

## The 'Vaidya' – The Ancient Indian Family Physician: The origin of family medicine specialty in India – a call for action by the National Medical Commission (NMC)

**Raman Kumar**

*National President, Academy of Family Physicians of India, New Delhi, India*

### ABSTRACT

Family medicine is the academic discipline, knowledge domain and specialty of family physicians or family doctors globally. Family medicine is rapidly developing in India amidst resistance and criticism. Many opponents identify family medicine as a western concept and argue for its non suitability for implementation in India. Family medicine or family physician is not a new concept for the Indian people. The family doctor concept originated in India from the community-based Vaidya system - an ancient old tradition of the Indian civilisation. A 'Vaidya' typically refers to a local physician engaging with the population. The Vaidya used to provide personalised care and primary medical care to individuals and families. The Vaidya remained the 'Family Physician', and this identity and profession has an unbreached association of more than several millennia with the Indian population. It is to be noted that all the goals of Bachelor of Medicine and Bachelor of Surgery (MBBS) training in India, the aspirations, skills and competencies for trainees, as defined by the National Medical Commission (NMC), can be identified as the academic discipline and vocation of family physicians. However, family medicine has not yet been included as a distinct and mandatory subject for MBBS students by the NMC. The demand for personalised health care within the community by the family doctors has never diminished but has only been artificially restricted. Family physicians contribute significantly to the promotion of health, prevention of diseases and the management of various health conditions in the Indian context. We look forward to the integration of family physician and family doctor concepts within the mainstream medical education system. It is expected that family medicine will become part of MBBS curriculum as promulgated in the NMC Act 2019.

**Keywords:** CBME competency-based medical curriculum, family medicine in India, general practice in India, National Medical Commission, primary care

*We have resolved to make India a developed country during "Amrit Kaal," a 25-year period culminating in the nation's centenary of independence in 2047 - Prime Minister Shri Narendra Modi*

**Address for correspondence:** Dr. Raman Kumar, 049, Crema Tower, Mahagun Mascot, Crossing Republik, Ghaziabad - 201 016, Uttar Pradesh, India. E-mail: drraman07@gmail.com

**Received:** 20-02-2024

**Revised:** 22-02-2024

**Accepted:** 26-02-2024

**Published:** 06-03-2024

### Access this article online

#### Quick Response Code:



**Website:**  
<http://journals.lww.com/JFMPC>

**DOI:**  
10.4103/jfmpe.jfmpe\_266\_24

### Family Medicine: An Ancient Indian Tradition

Family medicine is the academic discipline, knowledge domain and specialty of family physicians or family doctors globally. Family medicine is rapidly developing in India amidst resistance and criticism. One of the criticisms of family medicine specialty training in India, as articulated by the opponents, is that it is a western concept and not suitable for the Indian health system.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**For reprints contact:** WKHLRPMedknow\_reprints@wolterskluwer.com

**How to cite this article:** Kumar R. The 'Vaidya' – The Ancient Indian Family Physician: The origin of family medicine specialty in India – a call for action by the National Medical Commission (NMC). J Family Med Prim Care 2024;13:397-400.

It is a paradoxical argument though, as the entire medical education system and the healthcare delivery model are based on the western/European/American system. All western gold standards of academics and health care are considered gold standards in India. Indian research is not considered credible unless published in a British or American journal. Interestingly, family medicine or family physician is not a new concept for the Indian people. Most Indians would identify who the family physicians are and what their role is towards rendering personalised access to health care. Family physicians are the largest constituents of the human resources among all specialties in India; however, their academic discipline of family medicine has not been mainstreamed by the National Medical Commission (NMC), the principal regulator of medical education in India, yet.

### **History and Evolution of Medical Education in India**

Ancient India had a rich system of medicine and healthcare provision. The Indian system of medicine is one of the oldest systems in the world. The Indian civilisation has a glorious tradition of producing great physicians and surgeons, such as Charaka and Sushruta. The Indian system emphasises a holistic approach to health and well-being, considering the balance of the body, mind and spirit. A similar approach on the definition of health has been adopted by the World Health Organization (WHO). The practice of health care was deeply rooted in ancient wisdom, dependent on locally resourced remedies, and was self-sufficient for the surrounding community. Medical science was one of the subjects offered at ancient universities of India, such as Nalanda. The last principal teacher of the ancient Nalanda University, Rahul Sri Bhadra (1193 AD), was also a physician. Training was also imparted as apprenticeship at the practices of the community-based Vaidyas. The most knowledgeable and competent Vaidya within the locality would be designated as 'Raj Vaidya'. One of the most significant contributions to health care in ancient India was the development of science of traditional medicines of various systems, including Yoga and Ayurveda. India also adopted the systems of medicines introduced by the various colonisers over a period of several centuries. The British colonists introduced the western or European medicine to India by establishing the Calcutta Medical College and the Madras Medical College in 1835. The Licentiate of Medical Practice (LMP) was introduced, along with the Medical Registration Act in 1858. The Indian Medical Council Act was enacted in 1916, which subsequently led to the establishment of the Medical Council of India (MCI) in 1933. Sir Joseph William Bhore Committee in 1946 paved the way to abolish LMP and to replace it with a single qualification of a Bachelor of Medicine and Bachelor of Surgery (MBBS) degree. The MCI Act was revised in 1953. The NMC Act, 2019, a legislative reform recently introduced, replaced the erstwhile MCI. Currently, India hosts the largest medical education system in the world with more than 700 medical colleges and 100,000 annual intake capacity for MBBS seats.

### **Original Family Physicians – The Vaidya Tradition of India**

The family doctor concept originated in India from the community-based Vaidya system – an ancient old tradition of the Indian civilisation. A 'Vaidya' typically refers to a local physician engaging with the population. They used to provide personalised care and primary medical care to individuals and families. The Vaidya remained the 'Family Physician', and this identity and profession has an unbreached association of more than several millennia with the population. Since ancient times and till date, family physicians, such as in many other countries, have played a crucial role in preventive care, managing common illnesses and coordinating care for their patients. These practitioners have played a crucial role often relying on traditional knowledge and practices passed down through generations. The Vaidyas used to be deeply rooted in the community, and their practice may involve a combination of low cost, affordable, accessible care, dietary advice, lifestyle recommendations and traditional healing techniques. Even today in many urban, rural and remote communities, access to modern medical facilities may be limited, and people turn to their local Vaidya or family physician for healthcare needs.

### **Foundational components of Vaidya services**

The key component of Vaidya services includes the following: (1) Local Knowledge: Vaidyas often have an in-depth understanding of local community and resources, using them to formulate strategy for common ailments; (2) Community Relationships: The Vaidya builds strong relationships within the community and may be familiar with the health history and needs of the community dwellers; (3) Holistic Approach: The Vaidya takes a holistic approach to health care, considering not only physical health but also mental, emotional and spiritual well-being; (4) Cultural Context: The Vaidya's practices are often deeply intertwined with the cultural and traditional beliefs of the local community; community rituals, ceremonies and cultural practices may be incorporated into their approach; (5) Affordability: The services provided by the Vaidya are often more affordable and accessible, making them a primary source of health care for many in rural and remote communities; (6) Preventive Care: They often advise community on preventive care; (7) Counsellor: The Vaidya guide and counsel their local communities on issues ranging from family, marriage and dispute resolution; and (8) Non-Discriminatory Care: The Vaidya in their duty of care treated all persons as equal irrespective of economic or social status. These are the same tenets on which the concept of modern family physician/family medicine is based.

### **Contemporary Family Physicians and the NMC – Goals of MBBS training**

Family medicine is a medical specialty of family physicians that focuses on providing comprehensive and continuous health care for individuals and families. Family medicine practitioners,

known as family physicians or general practitioners, are trained to treat patients of all ages, from infants to the elderly. It is a recognised medical specialty in India under the provisions of the NMC Act 2019. As per the recently released NMC draft curriculum 2023, the undergraduate medical education programme is designed with the national goal of creating an 'Indian Medical Graduate' (IMG) possessing the requisite knowledge, skills, attitudes, values and responsiveness so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. Family physicians are the physicians of first contact in all health systems of the world. The institutional goal has been articulated as being competent in the diagnosis and management of common health problems of the individual and the community and commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels using his/her clinical skills based on history, physical examination and relevant investigations. The IMG has also been envisaged to be competent to practise preventive, promotive, curative, palliative and rehabilitative medicine with respect to the commonly encountered health problems. Goals for the learner have been documented as a clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion. It is to be noted that all the above aspirations, skills and competencies for MBBS doctors define the vocation and academic discipline of family physicians-family medicine. Strangely, despite a clear mandate from the Parliament of India, even the words, such as family doctor, family physician, family medicine, general practitioner and primary care, are completely excluded from the voluminous competency-based medical education (CBME) MBBS curriculum. We blame young and newly qualified MBBS doctors for not working in rural, remote and community settings; but why do we expect them to serve the non privileged communities, when the hidden curriculum is otherwise; and the vocation of a local community practitioner, that is family physicians, is never introduced to the MBBS students.

### Doctor Vs Vaidya

The VAIDYA of ancient times are identified presently as DOCTORS. The community recognises them as DAKTAR BABU OR DAKTAR SAHIB – a respectable Europeanised gentleman. Even the present-day Ayurvedic practitioners like to identify themselves as 'Doctor' instead of 'Vaidya'. When the MCI was enacted by the British, by default all MBBS doctors used to be general practitioners and identified themselves as family physicians. However, after the Second World War, the trend of specialisation started in India on the patterns of other developed economies. Family physicians have survived till date, maintaining the ancient values of Vaidya the local physicians. Presently, the tradition of family physicians is on decline due to regulatory restriction. Although the number of MBBS seats and the numbers of medical colleges are rapidly increasing, there is a steep decline in the doctor-patient relationship. There is a general distrust among the general population about the health

system, and violence against doctors and healthcare professionals is rising. All this phenomenon reflects the weakening chain of the family doctor within the health system. It is expected that the NMC will fulfil the legal mandate of including family medicine or discipline of family physicians within the mainstream medical education system of India.

### Future of Family Medicine and the NMC

We see that the origin of the family medicine concept has historical roots in the Vaidya tradition – the local physician who provides personalised comprehensive care within the community setting. Family medicine is not an alien or new discipline as alleged by many. Family medicine plays a crucial role in primary care, contributing to the overall healthcare system by managing a diverse range of health conditions and promoting preventive measures. Family physicians work in various settings, including private practices, clinics and community health centres. They are often the first point of contact for individuals seeking medical advice, diagnosis and treatment. They are often considered primary care physicians because they serve as the first point of contact for patients seeking medical care.

One of the mandates of the newly enacted NMC is to promote family medicine in India. Under Section 24 (1)(c) of the NMC Act 2019, the Under-Graduate Medical Education Board shall perform the following functions, namely: (c) develop competency-based dynamic curriculum for addressing the needs of primary health services, community medicine and family medicine to ensure health care in such areas, in accordance with the provisions of the regulations made under this Act. Under Section 25. (1)(j) NMC Act 2019, the Post-Graduate Medical Education Board shall perform the following functions, namely: (j) promote and facilitate postgraduate courses in family medicine. Under Section 57. (1), the commission may, after previous publication, by notification, make regulations consistent with this Act and the rules made thereunder to carry out the provisions of this Act; (2), and without prejudice to the generality of the preceding power, (p) the curriculum for primary medicine, community medicine and family medicine under clause (c) of sub-section (1) of Section 24. Family medicine continues to evolve in India, and there is an increasing recognition of the importance of this specialty in the overall healthcare system.

### Appeal to the NMC

Family physicians contribute significantly to the promotion of health, prevention of diseases and the management of various health conditions in the Indian context. We look forward to the NMC to support promoting and integrating family physician/family doctor/family medicine concepts within the mainstream medical education system. There cannot be tall buildings without sound foundations. Similarly, no tertiary care specialist system can survive without a sound foundation of family physicians at the base. Only hospitals cannot address the pressing public

health needs and medical care of the most populous country in the world, India, that is Bharat. During the Amrit Kaal, the medical regulator – NMC should work towards 360-degree development of medical education and health system in India. All Indians should have access to high-quality primary care in future.

### **Financial support and sponsorship**

Nil.

### **Conflicts of interest**

There are no conflicts of interest.