

Essay

Ayurveda: India's Neglected Treasure-Box

Prasad M

Ayurveda is the traditional system of healthcare of the Indian subcontinent and one of the most sought-after traditional systems of medicine in the world today. With its roots dating back to the Vedic period, it has a documented history of over 3000 years. In India, it is an approved and well-regulated system of medicine. If practised properly, Ayurveda can revolutionise the public health scenario of the country.

It is widely accepted as a holistic system with a philosophy that gives importance to the physical, mental, spiritual, social, and environmental factors related to health and medicine. Ayurveda has its philosophical roots emanating from the ancient schools of India, like Nyaya, Sankhya, and Vaisesika. It accepts the 'panchabhuta-based' (the five basic elements— Prithvi, Jala, Agni, Vayu and Akasa; their nearest English equivalents being: Earth, Water, Fire, Wind, and Space) nature of all natural objects, including the human body. Thus, it considers the body as a replica of the external world. According to Ayurvedic theories, a human being, in his/her normal state of existence, has four components merged inseparably, viz., sareera (physical body), indriyas (sensory organs), manas (cognitive instrumentation) and atma (the life-principle). Though manas is considered a principle separate from sareera, in life, they are inseparable and work in union, complementing each other. So, in Ayurveda, sareera and manas are the fundamental points of reference while explaining health and disease.

Dr. Prasad M is the Director and Chief physician at the Sunethri Ayurvedashram Thrissur, Kerala. He received an intensive training in the philosophy and basic principles of Ayurveda from his Guru Padmabhushan Vaidyabhushanam K. Raghavan Thirumulpad. He served as the Principal of an Ayurveda college for five years. With 27 years of clinical experience, he developed an ayurvedic protocol for the management of autism spectrum disorder. Currently he is serving as GURU for CRAV programme of Rashtriya Ayurveda Vidyapeeth, New Delhi.

National Security Vol. 6, No. 3, 2023
(July - September 2023) Page 211-223, ISSN 25-81-9658 (0)
©Vivekananda International Foundation

Even though Ayurveda identifies all natural materials as medicine, the most commonly used medicinal substances are herbs, minerals and metals, salts, and animal products. Food and lifestyle are also major components of Ayurvedic treatment. Ayurveda also identifies the critical influence that the daily climatic rhythms and the 'wheel' of seasons have on human life. The three fundamental doshas (basic functional categories) of the human body, Kapha, Pitta and Vata represent the three basic categories of functions which are attributed with accumulation, transformation and distribution of materials within the system, respectively. They are depicted as the representations of moon, wind and sun.

Some Basic Principles

The basic principles of Ayurveda are explained in classical textbooks, like *Charaka Samhitha*, *Susrutha Samhitha*, and *Ashtanga Samgraha*. Some important ones are summarised below:

- There are three doshas named Vata, Pitta, and Kapha, representing all events happening in the body as part of its survival and maintenance. The optimal functioning of these three doshas is an essential prerequisite to maintaining health.
- There are seven dhatus (building blocks of the body) named rasa (the pool of fluid accumulated from digested food), rakta (the fluid formed out of the changes in rasa which acts as the substratum of life), mamsa (the fleshy material which is primarily used in the making of muscles), medas (the fatty substances in the body in general), asthi (the materials predominantly used to build organs of support like bones and cartilages), majja (the fatty material which occupies the spaces within bones and attributed with the nourishment of sensory organs) and sukra (the material primarily responsible for procreation and sexual pleasure), as the basic units used in the building of various organs of the body.
- A living body continuously performs processes of accumulation, transformation, and distribution within itself. These processes start from the moment of conception and continue throughout life.

The basic principles of Ayurveda are explained in classical textbooks, like *Charaka Samhitha*, *Susrutha Samhitha*, and *Ashtanga Samgraha*.

- Human beings are in continuous engagement with seasonal changes and other environmental factors. The following features of this relationship are noteworthy: This engagement has a critical role in deciding the health and disease. The sense organs keep a man constantly engaged with the external world, and the type of this engagement has a critical role in deciding health and disease.
- Food and body are of the same origin (based on their panchabhuta nature). Intelligent use of food can assure health; otherwise, it will be the root cause of all diseases.
- A principle (or a system, rather) called Agni, which is located in the gut, is decisive in all events and activities related to transforming food (an external substance) to the dhatus of the body. So, keeping the Agni in its correct functional status is essential to maintain good health.
- Mind and body follow each other and share their wellness and illness. The mental plane of experiences of human beings is multidimensional and includes social, emotional, and spiritual components. So, the experience of health has many more dimensions than mere physical fitness.
- Health and disease are the responses of the living body to the respective causative environments; health is a positive response, and disease is a negative one. So, keeping the living environment healthy is the most essential prerequisite to being healthy.

The Values for Living

Ayurveda insists on a value system that highlights a holistic lifestyle. It advocates a righteous way of life that is considerate of all fellow beings, including the members of the animal and plant kingdom. Achārya Charaka (second to first century BCE), the great sage, physician and the composer of the oldest and most authentic treatise on Ayurveda, documents four possible lifestyles: namely, sukhayus (Sanskrit sukha means pleasant and joyful; ayus life), dukhayus (dukha means unpleasant and difficult), hitayus (hita means wholesome, beneficial) and ahitayus (ahita is the opposite of hita). Sukhayus depicts life with the highest degree of joy and comfort at the individual level, and encompasses physical and mental well-being, youthfulness, knowledge, skills, and affluence. Dukhayus is the opposite of this situation, which imposes suffering, pain, and agony on the individual. Hitayus is a lifestyle, which is considerate of fellow beings, ethically driven, truthful,

Ayurveda insists on a value system that highlights a holistic lifestyle.

with self-restraint, paying respect to the deserving, including the wise men and the elderly, humble, untiringly inquisitive, and conscious about the consequences of all actions. Ahitayus is the opposite of hitayus, which is extremely indulgent and even antisocial. Here, the message is to keep away from both dukhayus and ahitayus, and to keep oneself aligned to hitayus, and enjoy sukha.

Along similar lines, all treatises of Ayurveda contain many wise suggestions, submissions, and advice for a holistic life. In short, Ayurveda covers not just descriptions of diseases and their treatments or medicines, but is a system that upholds the values and actions to be followed for sound health in its complete sense. The description of diseases and their treatments is only a part of the whole.

Ayurveda covers not just descriptions of diseases and their treatments or medicines, but is a system that upholds the values and actions to be followed for sound health in its complete sense.

Treating a Disease: Person-centric Approach of Ayurveda

In Ayurveda, treating a disease is a mix of logical thinking and art. The person suffering from the disease is considered the kshethra (the field) of kriya (the act of healing). So, a proper, thorough examination of the person involved is an important preliminary exercise of any treatment. In short, the treatment is not an ill-pill equation that disengages the concerned person. Athurapareeksha — the examination of the diseased person— is discussed elaborately in the text, *Charakasamhitha*. It is quite comprehensive and holistic and is performed systematically to meet multiple purposes, viz.:

- To know the expected longevity of the individual (ayupramanam);
- To know the strength of the patient, using various criteria;
- To know the extent and strength of the disease.

This comprehensive examination has ten components in it:

- Prakruthi: Constitutional peculiarities based on the predominance of doshas;
- Vikruthi: The nature of the present illness;

- Saara: The durability of the body by assessing the endurance of the dhatus;
- Samhanana: Compactness and fitness of the body organs;
- Pramana: Measurements of the body — in parts and as a whole;
- Satmya: The habitual engagements of the person;
- Sathwa: Mental makeup of the person in terms of stability and strength;
- Aharasakthi: The ability of food intake;
- Vyayamasakthi: The ability to exert physically;
- Vayas: Age (both chronological and biological).

One can see that of the ten assessed, nine factors are about the person, whereas only one is about the disease (of course, that is quite elaborate in its practice). This applies to illnesses of all types, communicable as well as non-communicable. This reflects the person-centric approach of treatment, which is inherent in Ayurveda.

Diversity and Health Independence

The theories and practices of Ayurveda have been formatted and have evolved over a long period. It is assumed that the codified form of Ayurveda is over 3000 years old. Still older are its original and rustic roots. Even though there is uniformity in the theoretical aspects of Ayurveda, its practice is quite diverse based on different schools in different parts of the country. This could be a result of the differences in geographical and climatic conditions, which influence the availability of various materials used as food and medicine.

It is assumed that the codified form of Ayurveda is over 3000 years old. Still older are its original and rustic roots.

Cultural differences can also be a part of this diversity. Certain concepts like the *tridosha sidhantha*, *samanya-visesha sidhantha*, and many other basic postulates are considered universal. However, considerable differences can be seen in many applied aspects. This includes how medicines are sourced and prepared, the raw materials used, and many other areas. Towards the southern part of the country, except Tamil Nadu, herbal preparations are more accepted than minerals and metals. But towards

the north, it is otherwise. Panchakarma is popular in certain states, like Kerala and Karnataka, but it is not so in many other states. These divergences reveal the depth of association that Ayurveda has with the country's local communities. The principles and practice of Ayurveda were an integral part of life in the villages in India.

Interestingly, most of the medicinal herbs and spices used in Ayurveda were available in the backyards and kitchens of the villagers. They used to grow and preserve them, and were familiar with their practical usage in most of their primary healthcare needs. The properties of the herbs explained in the textbooks in the local dialect were known to all of them as they were a part of their primary education. Each village had trained Vaidyas (Ayurvedic practitioners/doctors) and midwives to provide expert intervention as and when required. These practices were providing certain levels of health independence to the Indian villages. Nevertheless, this trend changed significantly once the life and economic activities of the common man started to depend on cities.

Kāla, Artha and Karma: the Basic Domains of Human Engagements

Health is a response, which is mostly experiential, to the way of an individual's engagement with the living environment. This engagement is broadly divided into three domains: Kāla, Artha, and Karma. Kāla (time) is about the engagement with time, its subtle and gross forms of manifestation. The six seasons, or ritus, named hemanta, sisira, vasanta, greeshma, varsha, and sarat, are the gross forms of manifestation of time. The two ayanās — uttarāyana and dakshināyana, the northward and southward movements of the sun respectively, are also gross forms of kāla. The days and nights of each ritu are different in their grades of warmness, coolness, and the rainfall. Like any other worldly object, the living body is always within the frames of Kāla (time). The presence of kāla should neither be heena (less), ati (excessive), nor mithya (perverted), but should be samyak (proper or optimal). Ayurvedic scholars have made keen observations on the human body's responses to the changes happening in kāla. Further, they have suggested lifestyle changes, which are to be made to stay healthy. These suggestions are known as ritucharya.

Health is a response, which is mostly experiential, to the way of an individual's engagement with the living environment.

Artha means the objects of the five sensory organs, i.e., sabda (sound), sparsa (touch), rupa (light), rasa (taste), and gandha (smell). These five objects are the basic properties of panchabhutas, which connect human beings with their surroundings. The engagement with these objects should be samyak to experience health. Heena, ati, and mithya types of engagements can result in physical and mental illnesses.

Karma stands for the activities of a person in three levels: kaya (physical), vaak (verbal) and chitta (mental), practically covering all possible activities of an individual. They should be samyak, avoiding the possibilities of being heena, ati, or mithya. The proposal of Ayurveda that all illnesses result from heena, ati, or mithya yoga (engagement) with kāla, artha, and karma sets a brilliant platform to understand human life in its totality.

Ayurveda, as a public healthcare system, identifies the importance of environmental components like air and water in human health. *Janapadodhwamsaneeya* is a beautiful narrative by Achārya Charaka in this regard. He highlights pollution of air and water, contamination of soil, and changes in climatic conditions as drivers of widespread public morbidity, despite individual-based healthcare precautions, resulting in outbreaks of epidemics or pandemics. He also points out adharma— the deeds where greed outstrips needs— as the root cause of these disasters.

Ayurveda, as a public healthcare system, identifies the importance of environmental components like air and water in human health.

Branches of Ayurveda

Ayurveda has two halves in its description: *Swastha Vrutha*, or the regimen for the healthy, and *Athura Vrutha*, or the regimen for the sick. Interestingly, these two halves, especially the former, do not limit themselves to the use of certain medicines. Instead, personal and social hygiene, food, sleep patterns, exercises, sexual discipline, seasonal peculiarities, cultural and religious values, beliefs, etc., are all used to make the entire process active and engaging.

The basic idea behind all these practices is that the person should be a part of the healing process, and everyone should make themselves deserving to enjoy the fruits of health. This contradicts the 'ill-pill' formula of the current healthcare practices. This has reduced the charm of the system today.

Traditionally, there are 8 branches in ayurveda. They are:

- Kāyachikitsa (the care of common diseases affecting the whole body. Kaya means body in Sanskrit);
- Bālachikitsa (care of children up to the age of 16 years, including curative and preventive interventions);
- Grahachikitsa (care of mental disorders and behavioural aberrations);
- Sālākyatanthra (care of the diseases of the head and neck, covering the eye, ear, nose, throat, and oral cavity, including teeth, headaches, and the scalp);
- Salyatanthra (surgical and para-surgical treatments);
- Agadatantra or vishachikitsa (treatment of poisons and venomous bites);
- Rasāyana chikitsa (treatments meant for improving nutrition and thus delaying the ageing process);
- Vajikarana (treatments meant to improve sexual power and reproductivity).

Apart from these basic clinical branches, the textbooks explain the structural and functional nature of the human body in the special context of conception, growth, and development of a baby; the pre-conception, pre-delivery and post-delivery care; and general midwifery. Also, there are elaborate descriptions of cereals, pulses, vegetables, fruits, and non-vegetarian items, which are used as food, and different types of beverages.

The properties, collection, and preservation of herbs and minerals used as medicines, including the making of different therapeutic forms are explained extensively.

Panchakarma: A Unique Treatment Method

Panchakarma is a unique treatment modality in Ayurveda. The word derives from two separate Sanskrit words, pancha, meaning five, and karma, procedure or intervention. It comprises five treatment procedures to clean the body out of disease-causing impurities. The procedures are Vamana (inducing controlled vomiting with appropriate medicine), Virechana (inducing controlled loose bowels with appropriate medicine),

Vasthi (different types of medicinal enemas using fats and compounded decoctions), Nasya (medicinal nasal applications of various sorts like fats, juices, and powders) and Rakthamokshana (bloodletting using multiple methods like venesection, needling, cupping, and medicinal leeching). Not all the five procedures shall be needed in the same person in a given situation. It is the Vaidya's choice based on the merit of the condition, and it is executed after appropriate preparatory medications and procedures. Panchakarma is used to effectively manage many clinical conditions, especially chronic diseases related to lifestyle.

Panchakarma is used to effectively manage many clinical conditions, especially chronic diseases related to lifestyle.

It is a routine preparatory treatment in Rasāyanachikitsa. Undergoing appropriate panchakarma was a custom in various parts of India to prevent seasonal ailments.

Oushadhakāla

Ayurvedic treatment methods are unique for many reasons. One such area is its stress on precision intervention. The concept of oushadhakāla— the time of administration of medicine— is a towering example of this. Specific times are suggested for the administration of medicine based on the clinical situation which it is prescribed for and the strength of the individual consuming it. On an empty stomach, just before the first meal of the day, after breakfast, after evening food, halfway through a meal, along with every morsel, between each morsel, cooked along with the food, at bedtime, etc., are some examples of the times of administering medicine widely practised in Ayurveda. Interestingly, the same medicine can yield different effects when administered at different oushadhakālas.

Education

Anciently, Ayurveda was taught in gurukulas. In a gurukula, the sishyas (disciples) stayed with the guru and underwent training in all aspects of the shastra, covering theory and practice alike. The instructional strategy was completely person-centric, and the learning was intensive by all means. The learning included domains like rote textual learning, competitive debates, self-discipline, and professional etiquette, apart from patient care and manufacturing of medicines. The life of the guru was a textbook for the sishyas.

Contemporary schooling in Ayurveda is highly formal, institutionalised, and well-regulated. There are undergraduate, postgraduate, and doctoral levels of degree courses under a central syllabus and curriculum designed by the National Commission for Indian System of Medicine (NCISM) operating under the Ministry of AYUSH. There are State and Central universities that conduct the courses. The undergraduate course is a 5 ½ year module, including a 1-year internship programme, which includes an extensive list of topics covering both ayurvedic and allopathic streams.

As a matter of fact, over several decades, allopathic topics have gained an edge over the Ayurvedic ones in the current Ayurvedic education. Basic training in Human Physiology, Anatomy, and the formative Clinical Methodology are spinning around allopathic inputs almost completely. This has made a significant shift in how Ayurveda is operating in society at present. The original ideas of Ayurveda and its in-built instructional methods have become endangered, almost completely. The teaching is widely subject-oriented (contrary to the old text-based one) under multiple academic departments by various teachers who hail from different schools, with a clear distinction between theory and practice. Sanskrit, the language in which all the classical textbooks of the shastra are written, is not so popular among the teachers as well as the students. So, the teaching is based widely on commentaries in Hindi, English, or other regional languages. The admission process to the undergraduate course is regulated by the National Eligibility cum Entrance Test (NEET), which is a common admission test.

The original ideas of Ayurveda and its in-built instructional methods have become endangered, almost completely.

The basic qualification for the NEET exam is higher secondary with Physics, Chemistry, and Biology. This cannot be considered as the primary qualification for learning Ayurveda to the core. Recently, NCISM has come forward with a new module, which is a 7-year undergraduate course with the first two years making a pre-Ayurveda programme. This is expected to prepare the students better for proper Ayurvedic learning, avoiding the abysmal transitional jerk.

Ayurveda Today and Tomorrow

Ayurveda has been an integral part of the Indian way of living for centuries. It reflects the ethos of the masses related to health, healing and all matters related to

healthcare. It caters to the needs of millions of Indian villagers. There is a separate ministry, the Ministry of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy) regulating education, practice, and all related matters of the traditional systems, including Ayurveda. The research in Ayurveda is coordinated by an autonomous body called the Central Council for Research in Ayurvedic Sciences (CCRAS) under the Ministry of AYUSH. But, despite all these facts, it should be admitted that the potential of Ayurveda remains under-utilised. It is not an active component of the country's public health system today. This is partly because of the poor quality of Ayurvedic education. As of now, it is nowhere near the desirable standards.

Ayurveda has been an integral part of the Indian way of living for centuries.

Heavy load of allopathic subjects in the syllabus, poor consistency of the theoretical and practical aspects of the system among teachers and Vaidyas, lack of original standard clinical training tools, poor clinical exposure, misfit and amorphous — neither traditional nor contemporary— style of teaching and learning methods, etc.,— are some of the reasons for this bad positioning of Ayurvedic education. A large number of graduates coming out of the college are not confident enough to practice Ayurveda. Instead, they either go for allopathic practice, which they are neither authorised to nor competent to, or simply do nothing. Ayurvedic education must be revamped from head to toe, bringing original thoughts back to the academies.

There are many other serious concerns in this regard. For example, the scarcity of herbal resources in a shrinking rural landscape is a major issue. This makes the medicinal preparations quite expensive. The current activities of National-level and State-level Medicinal Plant Boards need to meet the necessary targets in this regard. In short, there are problems related to the acceptability, availability, and affordability of Ayurveda.

The huge dearth of open and constant dialogue between public health policy experts and the Vaidyas who practice real Ayurveda is the most important issue regarding the larger canvas of public health. Public health policy at large is driven by western concepts of healthcare practices and interventions. Most of the time, domain experts have little understanding of indigenous systems like Ayurveda. It is also to be assumed that they profess discriminatory narratives about Ayurveda. They consider

Public health policy at large is driven by western concepts of healthcare practices and interventions.

Ayurveda as a 'pseudoscience' or a 'proto-science' with more rituals and religion than actual science. These prejudiced narratives have made proactive conversations a near-to-impossible task. We need an immediate shift in the attitudes of our scientific community in this regard.

Ayurveda can bring fundamental changes in the present style of highly medicalised public health practices and make it more participatory. This needs many drastic shifts in medical education and public health policies. There should be continuous, healthy dialogue between the practitioners and academics of different systems of medicine, especially allopathy and Ayurveda. Like China, which has a live traditional system of medicine in place, the basic training in the traditional methods should be a mandatory module in the curriculum of all systems of medicine. Similarly, the collocation of different medical systems under the same physical infrastructure, giving the public a well-informed opportunity to select the system of their choice to address their healthcare needs, should be implemented immediately. This will set a new trend of understanding each other better among the practitioners of different systems. Adequate and unconditional inclusion of Vaidyas at all levels of public health initiatives should be a national policy.

There should be continuous, healthy dialogue between the practitioners and academics of different systems of medicine, especially allopathy and Ayurveda.

Policymakers and public health experts should make an unprejudiced enquiry into the vast amount of Ayurvedic wisdom the country accumulated over thousands of years. Bigger and more concerted efforts to cultivate medicinal herbs on a large scale, specially sensitising the drug manufacturing industry, should also be immediate priorities.

Conclusion

Ayurveda, the traditional system of medicine and healthcare in India, is a systematically evolved school with its own theoretical and practical foundations that has evolved over thousands of years. Its approach is inherently holistic.

It has a person-centric approach to treating illnesses and gives utmost importance to a preventive lifestyle. It is effectively used in the management of diseases of all

types. Unique treatment modalities like Panchakarma make it an attraction all over the world. Despite all these facts, Ayurveda remains underutilised in India, especially in public health programs. This is partially because of the lack of confident practitioners of the system and the lack of effective communication between the experts of Ayurveda and public health policy establishments. This is largely driven by the biased approach of the scientific community of the country. The lack of cost-effective resources like herbs and other raw materials also contributes to this situation. These issues need the immediate attention of the concerned authorities. Ayurveda, as a well-organised and systematically evolved school of healthcare practices, should be optimally utilised for the improvement of the health status of the public.

The following steps can bring tangible changes to the present state of affairs:

- Ayurvedic education must be revamped from head to toe, bringing original theories, concepts and thoughts back to the academies.
- Basic training in the traditional system should be a mandatory module in the curriculum of all systems of medicine.
- Policymakers and public health experts should make an unprejudiced enquiry into the meticulous Ayurvedic wisdom that the country has accumulated over thousands of years.
- There should be continuous, healthy dialogue between the practitioners and academics of different systems of medicine, especially allopathy and Ayurveda.
- Collocation of different medical systems under the same physical infrastructure, giving the public a well-informed opportunity to select the system of their choice to address their healthcare needs, should be implemented immediately.
- Including Ayurvedic experts at all levels of public health initiatives should be a national policy.