

REVIEW ARTICLE

The Ethical–Legal Dimensions and Doctor–Patient Dynamics in Kayachikitsa - A Comprehensive Review

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ABSTRACT

Background: Ayurveda, one of the world’s oldest medical systems, places a strong emphasis on the moral and ethical responsibilities of the physician. Kayachikitsa, the internal medicine branch of Ayurveda, is particularly grounded in principles of compassion, truthfulness, confidentiality, and patient-centered care as articulated in classical texts, such as the Charaka Samhita. In contemporary practice, however, Ayurvedic physicians operate within a complex legal and regulatory framework that includes licensure requirements, consumer protection laws, malpractice liability, and emerging issues in integrative medicine. These shifts necessitate a deeper understanding of how ancient ethical ideals intersect with modern medico-legal realities. **Aim:** This review critically examines the ethical–legal dimensions of Ayurvedic practice with a focus on Kayachikitsa, while exploring the evolving dynamics of the doctor–patient relationship in the context of both classical traditions and modern healthcare systems. **Materials and Methods:** A narrative review methodology was adopted, drawing on primary Ayurvedic texts (Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya), secondary literature on bioethics and medical law, and present medico-legal frameworks, including NCISM regulations, the Consumer Protection Act, and AYUSH guidelines. Additional sources included peer-reviewed articles indexed in PubMed, Scopus, and AYUSH Research Portal. A thematic analysis was undertaken to identify convergences and divergences between traditional ethical principles and modern bioethical/legal standards. **Results and Discussion:** The findings demonstrate significant overlap between classical Ayurvedic values and modern bioethical principles, such as beneficence, non-maleficence, justice, and respect for dignity. However, tensions exist between the traditional paternalistic model of the physician and modern expectations of informed consent and patient autonomy. Legally, Ayurvedic practitioners are increasingly accountable for negligence, documentation, and adherence to statutory guidelines. The doctor–patient relationship, once rooted in reverence and trust, now requires balancing empathy with transparency, professionalism, and legal compliance. **Conclusion:** Kayachikitsa offers a timeless ethical framework that can enrich modern medical ethics, provided it is adapted to contemporary medico-legal demands. Strengthening this synthesis through education, policy reform, and trust-centered practice will help preserve Ayurveda’s classical ethos while ensuring accountability and patient safety in the modern era.

1. INTRODUCTION

Ayurveda, the ancient Indian system of medicine, emphasizes a holistic approach to health, focusing on the balance of body, mind, and spirit. Among its eight branches, Kayachikitsa – literally “treatment of the body” – is regarded as the foundation of Ayurvedic therapeutics. It deals with internal medicine, encompassing the diagnosis and treatment of systemic diseases, lifestyle disorders,

and psychosomatic conditions. Unlike many modern biomedical approaches that prioritize symptomatic management, Kayachikitsa stresses individualized care, preventive strategies, and restoring harmony within the individual.^[1]

The role of the physician in Kayachikitsa extends beyond that of a mere healer. Classical Ayurvedic texts, particularly the Charaka Samhita, outline a physician’s expected conduct (Vaidya Vrata), emphasizing values, such as compassion, honesty, humility, and dedication to patient welfare. The doctor–patient relationship is portrayed as sacred, rooted in trust and moral responsibility. The physician is not only a medical professional but also a counselor and moral guide, entrusted

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with the well-being of the patient in physical, psychological, and spiritual domains.^[2]

In contrast, the modern healthcare system functions within a highly regulated medico-legal framework. The rise of bioethics as a discipline in the 20th century introduced four key principles – autonomy, beneficence, non-maleficence, and justice – that now govern medical decision-making globally. Alongside, legal systems enforce patient rights through statutes, licensing bodies, consumer protection laws, and medical negligence litigation. While these frameworks strengthen accountability and safeguard patients, they also redefine the doctor–patient relationship, shifting it from one of paternalistic trust to one increasingly contractual in nature.^[3]

The interface of Ayurvedic ethical philosophy and modern medico-legal frameworks creates unique opportunities and challenges. On one hand, Ayurvedic principles enrich the moral dimension of healthcare with their holistic and humanistic ethos. On the other, practitioners of Kayachikitsa must navigate contemporary legal obligations, consumer expectations, and the complexities of integrative medicine practice. This tension highlights the importance of revisiting the ethical and legal dimensions of Kayachikitsa in today's context.^[4]

This review attempts to critically examine the ethical foundations laid down in Ayurvedic classics, their relevance in contemporary practice, and the evolving dynamics of the doctor–patient relationship. By bridging ancient wisdom with modern medico-legal realities, the study aims to provide a comprehensive understanding of how Kayachikitsa can uphold its classical ethos while adapting to the demands of present-day healthcare.

1.1. Aims and Objectives

1.1.1. Aim

- To critically review and analyze the ethical–legal dimensions and doctor–patient dynamics in Kayachikitsa by integrating classical Ayurvedic principles with modern medico-legal frameworks.

1.1.2. Objectives

- To examine the ethical codes of conduct for physicians as described in Ayurvedic classics, particularly in Charaka Samhita.
- To assess the legal frameworks and medico-legal challenges relevant to Ayurvedic practitioners in contemporary practice.
- To evaluate the evolution of doctor–patient dynamics from traditional paternalism to modern models emphasizing autonomy, rights, and accountability.
- To identify challenges in harmonizing classical ethical perspectives with modern biomedical ethics and legal requirements.
- To suggest future directions for strengthening ethical practice and doctor–patient relationships in Kayachikitsa.

2. MATERIALS AND METHODS

2.1. Study Design

Narrative review of classical Ayurvedic texts, modern literature, and medico-legal frameworks relevant to Kayachikitsa.

2.2. Sources of Data

- Classical Ayurvedic compendia: Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya.
- Modern secondary sources: Peer-reviewed journals, review articles, books on medical ethics, Ayurveda, and law.

- Legal documents and guidelines: National Commission for Indian System of Medicine (NCISM) regulations, Consumer Protection Act (CPA) (India), and judicial rulings on medical negligence.
- Databases: PubMed, Scopus, AYUSH Research Portal, Google Scholar.

3. ETHICAL DIMENSIONS IN KAYACHIKITSA

Ethics has always been an inseparable part of Ayurvedic practice. Unlike modern medicine, where medical ethics emerged as a distinct discipline in the 20th century, Ayurveda embedded moral and ethical responsibilities into its very foundation. The physician (Vaidya) was expected to be not only skilled in the science of healing but also exemplary in character, embodying integrity, compassion, and self-discipline. These ethical dimensions, as reflected in classical texts, such as the Charaka Samhita and Sushruta Samhita, remain profoundly relevant to contemporary Kayachikitsa.^[5]

3.1. Classical Ethical Foundations

3.1.1. Vaidya Vrata (Physician's code of conduct)

The Charaka Samhita outlines the moral obligations of a physician, prescribing humility, truthfulness, patience, and abstinence from greed. A Vaidya should approach patients with compassion (dayā) and act solely for their welfare (hita), avoiding motives of fame or financial gain.^[6]

3.1.2. Purity of conduct and knowledge

Ethical practice was tied to personal discipline – regular study of scriptures, meditation, and avoidance of unethical behavior were prerequisites for a Vaidya. It was believed that an unethical physician, even if technically skilled, could not heal effectively.^[7]

3.1.3. Fourfold role of physician

The physician was considered a healer, counselor, teacher, and moral guide. Healing extended beyond the physical body to the mind (manas) and spirit (atma), making ethics inseparable from clinical practice.^[8]

3.1.4. Beneficence and non-maleficence

Classical texts stress that treatment should always aim at the patient's benefit (hitam anupadiṣtam). Harmful practices, even if promising short-term relief, were condemned. This is comparable to the modern principle of primum non nocere (do no harm).

3.1.5. Confidentiality and trust

Physicians were advised not to disclose patient secrets, particularly in conditions, such as infertility, sexual dysfunction, or mental illness. Confidentiality was seen as crucial for maintaining trust.^[9]

3.2. Contemporary Ethical Concerns

3.2.1. Informed consent

In classical practice, consent was often implied due to the reverence patients had for physicians. Today, informed consent is both an ethical requirement and a legal obligation. Patients must be fully informed of treatment options, risks, and alternatives before therapy.^[10]

3.2.2. Autonomy versus paternalism

Ayurvedic texts often portray the physician as a paternal figure making decisions for the patient's welfare. In contrast, modern bioethics stresses patient autonomy, requiring physicians to respect individual choices – even when they differ from medical advice.^[11]

3.2.3. *Equity and justice*

Ayurveda emphasized universal accessibility of care, often advising physicians to treat the poor without expectation of payment. In the modern context, this aligns with the ethical principle of justice and the right to healthcare.^[12]

3.2.4. *Professional boundaries*

The Charaka Samhita warned physicians to avoid over-familiarity with patients or exploitative relationships. In modern times, this translates into professional boundaries, sexual ethics, and avoidance of conflicts of interest.^[13]

3.2.5. *Research and evidence-based ethics*

With the globalization of Ayurveda, ethical concerns extend into research, clinical trials, and integrative medicine. Issues, such as placebo use, safety monitoring, and patient consent in research now demand structured ethical guidelines.^[14]

4. LEGAL DIMENSIONS IN AYURVEDIC PRACTICE

While classical Ayurvedic texts emphasized inner morality and ethical conduct as the guiding force of a physician, contemporary healthcare systems require external regulatory mechanisms to safeguard patients' rights and ensure professional accountability. In modern India and globally, Ayurvedic practice is bound not only by tradition but also by law. The legal dimensions of Kayachikitsa can be understood under several headings:

4.1. Licensure and Regulation

4.1.1. *Regulatory bodies*

The practice of Ayurveda in India is governed by statutory councils, most prominently the Central Council of Indian Medicine, now replaced by the NCISM under the NCISM Act, 2020. These bodies regulate education, registration, and ethical standards for Ayurvedic practitioners.^[15]

4.1.2. *Mandatory registration*

Only individuals holding recognized qualifications (BAMS, MD/MS Ayurveda, PhD Ayurveda, or equivalent) and registered with state boards/NCISM are legally allowed to practice. Practicing without registration is considered quackery and punishable under Indian law.^[16]

4.1.3. *Scope of practice*

Practitioners are legally bound to prescribe only Ayurvedic medicines, procedures, and therapies recognized under the AYUSH framework. Using allopathic drugs without authorization is considered cross-path and can attract legal consequences.^[17]

4.2. Medico-Legal Liability

4.2.1. *Medical negligence*

Ayurvedic practitioners, such as their allopathic counterparts, can be held liable for negligence. Courts generally apply the Bolam Test – whether the physician acted in accordance with practices accepted by a responsible body of medical professionals. Failure to diagnose correctly, prescribe safely, or monitor side effects can lead to liability.^[18]

4.2.2. *CPA, 2019*

Patients are legally recognized as consumers. Any deficiency in service – including misdiagnosis, improper treatment, or lack of informed consent – can result in litigation under the CPA. Ayurvedic physicians must therefore ensure transparent communication and accurate documentation.^[19]

4.2.3. *Criminal liability*

Gross negligence leading to serious harm or death may attract criminal charges under Section 304A of the Indian Penal Code (causing death by negligence).

4.3. Documentation and Record-Keeping

4.3.1. *Medicolegal importance of records*

Conventionally, Ayurvedic physicians relied on oral instructions and patient trust. In modern practice, maintaining case records is a legal necessity. Records provide evidence in medico-legal disputes and are essential for audits and research.^[20]

4.3.2. *Consent forms*

Written consent is legally required for invasive procedures, such as panchakarma, surgical interventions, or experimental therapies. Verbal consent is insufficient in most medico-legal contexts.

4.4. Ethics and Law in Integrative Practice

4.4.1. *Cross-practice dilemmas*

Some Ayurvedic physicians use allopathic medicines due to patient demand or perceived efficacy. However, this practice is not legally permitted unless explicitly authorized by state-specific notifications. Court judgments have often penalized cross-practice, citing it as unsafe and unlawful.^[21]

4.4.2. *Integrative healthcare*

Government initiatives increasingly encourage integrative approaches under the AYUSH framework. However, clear legal definitions of permissible practices and boundaries are still evolving, leaving practitioners in a grey zone.^[22]

4.5. Intellectual Property Rights and Traditional Knowledge

4.5.1. *Protection of classical knowledge*

The misuse of Ayurvedic formulations by pharmaceutical companies without acknowledgment or benefit-sharing has raised ethical and legal concerns. Databases, such as the Traditional Knowledge Digital Library have been created to prevent biopiracy and protect classical formulations.^[23]

4.5.2. *Patent Laws*

Ayurvedic knowledge in the public domain cannot be patented, but novel formulations or processes derived from Ayurvedic principles may qualify under intellectual property laws, provided safety and efficacy are scientifically validated.^[24]

4.6. Emerging Legal Issues

4.6.1. *Telemedicine in Ayurveda*

With the rise of digital health, the Ministry of AYUSH issued Telemedicine Practice Guidelines (2020) for AYUSH practitioners. These guidelines define legal responsibilities for online consultations, prescriptions, and confidentiality of patient data.^[25]

4.6.2. *Clinical trials and research ethics*

Ayurvedic drug trials must comply with Good Clinical Practice and obtain ethical clearance from Institutional Ethics Committees. Legal oversight ensures participant safety and research transparency.^[26]

4.6.3. *Advertising and commercialization*

Under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, exaggerated claims regarding Ayurvedic medicines are

prohibited. Misleading advertisements can lead to legal action and cancellation of licenses.^[27]

4.7. Global Context

Outside India, Ayurvedic practice is regulated differently. In many countries (e.g., USA, UK), Ayurveda is considered a complementary/alternative therapy, often practiced under wellness laws rather than medical laws. This raises challenges regarding standardization, licensing, and medico-legal accountability.^[28]

4.8. Convergence of Ethics and Law

While classical Ayurveda stressed conscience-driven ethics, modern law provides externally enforceable safeguards. For Kayachikitsa practitioners, combining these two frameworks – moral responsibility and legal accountability – is crucial. A physician guided only by law may become defensive and rigid, while one guided only by ethics may face medico-legal vulnerability. True professional integrity lies in harmonizing both.^[29]

5. DOCTOR–PATIENT DYNAMICS IN KAYACHIKITSA^[30]

5.1. Traditional Perspective

- Trust-Centered Relationship: Patients regarded the Vaidya as a healer endowed with moral authority.
- Holistic Engagement: The physician not only treated disease but also counseled on lifestyle, morality, and spirituality.

5.2. Modern Context

- Shift Toward Contractual Model: Legal obligations frame the relationship as a service contract, redefining trust.
- Patient Rights Movement: Patients demand autonomy, transparency, and accountability.
- Communication and Empathy: Miscommunication is a leading cause of medico-legal disputes; Kayachikitsa's emphasis on compassionate dialogue remains highly relevant.

5.3. Challenges and Future Directions

Reconciling Tradition and Modernity: Balancing Ayurvedic paternalism with modern patient autonomy.

Ethics in Research and Clinical Trials: Standardizing ethical protocols in Ayurvedic clinical research.

Digital Health and Telemedicine: New ethical-legal challenges arise in remote consultations and data security.

Education and Training: Emphasizing medico-legal literacy and ethical sensitization in Ayurvedic curricula.

6. DISCUSSION

The analysis of ethical–legal aspects and doctor–patient dynamics in Kayachikitsa reveals a rich continuity between ancient Ayurvedic wisdom and modern bioethical principles, while also exposing areas of tension that require harmonization.^[31]

7. ALIGNMENT WITH MODERN BIOETHICS

Many of the values enshrined in Ayurvedic classics resonate strongly with contemporary bioethics. The Charaka Samhita's emphasis on compassion (*karuṇā*), truthfulness (*satya*), and beneficence (*hita*)

parallels modern principles of beneficence and non-maleficence. The stress on confidentiality aligns with present medico-legal requirements, such as patient privacy laws. Thus, Ayurveda provides a philosophically strong foundation for ethical practice, even in a modern legal setting.^[32]

8. PATERNALISM VERSUS AUTONOMY

One of the main challenges lies in the contrast between the classical paternalistic approach and the modern emphasis on patient autonomy. Conventionally, the Vaidya assumed moral authority and guided the patient, sometimes making decisions on their behalf for the sake of welfare. In contrast, modern law and ethics stress informed consent and shared decision-making, where patients must be empowered to participate in their own care. Bridging this gap requires contextual adaptation – retaining the trust-based relationship of Kayachikitsa while ensuring transparency and respect for autonomy.^[33]

9. LEGAL ACCOUNTABILITY AND PROFESSIONAL RESPONSIBILITY

The rise of medico-legal cases highlights the necessity for Ayurvedic practitioners to maintain meticulous records, provide evidence-based care, and respect legal boundaries. While Ayurvedic ethics stress inner conscience and self-discipline, today's legal environment mandates external accountability through consumer protection laws, malpractice litigation, and professional licensing. This dual framework challenges practitioners to balance ethical self-regulation with compliance to statutory obligations.^[34]

10. DOCTOR–PATIENT RELATIONSHIP IN TRANSITION

Conventionally, the relationship was based on reverence toward the physician, often extending beyond medical treatment into spiritual and lifestyle guidance. Modern dynamics, however, redefine this as a contractual service relationship governed by patient rights. Despite this shift, the holistic, empathetic, and communicative model of Kayachikitsa remains highly relevant in improving satisfaction and reducing disputes. Integrating soft skills, such as empathetic listening and culturally sensitive counseling into modern training can bridge classical ideals with contemporary expectations.^[35]

11. CONCLUSION

The practice of Kayachikitsa, the internal medicine branch of Ayurveda, is deeply rooted in a tradition where healing is inseparable from ethical responsibility and humanistic values. Classical Ayurvedic texts portray the physician not merely as a medical expert but as a moral guide, embodying compassion, humility, and dedication to the welfare of patients. These timeless principles resonate with the foundational ideals of modern bioethics – beneficence, non-maleficence, justice, and respect for dignity – demonstrating that the Ayurvedic framework, though ancient, remains profoundly relevant to contemporary healthcare. However, the modern practice of Ayurveda does not operate solely within the sphere of classical ethics. Today, physicians face a rapidly evolving medico-legal environment defined by regulatory frameworks, patient rights, consumer protection laws, malpractice litigation, and integrative medicine policies. While classical Ayurveda relied on the inner conscience of the Vaidya, modern healthcare demands external accountability through law, documentation, and professional regulation. This shift, though sometimes perceived as restrictive, ultimately serves to protect both

the patient and the practitioner, ensuring transparency and trust. The doctor–patient relationship, once rooted in reverence and paternalistic trust, is now transitioning toward a model of shared decision-making and contractual accountability. While this transition presents challenges – particularly in balancing patient autonomy with the Vaidya’s guiding role – it also opens opportunities. By blending Ayurveda’s ethos of empathy, holistic care, and moral duty with modern legal safeguards, Kayachikitsa can create a patient-centered yet ethically grounded healthcare model.

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13. AUTHORS’ CONTRIBUTIONS

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16. CONFLICTS OF INTEREST

Nil.

17. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from the principal investigators.

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