

Medical Systems Recognized by the National Medical Commission (NMC): Allopathy, AYUSH, the Cross-Pathy Debate & Licensing

India has one of the most plural and diverse healthcare systems in the world. Modern scientific medicine (commonly known as Allopathy) exists side-by-side with traditional Indian systems such as Ayurveda, Unani, Siddha, Sowa-Rigpa, Yoga and Homoeopathy. For students, practitioners and researchers in *Law and Medicine*, understanding how Indian law recognizes, differentiates, and regulates these systems is essential.

MEDICAL SYSTEMS RECOGNIZED BY THE NATIONAL MEDICAL COMMISSION (NMC)



**ALLOPATHY, AYUSH, THE CROSS-PATHY DEBATE
& LICENSING**

A COMPLETE OVERVIEW

This article offers a comprehensive and legally structured overview of recognized medical systems, licensing requirements, the cross-pathy debate, and the major case law shaping the present legal landscape.

1. Medical Systems Recognized Under Indian Law

1.1 Modern Scientific Medicine (Allopathy)

Modern medicine in India is regulated by the **National Medical Commission (NMC)** under the National Medical Commission Act, 2019. The NMC replaced the Medical Council of India (MCI) and is responsible for regulating medical education, maintaining the National Medical Register, issuing licences, and monitoring professional ethics. It governs MBBS and postgraduate medical qualifications, sets curriculum standards, and issues recognition to medical institutions. The National Exit Test (NEXT) is mandated under the NMC Act, 2019, but its implementation has been postponed multiple times and is yet to be operational.

1.2 Indian Systems of Medicine (AYUSH)

Parallel to NMC, the Government of India formally recognizes other medical systems under the **Ministry of AYUSH**. These include:

- Ayurveda
- Yoga & Naturopathy (*Note: Yoga & Naturopathy, unlike Ayurveda, Unani, Siddha, Homoeopathy, and Sowa-Rigpa, do not have independent statutory commissions. They are regulated directly by the Ministry of AYUSH.*)
- Unani
- Siddha
- Homoeopathy
- Sowa-Rigpa (*Sowa-Rigpa was formally recognized as part of AYUSH in 2010, reflecting India's acknowledgment of this Tibetan system of medicine.*)

The AYUSH systems are regulated through:

- **National Commission for Indian System of Medicine (NCISM)**
- **National Commission for Homoeopathy (NCH)**

These bodies regulate education, registration, licensing, and professional conduct of AYUSH practitioners. They maintain independent registers for their respective systems and govern qualifications such as BAMS, BUMS, BSMS, BHMS, MD (Ayurveda), and others.

2. Licensing: Who Is Allowed to Practise What?

Licensing in India is *system-specific* — a principle strongly reflected in both statutes and case law.

- A doctor holding an **MBBS**, registered under the NMC or State Medical Council, is legally authorised to practise *modern scientific medicine only*.
- A **BAMS, BUMS, BSMS, BHMS**, or similar AYUSH graduate is permitted to practise only *the system in which they are trained and registered*.

The Indian Medical Degrees Act, state medical council laws, the National Medical Commission Act, and the NCISM/NCH Acts all emphasize that medical titles and practice rights are tied to specific qualifications and registrations.

Practising outside one’s registered system is treated as:

- unauthorised medical practice
- potential quackery
- a criminal and civil liability (including negligence claims)
- grounds for disciplinary action

Hospitals, clinics, and telemedicine platforms are legally obligated to ensure that practitioners adhere to their legally permitted scope.

3. Understanding the Cross-Pathy Debate

3.1 What is Cross-Pathy?

“Cross-pathy” commonly refers to practitioners of one medical system using medicines, methods, or procedures belonging to another system—most often AYUSH practitioners prescribing allopathic (modern medicine) drugs.

3.2 Why Is It Controversial?

Supporters argue:

- rural areas face severe shortages of MBBS doctors
- public health programmes require more workforce
- AYUSH practitioners often serve as first contact in underserved regions

- integrated care may improve accessibility

Opponents argue:

- cross-practice without adequate training endangers patient safety
- violates statutory scope of practice
- undermines medical standards
- blurs accountability in negligence cases

3.3 Current Legal Position

Indian law does **not** impose a universal blanket ban or grant universal permission for cross-practice. Instead, courts interpret statutes and government notifications case-by-case.

The judiciary evaluates:

- wording and purpose of medical statutes
- practitioner's formal training
- government notifications for public health programmes
- patient safety considerations
- legality of prescribing or performing procedures outside allowed scope

As a result, the legality of cross-pathy depends heavily on statutory authorization and factual circumstances.

4. Key Case Law Governing Cross-Practice

4.1 Dr. Mukhtiar Chand & Others v. State of Punjab (1998)

This landmark Supreme Court judgment is the foundation for understanding permissible practice boundaries between modern medicine and AYUSH systems.

The Court held that:

- AYUSH practitioners are governed by their respective statutes.
- They cannot automatically claim the right to practise modern medicine simply because they hold a license in their own system.

- Government notifications allowing AYUSH practitioners to use certain modern drugs must be narrowly interpreted.
- Patient safety and legislative intent must guide scope-of-practice decisions.

The decision firmly established the principle that statutory demarcations between systems must be respected.

4.2 High Court Decisions on Criminal Proceedings

Various High Courts have considered cases where AYUSH practitioners faced criminal charges for practising allopathy. Some courts granted interim protection—especially in cases where the government had issued circulars permitting AYUSH doctors to perform certain public health functions.

However, these interim protections are not authoritative precedents and do not override the statutory framework. Such orders are context-specific and vary across states; they cannot be relied upon as binding law. The Supreme Court’s emphasis on strict statutory interpretation continues to guide legal reasoning.

5. Legal and Ethical Consequences of Cross-Practice

5.1 Regulatory Violations

Practising outside one’s licensed system may attract:

- prosecution under state medical practitioner laws
- action under the NMC Act or NCISM/NCH Acts
- penalties under consumer protection law
- civil liability for negligence or malpractice
- disciplinary suspension or cancellation of registration

5.2 Negligence and Consent Issues

If an AYUSH practitioner administers modern medicine treatment:

- it may be deemed beyond their competence
- the patient’s “informed consent” may be considered invalid if the patient was unaware

- courts may find negligence due to breach of standard of care

5.3 Implications for Health Policy

Government decisions to expand AYUSH practitioners' rights—through bridge courses, emergency authorisation, or integration—must be supported by statutory amendments, clear training modules, and liability frameworks. Otherwise, such decisions risk legal challenge.

6. Policy Directions for the Future

Option A: Maintain Strict Separation

A clear demarcation ensures patient safety and legal certainty. Many medical associations support this model.

Option B: Limited, Supervised Integration

India could adopt a hybrid model where AYUSH doctors receive specialised training to perform specific tasks under strict protocols (e.g., immunization, screening).

Option C: Emergency or Rural Health Integration

Temporary authorisations in emergencies or rural shortages may be considered, provided statutory safeguards and clear guidelines are in place.

7. Conclusion

India's medical system is both diverse and complex. Modern medicine and AYUSH systems have independent statutory structures, licensing rules, and scopes of practice. Courts—particularly in the landmark Mukhtiar Chand judgment—have consistently emphasized that practitioners must adhere to the system for which they are trained and registered. The cross-pathway debate highlights a fundamental tension between accessibility and patient safety. Any future integration must be grounded in *statutory clarity, scientific training, and strong regulatory safeguards* to ensure lawful and ethical practice. Policymakers must also ensure that patient consent, liability frameworks, and accountability mechanisms are explicitly defined to avoid ambiguity in integrated models.

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#MedicalLaw #NMC #AYUSH #Allopathy #CrossPathy #MedicalLicensing
#HealthRegulation #LawAndMedicine #MukhtiarChand #MedicalEthics #HealthcareLaw
#PatientSafety #MedicalPracticeIndia #NCISM #NCH

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