Innovative Thought Forum

Summary of roundtable discussions on "Accelerating Research for Ayurveda"

Arranged by Arogya Bharati and Innovative Thought Forum

on 4th July, 2026 at AMA, Ahmedabad

1st Floor, A-7, Safal Profitaire, Corporate Road, Near Prahladnagar Garden, Ahmedabad – 380 015.

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Background

Over the last 30 years, Government of India has recognised the Indian System of Medicine & Homeopathy (ISM&H) — now AYUSH — as a vital part of the nation's healthcare framework, and has invested in research through a range of programmes. CCRAS, as the lead organisation for research in Ayurvedic sciences, along with many other public and private sector institutions, has been working sincerely to advance the field.

Yet, due to a variety of factors, results remain far from satisfactory, even as stakeholder expectations for genuinely evidence-based research and outcomes continue to rise.

There is a growing need to objectively review past experience, identify gaps, and turn research into a pragmatic tool for the growth of Ayurveda and its contribution to healthcare delivery.

The urgent task ahead is to develop a new roadmap of research priorities, methodologies, approaches, and tools — one that widens scope, adds speed, and positions Ayurveda for universal acceptance and integrative care.

List of Participants

Name	Designation/ Affiliation
Dr A. Raghu	Adviser (Ayurveda), Ministry of AYUSH, Government of India
Dr Anup Thakar	Professor at ITRI, Jamnagar
Dr Atul Desai	Founder, Dhanvantri Clinic, Ayurveda Healthcare and Research Centre, Vyara
Dr Bhavdeep Ganatra	Leading Ayurvedacharya; CAO, SGVPHH
Dr Dhiren Ganjwala	Leading Orthopaedic Specialist
Dr Dilip Jani	Professor, Government Ayurveda College, Vadodara
Dr Hitesh Jani	Ayurvedacharya Ex -Principal & HOD (Panchkarma) Gujarat Ayurved University, Jamnagar
Dr Kavita Desai	Dhanvantri Clinic, Ayurveda Healthcare and research centre, Vyara
Dr Monika Christian	Head of Testing Laboratory
Dr Narendra Bhatt	Consultant, Ayurveda Research & Industry
Dr P. Vaishnav	Prof. & Director, PG Studies, J.S.Ayurveda College, Nadiad
Dr Prabhudas Patel	Head, CRO Dr. Jivaraj Mehta Research Centre
Dr Pravin Bhavsar	Founder & Mentor Arogya Bharati, Ophthalmologist
Dr Prerak Shah	Ayurvedic Physician, Educator, Innovator and Entrepreneur

Dr Ritesh Gujarathi	Associate Professor, Ayurvdeda, VallabhVidyangar
Dr Shivang Swaminarayan	Leading Homeopath, Executive Member Arogya Bharati and Advisor ITF
Dr Shriniwas Savale	CEO, LMCP-AIC
Dr Suresh Patankar	Executive President, Arogya Bharati; CMD, Ace Hospital
Dr Tapan Mehta	OSD -Health care i Hub Gujarat; Professor and Head Forensic Medicine and Toxicology Department Smt. NHL Municipal Medical College
Dr V. M. Katoch	Former Director General, ICMR; Former Secretary, DHR
Dr V. Prakash	Padma Shri; Former Director General, CSIR; Former Director, CFTRI
Dr Vandana Modi	V.P. Cadila Pharma Ltd.
Dip Joshi	CEO, Macsen Laboratories and consultant for regulatory matters
Dr Vijay Kothari	Associate Professor, Nirma University
Pavan Bakeri	CEO & MD of Bakeri Group of companies and Ledading Angel Investor
Prof R.K. Goyal	Former VC, M S University & DIPSAR
Prof. Gaurang Shah	Prof. Head, Pharmacology LMCP
Prof. Mahesh Chhabria	Principal, L.M. College of Pharmacy (LMCP)
Vaidhya Haridra Dave	Rtd Principal Govt Akhandanand Ayurved Mahavidyalay, Ahmedabad; Ex Deputy Director, AYUSH, GOG;
	Practicing Ayurvedic Ophthalmologist
S. B. Dangayach	National Vice President, Arogya Bharati; Founder Trustee – Innovative Thought Forum – Convener

Important Points Discussed

- Rate of lifestyle diseases increasing all over the world, driving attention to traditional systems, especially Ayurveda, to seek solutions for better management. The WHO Global Traditional Medicine Centre (GTMC) at Jamnagar is a result of this quest. The National Health Policy (NHP) 2017 marked an important milestone in the journey to blend AYUSH with Allopathy for the long-term wellbeing and health of the nation.
- Traditional Chinese Medicine (TCM) has much higher acceptance and spread, owing to sustained, all-round efforts from stakeholders in China. There are several lessons to draw from China's strategic vision and clear mission in this regard.
- Though several positive steps have been taken by the Government of India — formation of the Deptt. of ISM&H under the Ministry of Health & Family Welfare in 1995, and creation of the new Ministry of AYUSH in 2014 — research in Ayurveda remains below the mark. The causes are many, ranging from poor government funding to apathy across the Ayurveda education system, researchers, industry, investors, and regulatory bodies. There is urgent need to identify main issues and to provide solutions.
- Regulation for new drugs and clinical trials for Allopathy/conventional medicine has been in place since long. However, no appropriate, system-specific regulation yet exists for Ayurveda, discouraging researchers and companies from pursuing new formulations.
- There is not much interest on the part of the Ayurveda industry in revalidating already-approved and marketed products under current regulation, to enhance consumer/practitioner acceptance. CROs with the vision and ability to carry out such clinical validation work are not finding takers, due to the short-sighted policy of industry players.
- Though Covid brought out many studies demonstrating the efficacy and safety of Ayurveda, other disease areas have not received similar attention.
- Case recording, documentation, and data collection remain a weak part of Ayurveda today — developing evidence for common lifestyle diseases such as diabetes, hypertension, and cardiovascular disorders is not yet adequate. Likewise, clinical experience and outcomes have not been brought together, despite government push and policy support.
- Medicinal plants offer real benefit in preventive and promotive healthcare, but lack support of appropriate documentation. While exports of herbs and plants continue to rise, value addition through evidence-based formulations needs urgent priority.
- Research in Ayurveda conducted over decades by different agencies on variety of subjects and diseases at different places has not been collected and collated and made available on a single platform.
- One size cannot fit all. While evidence can be built through multiple routes, an insistence on double-blind RCTs for new Ayurveda drugs keeps even credible work — including that of CCRAS and others — from gaining acceptance. Efforts based on reverse pharmacology

have also not yielded the desired results so far.

- A fresh review and recasting of pragmatic research frameworks for Ayurveda (and other AYUSH branches) is needed especially for risk-based evidence building through several routes, such as:
  - Pragmatic observational studies
  - EVA (Evidence, validation and acceptance) model including reverse pharmacology and such others
  - Direct Phase-3 trials — with limited appropriate biomarkers, could be encouraged as relevant to specific evidence-based products through proper procure. This would bring down costs as well.
  - Emergency and limited use approval for rare diseases and disorders/diseases /syndromes be encouraged with stringent parameters and monitoring systems.
- Product Standardization suitable to Ayurveda origin products or those based on classical dosage forms must be encouraged at all levels. This necessity is directly related to the developing evidence of effectivity. Validation efforts on most products remain non-productive due to either lack of or poor standardization of the product. Models like MATRIX for standardisation and new product development could be promoted.
- Ayurveda falling under FSSAI (for nutraceuticals and food supplements) should be subject to a pragmatic framework for evidence building, with lessons exchanged with regulators such as GRAS (USA). This can facilitate better global marketing of medicinal plants and formulations as food supplements and nutraceuticals, through collaborative research and evidence building.
- Rather than depending on alternative categorization resulting into confusion and ambiguities the government must address the issues related to Ayurveda product standardization and validation in an aggressive and effective manner to have its own methods rather than allowing ambiguities and multiplicities.
- There is much to learn from successful Ayurveda entrepreneurs on tailoring products and offerings to market demand. Government must evolve an open consultative mechanism and dynamic processes to respect experienced researchers and entrepreneurs. Government must look outwards in an open manner rather than only inwards to look for solutions.
- Ayurveda being branded as a personalised medical system does not mean it lacks utility for public health. The concept of Ayushman Arogya Mandir (AAM) by the Government of India rather should be given a right shape and support delivery (for every population of 10,000) Plenty of evidence is already available to make Ayurveda part of AAM (AYUSH).
- Ayurveda is a vast field; there is a need to focus on a few priority areas — lifestyle diseases such as diabetes, hypertension, and arthritis or challenges like Cancer or such diseases with limited or no solutions in conventional medicine — from the angle of management.

- Need is to mainstream common medicinal plants and herbs into daily food from the angle of promoting better health.
- Surgery is the most active and successful branch of conventional medical practice. Ayurveda can be integrated before and after surgery in many hospitals, in the interest of patients — with insurance now part of new AYUSH policies permitting and supporting AYUSH throughout IPD cases. Similarly, several established Ayurveda based surgical procedures should be encouraged for their wider use through the profession and the Mandirs.
- There are many challenges, but equally huge opportunities, for Ayurveda once research — within the current or a modified framework — is accelerated at all levels, by closing gaps in policy, training, risk-based evidence building, investment, innovation, and liberal funding from government and private sources, backed above all by the commitment of every stakeholder.

Way Forward

- Build a repository of all research work done in Ayurveda, both before and after Independence using all modern tools
- Utilise TKDL (Traditional Knowledge Digital Library) archives and other resources to formulate new hypotheses and research projects.
- Avoid reinventing the wheel by reviewing all available research work already done in India and abroad.
- Review the New Drugs and Clinical Trials Rules (NDCTR) for Ayurveda, and include additional evidence-building routes such as reverse pharmacology, EVA Model and real-world evidence recording.
- Evolve a risk-based evidence-building framework for Ayurveda, applicable across other medical sciences as well.
- Work out a pragmatic evidence-building route for nutraceuticals and food supplements, to increase both research output and consumer acceptance of Ayurveda-based products.
- Learn from Traditional Chinese Medicine (TCM) to draw up an aggressive roadmap for the research and propagation of Ayurveda.
- Position Ayurveda as an adjuvant or standalone system for managing select lifestyle diseases — diabetes, hypertension, cardiovascular and musculoskeletal conditions, among others — and create SOPs for integrative healthcare backed by proper evidence.
- Work towards securing abundant funding for accelerated Ayurveda research in select top-priority areas by showing investors, businessmen and entrepreneurs' huge opportunities in Ayurveda locally and globally
- Create centres for translational research in immunology through Ayurveda, covering both general and specific immunity.

- Build a movement around research-based Ayurveda products among start-ups and investors.
- Sensitise and incentivise the Ayurveda industry to revalidate even successfully marketed products with suitable evidence, to enhance brand value and consumer acceptance.
- Importantly, collate and build evidence for Ayurveda for public health, and integrate it into the Ayushman Arogya Mandir (AYUSH) initiative to be rolled out for every population of 10000
- Keep India at the centre — developing solutions for India first, before extending them globally.
- Start focused research in areas such as eyes and teeth at selected institutions, for eventual adoption by the masses.
- Boost cultivation, processing, and value addition in medicinal plants.
- Build a strong base for clinical research in Ayurveda as a viable, sustainable business.
- Incentivise establishment of independent R&D labs as business entities

Conclusion

We should work towards bringing together all research already undertaken into appropriate repositories. Following analysis and synthesis, further work can proceed in line with regulatory and contemporary needs, while remaining genuinely scientific, rational, and open-minded.

As we move towards integrative healthcare, research in Ayurveda must be supported by a resilient regulatory structure that enables quality solutions through market-driven research models for medicines, nutraceuticals, and food supplements. Ayurveda has a bright future ahead — one that will be realised when backed by appropriate data and evidence, for both present and future products, therapies, and services, through accelerated research.

Our future efforts have to be patient centric, people centric and solution centric.

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