**Letter from Mumbai**

**INDIAN JOURNAL OF MEDICAL ETHICS (IJME)**

In August 1993, a hesitant new journal made its appearance in India. *Medical Ethics* was the outcome of meetings among a handful of medical professionals in Mumbai who felt that there was a need for a forum on the subject. In the first issue, this reference was made to the *Journal of Medical Ethics*.

The *Journal of Medical Ethics* is published by the BMJ Publishing Group for the Institute of Medical Ethics in England. The Institute has the following aims:

1. Improving the quality of professional and public discussion of medico-moral questions.
2. To promote the study of medical ethics.
3. To promote high academic standards in this ever-developing subject.
4. To encourage a multidisciplinary approach to discussion of the consequences of clinical practice.
5. To stimulate research into specific subjects.

The Institute specifically states that it will remain non-partisan and independent of all interest groups and lobbies.

Publications from the Institute include *Dilemmas of Dying*, *Life Before Birth and The Ethics of Resource Allocation in Health Care*. Among the shorter reports published are *Assisted Death*, *HIV Infection and The Ethics of Medical Confidentiality*.

We desperately need a similar body in India. Shall we make a start?

January 2012 saw our journal, now titled *Indian Journal of Medical Ethics* entering the 20th year of uninterrupted publication. For official reasons pertaining to registration of the journal with governmental authorities, it was necessary to change the title of the journal on two occasions. This is the basis of alterations in volume numbers, the current volume being numbered 9.

As Dr Amar Jesani, its present editor stated: ‘In the last 19 years, the journal has never had to combine two issues, and has been published regularly in the first month of each quarter. This has been a remarkable feat for a journal on medical ethics and bioethics in the country. The editorial also discusses plans for the future.

The journal now has on its editorial and advisory boards representatives from several cities in India, Pakistan, Bangladesh, Sri Lanka, Philippines, Australia, UK, USA, Canada and Switzerland.

Since it caters primarily to India, Pakistan, Bangladesh, Sri Lanka and Asia, it has ensured that its online edition, featuring full contents that can be downloaded as pdf files, is free of cost.

**IJME** has some interesting plans for the future. It will continue sponsoring the biennial *National Bioethics Conference*. The third conference was held in New Delhi in November 2010 and the fourth will be held in Hyderabad in 2012. Among the members of the National Advisory Committee for the third conference were Chief Justice Leila Seth (the first Indian woman to be appointed to this position) and Dr Syeda Hameed, Member of the Planning Commission of India. (Reports of each of the earlier three conferences are available free of charge at [http://www.ijme.in/ijmenbc/index.php](http://www.ijme.in/ijmenbc/index.php)).

The emphasis on broadening the scope of the discussion from medical ethics to bioethics continues. The journal will also feature essays on humanities in medical education.

Notwithstanding its successes, it continues to need support from professionals and, equally important, lay individuals and groups. Indeed, from the start, the journal has sought and encouraged contributions by lay individuals for it is from their perceptions and suggestions that professionals can learn and improve existing practices.

As a humble member of the parent that gave birth to this offspring—*Forum for Medical Ethics Society*—may I plead for such support both to the Society and to the journal?

**RENEWAL OF REGISTRATION WITH MAHARASHTRA MEDICAL COUNCIL (MMC)**

A personal account

I am now 72 years old. I have watched the lack of activity of the MMC over half a century. Apart from the brown paper covered by the rules laid down by the Council sent to me in 1962, when I registered my first medical qualification (MBBS) with it, I have received no communication that enhanced my understanding of puzzles in medical ethics or received any guidelines on how I should deal with contentious issues in medical practice.

I have noted few indications of disciplinary action by it against professionals, nursing homes and hospitals blatantly flouting guidelines on medical ethics. Indeed, with its clout, it is well placed to carry out *suo moto* inspections of medical colleges, hospitals and nursing homes and effect improvements that will greatly benefit patients and raise the standards of practice to those of international levels.

Earlier I received postal intimation of the need to renew my registration. Now, if I miss the announcement in the newspaper (as well I might if I am out of Mumbai) and do not check the website of the Council (which does not form one of my favourite sites), I am likely to miss the deadline for registration.

The announced deadline for renewal of registration this time was 29 February 2012. As I had undergone surgery on my spine in August, October and November and had been advised restricted mobility till 1 March, my colleague kindly volunteered to take my papers to the Council on my behalf. We were given to understand that we needed to submit along with the filled form:

a. photocopy of the certificate of registration of MMC
b. demand draft for ₹500 favouring Registrar, MMC payable at Mumbai
c. zerox (sic!) copy of MMC 1-card
d. Three copy (sic!) of latest passport size photograph
e. 12 C.M.E. Credit Hours. These certificates were to be verified
by one of 12 groups of officers listed in a notification issued on 6 February 2012.

When my colleague showed the photocopies of my certificates of registration with the MMC (MBBS and MS) and my I-card, she was asked to produce the originals for verification. The need for originals was not stated on the application form.

I fail to see why we should have to produce even photocopies of documents issued by the Council itself. Surely the Council has these on its record and the details provided by us in the form ('Name of the applicant', 'Registration No.', 'Regn. Date') should suffice for the Council to access its own records. Asking for the originals when self-attested copies of these documents are produced merely adds insult to injury.

As proof of 'C.M.E. Credit Hours' I had sent in certificates of meetings attended by me and lists of publications in two indexed journals (The National Medical Journal of India and Indian Journal of Medical Ethics) which, in themselves provided for more than the necessary total number of hours. These certificates bore full references to the publications and were provided by the respective editors of the journals on their letterheads and with their respective rubber stamps of office.

The registrar insisted on seeing the original publications. This suggests disbelief in the veracity of these editors and an unwillingness to look up the references himself if dissatisfaction persisted.

While my colleague was striving to make the registrar see reason, another doctor pointed out that since I was over 70 years old, I could be exempted from the CME Credit Hours if I submitted a letter to this effect. My colleague therefore returned frustrated from the MMC office and asked me to write the letter.

Not wishing to delay matters (as obtaining the original papers would need time) and create further problems for my colleague, I looked up the website of the Council and found a notice dated 27 February (two days before the last date for registration) which stated that the application as per appended proforma should be made on plain paper. The application needed an explanation for why the necessary 12 credit hours could not be fulfilled. I wrote a letter as required and explained that I had undergone three operations on my spine between August and November and had subsequently been advised rest at home.

Armed with this letter and all other required documents including the original registration certificates, I went to the Council office myself despite some discomfort at the site of my surgery. The clerk receiving applications pointed out that unless the registrar countersigned my letter, he could not accept it. I met the registrar who, on reading the note, asked for proof of surgery. He refused to sign on the letter in the absence of such proof.

The website did not state the need for such proof and I had therefore not taken my operation notes and discharge summaries. My plea that coming to and fro to the office involved considerable physical discomfort made no impression on him.

I returned home along with my papers, impressed by the lack of trust displayed by the registrar in respected editors of indexed national journals and in a 72-year-old medical consultant.

(For an earlier note on such renewal of registration by the MMC, see the issue of this Journal dated July/August 2007, volume 20, number 4. Truly, plus ça change, plus c’est la même chose.)

SUNIL PANDYA

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**Letter from Iran**

**INDIAN AYURVEDA, IRANIAN TRADITIONAL MEDICINE AND THE ORIGIN OF THE FOUR ELEMENTS PHILOSOPHY**

Ayurveda, a Sanskrit word meaning ‘the knowledge for long life’, is one of the main types of alternative medicine and a well-known system of traditional medicine native to India. Health and disease in Ayurvedic medicine depend on an equilibrium of the five elements of ‘earth’, ‘water’, ‘fire’, ‘air’ and ‘sky’—supposedly, the building blocks of the whole universe including the human body. According to Ayurveda, it is the balance of these fundamental elements and the different types of energies originating from them—the so-called humours—that make one healthy. Anything disturbing this equilibrium would result in disease. Intertwined with religious beliefs, the therapeutic approach in Ayurvedic medicine is holistic with the emphasis on maintaining or restoring the homoeostasis of the internal milieu in a healthy equilibrium rather than treatment of a single illness. Ayurveda mostly uses plant-based medicine. Some of these herbs may contain toxic substances such as lead, which may cause deleterious effects.

Ayurveda is astonishingly similar to Iranian traditional medicine. Like Ayurveda, Iranian traditional medicine is also based on an equilibrium of humours, temperaments, holistic approaches and the use of herbal medicine. The only difference is that while Ayurveda is based on five elements, Iranian traditional medicine is founded on four—all Ayurvedic elements except the ‘sky’.

The principles of Ayurvedic and Iranian traditional medicine in fact have so much in common that they seem to be singing from the same hymn book. The earliest literature on Ayurveda dates back to the Vedic age in India (c. 1700–1100 BCE). The texts on Ayurveda, in Sanskrit, are remarkably similar to manuscripts written in Gathic Avestan, a part of which describes Iranian traditional medicine. This linguistic resemblance suggests that we have common ancestors—the Aryans.

Almost 2000 BCE, Aryans started migrating from their homeland in Euro-Asian Steppe, a vast land extending from the Ural River on the West to the Tian Shan mountain range on the East, to the southern lands—the Iran plateau. Some of them stayed in present-day Iran while others continued their journey and settled in present-day Pakistan and India. This migration happened before the development of Ayurveda during the Vedic period. Considering