THE PROGRESSIVE POTENTIAL OF AYURVEDA AND ITS POSSIBLE CONTRIBUTION TO HEALTH CARE TODAY*

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JOHANNES LAPING

Institute for Tropenhygiene, Sudasien Feld 324, Heidelberg
Univeristy 6900 Heidelberg 1, West Germany

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ABSTRACT: Ayurveda, the ancient Indian “Science of Life” and age – old traditional medical science of India, has a recorded history of more than 2000 years. During this period certain changes and developments occurred in the conceptual framework of this science as well as in the political, socio – economic, and religion contexts in which Ayurvedic science must be seen. In his historical process one observes a continuous systematization, diversification, and specialization of the science.

Yet, among the central concerns of Ayurveda has always been promotion and maintenance of health and prevention of disease. Especially on the first topic one finds beautiful expositions in the early samhitas of Ayurvedic writing. But there is hardly any further elaboration on this subject in the later literature and until today. “It's all been said in Caraka”.

As the importance of health promotion and prevention medicine for comprehensive health care is now recognised, what is required today are not flat statements such as “Ayurveda is prevention in itself” but a critical assessment of the respective issues of Ayurvedic or any other old tradition with a view to their relevance today, with a clear sigh of their limitations, and without loosing out of sight the ways and means required for their implementations.

The task is clear: Health for all by the year 2000 A. D. In taking on this giant task, decision – makers have also recognized the importance and the possible contributions of traditional systems of medicine towards of fulfilment of this task. Ayurveda in India is one of the oldest and most elaborate medical systems in the world. What I shall try to do here is a sympathetic, yet critical assessment of the potential of Ayurveda in the context of present day and future health care requirements.

What is Ayurveda?

It cannot be denied that Ayurveda is first of all a historical system of medicine, aged more than 2000 years. Whether it is still alive, how it is alive, whether it is desirable to keep it alive further, and in which shape, shall be the topic of this paper. Ancient Indian medical science originated about the same time or slightly earlier than the ancient Greek (Hippocratin) system of medicine. Of the latter there is hardly any trace left in modern times. Is the same in store for
Ayurveda today? Ayurveda flourished in India as the dominant system of medicine for a long time, with major drawbacks only during the period of consolidated Muslim rule and an almost deadly cut at its root during the 19th century under the massive impact of British rule and their propagation of Western medicine. A revival of the Ayurvedic tradition – against or in collaboration with allopathic medicine – is seen only from the end of the 19th century and in this century in the wake of India’s struggle for independence. (cf. Brass 1972).

There are certainly a number of limitations to the formation and development of Ayurveda as a scientific system of medicine, which are due to the historical and socio-cultural contexts. This is as true for Ayurveda as for any other ancient system of medicine. Here I shall not talk about the disputed origins of Indian medicine in the Atharvavedic tradition, which may be characterised basically as a kind of sympathetic magic. But apart from that, it has to be recognized that already early Vedic literature contains numerous references to plants and their therapeutic values. And this is a source on which Ayurvedic medical science has certainly drawn.

The scope of Ayurveda, however, is not at all of that mere sympathetic magic and it is not restricted to only treatment of disease with certain herbs and plants. What in contrast to this makes Ayurveda in the historical contexts, is at first sight a number of different therapeutic approaches, of which the aforesaid herbal cure is only one. Other treatments to be listed here could be characterized as, e.g.:

- Nature cure, i.e. selective and discriminate exposure of the patient to specific environmental phenomena, including treatment by diet and gymnastics;

- Herbal cure, i.e. single raw drug application;

- Compound drugs prepared in various ways and in accordance with certain basic principles of Ayurvedic plant taxonomy. This has become the realm of Ayurvedic itself in the stricter sense of the term;

- Surgery.

As these therapeutic interventions become more and more elaborate as a matter of experience, there must have developed a framework of conceptual considerations, of theories on the actions of the materials or preparations used, of the origin of diseases, of the microcosmic and macrocosmic relations and interactions. This is the period where Ayurveda in the narrower sense of a medical science makes its appearance. It is scientific in so far as it involves “the rational use of naturalistic theories to organize and interpret systematic empirical observations”, has “explicit, orderly ways of recording the teaching this knowledge, and … some efficacious methods for promoting health and for curing illness” (Leslie 1967 : 7). Very roughly this can be given as starting from ca. the 6th century B.C.

Coinciding with the development of medical science, we also find the rise of naturalistic philosophical systems such as Samkhya, etc (cf. Chattopadhyaya 1977). Like the Samkhya system, medico philosophical reasoning tries to get hold of the macrocosmic and microcosmic dimensions and their interrelations in the way of a universal theory such as the doctrine of the five gross elements (pancamahabhuta). From there arise a number of further
concepts more relevant to the medical context like the theory of the six tastes (rasa), the doctrine of the three humours (tridosa), the concept of the seven body constituents (saptadhatu), etc. These conceptual entities with all their further elaborations into minute details as medical knowledge in India progresses, constitute the hard core of Ayurvedic science. To these relate the therapeutic measures mentioned above as well as the respective measures for the prevention of diseases and for the preservation and promotion of health.

What in detail the Ayurvedic perspectives are in the field of preventive medicine and maintenance of health will be discussed below? Here I only want to remark that this three – or four – tier system constitutes one of the predominant and probably most valuable aspects of Ayurveda. And in my view, the potential of Ayurveda for the future lies primarily therein.

The potential of Ayurveda

As there is on all – Indian scale, and partly even with support and on demand of western countries, a massive attempt at evaluating the efficacy of a number of Ayurvedic drugs and formulas, there is no need here the going into these details. It is well known that several Ayurvedic treatments are effective where allopathic treatment has failed. But as far as the realm of Ayurvedic therapeutics is concerned, my own judgment of the future of Ayurveda is rather pessimistic. What I see happen in this process is that in the end Ayurvedic therapeutics are just being appended to western therapeutics and to western medicine as a whole. Diagnosis will be obtained from most advanced technologies, help may be sought in some cases from Ayurvedic therapeutics and monitored under laboratory – like conditions. This will no doubt allow certain niches for Ayurveda in the market of modern medicine. And considering the advancement of “cosmopolitan” medicine, this may be deemed as a real progress. But, I am afraid, it will lead to extinction of Ayurveda as a whole, of Ayurveda as an original and valuable system of medicine. Extension of the whole Ayurveda as an original,....

Much less research capacities than in the field of therapeutics have been devoted so far to an evaluation of the fundamental principles of Ayurveda. In this context, of course, the earlier remarks on the historicity of Ayurveda must be considered. The formation of the main doctrines such as the tridosa – theory and their adequacy to the natural phenomena of health and disease, to the macrocosmic and microcosmic dimensions, are naturally determined by the historical conditions in which they originated, and by the available apparatus for their observation and verification. An Ayurvedic science is very much an empirical science, based on the experience and observations of endless generations of experts. The comparative safety of Ayurvedic predictions and treatments rests widely on the body of these data. Today’s criteria of science, however, are fixed on experimentation and on the repeatability of results. This mechanistic concept is originally not found in Ayurveda. Ideally at least, Ayurveda starts from the assumption of the individuality of each living being. And the Ayurvedic physician and the treatment he prescribes are basically of mediatory function between the individual (microcosmos) and his environment (macrocosmos). That is why it is said that Ayurveda is patient – oriented rather than disease oriented.

Whether the fundamentals principles of Ayurvedic science, such as the tridosa –
doctrine etc., can be successfully maintained in the face of modern medical knowledge is a matter for discussion. But I do believe that Ayurveda can survive only when it retains some of its own established principles of interpretation of natural phenomena in accordance with its prescriptions and preparations of drugs. If only Ayurvedic drugs are meant to be used, in addition to homoeopathic, allopathic drugs etc., this can no longer be called Ayurveda.

On the other hand, in terms of advancement of medical science any progress and any further knowledge should be welcomed. That is also one of the ideas of the ancient scientist of India:

“It is not possible to include all the knowledge of science in a single treatise. On who studies only one science does not acquire the real knowledge. Hence a physician should be well versed in different sciences”. (Susr. SU. IV, 6-7).

In this sense Ayurveda could be accommodate modern diagnostic means along with its own fold for pre–modern naturalistic concepts, which may nevertheless be relevant in certain cases. This is something that modern medicine may have to acknowledge where purely modern scientific methods do not lead any further, but pre modern scientific methods do not lead any further, but pre modern scientific methods do give results, whether such traditional methods can be experimentally verified or not. Such mutual acceptance alone will result in a truly “cosmopolitan” medicine.

The situation is somewhat different in the third aspect of Ayurveda next to therapeutics and fundamental principles, namely positive health and prevention of disease. To begin with, however, it has to be recognized that pragmatic steps towards the prevention of diseases were for the first time in a systematic manner and successfully made in western countries and in the context of modern medicine from the 19th century onwards. Western medicine has substantially contributed to the eradication or control of some of the major plagues of mankind such as smallpox, malaria, etc., even in countries with well established traditional systems of medicine. Equally, advances in early detection of diseases were made by modern medicine. But for all of its sophisticated machinery and laboratories and its undoubted achievements at the theoretical level and in treatments, it seems that some how modern medicine was less successful at the frontier of medical care, i.e. health care at the least professional, popular level. It is only with comparatively recent concept of Primary Health Care in developing countries that modern medicine became more concerned again with the needs of the masses. And health care at the common man’s level cannot but mean to include preventive methods and instruction about these to make him more aware, more self reliant and ultimately independent in such an essential matter as health.

This is where traditional systems of medicine come into the picture again, and most prominently so Ayurveda in India. For, with the propagated integration and subsequent revival of traditional systems of medicine and their supposed holistic and preventive orientation, it is believed that health care needs of this type and at the popular level could be met successfully (Who 1978; Who – Sea 1982).

Considering Ayurveda, something to this point is found at least in the classical literature. There are a number of references where the focus is clearly on the
preservations of health and prevention of disease. Rather, this is the more correct meaning of the very word Ayurveda, "the science of longevity". But apart from the much quoted definitions of health, such as:

"A person is said to be healthy, whose bodily humours, digestive fire, and assimilation, as well as elimination processes are balanced, and whose spirit, senses and mind are in pleasant mood". (Susr. Su. XV. 41).

The statements expressing that the maintenance of health is the primary aim of Ayurveda:

"The object (of Ayurveda) is to protect health of the healthy and to alleviate disorders in the disease". (Car. Su. XXX.26).

We have to look deeper into the matter in order to see whether there are pragmatic Ayurvedic guidelines for health, and what they are.

The earlier treatises of the so-called classical period of Ayurveda give us detailed regulations on hygiene, diet, etc., which are topics of great importance in the preventive context. Now the solution looks simple even if Ayurveda or traditional medicine may be left to occupy only a few niches in the field of therapeutics as indicated above, it would appear that it can occupy nearly the whole rank of preventive methods, health education etc. on an intermediate or popular level. But it is not as simple as that.

**Limitations**

First we have to remember the historical developments of Ayurvedic science. The first medical text book of ancient India, the celebrated Caraka Samhita, still allows us to get an idea of how proper health care could be put in the hands of the people themselves by means of instruction and simple methods of daily routine, etc., thus creating a picture of people’s participation in health care with little interference of organized medical culture. But at the same time, we find in this very text also the beginnings of a professional medical culture with highly sophisticated procedures (e.g. pancakarma) requiring advances drug technology, equipments and the attendance of trained specialists. Later medical treatises allow more and more space to professional therapeutics alone, without further developing the aspect of positive health and prevention. At best they just rewrite what had already been stated in earlier texts. The occurrence of a large number of Cikitsasamgrahas, Nighantus and collection of recipes, and the growing importance of mercurial and other mineral preparations is an indicator of that development.

A second point is that along with that particular development of Ayurvedic science, we find changes in social structure taking place which could be termed as the programs that has been allowing for a rather pluralistic intellectual atmosphere, of a feudal society. After the decline of the early Indian empires, a recomposing of political powers is observed in regional centres, characterized by a new kind of court culture and authoritarian ruling system under the impact of resurging Brahmatic or Hindu religion. In the field of medicine this has at least two observable consequences. One is a further professionalization and sophistication of therapeutic procedures as mentioned before, but also of the so-called preventive practices. For instance, in the chapter on healthy living of the Susruta Samhita (Uttaratantra Chapter 64) the
practices mentioned for maintenance of health are in majority so refined as to be beyond the reach of the common people, and therefore practicable only for the better-off class of people. The addressee of this chapter in fact is referred to as the kind or as a lord. It is true that such refined elaborations on the subject of healthy living may be due to the poetic temper of the authors (cf. Zimmermann 1980). But I believe that it also reflects the prevailing social conditions of Ayurveda at the time when these classical treatises were composed or redacted. The situation remains the same throughout the later periods: Ayurveda is highly professionalized system of medicine that serves primarily the upper classes.

The other consequence, more difficult to detect and probably more controversial, is the intrusion of religious or quasi religious ideas into the body of medical science under the impact of Brahmanic restoration from about the beginning of our era. The restrictive moral standards (sadvrtta) advocated in the medical literature and especially in the context of healthy living (svasthavrtta) are more or less identical with those of the law codes or Dharmasastras. A good example of this is the chapter on daily routine (dinacarya) in Vagbhata’s Astangahrdaysamhita (AHR. Su.3). One half of this chapter is very technical and to the point. But the other half has no connection with the subject whatever. This process, however, begins already with the earliest medical treatise, the Caraka Samhita. At least we can say this on the basis of the text that is available to us today and that had been redacted several times. Similarly, certain issues, again somehow related to health and prevention of diseases, can be identified as having been taken over into such normative religious literature such as yajras for purification of polluted air, or caste diversion of society which might-euphemistically – be considered as containing an element of quarantine or control of spreading diseases. But mostly they are lacking the clear – cut medical concern. The relevance of religious ideas and socio – religious norms to the medical concern and the actual state of health of the people is an altogether different debatable point. And whether the propagation of health – related issues through Dharmasastra literature actually served the purpose of educating the people on how to take care of their health themselves is a matter for future research.

Certainly, there have always been strata of population in living the traditional Hindu way of life. We do not know to which extent their state of health was benefited by scrupulously following norms of socio – religious nature as they are laid down in the Dharmasastra and partly in Ayurvedic literature. But the impression is that the state of health of the majority of the population – living under the same code – was not! If this can be substantiated from historical evidence, it would cast some serious doubts on the practical significance of socio – religious issues towards health matters, as it is postulated by many Ayurvedic experts. Apart from this it is difficult to know what of the substance of Ayurvedic medicine reached the common people and in which way. With only few exceptions in history it seems that there were in general no official efforts to provide qualified services to the public, and not even many private efforts.

A different matter is that some kind of medical or para – medical assistance has been provided throughout all times from local specialists, folk – doctors, etc. of all shades carrying on in their own family traditions since many generations. There is
no doubt about the geographical and social coverage of such local healers, but there may be doubt about the quality of their work, especially in view of the issue under discussion here: Preventive medicine and positive health. I believe that most of the references made in connection with good coverage and existing networks of traditional medicine are to such practitioners of traditional medicine and less to qualified Ayurvedists, although there may be links between them. The point here is that although these local specialists or indigenous healers seem to cover large parts of the population, the priority in their work is with providing curative services as the need may be and according to their own ability. Beyond that, what these healers practice is often in connection with religion and magic which appear as antagonistic to rationalistic theories from which primarily ideas like prevention of diseases and maintenance of health and the pragmatic steps towards these derive. Religion and magic are also frequently antagonistic to a concept of pragmatic self help, as responsibilities are delegated to higher unseen powers. Incidentally, the same feature of making higher powers responsible is not uncommon also among Ayurvedists.

On the other hand, the great tradition of Ayurveda has turned professional to such a degree that the concern for positive health and prevention of diseases at its pragmatic level and at the base of system of medical care is nearly entirely neglected. In this context it seems also significant that the issue of providing basic health services (or PHC) was initially not brought forward by the protagonists of Ayurveda, even though the same people are much in praise of the assumed popular character of Ayurveda.

**Health consciousness in Ayurveda and Scope for future research.**

After this brief excursion let us return to the Ayurvedic ideas concerning prevention of diseases and maintenance of health and try to discuss a few of its technical aspects. It has been continuously said that Ayurveda itself is basically of preventive orientation. Is that really so? What are the relevant concepts? And in which manner could they be put to use?

Most of the Ayurvedic concepts pertaining to maintenance of health and prevention of disease are meant for the individual. Tracts on daily routine, (dinacarya) and seasonal routine (rtucarya) are found in all the major compilations of Ayurvedic knowledge, beginning with Caraka Samhita and ending with Binod Lal Senguptas’s Ayurveda – vijnanam, written in the later 19th century. These two, daily routine and seasonal routine, provide the platform on which individual and more specific issues for better health can be sorted out, such as diet, hygiene and physical exercise. Other items to this list in the light of maintenance of health will be rasayana and vaji-karana techniques and purificatory techniques (pancakarma). Still other issues considered to be of great importance in Ayurvedic theory are the non-suppression of natural urges and ultimately sadvrtta.

Sadvrtta, however, seems a little strange in this context. As mentioned above, it is mostly here where we come across that interference of religious ideas, of social and moral norms. The statements on sadvrtta or decent, moral behaviour as they are found in medical writing conform widely to the restrictive moral norms of the law codes, and they seem to lack a rational medical concern. Rather one is tempted to say that
they serve to confirm the established social order.

But all the other items under this heading of svasthavrtta or healthy living are quite physical, and they constitute a catalogue of health practices, which deserve to be checked against the field situations, e.g. in rural health projects. This, however, constitutes an entirely new and unorthodox approach, at least from the point of view of Ayurveda. Ayurveda – especially in the context of svasthavrtta or healthy living had survived basically as a codified and sacrosanct piece of literatures, without major revisions during a period of more than 2000 years. This new approach, probably for the first time in the entire history of Ayurveda, would mean an evaluation of age-old Ayurvedic ideals in the face of reality today. As a result of this, it may be found that some of these practices may be adopted in their original form and propagated through appropriate local media where this appears reasonable. Some may be modified where it would seem necessary, or altogether abandoned where they are factually found to be irrelevant to the concern for better health.

Another point, apart from general health, would be prevention of specific diseases. A few key words relating to this concept are found in Ayurvedic literature such as hetuparivarjana, apunarbhava, anagatabadhapratisedha, roganutpadana. The last two are the designations of chapters Susr. Ci. XXIV, dealing with hygiene and sadvrutta, and of Ahr, su. IV, dealing with non-suppression of natural urges respectively. All these terms convey nicely the idea of prevention of diseases. But unfortunately, not much is made out of this concept. It is left to our imagination how these things could be developed, as there is little more than their mentioning in Ayurvedic professional writing. And what we can gather from the nidana or etiology of diseases as given in Ayurvedic literature is in most cases nothing else but very crude statements on the origin of a disease without any further specification.

But here an imaginative mind may be able to detect more relevant details beyond what is written in the texts. E.g., there are specific dietary items which are prescribed for or to accompany the treatment of a certain disease. If this item is not of a too much sophisticated nature, it may as well contribute, in whatever limited manner, to prevent the occurrence of that disease when taken regularly.

The same is with drug items. Drug prescription in Ayurveda is of an extremely wide range: From the simple instruction to, say, chew the leaves of a common plant to the most sophisticated preparations requiring a great number of ingredients and several steps of manufacturing. If there is something like a rule in Ayurvedic therapeutics that, in general, the potency or efficacy of a drug increases with the number of its ingredients, the elaborateness of its manufacturing process, etc., then, at a consciously lower level of therapeutic efficacy, one may as well find such simple drug items to be of some preventive value against specified diseases. If beyond that even some immunization effect of such simple drug items could be found out: even better.

To begin with, a limited number of diseases may be selected on the basis, e.g., of their high prevalence in the country or a particular region, of their high mortality rate, and of the degree of physical and personal disability they involve. Furtheron, the therapeutic sections of Ayurvedic treatises may be searched for the more simple
remedies for such diseases in the way described above.

Reality and decision – making

Once such results are available, new problems have to be faced. Because not all the items thus identified may be easily available where they are needed. And some of them may not be acceptable for various reasons to the people for whom they are meant.

A similar point has to be made in view of another major domain of Ayurveda: Health promotive drugs or preparations of the rasayana – or vajikarana – type. Inspite of all proven or not effectiveness of such tonics, as a matter of fact, most of them are not acceptable to the common people, to these who would probably be in greatest need of them, simply because these items are not within the material reach of these people. Not withstanding the benefits of say, Chyavanaprasha. But for the same Rs. 15 to 20 that ½ kg of Chyavanaprasha would cost, a family may be able to provide themselves with plain but full means for a whole week. And in many cases they may be even better advised to do so where their bare survival is at stake.

All these direct us towards a crucial point in future Ayurvedic research and practice: The relevance of Ayurvedic ideas today cannot be assessed in the study room and in the laboratories alone. But the prevailing social and economic conditions and the existing needs have to be considered, too. And what is of foremost importance is to have people themselves participate in identifying the problems, ranking them in a priority list, and searching for solutions one after one. Against the orthodox tradition of Ayurveda this may appear like a minor revolution. But I feel that this kind of revolution is inevitable, if a concept like Primary Health care is taken seriously, and if the integration of traditional systems of medicine into that concept should be meaningful.

It appears that in the face of reality certain things from the Ayurvedic ideal list may have to be dropped or at least modified. E.g., dietary items, in general or specifically, or plants of medicinal value considered to be of great usefulness in Ayurvedic taxonomy may not be available just anywhere, apart from problems of acceptability to the people. The question then arises of suitable substitutes, and the further question of how to define and how to assess the desired qualities. The best way out of this, however, will be to encourage cultivation of such as well as other basic food items and essential drugs in the locality with a view to make people ultimately self subsistent on these. An intermediate solution to the problem, in the case of medicinal items, may be to subsidize large scale production of the same in order to make them available at the lowest possible cost or even free, and beyond the scope of what is presently made available, e.g., in Government Ayurvedic Dispensaries. If Ayurvedic tonics are of such good use for health, why not make them available to all in this way?

More or less the same structural problems, lastly to be solved by making appropriate decisions at the political level, occur in view of the other health promotive and health protective areas in Ayurvedic abstract ideality. Ayurvedic regulations on hygiene are very elaborate and require several material items, most important of all, water. But water, not to speak here even of safe drinking water, is not as commonly available everywhere as would be required for such purposes. The time for healthy physical exercise, for satisfactory hygiene,
for carefully selecting and preparing healthy food, apart from its material requirements, all this is commonly not available to a great number of people, who would deserve relief of their constrained health and living conditions first.

All these issues point towards the needs for a comprehensive effort that would have to include many other things beyond medical issues. And unless we want to continue to live with the discrepancy between Ayurvedic ideals and reality today, this is in fact a matter for political decisions: To set priorities, to creat the infrastructures, to educate and to motivate people for change.

**Conclusions**

For this purpose and in regard to the possible contribution of traditional systems of medicine like Ayurveda, Ayurvedic guidelines on positive health and simple methods to prevent diseases have to be collected, revised, brought up – to – date, and formulated newly in a way that is acceptable and appealing to the people. And sometimes they have to be scrapped of obvious irrelevancies, be they technical or metaphysical. There is no use in repeating blindly and to the last word what all has been said in the Caraka Samhita. The Golden Age of Caraka Samhita. The Golden Age of Caraka and the others is goen. And it is not possible to re-institute the conditions of Caraka’s time. Rather we can try to read between the lines and pick up such fundamental ideas as decentralization, selfreliances, and autonomy. But that again is itself a political issue.

Yet, it is an important criteria for future health planning. In this line also comes the urgent necessity to pay attention to the people’s own ideas on the subject of health. People’s ideas have to got to be considered as well, and sometimes they may be found to differ from what professional or even Ayurvedic concepts are. People should be encouraged and given the opportunity to think for themselves about what would be appropriate means for improvement of their health conditions in technical as well as infrastructural respects, and what could be their own contribution to become self – reliant and autonomous in matter of health care and others. Once that is clear further solutions and decisions may becomes much more easy.

After all, health and ill health are primarily matters of direct personal concern. But throughout history health has always been in close functional relation to one’s social status, and medical care has very often been something one could afford or not. “Health for all” in this light is a revolutionary new idea which cannot be achieved without fundamental changes in existing social and economical strucutres.

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