PLURALISM IN THE AYURVEDIC SYSTEM OF MEDICINE*

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ABSTRACT: This paper, tries to establish the pluralism within one particular system of medicine, namely the Ayurvedic system. Herein we find not only a multitude of approaches to medical treatment – originating from it’s subtle nosological categories. Rather more, the same subtility in nosology works effectively into the sector of preservation of health and prevention of diseases. The author would like to call that a kind of vertical pluralism, comprising at least three main spheres: treatment – nosology or diagnosis – and prevention. Beyond that an din comparison with other “alternative” systems of the standard horizontal medical pluralism, one could analyse to which extent individual systems are covering the above mentioned vertical range.

The very term “medical pluralism” has so far mostly been used to denote a variety and side –by-side existence of medical systems in a particular geographical region. Especially a country like India appears to be most rewarding, if we take up investigations into this subject, as India offers us so many of geographical and climatological subdivisions and ethnical, cultural, historical and economic diversity. And not only does India culture in all its complexity display various indigenous approaches to medical problems, such as home medicine, folk medicine, tribal medicine, ritual, magic and faith healing nature cure and scientific medical systems (Siddha and Ayurveda), but also a number of originally alien systems, such as Unani medicine, allopathy, homeopathy, and recently again, Tibetan medicine, It may be pointed out the in the early phases of development of the discipline of medical pluralism, scholars were primarily concerned with the sphere of healing techniques, with the distinct nosological approaches mainly of the pre-modern medical systems, and with the forms of co-existence of medical systems, modern and pre-modern, indigenous and imported. This is still a vast field and much work remains to be do done in this respect.

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1. By the terms “medical science”, ”scientific medicine” or “Medical system” I want to understand that particular nexus of (1) careful and systematic observation of natural and (and disease) phenomena, of (2) genuine rational concepts, and of (3) therapeutic as well as health promotive procedures developed according to these, cf. also: Asian Medical systems, Ed. by Charles Leslie, University of California Press 1976; Introduction p.7.
Here however, I propose to have a closer look at one particular system of medicine in India, namely Ayurveda, the literal meaning of which is “the science of life”. And we may be able to identify there, in Ayurveda itself, diversities of different dimensions. Even on the curative side—至少 during the early phases of the development of Ayurveda, a number of approaches to treatment can be distinguished, some of which sooner or later developed into something of their own not necessarily, however, in the sense of a medical science. As such, there may be mentioned:

- nature cure, i.e. selective and discriminate exposure of the diseased person to specific natural and environmental phenomena including dietetics; closely linked to this is physical exercise (which made its own way in the Indian context under the name of Yoga); herbal cure, or single drug and raw drug application;

- Administration of drug preparations of various kinds and in accordance with certain basic concepts, which became the realm of Ayurveda itself in the stricter sense of the term, without however, and ideally at least, excluding at any time the other modes of treatments; and lastly surgery, a field in which Ayurveda is praised for its outstanding achievements.

This list needs a few words of comment. Nature cure of naturopathy, as claimed to be a medical system, is comparatively young, Yoga, in the above sense, is not a medical system at all, inspite of recent efforts at establishing scientifically its therapeutic and preventive merits. Another and a somewhat controversial point, which may be added in this context and to our list, is the partial and sometimes rather indiscriminate use of allopathic medicines in the partial and sometimes rather indiscriminate use of allopathic medicines in the practices of Ayurvedic people. I will come back on this later. At the root of the above mentioned approaches they form part of the Ayurvedic treatment itself, in the wider sense of the term, there is, or at least was at the early stages of development, a rational basis of some kind and a conceptual framework which came to be known as Ayurveda, in that sense the “science of life”. It is open to investigation now, whether or not, e.g., nature cure and Yoga adopted for themselves a new scientific basis in the modern ate, And the same question may be asked and even must be asked with regard to Ayurveda, too.

As we proceed to the diagnostic and nosological level of the medical science of Ayurveda, we will find here again a wide spectre of different approaches, categories and concepts. It would be beyond the scope of this paper to go into all these details. Only this much may be said here, that it is exactly this richness of Ayurveda which is sometimes quite bewildering still at the same time fascinating for the student of this system. To name only such prominent issues as the tridosha concept, the vision of the seven body constituents, the six testes (rasa), the five gross eliments, the concept of the vital spots (marman), etc. most of these have be come interwoven into a complex network in Ayurvedic thought, but some of them, and at least at some time, were conceptual entities of their own this alone is not the only instance of pluralism in Ayurveda. But the point here is to hint at the broad spectre of Ayurveda, and even beyond that its readiness to incorporate further knowledge and even form other branches of science. One quotation from an
old Ayurvedic treatise may be given here which seems to be apt to demonstrate just this:

“It is not possible to include all the knowledge of science in a single treatise. One who studies only one science does not acquire the real knowledge. Hence a physician should be well versed in different science.”

Or another one

The entire world is the teacher to the intelligent and foe to the unintelligent. Hence, knowing this well, thou shouldst listen and act according to the words of instruction of even an unfriendly person, when they are worthy and such as bring fame to you and long life, and are capable of giving strength and prosperity.”

I do not know whether it is in view of such farsighted statements of a glorious past, that in later times and during our age practices as well as diagnostic methods and even concepts of western medicine came to be used deliberately by number of Ayurvedic practitioners. It is the “integration” of the two systems of medicine, Ayurveda and Allopathy, which has become a most controversial issue in today’s medical policies. In the present situation, “integration” is going to take place largely at the terms of modern medicine and many Ayurvedists are eagerly following this preset schedule. But it must be said that, if Ayurveda should not be reduced to the state of just another “pathy” (“ayur-pathy”) in the near future, then it is essential to retain its concepts and plurality of outlook on health and disease in the original form, and to develop them in the true sense of the great statements as quoted above. Besides, it should be kept in mind that in the face of the giant task of providing “Health for all by 2000 A.D.”, it is more important and necessary to collaborate rather than undermining each other’s foundations and credibility. But this again is just a stray though, and I only wanted to point out that there is plurality and diversity in Ayurveda at different levels.

Lastly, I want to indicate that, apart from those two levels of plurality already mentioned, in treatment and in nosology, which may be common place even, there is in ayurveda a third level which I very prominent; this is the sphere of prevention of diseases and of maintenance and promotion of health, which is – more than in any other known system of medicine – an integral part of the system. There again, we come across a variety of approaches and practical measures which deserve further examination, and it has to be found out which of these could be really relevant and practicable today.

2. Susrutasamhita, Sutrasthana IV, 6-7

3. Carakasamhita, Vimanasthana VIII, 14.
Starting with “Prevention of diseases”, this may be linked especially to the Ayurvedic etiology of disease or Nidana and thereby again, to the fundamental principles of Ayurveda, such as the tridosha doctrine and the idea of a harmonious balance of the three dosas. Numbers of internal and external factors are held responsible in the origin and development of a particular disease. And for the knowledge and understanding of these factors it should be not too difficult to derive the respective precautions to be taken for the prevention of those diseases. It must be noted, however, that Ayurveda itself seems to give not too much importance to this point, as there is no further elaboration of this beyond a few general statements showing consciousness of the problem, such as:

“He who possesses the fourfold knowledge of etiology, symptomatology, therapeutics and prophylaxis of diseases is the best of physicians.”

Even whole chapters of the ancient treatises with specific titles, such as “Chapter concerning the non-arising of diseases” or on the prevention of further diseases”. Are not very much enlightening in this respect. They deal primarily with the subject of non-suppression of natural urges and personal hygiene. There is no doubt that these things are important, but, admittedly, they are not very specific, if we want to talk of prevention in a narrower sense. More and careful studies are required in this field, in order to make a meaningful contribution to ‘Health of all”.

As personal hygiene was mentioned above, we are now touching another and quite popular domain of ayurveda: positive health—the maintenance and promotion of health. Here again, we find a number of issues brought up, ranging from rejuvenative measures (rasayana) to sometimes quite drastic purification procedures (pancakarma), and including topics like general hygiene, daily and seasonal regimen, diet, habitation, mental hygiene, and many more. To many of these the well known basic principles of ayurveda constitute the dominant background. For example only, in the regulations on seasonal adjustment of the individual, the description of cyclical accumulation, crisis and restoration to normal of the individual dosas shows us a surprisingly consistent explanation and interpretation of natural phenomena, their effects on the human system and the necessary measures to be taken for the maintenance of health even under such strains.

4. Carakasamhita, Sutrasthana IX, 19.
5. Astangahrdayasamhita, Sutrasthana IV.
6. Susrutasamhita, Cikitsasthana XXIV.
7. Cf.: F. Zimmermann, Rtu-satmya. The Seasonal Cycle and the Principle of Appropriateness in: Social Science and Medicine, Vol. 14B (1960), pp. 99-106.
The point to be made here, however, is not to elaborate further the subtleness of ayurveda on all these different levels, which would require more time and deeper studies of the respective issues. Rather, I want to draw attention to the fact of the very existence of these different levels, which I venture call a “vertical pluralism”. And it should comprise at least three or four tiers, namely; treatment, nosology, prevention and health promotion. Now the existing systems as they are known under the concept of medical pluralism may be scrutinized under this new aspect. It appears that only medical systems in the narrower sense, as defined above, are likely to provide this vertical coverage. Home medicine, folk and tribal medicine, and to some extent also ritual or magic healing and nature cure, may not be having genuine concepts of health and disease of their own, and as such may be handling their client’s ailments according to their abilities only. As for the Ayurvedic system of medicine, I have tried above to outline that Ayurveda comprises – or at least; at one time comprised (I) – more than medical treatment alone. Equally, the other traditional system of medicine would deserve a closer study in respect of their various considerations on the problem of health and disease on the different levels mentioned.

As for modern or cosmopolitan medicine, it must be said that during the past decades of its rapid development it became more and more concerned with the therapeutic sector only. Hand in hand with that, their was the development of pharmaceutical industries, which may be of some significance in this context. The merits of modern medicine (and pharmacology) should, however, not be underrated. But by and large, it seems that this progress was made at the cost of a more holistic orientation. So, on the one hand, we have the traditional systems of medicine among which, in India, Ayurveda is most prominent and supposed to have that integral approach to human health conditions, on the other hand, modern medicine is much occupied with providing curative services first, and beyond that the partly as a result of this preoccupation, even has little to offer in the field of preventive medicine and health promotion.
In this situation a synthesis or collaboration along the argument of vertical pluralism, as it is put forward here, seems reasonable, and it is already being called for. However, for a proper matching of the two systems in question, Ayurveda and modern medicine, we have to know more and in detail about the possible contributions of ayurveda to he programme of a comprehensive health care approach. And it should not be overlooked that there are also certain limitations in the Ayurvedic system itself. For example, it is obvious that the primary concern of Ayurvedic medicine so far, has not been with the masses, but with the individual.

In Ayurvedic thinking, health of the community is the result of he health of individuals. Probably at no time in Indian history, were there provided structures and infrastructure to bring out Ayurvedic health education and practices on a mass level. Ayurveda has had such an aura of exclusiveness for a long time. And without overcoming this, there is little hope for a genuine and valuable contribution from the Ayurvedic side to the requirements for comprehensive health care today. It has to be found out in this context, which of the Ayurvedic concepts and practices could be really relevant and most importantly-which would be practicable under the present conditions. This will not be possible without sacrificing certain of its cherished ideas, which marked just that exclusiveness. Structures and channels of healthcare delivery in India have now-in still a limited way-become available under the impact of modern medicine. Primary Health Care is one of the key words in this context. But PHC provides mostly curative services, as this is still of fore most necessity. Apart from that, modern medicine has gained more and more importance during the last few years and has made its definite impression on the pattern of patients’ choice of medical systems even in rural India, and this fact must also be considered when thinking of a collaboration of medical systems.

Lastly, it deserves recognition that modern medicine in a way is about to regain lost territory in the sense of the holistic outlook. Disciplines like psychoanalysis, epidemiology and the concern for rehabilitation of patients emerged from the background of modern medicine. They definitely mark the gradual progress towards a new holistic approach in modern medicine, even adding new features to the whole. At the same time, it must be said, there is presently a tendency in Ayurveda to concentrate more and more on therapy only and on the-undoubted-therapeutic values of certain of its drugs. This is again accompanied by rapid expansion of the pharmaceutical industries. And unfortunately, the praised holistic concept of Ayurveda is more and more falling into neglect. History seems to repeat itself.

I want to add a last remark. My version of medical pluralism, pointing at a vertical dimension, refers to the interior view of a medical system. But I have felt a kind of encouragement to put forward this peculiar view point, when I found that already the famous Alma Ata declaration of 1978 is explicitly talking of the necessity of providing promotive, preventive, curative and rehabilitative service.
8. As did, for example, K.N Udupa in his presidential address on the occasion of the 1st Asian conference on Traditional Asian Medicine, held in Bombay, 6th to 9th March, 1983.

9. Ct.: /d. Banerji, A Long-term Study of Nineteen Indian Villages (1971-81), Vol.1: Culture, Social, Economic and Political Background of Health culture. Of social Medicine & community Health, JNU, New Delhi (1981).

10. I am indebted to Charles Leslie who pointed to this first, when addressing an Ayurvedic function I Bombay, 10 March, 1983
