Perspectives on the fundamentals of Ayurveda practice

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Abstract: The Ayurveda is a system of traditional Indian medicine that was considered by the World Health Organization (WHO) a system of complementary cure method in relation to the treatment of conventional medicine. This paper seeks to be a contribution to the fundamentals of Ayurveda practice that could be applied in patients requiring psychological support, so as to provide him with a better quality of life.

Keywords: A brief history of Ayurveda, A brief introduction to Jung's psychology, Fundamentals of Ayurveda practice, Quality of life of the patient.

INTRODUCTION

Nowadays, the public health system in underdeveloped countries has focused on programs to reduce maternal and child mortality (combating hunger, poverty), control malaria, tuberculosis and HIV. However, in developed countries (such as, Canada, North America, Europe, Japan and Australia), primary health care system has a particular focus on cancer and mental diseases.

At present, there is little academic research on the advantages of Ayurveda (preventive medicine) in the psychological care of the patient during the conventional treatments made by Western medicine. In this regard, since 1995, an integrated set of traditional Indian medicine called Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) has been created by the Indian Government with 10 “clusters” spread all over India, with the purpose of transmitting this traditional medical knowledge to Western medicine, through scientific entities, such as the Department of Science and Technology (DST), the Indian Council for Medical Research (ICMR), the Central Council for Research in Ayurveda (CCRA) and seek to complement the conventional medical system (e.g. India (2016-2017)) with the purpose of bringing a higher quality of life to the patient (e.g. Meneses (2005)).

II. A BRIEF HISTORY OF THE EMERGENCE OF AYURVEDA: AN OVERVIEW

I want to begin by referring to the Atharva-Veda for the purpose of studying the emergence of Ayurveda. The Atharva-Veda is the last of the four Vedas (Rig-Veda, Sama-Veda, Yajur-Veda) and was the main source for the appearance of Ayurveda (from Sanskrit, life (Ayur) and science (Veda)). The Atharva-Veda (from Sanskrit, the knowledge from the sages Atharvanas) is described over 20 books, consisting of 730 hymns with 6000 mantras (e.g. Meulenbeld (1999)).

The Atharva-Veda consists of four types of text, namely the Aranyakas (text on rituals), the Brahmanas (commentaries on rituals), the Upanishads (the texts on philosophy and metaphysics) and the Samhitas (e.g. Bloomfield (1999)). The first three types of text mentioned above do not specifically address medical health care, and so I will not describe them in this essay on Atharva-Veda (e.g. Martins (2017)). The Atharva-Veda Samhita is considered one of the oldest sources of traditional Indo-European medicine. This text deals with several topics, namely, Bhaisajya (diseases, causes and cures), Ayusya (longevity), Faustika (progress and well-being), Abhicarika (spiritual progress), Prayascitta (rituals), Rajakarma (political system) and Brahmany (relating to Brahma). The Bhaisajya suktas gives a detailed description of the health sciences, and this is the main reason why the Atharva-Veda is considered the forerunner of Ayurveda. This text describes the various parts of the human body (anatomy), referring to the causes of various types of diseases, such as fever, leprosy, tuberculosis, diabetes, among others, being suggested the cure for each of them through medicinal plants. The Ayusya suktas describes the various types of applications and practices for longevity. The other suktas (from Sanskrit, Vedic hymns) do not specifically address medical teaching and practice, and so they will not be described in this essay on the fundamentals of Ayurveda practice.

Furthermore, there are two Hindu texts, namely the Caraka Samhita (internal medicine treatise) and the Sushruta Samhita (surgery treatise) whose historical roots are found in the Atharva-Veda. Thus, they also contributed to the appearance of Ayurveda (e.g. Wujastyk (2003)).

DOI: 10.9790/0837-2302024548 www.iosrjournals.org
Traditionally there are eight main branches of Ayurveda, namely the Kayachikitsa (internal medicine), Balachikitsa (gynecology and pediatrics), Salakachikitsa (otoryngology and ophthalmology), Salayeekhita (surgery), Vishachikitsa (toxicology), Graha-chikitsa (psychiatry), Rasayana (rejuvenation therapy), and Vajeeekarana (aphrodisiac treatment) (e.g. Rhyner (1998)).

Another source that contributed to the emergence of Ayurveda was the Samkhya philosophical system, which is one of the six schools of Indian philosophies that appeared around 1000 B.C. (e.g. Dasgupta (1997)). This philosophical system claims that reality is composed by Purusha (Consciousness One or Spirit) and Prakriti (source of disease or health). The latter is constituted by three mental qualities (from Sanskrit gunas), namely sattva (balanced), tamas (lazy), and rajas (stressed). The Samkhya philosophy applied to Ayurveda argues that it is the ego/personality of the patient (from Sanskrit ahankara) that produces these three gunas (e.g. Mukhopahyaya (2003)). On the other hand, Ayurvedic physician makes the “examination of the eight bases” – the patient’s pulse, urine, faeces, tongue, eyes, general appearance, voice, skin – and connect them with the mental/emotional pattern of the patient. In fact, the Ayurveda physician uses the mental-physical relationship of the patient (from Sanskrit doshas) - designated by vatta, pitta and kapha – in order to make a preliminary diagnosis of the disease. In this regard, Ayurveda argues that the health of the patient is the reflection of his lifestyle, namely a good quality of sleep, positive thoughts and feelings, have an occupation that might allow him to have a contact with others so as to favor the mind-body balance (e.g. (Lad (2012)).

III.A BRIEF INTRODUCTION TO JUNG’S PSYCHOLOGY: AN OVERVIEW

From my point of view, the healing of the person has to be done in an different way for each patient because there are several psychological types that require different approaches in health care. In this regard, Carl Jung claimed that there are four psychological types, namely, sensation, thinking, feeling and intuition. In fact, since the formulation of the four fundamental temperamental types of patients (the sanguine, the phlegmatic, the choleric, the melancholic) by the Greek physician Hippocrates, there have been several attempts to relate the mind to the body, according to the patient’s various behaviors (e.g. Fordham (1991)).

Another important aspect of Jung’s work was psychotherapy, which was intended to assist the patient during the process of “individuation,” i.e. the process of becoming an integrated personality: union of the conscious side (the ego) with the unconscious side (the shadow) of the patient (e.g. Jung (1939)). In the psyche (the totality of the conscious and unconscious processes) there are “patterns” or archetypes that might be changed through psychotherapy. The general psychic energy is named by “libido”. The forward movement of the “libido” which satisfies the demands of the conscious is named by “progression”, while the backward movement of the “libido” which satisfies the demands of the unconscious is named by “regression”. In this regard, I want to refer that a “psychosis” is the invasion of the conscious by the unconscious contents, so that the ego is partially overwhelmed. Then, the psychotherapy might be particularly useful in the cure of psychiatric diseases and oncological suffering, as a complementary method to the conventional treatments of these diseases. In summary, I think that the application of the concepts of Jung's psychology (e.g. Jung (2011)), in Western thought, and Ayurvedic doshas, in Eastern thought, might contribute to find a more appropriate strategy for patients requiring psychological care.

IV. PERSPECTIVES ON THE FUNDAMENTALS OF Ayurveda PRACTICE

Now, I will expose my perspective on the eight fundamentals of Ayurveda practice:

1) The Holy Books of India or Vedas claims that the human being is made up of soul, mind and body. The soul has a Life aspect and a Consciousness aspect (e.g. Staal (2009)).

2) The healing process carried out by Ayurveda is based on the Consciousness aspect which has an effect in the health of the patient himself. In this regard, I have to mention that the Ayurveda physician knows both philosophy/religion and medicine (e.g. Lad (2007)) with the purpose of contributing to the cure and the quality of life of the patient (e.g. Teixeira et al (2004)).

3) Some diseases of the human body are the manifestation of a “wrong state of consciousness” that the patient has within himself, and are the result of past actions. The Indian philosophies call this “old pattern” of “Karma” and which might have negative consequences on the health of the patient’s present life (e.g. Martins (2011)).

4) Ayurveda is a kind of traditional Indian medicine that uses as a diagnosis method the connection of the “eight bases examination” with the mental/emotional pattern of the patient (named by doshas) (e.g. Chopra (2000)).

5) In Ayurveda the mind plays a relevant role in the process of self-healing which is not relevant in Western medicine’s healing method (the healing is performed exclusively in the physical body (surgery and/or chemical drugs)) (e.g. Holmes (1938)).

6) There are some interpretations of Quantum Mechanics that defend the interconnection between subject (patient) and observer (disease) (e.g. Goswami (2004)), i.e., effective healing only occurs when patient wants to change the behavioral pattern that led to the disease (e.g. Lad (1984)).
This might be done through self-perception and processes of self-creativity, such as meditation (e.g. Taimni (1964)) and psychotherapy (e.g. Wedding et al (2018)).

7) The effective process of self-healing advocated by Ayurveda occurs both in mind and body (e.g. Frawley (1989)). In this regard, Ayurveda might be considered a kind of mind-body medicine (e.g. Martins (2018a)).

8) Over time, Ayurveda has had several historical and philosophical influences that has contributed to the enrichment of the fundamentals of Ayurveda practice. Nowadays, Ayurveda is part of AYUSH (e.g. Martins (2018b)).

Now, I’m going to give some examples of the perspectives on the fundamentals of Ayurveda practice applied to psychiatric and oncological diseases.

From the history of conventional medicine (e.g. Porter (2006)), it is known that the bipolar patient oscillates between mental states of exaggeration and states of depression (e.g. Anderson et al (2012)). However, the causes of bipolarity are not fully known which means that is necessary to adopt a complementary strategy of therapy (not just allopathic medication) in order cure the cause of this psychiatric disease, i.e., to change the mental/emotional pattern that led to this disease (e.g. Shannahoff-Khalsa (2006)). In this regard, I think that meditation and Yoga might contribute to attenuate bipolar episodes because it might optimize the mind-body relationship. These practices could be complemented by psychotherapy sessions with the purpose of the patient becoming aware of the “pattern” that led to the disease (which is not usually addressed by conventional medicine), so as not to repeat it.

Furthermore, from the history of conventional medicine, it is known that the oncological treatments (radiotherapy, chemotherapy and surgery) carried out by the patient provoke a deep physical suffering on his own (such as, hair loss, nausea), as well as some psychological distress caused by the uncertainty of personal and professional life (e.g. Landskron (2008)). There are studies that enumerate five psychological steps that the oncological patient usually evidences during the oncological disease, such as, denial phase, revol phase, negotiation phase, depression phase and acceptance phase (e.g. Kübler-Ross (1969)). In this regard, Ayurveda defends that prevention of disease (such as cancer) is the best strategy to combat it. It is estimated that 30% of cancers could be prevented through a proper diet, namely reducing the consumption of refined sugars, red and processed meats, "bad" fats, reducing tobacco and alcohol, promoting physical exercise accompanied by a rich diet in vegetables, fruits (e.g. Gingras et al. (2006)). However, there are other random factors that are not fully known and therefore could not be effectively avoided in order to prevent cancer.

V. CONCLUSIONS

Ayurveda is a preventive medicine whose effective success depends on the daily practice of a healthy life in order to have a good balance between mind and body (e.g. Verma (1995)). In fact, the Indian philosophies and Ayurveda claim that some diseases are related with our past actions and are the result of “wrong state of consciousness” (bad habits) that might have a negative influence on the patient’s current health.

Nowadays, a situation that remains to be done, in the area of primary health care system, is to take into account the psychological types of the patient during conventional treatments (curative medicine), particularly in the psychiatric and oncological areas. This could be done through methodologies that might promote the medical treatments that are really necessary for patient’s cure (minimizing the waste), as defended by the Program “Choosing Wisely” (e.g. SMS (2012)), and use the financial resources saved to have a public health system that might invest in the patient’s quality of life through the application of the fundamental of Ayurveda practice.

However, there might be some challenges in the implementation of a primary health care system that have methodologies for patients requiring psychological care, due to the prevalence of the «Paradigm of conventional medicine» based on the Cartesian duality of mind (exclusive domain of philosophy and religion) and the body (exclusive domain of science and medicine). The body is treated as a "machine" by the physician in hospitals through the exclusive use of surgery, chemical drugs and radiation (e.g. Martins (2018c)). Furthermore, it might happen the opposition of some “lobbies” of the pharmaceutical industry that have high profits from allopathic medication and has no interest in changing this «Paradigm», trying to devalue the effectiveness of Ayurveda as complementary cure method that might bring a higher quality of life to the patient (e.g. Panzini et al (2007)).

Most positively, Ayurveda was considered by the WHO an effective system of complementary cure method that currently has several reputed centers of teaching and research, such as Banaras Hindu University and Gujarat Ayurveda University, in India.
REFERENCES