



Summary of roundtable on
“Integrative Healthcare for the US and
India Combining Best Practices from
Allopathy and AYUSH”
(on 12/01/2026, at AMA, Ahmedabad)

LIST OF PARTICIPANTS

Dr Pravin Bhavsar: Guardian, Arogya Bharati

Dr Suresh Patankar: President, Arogya Bharati and CMD, Ace Hospital

Dr Shivang Swaminarayan: Leading Homeopath

Dr Jayesh Sanghavi: President GHF

Dr Bhavdeep Ganatra: Leading Ayurvedacharya; CEO, SGVP

Dr Prerak Shah: Leading Ayurvedacharya

Dr Paritosh Bhatt: Leading Ayurvedacharya

Dr Dileep Mavalankar: Former Director, IIPH

Dr Shriniwas Savale: CEO, LMCP -AIC

Dr Mahesh Chhabaria: Principal, LMCP

Dr Vijay Kothari: Associate Professor, and leading researcher, Nirma

Dr Lal Hingorani: CMD, Pharmanza Herbals Pvt Ltd

Mukesh Shah: V C, Lakuleesh University

Dr Jyoti Kannan: Leading Homeo Cosmetologist

Dr Praveen Kumar: Leading Homeopath and Educationist

Dr Amit Shah: MD Integrative Physician; Chair, AAPI Ayurveda Consortium

Dr Charles Elder: Leading specialist in Integrative Medicine

Dr Leslie Elder: Professor, Integrative Medicine, MIU

Dr Dhiren Ganjwala: Leading Orthopaedic specialist

Ms. Gitanjali Talele: Managing Partner, Clinical Research Solutions LLP and Spenta Solutions LLP

Sanjiv Acharya: Principal, Institute of Pharmacy, Ganpat University, Kherwa

S B Dangayach: National Vice President, Arogya Bharati; Founder Trustee, Innovative Thought Forum
(Convener)

CONTEXT AND BACKGROUND

A high-level roundtable discussion was convened on **12 January 2026** to explore structured integration of **modern allopathic medicine** with **AYUSH systems** (Ayurveda, Yoga, Homeopathy, etc.) across **India and the United States**.

The dialogue was organized by **Arogya Bharati** in collaboration with the **American Association of Physicians of Indian Origin – Ayurveda Consortium**, with participation from clinicians, public-health experts, researchers, regulators, universities, and industry leaders from both countries.

The timing was considered strategically critical, given:

- Growing global interest in **integrative and lifestyle disease management medicines**
- Policy momentum in India (NHP 2017, Ministry of AYUSH initiatives)
- **A 3-year opportunity window (2026–2029)** to institutionalize integration through pilots and evidence generation

STRATEGIC OBJECTIVE OF THE MEETING

The core objective was **not system replacement**, but **patient-centred integration**, combining:

- The **diagnostic precision and emergency strengths of allopathy**
- The **preventive, chronic-care, lifestyle, and holistic strengths of AYUSH**

The group agreed that integrative healthcare must:

- Be **evidence-driven**
- Operate within **clear regulatory and role-based boundaries**
- Focus on **disease management, quality of life, and unmet medical needs**, rather than exaggerated cure claims

Three Pillars of Action

Pillar 1: Education and Capacity Building

Key Insight: Integration will fail without cross-pathway literacy.

Agreed Directions

- Structured orientation for **allopathic doctors** on scientific foundations of Ayurveda and other AYUSH systems
- Training for **AYUSH doctors** on diagnostics and patient safety
- Development of:
 - o Post-graduate diplomas in integrative medicine
 - o Exchange fellowships between Indian institutions and **Maharishi International University**
 - o Online self-paced certification courses
- Legal and academic recognition through the **National Medical Commission (NMC)**, **National Commission for Indian System of Medicine (NCISM)** and **National Commission of Homeopathy (NCH)**

Pillar 2: Research, Evidence, and Clinical Validation

Key Insight: The primary credibility gap is not the absence of outcomes, but inadequate documentation aligned with contemporary medical science, research methodologies, and modern clinical trial standards and regulatory frameworks.

Strategic Decisions

- Identify **5 common disorders** with high chronic burden and limited allopathic solutions
- Develop standardized integrative protocols
- Test them across **5 centres with 100 patients each**
- Adopt **pragmatic research models:**
 - Reverse pharmacology
 - Phase-3-first trials for traditional medicines
 - N-of-1 trials and observational studies
 - ABA trial designs (standard care vs integrative care)

Priority Focus Areas

- Diabetes and complications (including diabetic gangrene)
- Chronic metabolic disorders
- Orthopaedic recovery and bone healing
- Mental health and lifestyle disorders
- Select rare diseases
- Supportive care in long-term illnesses

Pillar 3: Product Quality and Standardisation

Key Risk Identified

- Some Ayurvedic products exported to the USA show higher level of heavy metal contamination with respect to US standards, threatening credibility and safety.

Action Points

- Standardize **5–10 widely used AYUSH formulations**
- Establish SOPs, chemical profiling and extract consistency

Key Outcomes and Decisions

1. Formation of an Integrative Medicine Working Group

A consensus was reached to establish **state-level and national working groups, with Gujarat as the pilot state**, responsible for:

- Education & training design
- Research prioritization and trials
- Product standardization and documentation

- Regulatory engagement and funding mobilisation

Regular follow-ups, shared rosters, and structured reporting mechanisms were agreed upon.

2. Regulatory and Funding Challenges

Identified Gaps

- Fragmented jurisdiction between AYUSH and drug regulators
- Inadequate AYUSH expertise on funding-review panels
- One-size-fits-all toxicity and trial requirements

Proposed Solutions

- Role-based integration (not cross-practice)
- Acceptance of alternative research models (zebrafish, C. elegans)
- Risk-based regulatory pathways
- Engagement with national and international funders (government, foundations, industry)

3. Documentation and Knowledge Dissemination

Core Problem

- Large volumes of clinical success and academic research remain undocumented or unpublished.

Strategic Proposals

- Centralised documentation platform for integrative case studies
- Regular CMEs and peer-reviewed publications
- Exploration of a **large-scale integrative clinical documentation facility** to aggregate real-world evidence

4. Guiding Principles Agreed

1. **Patient-first, not pathy-first**
2. Evidence over ideology
3. Non-dual thinking (complementarity, not competition)
4. Start small, scale fast
5. State-led pilots before national roll-out
6. Mutual respect between medical systems
7. Realistic claims focused on management and quality of life

5. Strategic Significance

This roundtable marks a **transition from philosophical debate to policy-ready action** on integrative healthcare.

If implemented effectively, the initiative can:

- Position India as a **global leader in evidence-based integrative medicine**

- Reduce chronic disease burden
- Lower healthcare costs
- Create globally acceptable AYUSH-based protocols and products

Conclusions

The session concluded with a shared vision to build a scientifically robust, ethically grounded, and patient-centric integrative healthcare ecosystem for India and the United States through collaboration, innovation, and policy support.

To begin with a Gujarat State Chapter of AAPI -AYUSH Consortium (in association with Arogya Bharati) focusing AYUSH integration is to be formed on priority to be convened from Ahmedabad by S B Dangayach, National Vice President, Arogya Bharti and Dr. Dhiren Ganjwala, leading Orthopaedic specialist.

Rgds

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