History and Outlook of Traditional Medicine: An Indian Perspective — A Review

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ABSTRACT

Traditional medicine in India has significantly shaped healthcare, comprising diverse systems like Ayurveda, Siddha, and Yoga, developed over millennia through cultural exchanges and empirical observations. Institutional changes emerged during colonial times with the rise of Western biomedicine, while post-independence efforts, including the establishment of the Ministry of AYUSH in 2014, aimed to preserve and promote these practices. Current interest in preventive healthcare and holistic approaches has renewed focus on traditional medicine, although challenges remain in standardization, scientific validation, and training. The narrative highlights that the future of traditional medicine in India hinges on responsible preservation, rigorous investigation, effective regulation, and safe integration into healthcare.

Keywords: Traditional medicine; Ayurveda; Siddha; Unani; AYUSH; medicinal plants; Indian healthcare; evidence-based medicine; integrative healthcare; traditional knowledge.

INTRODUCTION

Traditional medicine represents an important element of the cultural, intellectual and medical heritage of human societies. The World Health Organization (WHO) recognizes traditional medicine as a body of knowledge, skills, and practices, based on the theories, beliefs, and experiences of different cultures, used to maintain health and prevent, diagnose, ameliorate, or treat physical and mental illness, described or unexplained [1]. India has a particularly rich tradition of medical knowledge, developed through centuries of observation, experiment, textual scholarship, and community practice. Medical knowledge was transmitted through texts in classical Sanskrit, Tamil, Arabic, Persian, and other regional languages, and through oral traditions maintained by local healers and indigenous communities. These traditions have influenced the use of medicinal plants, dietary habits, personal hygiene, exercise, and approaches to maintaining health.

Indian medicine is not a single homogeneous system. Ayurveda developed an extensive theoretical and clinical framework, while Siddha evolved predominantly in Tamil-speaking regions. Unani medicine developed from Greco-Arabic medical traditions and became established in India through historical cultural exchanges. Sowa Rigpa is another important medical tradition that is particularly associated with Himalayan communities. Yoga and naturopathy offer approaches that focus on physical activity, lifestyle, and the relationship between humans and their environment. Additionally, many tribal, folk, and home healing traditions continue to preserve locally developed medical knowledge [2].

In contemporary India, these systems have received new institutional recognition through education, research, regulation, public health programs, and international cooperation. However, cultural importance

and historical continuity should not automatically be interpreted as proof of clinical efficacy. Each medicine, procedure, or therapeutic claim requires an appropriate assessment of safety, effectiveness, quality, and suitability for the condition concerned.

This review therefore examines traditional medicine from historical, scientific, social, and policy perspectives, with particular attention to the opportunities and challenges that will shape its future in India.

Objectives of the Review

The main objectives of this review are:

- Describe the historical evolution of traditional medicine in India.
- To discuss the philosophical foundations and distinctive features of major Indian medical systems.
- To examine the development of traditional medicine during the colonial and post-independence periods.
- Assess the current scientific, clinical, regulatory, and health importance.
- Identify key issues related to security, research, education, biodiversity and intellectual property.
- Determine future strategies for responsible development of traditional medicine in India.

Review Methodology

This article adopts a narrative review approach. Relevant literature was identified from published reviews, historical reports, biomedical literature indexed in PubMed, and policy documents published by the WHO and the Government of India. Particular attention was given to literature on Ayurveda, Siddha, Unani, traditional medicinal plants, patient safety, health-system integration, and the regulation of Indian systems of medicine.

The review also considers the WHO Global Traditional Medicine Strategy 2025–2034 and Indian policy developments relevant to the contemporary healthcare environment [1,3]. The literature was summarized thematically to explain historical developments, assess current opportunities and limitations, and identify research and policy priorities.

This is more of a narrative than a systematic review. We do not claim to have searched all relevant databases, followed any pre-registered protocols, or conducted a formal risk of bias assessment of all clinical studies. Therefore, this discussion constitutes a broad critical review rather than an exhaustive quantification of the effectiveness of individual treatments.

Historical Evolution of Traditional Medicine in India

The development of medical knowledge in India dates back to ancient cultural and intellectual traditions. The earliest references to medicinal substances, diseases, cures, and health-related rituals are found in Vedic literature. However, the exact dates and origins of individual medical practices are difficult to establish because knowledge developed over a long period of time and was transmitted through both oral and written traditions [4].

Ayurveda, meaning "science of life", gradually evolved into an organized medical system with its own theories on health, disease, diagnosis, pharmacology, diet and treatment. Classical Ayurvedic literature includes the Charaka Samhita, associated primarily with internal medicine; the Sushruta Samhita, particularly important for its discussions of surgery and anatomy; and the Ashtanga Hridaya, which systematizes many aspects of Ayurvedic knowledge [2,4].

These texts discuss a wide range of subjects, including digestive health, fever, wound management, toxicology, reproductive health, medicinal substances, and preventive practices. They also demonstrate the historical importance of clinical observation, training, and classification of disease.

Ayurveda's conceptual framework includes the theory of doshas (vata, pitta, kapha) and the relationships between bodily functions, diet, behavior, and environment. Although these concepts are central to Ayurvedic theory, they should not be seen as directly corresponding to modern physiological phenomena. Their historical significance and contemporary scientific validity are separate issues and require different evaluation methods.

The classical period also witnessed the development of Siddha medicine in southern India. Siddha literature, written largely in Tamil, associates health with the balance of bodily processes, dietary regulation, medicinal formulations, and appropriate lifestyle practices.

Ancient period

In the Middle Ages, Indian medical traditions continued to develop through textual criticism, local practices, and interaction with medical knowledge from other parts of Asia and the Middle East.

Unani medicine has its origins in the Greco-Roman medical tradition and was later developed by scholars in the Islamic world. They entered India and established themselves through cultural and political exchanges. Indian physicians adapted their methods and pharmacopoeia to local conditions, including the medicines available in the subcontinent. Unani medicine traditionally explains health and disease through concepts such as temperament, humoral balance, diet, environmental conditions, and treatment regimen. Its development in India shows that the country's medical heritage includes both indigenous systems and systems adapted and developed in the Indian cultural environment. Although Sowa Rigpa is commonly associated with the Tibetan medical tradition and the Himalayan region, it is also part of the broader traditional medicine of India. Folk and tribal medical traditions continue to develop in parallel to these more formalized systems, often relying on local plants, home remedies, experimental knowledge, and community healing methods. These historical interactions have contributed to the diversity of traditional medicine in India. It also shows why traditional medicine needs to be studied in its regional, linguistic, environmental and social contexts, rather than viewed as a single body of knowledge.

Medieval period and cultural exchange

The colonial period brought substantial changes to healthcare institutions and medical education in India. Western biomedicine gained increasing institutional support through hospitals, medical colleges, public-health administration, and professional training. Traditional medical systems have not disappeared. Physicians continued to provide medical care in their existing home, community, and clinical settings. However, their institutional status varies depending on region, political support, educational mechanisms, and access to resources.

During this period, some traditional practitioners and scientists responded to the changing medical landscape by reorganizing professional associations, publishing books, and adapting their educational institutions. Debates have also emerged regarding the relationship between traditional knowledge and the developing standards of scientific medicine.

The colonial period cannot therefore be understood simply as the replacement of one medical system by another. Rather, it involved competition, adaptation, professional reform, and changing relationships between traditional practitioners, state institutions, and biomedical authorities.

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Therefore, the colonial period cannot be understood simply as one health system being replaced by another. Rather, it was about competition, adaptation, professional reform, and changing relationships between traditional practitioners, state institutions, and biomedical authorities.

Traditional medicine after independence

Since independence in 1947, India has faced the challenge of expanding access to health care while preserving its diverse medical heritage. Traditional medicine remains an important part of the country's health and education. The government gradually developed institutional arrangements for education, research, drug regulation and professional recognition. Ayurveda, Siddha, Unani, Yoga, Naturopathy and Sowa-Rigpa have received increasing attention through specialized institutions and public programs. Homeopathy, although historically originating outside India, also became incorporated into the country\'s formally recognized AYUSH sector [2,5].

The creation of the Department of Indian Systems of Medicine and Homoeopathy in 1995 represented an important step towards centralized administration. It was later renamed as the Ministry of AYUSH, and on November 9, 2014, it was renamed as the independent Ministry of AYUSH.[5]

This institutional development has strengthened the government's ability to coordinate education, research, policy, quality of care, and promotion of traditional and complementary health care systems.

Major Systems of Traditional Medicine in India

Ayurveda

Ayurveda is one of the best-known traditional medical systems in India. Its approach emphasizes the relationship between health, diet, daily routines, physical activity, psychological well-being and environmental influences. Ayurvedic practices may include dietary advice, lifestyle changes, the use of medicinal herbs, certain mineral-containing preparations, massage, and other therapeutic procedures. Treatment is traditionally individualized based on the patient's constitution, symptoms, and broader health situation. Classic texts of Ayurveda contain detailed descriptions of medicinal substances and treatments. Modern research is investigating specific Ayurvedic medicines and practices for specific symptoms. However, the quality of evidence varies widely across interventions, and conclusions about one prescription cannot be automatically generalized to the entire system.

Future development will require standardized preparations, accurate botanical identification, reproducible manufacturing processes, appropriate clinical trials, and systematic monitoring of side effects.

Siddha medicine

Siddha medicine is historically associated with Tamil Nadu and other Tamil-speaking communities. Its theoretical basis includes concepts about the body's components, physiological processes, diet, lifestyle, and the relationship between the body and its environment. Its therapeutic approaches include medicinal plants, preparations containing minerals and metals, dietary habits, and selected external therapies. Siddha literature also contains detailed classifications of medicinal substances and descriptions of their preparation methods. Siddha medicine research should focus on the identity, composition, stability, pharmacological properties, and safety of individual products. Preparations containing metals or minerals require special attention in chemical characterization and toxicity assessment. Traditional processing methods should not be treated as proof that a preparation is free from harmful contaminants or toxic exposures.

Unani medicine

Unani medicine is based on the Greco-Arabic medical tradition and developed through subsequent research and practice in several regions, including India. Focuses on temperament, humoral theory, food, diet, and drug use. Its therapeutic repertoire includes herbal formulations, dietary nutrition and various regimen-based treatments. Indian physicians and Unani institutions contributed to the preservation of classical literature, professional training, and drug development. Contemporary research needs to distinguish between the historical foundations of Unani medicine and the available evidence for specific interventions. Determining its appropriate role in modern medicine requires clinical evaluation, standardized manufacturing, drug interaction studies, and safety monitoring.

Yoga

Yoga includes physical postures, breathing practices, meditation, concentration and other disciplines designed to promote physical and mental well-being. Although yoga is not only a system of drug treatment, it is an important part of the traditional health care heritage of India. Several yoga-based interventions have been tested for outcomes such as physical function, stress, sleep, and some aspects of psychological well-being. The strength of evidence varies by intervention, population, and clinical outcome. The benefits demonstrated within a structured program should not be generalized to all forms of yoga or interpreted as evidence that yoga can replace traditional medicine.

Safe practice requires proper instruction, modification to suit individual ability, and consideration of underlying injuries or medical conditions.

Naturopathy

Naturopathy emphasizes lifestyle, diet, physical activity and the use of selected natural or non-pharmacological approaches to health. Its practice varies depending on the situation and may include exercise, hydrotherapy and dietary interventions.
The scientific assessment of naturopathic care should examine individual interventions rather than assume that all practices grouped under the term are equally effective or safe. Dietary changes and physical activity may have established health benefits in appropriate circumstances, whereas other interventions require additional evidence.

Contemporary Significance of Traditional Medicine

Cultural continuity and public acceptability

Cultural appropriateness may be relevant to participation and communication in health care. However, patient preferences should be respected, along with clear information about the benefits, risks, costs, and limitations of available treatments.

Preventive healthcare and lifestyle

Several traditional systems emphasize diet, physical activity, daily routines, and behavioural practices. These areas overlap with contemporary interest in health promotion and disease prevention. The potential contribution of such practices must be evaluated on a case-by-case basis.

When interventions are consistent with established evidence (e.g., adequate physical activity and a balanced diet), they can improve health. Traditional explanations of the mechanism need not necessarily be considered scientifically adequate for their practical benefits to be evaluated.

Medicinal plants and drug discovery

India's botanical diversity and long history of use of medicinal plants provides opportunities for pharmacy, phytochemistry, pharmacology and drug discovery. Traditional knowledge helps researchers identify

candidate plants and compounds for further research. However, the discovery of potentially active compounds is only the first step in drug development. Further studies should establish its chemical identity, mechanism of action (if any), dosage, pharmacokinetics, toxicity, clinical efficacy, and manufacturing stability. Therefore, traditional usage can become a research priority without replacing the scientific steps needed to determine whether a particular product is safe and effective.

Safety, Quality Control, and Regulation

Safety is one of the most important issues in the modern use of traditional medicine. The assumption that a product is safe because it is natural or because it has been used for a long time has no scientific basis. Potential hazards include misidentification of the plant, contamination, adulteration, improper dosing, manufacturing variations, interactions with prescription drugs, and exposure to toxic substances.

A detailed review of published cases related to Indian traditional medicine identified reported heavy metal toxicities, particularly those associated with lead, mercury, and arsenic. Such case reports cannot establish the incidence of toxicity for all products, but they demonstrate the importance of product-specific safety assessment and clinical vigilance [6].

The following measures are essential:

- Raw-material authentication: Medicinal plants and other ingredients should be accurately identified and tested for relevant contaminants.
- Manufacturing Standards: Manufacturing must follow appropriate quality assurance procedures using proven processes and reproducible compositions.
- Chemical characterization: Products containing metals, minerals, or complex mixtures should be evaluated using appropriate analytical methods.
- Reporting of adverse events. Suspicious reactions should be documented, investigated, and reported through appropriate pharmacovigilance systems.
- Evaluation of drug interactions. Practitioners should ask patients about all medications and supplements they use.
- Accurate labelling: Labels should communicate ingredients, dosage instructions, warnings, and other information required by applicable regulations.
- Clinical referral: Symptoms that require urgent evaluation should not be addressed solely with unproven treatments.

India's regulatory framework includes the provisions of the Drugs and Cosmetics Act and relevant rules for related traditional medicines. Professional education and practice is also regulated by system-specific legislation, including the National Commission for Indian System of Medicine Act, 2020 [7,8].

Effective regulation requires adequate laboratory capacity, trained inspectors, reliable testing, transparent enforcement, and collaboration among manufacturers, practitioners, researchers, and public health authorities.

Major Challenges Facing Traditional Medicine in India

Insufficient or uneven clinical data

The evidence base varies widely depending on system, modality, and clinical indication. Some interventions have undergone significant research, while others are supported primarily by traditional use, pilot experiments, or small clinical studies.

Broad claims that an entire medical system is effective or ineffective overlook these differences. Evaluation should be specific to the intervention and the health outcome.

Standardization of complex formulations

Traditional formulations contain multiple ingredients, the composition of which can vary depending on plant species, growing conditions, harvest time, and processing and production methods.

Standardization requires maintaining the identity of the desired composition while establishing measurable quality, stability, and safety properties. 9.3 Inappropriate Treatment Claims

Marketing claims may exaggerate benefits, imply universal effectiveness, or suggest that traditional treatments replace established treatments for serious illnesses.

Such claims can put patients at risk, especially if they delay the effectiveness of diagnosis or treatment. Therefore, regulatory oversight and evidence-based public education are essential.

Educational and vocational issues

Quality education must combine a thorough understanding of the relevant traditional systems with appropriate training in research methods, pharmacology, toxicology, clinical reasoning, ethics, and counseling practices. Interprofessional education can improve communication between traditional medical practitioners, biomedical clinicians, pharmacists, and public health professionals. It can also reduce confusion regarding professional responsibilities and processing restrictions. 9.5 Marketing and intellectual property issues

Traditional medical knowledge can be appropriated without recognition or adequate compensation for the communities that protect it. Patent disputes related to traditional knowledge have highlighted the importance of documentation and legal guarantees. The Indian Traditional Knowledge Digital Library (TKDL) was established with the aim of preventing inappropriate patenting of documented traditional medical knowledge by making relevant prior knowledge available to patent examiners under controlled agreements [9].

Documentation alone is not enough to protect the interests of each community. Effective protection must also consider consent, confidentiality, customary ownership, access and benefit-sharing, and the rights of communities whose knowledge is not fully represented in written sources.

Biodiversity loss and unsustainable harvesting

Many traditional medicines depend on plant and other biological resources. Habitat destruction, climate change, overexploitation, and land use change can threaten medicinal species and their associated ecological knowledge.

Maintaining the availability of pharmaceutical resources requires sustainable cultivation, botanical identification, conservation programs, traceability, and fair sourcing.

Future Outlook of Traditional Medicine in India

The future of traditional medicine will depend on whether its historical and cultural value can be combined with reliable scientific evaluation, effective regulation, and equitable healthcare practice.

Evidence-based integration

Integration should be guided by the quality of evidence for each intervention. Treatments with demonstrated benefit and acceptable risks may be considered for appropriate clinical or public health applications. Interventions of uncertain efficacy should be studied in more detail, but interventions that are deemed ineffective or unacceptably harmful should not be promoted for their respective indications. Integrative

medicine must maintain patient autonomy and provide prompt access to necessary diagnostic tests and established treatments.

Digital documentation and research infrastructure

Digital databases can support the documentation of medicinal plants, classical texts, prescriptions, terminology, and side effects. Carefully designed digital systems may also improve research coordination and access to reliable information.

Such initiatives must maintain data quality and protect confidential or sensitive traditional knowledge. Community participation should guide decisions about which information may be documented, shared, or commercialized.

Translational research and innovation

Future research should move beyond preliminary laboratory findings towards reproducible, clinically relevant evidence. Priorities include botanical authentication, phytochemical characterization, pharmacokinetic studies, toxicology, appropriate clinical trials, and long-term safety monitoring.

Research partnerships between universities, AYUSH institutions, biomedical research centres, industry, and public-health agencies can support this process, provided that methods and results remain transparent and independent. 10.4 Sustainable development of medicinal plants

Research and production of medicinal plants can contribute to livelihoods, biodiversity conservation and the development of standardized products.

Cultivation programs must use science-based agricultural practices, preserve genetic diversity, and ensure that commercialization benefits reach affected communities. Wild harvesting should be regulated where necessary to protect vulnerable species.

Patient-centred and interprofessional healthcare

A patient-centred model requires respect for cultural preferences, transparent communication, informed consent, and coordinated care. Practitioners should be able to identify situations that require referral, communicate relevant treatment information, and recognize the limits of their expertise.

Traditional medicine should complement healthcare where justified by evidence and patient needs, rather than create competing systems in which patients receive contradictory advice or experience delays in effective treatment.

International cooperation

The WHO Global Traditional Medicine Strategy 2025–2034 provides a framework for advancing research, regulation, health-system integration, and cross-sector collaboration [1,3]. India can contribute through research partnerships, standardized terminology, pharmacopoeial development, training, and the exchange of regulatory expertise. International participation must be accompanied by strong protection of biodiversity, traditional knowledge, and the rights of indigenous peoples and local communities.

DISCUSSION

The history of traditional medicine in India reflects the interplay of medical knowledge, cultural continuity, regional diversity, political institutions, and evolving scientific standards. Ayurveda, Siddha, Unani, Sowa Rigpa, yoga, naturopathy, and indigenous traditions represent different approaches to health and healing.

Their historical development provides valuable elements for understanding the evolution of medicine and the relationship between culture and medicine.

The contemporary relevance of these traditions must be assessed based on a balanced framework. Their cultural importance and role in shaping health behaviors deserves recognition. However, those drugs and treatment practices require sufficient evidence of safety and efficacy before they can be recommended for specific clinical indications. This distinction is especially important in a diverse country like India, where patients may use traditional products along with prescription drugs. Poor communication between physicians can lead to interactions, delayed diagnosis, and discontinuation of necessary treatment. Better :coordination and reliable information can help reduce these risks.

Another consideration is that traditional knowledge is not just a commercial resource. It is often rooted in social relations, cultural traditions, local languages, and ecological environments. Therefore, scientific research must be conducted under ethical guarantees and fair benefit-sharing mechanisms. The future of traditional Indian medicine will be stronger when conservation and innovation reinforce each other. Historical knowledge can guide research questions, and modern analytical and clinical methods can determine which interventions provide reliable benefits. Effective regulation, responsible communication, and sustainable resource management are necessary to translate this potential into meaningful public-health contributions.

CONCLUSION

Traditional medicine occupies an important place in India's historical heritage, cultural identity and healthcare landscape. Its development over centuries has given rise to various systems of medical theory, therapeutic practice, medicinal plant knowledge, and lifestyle guidance. Increased institutional recognition and international interest have created new opportunities for health care research, education, conservation, and development.

However, the future of traditional medicine cannot depend solely on its historical reputation or cultural popularity. Scientific validation, consistent product quality, transparent clinical evidence, adverse event monitoring, professional accountability and appropriate regulation are essential. Research should evaluate individual interventions rather than generalizing results across medical systems.

India should pursue a balanced strategy that preserves traditional knowledge, protects the rights of local communities, encourages rigorous interdisciplinary research, and promotes integration only where safety and effectiveness are adequately supported. With these safeguards, traditional medicine can contribute responsibly to health promotion, scientific discovery, and patient-centred healthcare while remaining consistent with contemporary standards of evidence and public health.

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