been practised for many years and are officially recognised by the Government of India.³

1. Meaning and Components

- Ayurveda is an ancient Indian system of medicine that focuses on balancing the body, mind, and spirit to promote health and prevent disease.
- Yoga & Naturopathy include physical exercises, breathing techniques, meditation, and natural ways of healing that support overall wellness.
- Unani medicine originated in ancient Greece and was developed further by Arab and Persian scholars; it focuses on balancing bodily humours to maintain health.
- Siddha is a traditional system that developed in South India, emphasising spiritual and physical health through herbs and lifestyle practices.
- Homoeopathy involves very small doses of natural substances to stimulate the body's healing response.

¹ Harmonising Ayush and Modern medicine I Mains Analysis I Current Affairs, shankariasparliament.com

² IMA – Telangana opposes proposed integrated MBBS-BAMS course, The Times of India.

Together, these systems form a holistic approach to health — meaning they look at the whole person, not just the sickness, and stress prevention, lifestyle, and natural healing.

2. Why These Are Grouped Together

The Government of India groups these systems under “AYUSH” to promote and develop them in a coordinated way. The idea is to support education, research, health services, and public awareness about these systems.⁴

The Ministry of AYUSH was created on 9 November 2014 to serve this purpose. It works to improve how these systems are taught, practised, researched, and accessible to people. Before this, these systems were managed under different departments

3. Key Features of AYUSH Systems

- **Traditional Roots:** Most AYUSH systems are based on thousands of years of practice and historical knowledge of health and healing.
- **Holistic Health:** Instead of focusing only on medicine for illness, these systems emphasise *healthy living, diet, exercise, and balance*.
- **Cultural Importance:** Many people in India use these systems alongside modern medicine for everyday health needs

4. Role in Indian Healthcare

The Government encourages the use of AYUSH systems to:

- Expand access to healthcare, especially in rural and underserved areas.
- Support traditional knowledge and integrate it with modern scientific research.
- Promote preventive care and wellness for long-term healthy living.

Ayurveda, one of the world’s oldest medical systems, is based on the theory of *Tridosha*—Vata, Pitta, and Kapha—whose balance determines health. It employs herbal medicines, dietary regulation, lifestyle modification, and detoxification therapies such as *Panchakarma*.

³ [Ayush | Directorate of AYUSH](#)

⁴ arp.ayush.gov.in/ayushterminologynch?utm_source=chatgpt.com

Yoga and Naturopathy emphasize preventive healthcare through physical postures (*asanas*), breathing techniques (*pranayama*), meditation, and natural therapies, aiming to strengthen the body's self-healing capacity.

Unani medicine, derived from Greco-Arab traditions, is founded on the concept of balance among four humours—blood, phlegm, yellow bile, and black bile—and uses herbal, mineral, and animal-based remedies.

Siddha medicine, primarily practised in South India, particularly Tamil Nadu, is closely linked to ancient Tamil culture and focuses on spiritual and physical harmony through herbs, minerals, and disciplined living.

Homoeopathy, though of European origin, has been widely accepted in India; it is based on the principle of “like cures like” and the use of highly diluted substances to stimulate the body's natural healing response.

Legal status of AYUSH in India

AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) is legally recognised in India as an official system of medicine, separate from modern (allopathic) medicine. The Indian legal system follows a plural medical system, meaning more than one system of medicine is legally allowed to exist and function under government regulation.

1. Constitutional and Policy Recognition

Although the Constitution of India does not directly mention AYUSH, it supports public health under Article 47, which makes it the duty of the State to improve public health. Based on this principle, the Government of India has given official recognition to traditional systems of medicine and promotes them through laws and policies.

2. Ministry of AYUSH

The Ministry of AYUSH was established in 2014 as a separate ministry by the Central Government. This itself gives AYUSH a strong legal and administrative status. The Ministry is responsible for:

- policy making,

- medical education,
- research,
- regulation of practice, and
- development of AYUSH systems across India.

3. Statutory Framework Governing AYUSH

The legal regulation of AYUSH practitioners and education is governed mainly by two central laws:

- National Commission for Indian System of Medicine Act, 2020
This Act regulates education and professional standards for Ayurveda, Unani, Siddha and Yoga. It provides for registration of practitioners and maintenance of ethical standards.
- National Commission for Homoeopathy Act, 2020
This Act separately governs Homoeopathy, including medical education, licensing and professional discipline.

These Acts replaced earlier councils and were enacted to ensure uniform standards and accountability.

4. Regulation of AYUSH Medicines

AYUSH drugs are legally regulated under the Drugs and Cosmetics Act, 1940 and the Drugs and Cosmetics Rules, 1945. However, AYUSH medicines follow different regulatory standards from allopathic drugs, especially regarding clinical trials and approvals. This distinction is legally recognised but often debated.⁵

5. Practice Rights and Legal Restrictions

AYUSH practitioners are legally allowed to practise only their own system of medicine. Courts have clearly held that cross-practice (AYUSH doctors prescribing allopathic medicine) is illegal unless specifically permitted by law.

In *Dr. Mukhtiar Chand v. State of Punjab* (1998), the Supreme Court held that practising a system of medicine without proper qualification amounts to professional misconduct and can endanger patient safety.⁶ This judgment is a landmark case defining the legal boundaries of AYUSH practice.

6. AYUSH in Public Healthcare

AYUSH has legal recognition in government healthcare schemes such as:

- National AYUSH Mission,
- AYUSH wings in government hospitals,
- Primary Health Centres (PHCs).

However, integration with modern medicine remains legally sensitive due to concerns over standards, evidence, and liability.

Modern Medicine and Its Legal Framework in India

Modern medicine, also known as Allopathic medicine, is the system of medicine based on scientific research, clinical trials, and evidence-based treatment. In India, modern medicine is the primary and most widely used medical system and has a strong and well-defined legal framework to ensure patient safety, professional accountability, and quality healthcare.

1. Legal Recognition of Modern Medicine

Modern medicine is fully recognised by Indian law and regulated by the State. The practice of modern medicine is restricted to qualified medical practitioners who hold recognised degrees such as MBBS or MD from approved institutions. Only such registered practitioners are legally allowed to diagnose diseases, prescribe allopathic medicines, and perform medical procedures.

2. Regulatory Bodies

The legal regulation of modern medicine is mainly governed by the National Medical Commission (NMC), which replaced the Medical Council of India in 2020.

- National Medical Commission Act, 2019
This Act regulates medical education, professional conduct, licensing, and ethics of modern medicine practitioners. It ensures uniform standards of medical education and maintains a national register of doctors.

⁵ Drugs and Cosmetics Act, 1940; Drugs and Cosmetics Rules, 1945.

⁶ *Dr. Mukhtiar Chand & Ors. v. State of Punjab & Ors.*, (1998) 7 SCC 579.

State Medical Councils also play an important role in registering doctors and handling disciplinary matters.

3. Regulation of Medical Practice

The practice of modern medicine is regulated under various laws, including:

- Indian Medical Council Act, 1956 (now repealed but relevant historically),
- National Medical Commission Act, 2019,
- Clinical Establishments (Registration and Regulation) Act, 2010, which governs hospitals and clinics.

These laws ensure that only registered doctors practise medicine and that hospitals meet minimum standards of care.

4. Regulation of Medicines

Allopathic drugs are strictly regulated under the:

- Drugs and Cosmetics Act, 1940
- Drugs and Cosmetics Rules, 1945

These laws require clinical trials, safety testing, quality control, and approval before medicines can be sold. Misbranding, spurious drugs, or unsafe medicines are punishable offences under the law.⁷

5. Professional Negligence and Liability

Doctors practising modern medicine are legally accountable for their actions. If a doctor fails to follow accepted medical standards, they can be held liable under:

- Civil law (medical negligence),
- Criminal law (gross negligence),
- Consumer Protection Act, 2019.

In *Indian Medical Association v. V.P. Shantha* (1995), the Supreme Court held that medical services fall under “service” and patients can approach consumer courts for negligence.⁸

6. Separation from AYUSH

Indian courts have clearly stated that modern medicine and AYUSH are separate systems.

Practitioners of AYUSH cannot practise modern medicine unless permitted by law.

In *Dr. Mukhtiar Chand v. State of Punjab* (1998), the Supreme Court ruled that practising a system of medicine without proper qualification is illegal and unsafe.

Integration

In simple terms, integration means working together in a planned and regulated way. In healthcare, integration of AYUSH and modern medicine means using the strengths of both systems together for the benefit of patients, without mixing them illegally or without qualification.

Integration does not mean that AYUSH doctors can freely prescribe allopathic medicines or that modern doctors can practise AYUSH without training. Instead, it means:

- cooperation between systems,
- clearly defined legal roles,
- referral mechanisms,
- use of AYUSH mainly for prevention, wellness, and supportive care,
- protection of patient safety through law.

The idea of integration is based on coordination, not confusion.

Need for Integration

1. Shortage of Healthcare Services

India faces a shortage of doctors and healthcare facilities, especially in rural and remote areas. AYUSH practitioners are more widely available in such regions. Integration helps in improving access to basic healthcare services where modern medical facilities are limited.

2. Emphasis on Preventive and Holistic Care

Modern medicine mainly focuses on curing diseases, while AYUSH focuses on preventing illness, healthy lifestyle, and long-term wellness. Integration helps address lifestyle diseases such as diabetes, obesity, stress, and hypertension more effectively.

⁷ Drugs and Cosmetics Act, 1940.

⁸ *Indian Medical Association v. V.P. Shantha*, (1995) 6 SCC 651.

3. Cost-Effective Healthcare

AYUSH treatments are generally less expensive and use natural and locally available resources. Integrating AYUSH into public health programmes can reduce the financial burden on patients and the healthcare system.

4. Government Support and Public Acceptance

A large section of the Indian population already uses AYUSH therapies. The establishment of the Ministry of AYUSH in 2014 and schemes like the National AYUSH Mission show the government's intention to integrate AYUSH with mainstream healthcare in a regulated manner.

5. Legal Need for Clear Regulation

Courts in India have clearly held that practising a medical system without proper qualification is illegal. In *Dr. Mukhtiar Chand v. State of Punjab* (1998), the Supreme Court ruled that cross-practice without authority endangers patient safety. Therefore, integration is needed within a clear legal framework to avoid misuse, confusion, and legal disputes.

Legal Challenges in Integration of AYUSH with Modern Medicine in India

The integration of AYUSH with modern medicine in India faces several legal, regulatory, and ethical challenges. Although both systems are legally recognised, Indian law treats them as separate and distinct systems of medicine, which creates difficulties in integration.

1. Issue of Cross-Practice

The biggest legal challenge is cross-practice, i.e., AYUSH practitioners prescribing allopathic medicines or modern medicine doctors practising AYUSH without qualification.

Indian courts have clearly held that a person trained in one system of medicine cannot practise another system without legal authority. In *Dr. Mukhtiar Chand v. State of Punjab* (1998), the Supreme Court ruled that such cross-practice is illegal and amounts to professional misconduct, as it can endanger patient safety.

This strict separation makes integration difficult unless supported by clear statutory permission.

2. Lack of Uniform Legal Framework for Integration

There is no single comprehensive law in India that governs the integration of AYUSH and modern medicine. While modern medicine is regulated under the National Medical Commission Act, 2019, AYUSH systems are governed by separate laws like the National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homoeopathy Act, 2020.

The absence of a unified legal framework leads to:

- confusion in scope of practice,
- inconsistent state policies,
- legal uncertainty for practitioners.⁹

3. Evidence-Based Standards and Scientific Validation

Modern medicine follows strict evidence-based standards, clinical trials, and peer-reviewed research. Many AYUSH treatments rely on traditional knowledge and experience rather than modern scientific testing.

From a legal point of view, this creates problems in:

- fixing standards of care,
- determining negligence,
- assessing liability in medical malpractice cases.

Courts and consumer forums often rely on modern medical standards, which puts AYUSH practitioners at a legal disadvantage.

4. Medical Negligence and Liability Issues

In cases of medical negligence, it becomes difficult to decide:

- which standard of care applies,
- which system should be followed,
- who is legally responsible in integrated treatment.

Under *Indian Medical Association v. V.P. Shantha* (1995), medical services fall under the Consumer Protection Act.¹⁰ If integration is not clearly regulated, patients may face confusion, and doctors may face increased litigation risk.

5. Regulation of AYUSH Drugs and Advertisements

AYUSH drugs are regulated under the Drugs and Cosmetics Act, 1940, but they do not always undergo the same level of clinical testing as allopathic drugs. This raises legal concerns regarding:

- safety,
- misleading advertisements,
- consumer protection.

Legal disputes over rules governing AYUSH drug advertisements (such as former Rule 170 of the Drugs and Cosmetics Rules) highlight regulatory uncertainty.

6. Medical Education and Professional Opposition

Proposals for integrated medical education (such as combining AYUSH and MBBS training) have faced strong opposition from medical associations. Critics argue that such integration may dilute professional standards and compromise patient safety, raising constitutional and regulatory concerns.

Judicial Interpretation on Integration of AYUSH with Modern Medicine in India

Indian courts have played a crucial role in clarifying the legal boundaries between AYUSH and modern medicine. The judiciary has consistently taken the view that while multiple systems of medicine are recognised in India, each system must be practised strictly within its legally defined limits to protect patient safety and public health.

1. Separate Recognition of Medical Systems

The judiciary recognises that India follows a pluralistic medical system, where modern medicine and AYUSH systems coexist legally. However, courts have emphasised that legal recognition does not mean interchangeability. Each system is governed by its own statutory framework, educational standards, and professional bodies.

⁹ National Medical Commission Act, 2019; National Commission for Indian System of Medicine Act, 2020

¹⁰ *Indian Medical Association v. V.P. Shantha*, (1995) 6 SCC 651.

The courts have repeatedly stated that a practitioner trained in one system cannot practise another system unless expressly permitted by law.

2. Landmark Case: Dr. Mukhtiar Chand v. State of Punjab (1998)

This is the most important judgment on the issue of cross-practice.

In *Dr. Mukhtiar Chand & Ors. v. State of Punjab & Ors.*, the Supreme Court held that:

- Practising modern medicine without a recognised qualification is illegal.
- Registration in one system of medicine does not authorise practice in another system.
- Allowing unqualified cross-practice would endanger patient safety and violate statutory provisions.

The Court clearly ruled that state notifications permitting AYUSH practitioners to practise allopathy without proper qualification are invalid. This judgment forms the backbone of judicial interpretation against unrestricted integration.

3. Poonam Verma v. Ashwin Patel (1996)

In this case, the Supreme Court held that:

- A doctor practising a system of medicine in which he is not qualified amounts to negligence per se.

The Court stated that such practice is inherently dangerous and legally negligent, even if no intention to harm exists. This judgment strengthens the principle that integration cannot override professional competence and legal qualifications.

4. Indian Medical Association v. V.P. Shantha (1995)

In this case, the Supreme Court held that:

- Medical services fall under the definition of “service” under the Consumer Protection Act.

This judgment is important because it makes both modern medicine and AYUSH practitioners legally accountable to patients. In integrated settings, courts rely heavily on recognised standards of care, making unclear integration legally risky.

5. Judicial Approach to Integration

Indian courts generally adopt a cautious and patient-centric approach:

- Courts support promotion of AYUSH as an independent system.
- They oppose unregulated or unsafe integration.
- Patient safety and statutory compliance are given highest priority.

Courts have indicated that integration is possible only through clear legislation, proper training, and regulatory safeguards, not through executive orders or policy statements alone.

- Judicial interpretation in India clearly shows that while AYUSH and modern medicine are both legally recognised, their integration is tightly restricted by law. Courts have consistently opposed cross-practice without statutory authority and have prioritised patient safety, professional competence, and legal accountability. Any meaningful integration must therefore be backed by clear legislative action and strict regulatory control, not merely policy intentions.

Policy and Regulatory Framework for Integration of AYUSH with Modern Medicine in India

India follows a pluralistic healthcare policy, where multiple systems of medicine—modern medicine and AYUSH—are legally recognised and regulated by the State. The policy and regulatory framework aims to promote AYUSH while ensuring patient safety, professional accountability, and scientific standards.

1. National Health Policy, 2017

The National Health Policy, 2017 is the most important policy document supporting integration. It recognises AYUSH as a valuable part of India's healthcare system and encourages its co-location with modern medicine in public health institutions, especially at the primary healthcare level.

The Policy promotes:

- use of AYUSH for preventive, promotive, and wellness care,
- integration through referral systems, not unrestricted cross-practice,
- evidence-based validation of AYUSH therapies.¹¹

However, the policy clearly avoids allowing AYUSH practitioners to independently practise modern medicine.

2. Ministry of AYUSH and National AYUSH Mission

The establishment of the Ministry of AYUSH in 2014 provides institutional support to traditional medicine systems. The Ministry is responsible for:

- policy formulation,
- regulation of education and practice,
- research and development,
- integration of AYUSH into national health programmes.

Under this, the National AYUSH Mission (NAM) aims to strengthen AYUSH infrastructure, co-locate AYUSH services in hospitals, and improve accessibility, particularly in rural areas

3. Regulatory Framework for Medical Education and Practice

India has separate regulatory laws for modern medicine and AYUSH:

- National Medical Commission Act, 2019 regulates modern medicine, ensuring standards in education, licensing, ethics, and professional conduct.
- National Commission for Indian System of Medicine Act, 2020 governs Ayurveda, Unani, Siddha, and Yoga.
- National Commission for Homoeopathy Act, 2020 regulates homoeopathy separately.¹²

This separation ensures professional competence but creates challenges for integration due to lack of a common regulatory mechanism.

4. Regulation of Drugs and Clinical Practice

Both AYUSH and allopathic drugs are regulated under the Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945, but with different approval and testing requirements.

The regulatory framework allows AYUSH drugs to be marketed based on traditional knowledge, while modern drugs require extensive clinical trials. This regulatory difference raises concerns regarding safety, advertising, and consumer protection.

¹¹ National Health Policy, 2017, Ministry of Health and Family Welfare, Government of India.

5. WHO Guidelines and International Policy Influence

India's policies are influenced by the World Health Organization's Traditional Medicine Strategy 2014–2023, which supports integration of traditional medicine into national health systems through regulation, research, and safety standards.

Recommendations for Legal Reform for Integration of AYUSH with Modern Medicine in India

Although AYUSH and modern medicine are both legally recognised in India, the absence of a clear and unified legal framework has created confusion, litigation, and resistance to integration. To ensure safe, effective, and legally sound integration, specific legal reforms are required.

1. Enact a Separate Law on Integrative Healthcare

India should enact a separate and comprehensive “Integrative Healthcare Act” that clearly defines:

- the scope of integration,
- roles and limits of AYUSH and modern medicine practitioners,
- standards of patient safety and accountability.

At present, integration is guided only by policies like the National Health Policy, 2017, which do not have binding legal force. A specific statute would provide legal certainty and uniformity across States.

2. Clearly Define Scope of Practice

The law must clearly specify:

- where AYUSH practitioners can be involved (preventive care, wellness, chronic diseases),
- where modern medicine is mandatory (emergency care, surgery, critical illness).

This would prevent illegal cross-practice, which has been consistently disapproved by courts (e.g., *Dr. Mukhtiar Chand v. State of Punjab*, 1998). Clear statutory boundaries will reduce litigation and protect patient safety.

¹²National Commission for Homoeopathy Act, 2020.

3. Introduce Certified Bridge Training (With Legal Backing)

If limited cross-system practice is considered necessary, it should be allowed only after certified bridge courses recognised by law, not by executive orders alone.

Such training must:

- be system-specific and role-limited,
- be approved jointly by the National Medical Commission and AYUSH Commissions,
- have statutory recognition.

Without legislative support, such permissions risk being struck down by courts.

4. Uniform Standards for Evidence and Research

Legal reforms should mandate:

- scientific research and clinical trials for AYUSH therapies intended for integration,
- creation of legally recognised evidence-based treatment protocols.

This would help courts and consumer forums decide negligence cases and ensure equality in legal standards of care.

5. Strengthen Regulation of AYUSH Drugs and Advertisements

The Drugs and Cosmetics Act, 1940 should be amended to:

- strengthen safety and quality checks for AYUSH drugs,
- strictly regulate misleading advertisements,
- protect consumers under the Consumer Protection Act, 2019.

This will improve public trust and reduce legal disputes related to false claims.

6. Create an Integrated Medical Ethics and Liability Framework

A separate legal framework should be developed to deal with:

- medical negligence in integrated treatment,
- liability of practitioners from different systems,
- informed consent when AYUSH and modern medicine are used together.

This will ensure patient-centric justice and clarity in medico-legal cases

Conclusion

The integration of AYUSH with modern medicine in India reflects the country's unique healthcare structure, where traditional and modern systems coexist under legal recognition. AYUSH systems represent India's rich cultural and medical heritage and play an important role in preventive care, wellness, and management of chronic diseases. Modern medicine, on the other hand, is based on scientific research, clinical trials, and evidence-based treatment, and forms the backbone of emergency and curative healthcare. The idea of integration seeks to combine the strengths of both systems to improve public health outcomes.

However, the study clearly shows that legal challenges remain the biggest obstacle to effective integration. Indian law treats AYUSH and modern medicine as separate and independent systems, each governed by its own statutes, regulatory bodies, and standards of practice. Judicial decisions such as *Dr. Mukhtiar Chand v. State of Punjab* and *Poonam Verma v. Ashwin Patel* have firmly established that cross-practice without proper qualification is illegal and amounts to professional misconduct. Courts have consistently prioritised patient safety, professional competence, and statutory compliance over policy-driven integration efforts.

Policy documents like the National Health Policy, 2017 and government initiatives such as the National AYUSH Mission support limited integration in the form of co-location, referrals, and preventive care. However, these policies lack binding legal force and cannot override statutory restrictions or judicial interpretations. The absence of a comprehensive legal framework for integrative healthcare leads to confusion regarding scope of practice, standards of care, medical negligence, and liability in integrated treatment.

The research further highlights that differences in evidence standards, drug regulation, medical education, and professional ethics make integration legally complex. Without uniform standards and clear accountability mechanisms, integration risks undermining patient rights and increasing medico-legal disputes. Therefore, integration cannot be achieved through executive orders or administrative convenience alone.

In conclusion, while integration of AYUSH with modern medicine is desirable and necessary to address healthcare access, affordability, and preventive care needs, it must be carried out within a strong, clear, and patient-centric legal framework. Legislative reform, clear definition of professional roles, evidence-based validation, and judicially compliant regulation are essential for meaningful integration. Only a balanced legal approach—respecting traditional knowledge while upholding scientific rigor and rule of law—can ensure that integration serves public health without compromising safety or legal integrity.

