AYURVEDIC SYSTEM: A TRADITION UNDER THE INFLUENCE OF MODERNITY

Change is the law of nature. Nothing can survive without adapting itself to its continuously evolving surroundings. The tradition of medicine in India has been evolving since its juvenility from being primarily a magico-religious system to herbal based and then to the increasing use of minerals along with developing new methods of diagnosis. But in due course of time from the beginning of the modern period, it stopped changing and hence became stagnant. After Independence, the traditional systems were given due recognition as an effective health care systems and were included as a part of the public health care facilities. Now these traditional systems are pitted against a well established, ever evolving biomedical system of medicine, which has enormous resources and avenues of new research being traversed world over. In this situation, it is the pressure of survival that must have led this ancient traditional method of health care to evolve and adapt itself to the demands of modern times.

UTILITY OF TRADITIONAL METHODS

The first thing to find out is that how much the original and pure form of Ayurveda, which has been traditionally in practice can be beneficial in today’s changed circumstances.

The present study shows that 25% respondents believe that old, traditional methods of treatment can be followed partially as most
of them are cumbersome and moreover today nobody has enough
time to prepare the necessary drugs themselves and utilise them by
keeping umpteen number of precautions (Table 7.1). They give this
reason that if we go by the purity of the methods of treatment we
would not be able to get all the required herbs for the preparation of
drugs in considerable number of cases as some of these herbs are
very rare and some have become extinct. So, they are to depend
upon the already prepared medicines available in the market. In
addition, the traditional methods of taking the regimens are very
complex which take a lot of time and need patience. In today's
modern world the pace of life has become so fast that people now a
days have little time to follow all these instructions correctly even if
they honestly try them. In a city like Chandigarh, where other systems
of medicine, especially biomedicine and in most cases Homeopathy
provides easy and simple methods of treatment, people would
definitely show some reluctance to follow the pure and traditional
methods in Ayurveda.

Table 7.1: Practising traditional methods of Ayurveda in Modern
Times: Doctors' Point of View

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Practising Ayurveda Today</th>
<th>Number of Doctors (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, the pure, traditional methods can be fully practised</td>
<td>12 (60%)</td>
</tr>
<tr>
<td>2</td>
<td>The traditional methods can be practised partially</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>3</td>
<td>No, the traditional methods would work in some cases only</td>
<td>3 (15%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>20 (100%)</strong></td>
</tr>
</tbody>
</table>

There are 3 respondents (15%) who believe that pure Ayurveda can be followed only in some chronic cases, where no alternate of drugs and therapies is available and patients are willing
to follow every instructions and provide enough time for the treatment to work. Otherwise the respondents say that patients leave the treatment process in between even before its completion. Moreover in their words the traditional methods of healing were devised in the ancient times when the society and its norms were different, which have now changed dramatically over the vast expanse of time.

However, majority of the respondents, about 60% feel that Ayurveda in its pure form can be practised even in the present fast paced way of life. Their opinion is that patients’ main concern has always been the freedom from the uncomfortable condition and they least bother about the methods of treatment. According to these doctors, the old, traditional ways can easily be modified without compromising the purity of the methods which they are capable of and have already done this in several cases where patients were willing to follow the instructions. But their suggestion is that a large scale publicity campaign is required in order to educate the people about the benefits of traditional methods of treatment which are capable of not only curing ailments but also providing ‘side benefits’ in contrast to the biomedicine.

The important question which arises for the doctors here is that whether to prepare the medicines themselves according to the standard Ayurvedic practice or procure the same from the pharmacies which also claim to follow the necessary Ayurvedic standards. Do these affect the actual treatment process. And secondly, if the change in the way drug has to be taken does not produce any change in its therapeutic affect, then this small adaptation in the dispensation of medicine can save lots of time without compromising with the purity of the system.

If we look at the patients’ response to the methods of administration of medicines (Table 7.2), the 90.5% patients (181 out
of 200) say that they have no problem in taking the medicines according to the doctor’s prescription. The most common response was that, if the medicine is effective and showing good results then its taste or method of administration does not bother them. But there are 9.5% patients (19 out of 200) who feel that large quantity of the doses of medicine, especially the powders and paste forms, are difficult to swallow. In addition, a single prescription of the doctor includes four to six types of medicines on an average and each with different modes of administration viz. with milk cream or milk, with honey, hot water etc. which generally becomes very cumbersome to follow. Despite these reservations of few persons, majority of the patients face no problem in the administration of medicines. Their main concern is with the effectiveness of treatment whether it comes from pure traditional Ayurveda or from modified version of the traditional methods.

Table 7.2: Administration of Ayurvedic Medicines: Patients’ Response

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Difficulty in taking Ayurvedic medicines</th>
<th>Number of Patients (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>19 (9.5%)</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>181 (90.5%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>200 (100%)</td>
</tr>
</tbody>
</table>

On the whole, it has been found that the practice of Ayurveda over the years has been transformed to such an extent that what is pure Ayurveda and what is not has become a debatable issue even among the proponents of Ayurveda.

ADAPTIVE CHANGES AND ITS CAUSES

The present day Ayurvedic practice has shown a remarkable difference from what was in practice four or five decades ago. This
change seems to bridge the gap between Ayurveda and the dominant biomedicine, at least in the looks of the general practice of medicine.

In most cases, people have tendency to ape what is in vogue or what is being perceived as accepted by the general population. Over the years the Ayurvedic practitioners have been trying to break the image of an old village vaidya who has nothing else to offer but a few herbal based powders in small paper packed doses. They have started using medical instruments like stethoscope, sphygmomanometer, thermometer etc. by which the medical practitioners of biomedicine have been associated and recognized so far. If a slightly deep look has to be made, everything seems to be an image building exercise. Whether all these things are absolutely necessary or not in this system, has not been in consideration now-a-days.

Table 7.3 : Change in Ayurveda : Doctors’ Response

<table>
<thead>
<tr>
<th>The Query</th>
<th>Responses (%)</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has change occurred in Ayurvedic system of medicine with the passage of time?</td>
<td>Remarkable Partial</td>
<td>13 (65%) 6 (30%) 1 (5%)</td>
<td>20 (100%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.3 shows that about 65% doctors feel that the practice of Ayurveda has changed over the years. While 30% respondents believe that it has changed only partially and only a single respondent thinks that no remarkable change has taken place in the practice of Ayurvedic system.

The changes which have been noticed so far, are mainly in the diagnostic methods, dispensation of drugs but very little in actual treatment process of the Ayurvedic system (Table 7.4).
Table 7.4: Changes in Ayurvedic System of Medicine: Doctors' Response

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Nature of the Change</th>
<th>Number of Doctors (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Examination and the diagnosis of the disease</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>In treatment methods</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Dispensation of Drugs</td>
<td>1 (5.3%)</td>
</tr>
<tr>
<td>4</td>
<td>Use of advanced technology</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>3 and 4</td>
<td>3 (15.8%)</td>
</tr>
<tr>
<td>6</td>
<td>1, 3 and 4</td>
<td>7 (36.8%)</td>
</tr>
<tr>
<td>7</td>
<td>1 and 3</td>
<td>3 (15.8%)</td>
</tr>
<tr>
<td>8</td>
<td>1 and 4</td>
<td>1 (5.3%)</td>
</tr>
<tr>
<td>9</td>
<td>All the above</td>
<td>4 (21%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>19 (100%)</strong></td>
</tr>
</tbody>
</table>

Out of a total of 19 doctors who state that Ayurvedic practice has changed whether in a considerable manner or partially, 36.8% respondents believe that the change has occurred in the examination and the diagnosis of the ailment, in the field of dispensation of drugs and in the use of advanced technology by the medical practitioners during the course of the treatment. Three respondents (15.8%) state that the methods of dispensation of drugs and increasing use of technology has changed the face of the traditional system. Another three respondents (15.8%) believe that some changes have been seen only in the diagnostic techniques and methods of dispensation of drugs. A single respondent in each case believe that changes are due to the new diagnostic methods and use of advanced technology or in the dispensation of drugs respectively. But there are 21% respondents who state that not only the diagnostic method,
dispensation of drugs and role of advanced technology have recorded major changes but the basic methods of treatment have also shown changes.

In the final outcome, it is clear that majority of the respondents believe that Ayurvedic practice has shown changes in all other aspects of health care except the general course of treatment. In case of examination and diagnosis of the disease, Ayurvedic practitioners have been using modern instruments along with the traditional methods. Feeling of pulse is the most widely observable method of initial examination of the patient. In addition, Ayurvedic medical practitioners also use a stethoscope which has been the most common or rather an identification symbol of the medical practitioners of western system of medicine. If we go by the pure Ayurvedic techniques of examination of the patient and diagnosis of a disease, it includes taking the complete history of the patient's lifestyle and behaviour. That is an elaborate procedure that has been devised for the complete examination of the patient prior to the start of a proper treatment. It has been done first by examining the patient – Rogi Pariksa and then by examining the disease – Rog Pariksa.

1. **Rogi Pariksa**: A brief examination of a patient proceeds in three steps:
   1. *Darsana* (Visual observation)
   2. *Sparsana* (Touch)
   3. *Prasna* (Interrogation)

   These three basic steps have been elaborated into eightfold method for the detailed examination:

   1. **Nadi Pariksa** (Pulse examination): This step comes under the *Sparsana* (touch) part of the examination. Pulse examination is carried out with the help of radial artery. The practitioner
uses his index, middle and ring fingers of the right hand for pulse examination. All the three fingers used in this method have separate functions in this whole process. As the pulse felt with the index indicates the state of Vayu. The state of Pitta is indicated by the pulse felt with the middle finger, and the ring finger indicates the state of Kapha. There are certain rules which have to be followed for pulse examination—

(i) The right pulse of men and left pulse of women are examined.

(ii) Examination is preferably carried out early in the morning after ablutions, when the patient’s stomach is empty.

(iii) Pulse is not examined immediately after bath or oil massage, nor when the patient is hungry or thirsty. Examination can also be carried out in the afternoon, but the patient must not have taken food for three hours.

There are various forms of pulse described in Ayurveda, providing information about the different states of health e.g. snake or leech like movement in case of Vayu, crow or sparrow like movement in Pitta, swan or peacock like movement in Kapha, woodpecker like movement in case of aggravation of all three dosas, double pulse during pregnancy, elephant like movement in a healthy person etc. If the knowledge of the pulse examination is cultivated with great sincerity, then this alone could become a sufficient method for the correct diagnosis of a disease (Dash and Junius, 1983).

2. **Mutra Pariksa** (Urine Examination): For this method, urine for examination should be collected in the morning after getting up from the bed. The first flow of urine is discarded because it may contain extraneous material, the ‘middle flow’ is then collected for the examination.

Urine examination involves the observance of its colour and
transparency which gives information about different kinds of dosas Vayu Pitta, Kapha or Sanmipata condition (all three dosas aggravated). In another procedure, the examination of urine is done with the help of oil drops. The urine is kept in a clean wide mouthed glass container and with the help of a dropper a little oil (sesame oil) is dropped into it. The spreading of oil on the surface of the urine is then observed and inferences are made on the basis of total time taken and the shapes formed by the spreading oil drop.

3. Mala-Pariksa (Stool examination): This involves the observance of colour of the stool, along with dropping of stool in water to examine the state of health. For instance, if stool sinks in water, there is much ama (internal toxins produced by improper metabolic functioning) in the body, if it floats in water, there is no ama in the body.

4. Examination of Eyes: The conditions of eyes implies the state of health in which the person is. The white part of eyes (conjunctiva) is observed during diagnosis e.g. if a person is suffering from vayu diseases, his eyes would be dry and smoky and he will complain of burning eyes. Yellowish tinge in the white of the eyes, aversion to light and burning sensation indicate pitta type of diseases. Unctuous and dull eyes indicate kapha predominance.

5. Examination of the Tongue: The cold, rough and cracked condition of tongue shows aggravation of the vayu. A red or bluish tongue indicates pitta aggravation. kapha aggravation is indicated by white and slimy tongue. If the tongue is black and there are thorny eruptions, it means all the dosas are aggravated.

6. Examination of the Skin: This method comes under sparsan part of the diagnosis. Skin hot to the touch indicates pitta aggravation. Cold skin indicates vayu aggravation. Moist or wet skin
indicates kapha aggravation.

7. Examination of Nails: The texture and appearance of nails are observed to ascertain the type of dosas, which is in aggravation.

8. Examination of Physical Features: The prasna part of the diagnosis, include the examination of ascertaining the general features of the patient, which are essential to know as the future course of the treatment would depend upon that. This we could say that knowing the ‘History’ of the patient. The following aspects of patients have been taken into consideration:

(a) Prakriti: Physical and Psychic constitution
(b) Vikriti: Nature of the disease of the patient
(c) Sara: Excellence of the tissue elements of the patient.
(d) Samhati or Samhanana: Compactness of the patient
(e) Pramana: Measurement of the patient
(f) Sattva: The will power of the patient
(g) Satmya: The wholesomeness of the patient, for instance, what are his food habits, whether he drinks alcohol or not etc.
(h) Vayah: The age of the patient.

All the above factors have the cumulative effect on the course of treatment especially the Prakriti of the patient. Ayurveda has defined eight types of Prakritis for the human beings, depending upon the type of dosa, which predominates in the body constitution of an individual.

1. Vata or Vayu–Prakriti
2. Pitta –Prakriti
3. Kapha Prakriti
4. Vata–Pitta–Prakriti

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5. Vata-Kapha Prakriti
6. Vata-Kapha Prakriti
7. Vata-Pitta-Kapha Prakriti
8. Sama (Balanced) Prakriti: This is the best constitution, but it is rare.

Depending on their Prakriti, the individuals are more prone to some particular type of diseases. e.g. an individual of Vata–Prakriti is more likely to get Vata (Vayu) type of diseases of a more serious nature, while those of the other dosas would be easily curable. Pitta–Prakriti individuals are more likely to get Pitta types of diseases, and Kapha–Prakriti types would have to be more careful about the Kapha types of diseases.

That is why, in Ayurveda the types of medicine which should be given to the patients also depend upon his or her Prakriti, e.g. Quinine, for instance, can safely be given to a Kapha–Prakriti person. It will be less suitable for a Vata–Prakriti person and harmful to a Pitta–Prakriti person (Dash and Junius, 1983).

(II) Rog Priksa (Examination of Disease): After getting detailed information from the patient about his feeling of the ailment and observing the symptoms, then the exact nature of the disease is ascertained. The knowledge of the following diagnostic factors are essential for ascertaining a disease.

1. Nidana (Etiology): It includes the study of the cause of a disease, nature and mode of action.
2. Purva Rupa: It implies the symptoms arising before the appearance of the disease.
3. Linga or Rupa: It implies the actual signs and symptoms which appear, if the disease is not averted during the stage of Purva Rupa.
4. **Upasaya:** It means all the exploratory therapies which are employed to ascertain the exact nature of a disease. There are, broadly speaking, eighteen categories of exploratory therapies on the basis of the drugs, diet and regimens which have opposite attributes or which have identical attributes but which actually work in the opposite manner to the cause of the disease, to the disease itself and to both the cause and disease. Thus this concept includes both the law of contraries of the allopathic (biomedicine) system as well as the principle of treatment by producing similar effects as that of the disease as in Homeopathic treatment.

5. **Samprapti:** It is the pathogenesis of the disease i.e. the manner with which a dosa gets aggravated and moves through different channels as paths to produce a disease.

This shows that Ayurveda has its own well established and testified procedure of examination of the patient and diagnosis of the disease.

In the present study, it has been found that the full procedure has seldom been adopted by the practitioners. Especially in case of adopting the diagnostic techniques.

The Government Ayurvedic dispensaries in the Union territory do not have their own pathological labs. Thus, medical practitioners in these dispensaries do not go for any pathological tests, nor they recommend the patients for these tests. Although in the Ayurvedic methods, the pathological tests like urine examination and stool examination do not require any elaborate arrangement, as no chemicals or microscopes etc. are required, the tests have to be done by simple observations by using ordinary water or in extreme cases, some drops of sesame oil. But doctors do not use these methods for
diagnosis. They mainly rely upon the general observation, pulse examination and interrogation part of the examination. Almost all the medical practitioners in the Government dispensaries feel these methods are sufficient enough for a proper diagnosis and there is no or very little need for pathological tests. That is why they do not recommend them to the patients.

The Ayurvedic medical college and hospital has a fully equipped modern pathology laboratory, with facilities of conducting all kinds of pathological tests of blood, urine, stool, semen and sputum. All these clinical tests are of same type as has been done in the biomedicine. In addition, the facilities for X-ray, Ultra-Sound, mammography, E.C.G. (electrocardiogram) and TMT (Tread mill test) are also available for patients. Because of the availability of this facility within the hospital complex, doctors here usually recommend these tests to the patients. But they say that in most of the cases, these tests are not required. Sometimes they recommend these tests in order to satisfy patients. Because, now-a-days people have become so used to these pathological tests in hospitals as well as in private clinics that they feel their treatment has not been carried out properly if these tests are not done. Moreover, with these tests doctors can easily convince the patient that the treatment is going in the right direction. In addition, sometimes doctors themselves require these tests reports in order to cross-check their own diagnosis of the disease. In many cases, as the patients come after having treatment from other systems of medicine, most commonly from the western system of medicine, so they already possess all kinds of test reports. Doctors also told that if most of the patients have full faith in their diagnosis of the disease and follow the course of treatment, in that case they do not recommend these tests. In conclusion one may infer that it is not the necessity of pathological tests for the proper diagnosis, but the patients' satisfaction which guides the medical
practitioners to recommend these tests to be conducted.

Thus, the study shows that a part of the diagnosis of the disease is being done by Ayurvedic method and a part by using modern techniques of biomedicine. Doctors feel that this knowledge has not only made them enable to understand the patient’s previous medical history, which most commonly includes the treatment done by western system of medicine, but they can also explain the effectiveness of their treatment by the traditional methods through these tests as proofs to the medical practitioners of biomedicine. As they have acquired the knowledge of all the medical terminology and techniques which has been used in biomedicine, they can now better argue their cases and enhance the image of Ayurvedic system as a scientifically based health care system. But there is a difference of opinion amongst the doctors regarding the causes due to which these changes in the general outlook of the Ayurvedic medical practice have occurred.

Table 7.5: Reasons for the Change in Ayurvedic Medical Practice: Doctors' Opinion

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Reasons for the Change</th>
<th>Number of Doctors (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To expedite the course of treatment and make it more transparent</td>
<td>10 (50%)</td>
</tr>
<tr>
<td>2</td>
<td>To just impress upon the patients</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>3</td>
<td>Both 1 and 2</td>
<td>5 (25%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>20 (100%)</strong></td>
</tr>
</tbody>
</table>

As the Table 7.4 shows that about 50% respondents state that the major cause of the change is to expedite the treatment process. It is to make the general process of treatment more simple and transparent to the patients, without compromising with the
effectiveness of the therapy. Their argument is that sometimes the medicines do not show the early effects but they continue the treatment, as the time-period which is marked for that particular medicine has to be provided before looking out for the signs of cure. After checking its full course, only then the intensity of the next dose is increased. Thus, this entire process takes a longer time period. On the other hand, the effectiveness of the medicine can be checked even before the completion of the required duration of medication by conducting pathological tests, which save a lot of time and also provide proper direction to the course of treatment. This adaptive use of the pathological tests has been carried out in most of the cases by some Ayurvedic medical practitioners.

There are 25% respondents, who believe that the changes which have been brought in, whether in case of diagnosis or use of advanced technology or dispensation of drugs, are not necessary. Ayurvedic treatment can be as effective as it was without these techniques. Their opinion is that the changes are here only to impress upon the patients. The attitude today is that, “we can provide you the same facilities or we may say the ‘technical excellence’, as you get in any of the health care centre of the western system of medicine. In other words, all these modifications are to show that we are as modern as any body else”.

Meanwhile, 25% respondents state that the reason behind use of technology and other changes is both to impress upon the patient as well as to expedite the duration of treatment. The use of modern techniques have made things simpler for the patients as well as for the medical practitioners. For example, today all types of Ayurvedic medicines are available in the market and they are available in every known form viz. tablets, capsules, pastes, powders and syrups except in the form of injections. The present situation is entirely different from the earlier times, when medicines were
prepared either by the medical practitioners themselves or they would recommend the required herbs to the patients so that they themselves prepare the medicine. Although most of the traditional Ayurvedic practitioners who are in their ancestral profession, still prepare the medicines themselves. In Chandigarh some private practitioners prepare their own medicine. In the present study also, there is a single respondent who prepares 60% of the medicine on his own. But the doctors in the organised sector i.e. in the Hospital and Government dispensaries, only recommend the medicines, which could be procured from a market or they are provided by the health centres.

The new modes of dispensation of drugs have made it possible for their easy storage and transportation from the manufacturing units to the drugs stores. The drugs available in form of capsules and sugar-coated pills are easy to swallow for the patients. But purists have shown their reservation on this new mode of dispensation. Their argument is that in Ayurveda, the medicines are always patient-specific i.e. they are recommended, taking into consideration of several facts, the most important is the Prakriti or the constitution of an individual patient. According to the Prakriti of the patient the medicines are prepared. That is why, the Ayurvedic practitioners prepare the required medicines themselves and he should have the knowledge of the properties of each and every herb and the methods of preparation of medicines. In case, if the readymade drugs are recommended, it may be possible that the necessary amount of medicine as specified in the Ayurvedic texts, may not be made available to the patients.

In the present study, it has been observed that the doctor–patient conversation before the start of actual treatment process does not seem to be different from that of the biomedicine. Patients just narrate what they feel about their ailments and the doctors
recommend them medicines after occasionally feeling their pulse or recommending one or two pathological tests. Whether they follow the concept of assessing the *Prakriti* of the patient or not can not be ascertained exactly. As most of the doctors feel that after the experience of so many years, they do not need to ask specific questions for this purpose. They can now easily judge the *Prakriti* of a patient by simple observation and from as much information as a patient provides about his ailment. As far as the patient–specific treatment is concerned, it is observed that this concept has not been followed in most of the cases.

The doctors response to the use of advanced technology is positive. They also feel that the use of modern techniques enhances the image of any system of medicine, whether biomedicine or traditional in the eyes of the patients (Table 7.6).

**Table 7.6 : Use of Advanced Technology and Perceptions about the Medical Systems: Doctors’ Opinion**

<table>
<thead>
<tr>
<th>The Query</th>
<th>Response (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the use of advanced technology help in building as better perception of any system of medicine?</td>
<td>19 (95%)</td>
<td>20 (100%)</td>
</tr>
<tr>
<td></td>
<td>1 (5%)</td>
<td></td>
</tr>
</tbody>
</table>

As 95% respondents, an overwhelming majority, feel that the use of advanced technology for the examination of the patients as well as the diagnosis of the disease has produced a better perception about the system in the eyes of patients. Patients’ faith in the system increases as they feel convinced about the accuracy of the diagnosis and correctness of the course of treatment. On the other hand, there is only one respondent, who believes that advanced technology does not help the system in any way unless the effectiveness of the system is not improved. It is only the cure of the disease which attracts patients towards any system of medicine.
NECESSITY OF CHANGE

Before Independence, Ayurvedic system was in a state of neglect. Its very survival was at stake; somehow it managed itself through that hostile period of its history. The negative propaganda against its concepts, methods of treatment and everything for which it stands for had reduced its image in the eyes of the people to a case of mere quackery. Above all, it has been pitted against the biomedicine, which enjoys a worldwide acceptance, enormous resources at its disposal for research and growth as well as support of media. In this atmosphere it has become an absolute necessity for a complete image hauling of this traditional system of medicine. Without adapting itself to the changed social realities, this system can not be able to acquire its rightful place in the health care arena.

The Ayurvedic practice of medicine has been picking up momentum over the past few years but in a gradual manner. In the last 50 years, an effort has been made to systematically document its history, concepts, materia medica and to develop a scientifically cultivated knowledge base in the society. May be the pace of this process has been slow, but on the whole the system has attained a some sort of respectability among the general masses. In a medically pluralistic environment, the pressure of change and to improve itself on any medical system is immense, as it becomes a question of survival. The effectiveness of the treatment and patients’ satisfaction affect the general mode of practice of the system.

In Ayurvedic system, it was felt important to impart its knowledge and train individuals in a systematic manner. Being a traditional system, which has been in propagation through the efforts of individual vaidyas, its knowledge was lying in scattered form. So, it was required to compile all the facets of this ancient system and prepare a comprehensive syllabus, that could fully justify the actual
strength of this system. Educational and training institutes were coming into existence from the end of 19th century, and upto the end of 1960s, there were considerable number of Ayurvedic colleges in the country. But in the absence of any regulatory authority to check the mushrooming growth of these colleges, most of them were of sub-standard level with their own criteria of selection, syllabus for education and training and the name of the degree or diploma to be awarded. It was only in 1970, when the Indian Medicine Central Council Act was passed in the Parliament and a regulatory authority, Central Council of Indian Medicine, was constituted to set up the criteria for the establishment of any Ayurvedic institute and to regulate the syllabi of training. Thus for the first time proper guidelines were set for producing trained medical practitioners. The learning and training process in Ayurveda came out of the Vaidyashalas (private health centres of the traditional Ayurvedic practitioners) to the full-fledged training institutes. This task was necessary, first for the propagation of the system and second, to counter the propaganda of its being a system of some obsolete folk remedies and ‘hit & trial’ methods.

Ayurveda is a natural, herbal based system. Most of the medicines are prepared from variety of herbs and also in a limited way by purifying the metals like mercury, silver and gold etc. it was quite difficult to prepare all the types of medicines from these herbs, as most of the herbs are rare and occur in the higher reaches of Himalayas, which is quite difficult to procure and this could not be achieved by the individual efforts. This led to the establishment of Ayurvedic pharmacies, which had the necessary resources and manpower to procure the required herbs and prepare the most commonly used Ayurvedic medicines. This practice of commercially producing Ayurvedic medicines started at the end of the nineteenth century. Gangaprasad Sen, a very renowned vaidya, of Calcutta,
manufactured, commercialised and even exported Ayurvedic medicines to Europe and America (Gupta, 1977). Gangadhar Ray, too, was inspired to undertake large scale production and set-up a manufacturing unit in 1884 called N.N. Sen and Co. Private Limited, Calcutta. By 1900, Ayurvedic drugs had created a good demand and a fair share in the drug market of India. Its success lured others to follow and soon ‘Sakti Aushadhalaya’ and ‘Kalpatru Ayurvedic Works’ were competing with one another in the market by the first decade of the 20th century (Bala 1991). ‘Dabur’, one of the topmost manufacturers of Ayurvedic medicines in modern India, was also established in 1884. Today, it is not only the medicines for most commonly occurring ailments available but also the medicines for all other complex and chronic diseases are being manufactured. The production of medicines has also increased manifold after Independence. At present, there are 8405 licensed pharmacies and other 458 pharmacies holding loan licenses, all over the country.

Today the manufacturing techniques have included all sort of modern technologies for crushing, grinding, producing extracts of the herbs, as well as testing the medicines for their composition. This has not only saved the time and energy of the Ayurvedic medical practitioners but also helped in the large-scale production of the medicines for the benefit of general public. The most important feature of this change is the standardisation of the Ayurvedic medicines. Earlier people were generally unaware of the actual compositions of the medicines they were taking from the traditional Ayurvedic practitioners, (vaidyas). Most of the vaidyas had their own secret formulae of making medicines which they have learnt from their gurus (teachers) and never revealed them to the general public. Even today, as in the earlier times, there are number of traditional medical practitioners who claim to have specialisation in the treatment of different ailments. They have their own methods and
formulae of preparing these medicines. So a patient does not come to know of what he is consuming. This tradition of secrecy has harmed the system, as if a particular vaidya who knows the permanent cure of some diseases, but he would not reveal it. This particular practice of cure would thus perish with the death of the vaidya. Moreover, it also provide a chance to the skeptics to question the validity of a treatment. Further, there was a fear of loosing the exclusive rights on some cures in Ayurveda, as the methods of treatment and composition of medicine for that has no documentary proof. This necessiated standardisation of medicines and data based record of their effectiveness. With this, not only the reliability of the medicines increased, but it had also paved the way for their export to developed countries.

Table 7.7: Change in Ayurvedic System of Medicine: Doctors' Point of View

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Visible Changes</th>
<th>Response (%)</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Impact of western system of medicine on Ayurvedic system</td>
<td>16 (80%)</td>
<td>20 (100%)</td>
</tr>
<tr>
<td>2</td>
<td>Use of modern technology in enhancing the impact of treatment in Ayurveda</td>
<td>15 (75%)</td>
<td>20 (100%)</td>
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</table>

With the spread of education and people becoming more informed about the better requirements of life, their old customs and traditions are also bound to change with no exception to their health practices. Today, the availability of health care services in the biomedicine are more widespread than they were at the dawn of Independence. The peoples' interaction with modern system has greatly affected their perceptions towards Ayurveda (Table 7.7). 80% doctors in this study feel that the biomedicine has produced an impact on the general practice of Ayurveda. Today, the entire scheme
of education and training, research and provisions of health care services have been developed on the pattern of western system of medicine. Most of the times it has been observed that the only difference, which remains in the Ayurvedic treatment, is that of the types of medicines which the patients are taking—herbal based in case of Ayurveda and chemically based in case of biomedicine. But there are 20% doctors who believe that the western system of medicine has not affected the traditional ways of treatment in Ayurveda. They opined that the main difference of Ayurveda from the biomedicine is in its basic approach to treatment. In Ayurveda the emphasis is on—‘why the ailment is there? And not on ‘what is the ailment?’ The perception of the diseased condition and its cure with medicines by helping the body to cure itself, has not changed at all. All other differences, which are visible, are of superficial nature, which can be said part of a general change in the outlook of the society itself. In this particular case, the Ayurvedic medical practitioners are trying to prove their validity and effectiveness of their treatments by using the language of biomedicine, so that they can be understood by other people without any difficulty.

On the use of modern technology for the enhancement of the benefits of Ayurvedic treatment, majority of the responding doctors feel that this change has simplified the whole procedure. About 75% doctors believe that the new technology is being used in Ayurveda today in several ways (Table 7.7). There are other 25% respondents who do not think that any exclusive technology has been developed for the use in Ayurvedic treatment. Here the main consideration is that of the use of advanced medical instruments like E.C.G., ultrasound and X-ray etc. for the diagnostic purposes. On confronting the doctors that all of these technical instruments are borrowed from the biomedicine, they responded that these diagnostic instruments cannot be considered under the exclusive domain of biomedicine only.

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as these are the inventions of instrumental sciences for the benefit of all types of health care systems. So they believe that whatever is being practised in Ayurveda today, a very little can be said to have been borrowed from biomedicine. On the contrary, their belief is that the pharmacopoeia of the western medicines is entirely based upon the Ayurvedic system. Even in some cases of specialised medicines, allopathic doctors prescribe Ayurvedic medicines e.g. the liver tonics. On any other kind of technology except in case of diagnosis, being developed exclusively for Ayurveda, all the respondents have little knowledge about that. Some of them said that a specialised oil pouring machines have been developed for the Dhar technique of Panchkarma therapy. Except that, nothing new has been noticed so far, as per their knowledge of this system.

Whether some changes are necessary or not, considering the further scope of growth in Ayurveda and its responsibility of producing a healthy society, a favourable support is required in this regard. The people associated with this traditional system also feel this need. In the present study, 100% respondents believe that if Ayurveda has to survive and grow, several changes have to be brought into all the aspects of this system. Their main complaint is about the status of education and training facilities of Ayurveda in the country. They feel that the present education facilities are below standard. The education curriculum does not suite with the present health needs of the population. The books on the system have not been revised for years. All the materials available today have been taken from whatever ancient Ayurvedic texts are available with us. Obviously, these texts were written on the basis of the habits and behaviour of the people in the ancient society. The books based upon these texts which have been taught in the Ayurvedic medical colleges of the country have little reference to the present day cases and of new emerging ailments, even the examples given belong to the ancient
period. That is why, a new curriculum is required with all the updated knowledge of the present day diseases, also taking into consideration the future aspects of health needs and including all the new developments that have taken place over the centuries in this field of traditional medicines. Their demand is that students must be provided more practical knowledge than mere theoretical one. At present, students seldom acquire any worthwhile knowledge during their internship period of 1½ years. This limitation of theirs reflected when they start practising allopathic medicines instead of recommending medicines of their own system, as they lack confidence in the absence of any practical knowledge.

The practice of prescribing allopathic medicines by the Ayurvedic doctors has not only bothered the proponents of Ayurveda but it has also affected the pharmaceutical companies which are producing Ayurvedic medicines like Dabur India Limited, which is a leading pharmaceutical company of the country and has been producing quality Ayurvedic medicines for more than past one hundred years (since 1884). To promote its well-tested products and also the latest research and development in the filed of medicines, the company has been organising seminars and meetings of the eminent Ayurvedic practitioners. In spite of all these efforts, the company has found that majority of Ayurvedic graduates (B.A.M.S.) turn into practitioners of biomedicine due to lack of data based clinical experience at college level. To overcome this harsh reality, Dabur India Ltd. has taken an innovative step to convert such B.A.M.S. into Confident Ayurvedic Practitioner (CAP) by involving the services of reputed vaidyas who are known for their therapeutic excellence by using Ayurvedic formulations.

Dabur has planned to set up specialised Clinical Research Units (CRU) at various Ayurvedic colleges. The Dhanwantry Ayurvedic college, Chandigarh is the first college in India to have this
type of research unit, which was inaugurated on June 1, 2002. In this unit, the clinical experience of a vaidya in the treatment of diseases would be documented and demonstrated to B.A.M.S. students/interns. It would also help to register new/modified treatment protocols based on individual experience of such vaidyas. This exercise would help to create interest and confidence among B.A.M.S. students so that they turn into confident Ayurvedic practitioners. This project which is designated as I3CAP (i.e. A collaborative project of Individual, Industry and Institution to generate Confident Ayurvedic Practitioners) will have a long term effect on the propagation of Ayurvedic system of medicine.

The need to start this type of project by a pharmaceutical company itself shows the inefficiency of the present education and training facilities in the country. Doctors' assertions are that the syllabus for the graduation course should be developed by combining the wisdom of physics, chemistry, biotechnology, genetics and other emerging biomedical sciences along with the new life style of the present day human population. This problem can only be solved permanently if the students are educated and trained with full practical knowledge so that they themselves feel confident enough to tackle all types of eventualities in the course of their career.

Another major drawback of the Ayurvedic medical practitioners is the lack of awareness about the ongoing research and development in their field of medicine. In the present study, the respondents themselves feel that very little relevant research work is being done, and whatever progress has been made in this field, they are not aware of it. They feel that more research should be done in such areas where Ayurveda is lagging behind than the other systems e.g. in the field of surgery. This can be achieved by reviving the old Ayurvedic methods and if that is not possible, then new techniques should be developed by keeping in mind the basic Ayurvedic
Plate 9  Vaidya Balendu Prakash recommending medicines to the patients at newly opened Clinical Research Unit.

Plate 10  Investigator discussing the various aspects of Ayurvedic System of medicine with Vaidya Balendu Prakash.
concepts. All Ayurvedic medical practitioners have emphasised upon the training of students about surgical methods. They feel that this would enhance the scope of Ayurvedic treatment.

The advent of modern technology in the field of medicine has provided a new look to the profession. The Ayurvedic medical practitioners in Chandigarh do accept the benefits of advanced diagnostic techniques which they believe should also be incorporated in their system for corroborating their own findings during the course of treatment. They do not believe that making use of the inventions of instrumental science would dilute the purity of the system in anyway. In a similar manner, they also emphasise on the proper knowledge and use of their own traditional diagnostic methods, particularly the method of nadi pariksan (pulse examination). They say that majority of the Ayurvedic graduates today do not have the full knowledge of pulse examination which in Ayurveda is a much elaborated technique of diagnosis. On one hand, the Ayurvedic medical practitioners look forward towards the utility of their own diagnostic methods and on the other hand, they also accept the advantage of the use of modern diagnostic techniques. Their own idea is to have an integrated system of diagnosis where the traditional and modern methods complement each other.

Another aspect of the Ayurvedic system, which according to the doctors, requires a change, is the standardisation of all drugs and data-base record of their results. They believe that with the spread of Ayurveda, not only within the country but also in other countries, the documentary proof of its effectiveness is a must in order to convince the people.

SOCIAL CHANGE AND ITS IMPACT

The social change within the Indian society has increased people’s level of awareness, their mobility and reach to the advanced
facilities in every field of life. This spread of information has also benefitted the Ayurvedic system of medicine which has got wider reach for its products. Today, comparatively larger part of the population has been benefitting from this traditional system.

In the Ayurvedic health centres of Chandigarh, the numbers of patients approaching for Ayurvedic treatment has been steadily increasing, as is revealed by all the doctors, who comprise our sample. They feel that the reason for this rise in utilisation of Ayurvedic health care services is that today more people are aware of this system. Another most important factor is the toxic effects of all the chemically based medicines. Because of this, the major attraction of Ayurveda has been its herbal based medicines, with no side effects. Today, majority of the patients seem to be fed up with the harmful side effects of the medicines in the biomedicine. Thus the mode of treatment in biomedicine have resulted in the disenchantment of the people which has ultimately led them to more safer Ayurvedic system of medicine.

In the last decade of the 20th century, lots of changes have taken place within the Indian society, particularly after the liberalisation of the economy. India has one of the largest growing middle class population of the world. The purchasing power of the Indian population, on the whole, has been steadily increasing. This has certainly affected the utilisation pattern of the Ayurvedic health care services by the population. As this present study has shown that the higher cost of the Ayurvedic treatment has deterred the people so far from utilising it, upto a large extent. But with the rise in the economic status of the population, the ‘cost factor’ is expected to be nullified. The increasing mobility of the general population has exposed them to the best and well-equipped Ayurvedic treatment centres of the country, which were earlier beyond their reach. Thus by utilising the Ayurvedic health services, being provided in its pure
form at these health centres, more and more people are now becoming aware of the true nature of Ayurveda. Today, the highly resourceful Ayurvedic health centres are setting up their franchise in all major cities of the country. Now Ayurvedic health care facilities, particularly in the private sector are more organised, well-equipped and widely spread, unlike the earlier times. Ayurvedic health centres in Kerala have gained a widespread legitimacy of providing reliable, pure and highly effective treatment facilities, not only within the country but also in the entire world. Even in the city of Chandigarh, there is a private Ayurvedic health care centre—Ayush Ayurvedic Clinic, situated in Sector-34. It claims to provide the facilities of full Panchkarma therapy in its purest form, besides the consultations with Ayurvedic medical practitioners. The health centre is boosting prominently the Kerala Panchkarma Therapies for variety of diseases like sinusitis, spondylitis, hypertension, eczema, arthritis, rheumatism, stomach ailments, paralysis, ladies hormonal problems and beauty packages. These health centres have shown an emergence of new trend in Ayurvedic health care—the propagation of ‘Kerala Style’ Ayurvedic therapies, which majority of the city doctors dismiss as just a trick of publicity. But it must be noted here that the Ayurvedic methods of treatment have indeed been made extremely popular by some of the traditional medical centres of Kerala, and that is why they now try to encash this popularity in other parts of the country also, by associating their treatment facilities with the names of these health centres. Otherwise, what they are actually practising is same as has been already written in the Ayurvedic texts. They have not added or subtracted anything from these methods of treatment. Now, these health centres have also become an integrated features in all the tourism promotions of the state of Kerala.

Today, Ayurveda has become a major attraction in the field of ‘Health Tourism’ to attract not only the foreign tourists but also the
domestic tourists. Because of the advancement in the modes of communication and transport, people are now better adapted for these types of happenings. The last decade of the last century marked the turn for Ayurveda, 'That was when stressed-out Indians yearned for healthy holidays'. For instance, in Bangalore, the spawning of rejuvenation centres coincided with the software boom. Ayurveda therapies emerged big in the tourism sector after Kerala, where the tradition is kept alive—started promoting it. Now there are more than 30 resorts at Kovalam, Vizhinjam and Chowara, near Thiruvananthapuram, offering licensed Ayurvedic treatment; 95 percent of the clients are foreigners and the rest, well-healed Indians (The Week, 2002). Emulating the success of these health resorts, leading hoteliers have also started opening Ayurvedic health spas in other parts of the country. The Oberoi’s luxury hotels, Raj Vilas in Jaipur and Amar Vilas in Agra, have spas in collaboration with Banyan Tree, one of the world’s foremost spa promoters. A pioneer in the spa culture in North India is the Kairali chain, which provides treatments to tourists in Khajuraho and Delhi at $300–$800 for a couple. The biggest name in promoting the Ayurvedic system in the field of cosmetics is of beauty Czarina Shanaz Hussain. Her Ayurvedic day–spa in Delhi, in collaboration with Cox and King’s travel agency, offers a package of Ayurvedic treatments for tourists from Japan with a low calorie Ayurvedic meal. Shanaz plans to keep her tariffs moderate; the day long therapy, with a lunch costs Rs. 5,000. In this league also, the Indian Hotels and Health Resorts has opened a spa—Ananda in year 2000, at Narendranagar in Uttaranchal. It offers a three day Sanjivani package which provides Ayurvedic mind and body therapy, customised Yoga sessions, beauty and wellness treatment. The entire package costs Rs. 65,000 and today about 60% of their guests are Indians. As the high costs of these services indicate that they are mostly meant for the high–end domestic visitors and foreign tourists. A major part of the population
with middle and low income has been left out from the reach of these resorts.

The Ayurvedic products has been commercialised since the later period of the nineteenth century, but their visibility has increased tremendously only in the last twenty years. This growth in the awareness of Ayurveda coincides with the development of medias of mass-communication like electronic and print media after Independence. Television has entered in Indian homes after 1982 Asian Games in a big way and with it came the flood of catchy advertisements of variety of consumer products including the publicity of medicines. Most of the Ayurvedic products ranging from pain-killer balms, cough syrups, medicines for abdominal problems to cosmetics like herbal shampoos, skin care ointments, soaps etc. became household names. The advent of satellite television in 1990s with a global reach has provided this system a much wider platform to publicise itself. This has boosted the sale of Ayurvedic products especially the cosmetics and also helped in developing the people's faith in this system. The impact of advertisement is such that it not only provides the information about the product but it automatically develops the reliability of that product in the minds of the people. It has been found that people mostly buy those products, about which they are familiar with and have seen their promotion on the television or in print media. The psychological effect of the aggressive publicity through media is such that it has produced a positive image of the Ayurvedic system of health care. Today the Ayurvedic nature of any medicine or cosmetic product has been boosted exclusively as if it is of some special quality. People are attracted towards Ayurvedic products because they feel they are safe and reliable. But it has also resulted in the exploitation of this belief, by the sale of several fake products as herbal, even though their herbal contents do not surpass one or two ingredients in the whole composition.
The commercialisation of Ayurveda and that too mainly in the field of cosmetics has though generated a much hype about the qualities of this system yet it has also left somewhere the pure Ayurveda which not only cures but preaches a healthy lifestyle. This aspect of Ayurveda can only be brought out in an effective manner if the Government and the proponents of Ayurveda put their common efforts in this direction.

STATE POLICY AND AYURVEDA

The health policy makers in India had selected the western system of medicine to bear the greater burden of health care. Ayurveda has been included as a legitimate health care service but with comparatively less support and responsibility in every aspect of health care. The people who are associated with Ayurveda feel about the inadequacy of Government support for the proper development of this system.

Table 7.8: Government Support to Ayurveda: Doctors’ Response

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<th>The Query</th>
<th>Response (%)</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Yes in the entire country</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes but, differ state wise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has Ayurveda given required State patronage for its promotion and further growth?</td>
<td>4 (20%)</td>
<td>4 (20%)</td>
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</table>

In the present study, 60% doctors feel that the Government support has been proved inadequate so far, for the promotion of this system (Table 7.8). 20% doctors have said that the extent of Government support vary from state to state, while same proportion of doctors (20%), consider the Government support is adequate enough. Doctors often rue that Government is insensitive to the problems faced by the personnel of traditional systems of medicine.
The doctors of this city complain that even the Director of Indian System of Medicine & Homeopathy is not from their own system. At present, in Chandigarh, there is only a single Director of health services, who controls the health care facilities of the city including that of the traditional systems of medicine. The Ayurvedic medical practitioners of the city feel that for Indian systems of medicine and homeopathy, there should be a separate Director, who should be selected from the practising Ayurvedic doctors, so that he could properly understand the practical problems of this system and work for its benefit. Though there is a provision of a separate Directorate for ISM&H, but Government has not yet shown any interest in materialising it, which the doctors feel is harming their interests. They argue that if a person who belongs to biomedicine works as a Director for both these systems, he would definitely have a biased approach towards the development of his own system. That is why not a single Ayurvedic health centre has been established in the last ten years, even though the population of the city has almost doubled. Besides, Government has not bothered to provide the Ayurvedic health care facilities at the secondary level by establishing a well-equipped hospital, which is a must for a city like Chandigarh, where not only the people from the city itself but from the adjoining states visit to utilise better health care services.

The majority of the medical practitioners believe that if Ayurveda has to be made a viable, effective, easily accessible system of medicine, then a drastic change is required in the present Government policy towards this system. At present, there is a great disparity in the availability of the Ayurvedic health care services in different states of the country. For example, in the state of Himachal Pradesh, there are 964 Ayurvedic dispensaries, whereas in Punjab, there are only 489 dispensaries. Similarly, a smaller state of Kerala has 759 Ayurvedic dispensaries. In four states of Manipur,
Meghalaya, Nagaland, Sikkim and the union territory of Andaman & Nicobar Islands, there is not a single Ayurvedic health centre.

It is clear from the inadequacy of Ayurvedic health care facilities in the entire country and their complete absence in most of the north-eastern states that a lot has to be done even to establish the full health care infrastructure in Ayurveda in the entire country. It is not only that facilities are inadequate but whatever is available cannot be said of the required standard.

This situation may hopefully improve, if the objectives of Government’s new policy on traditional medicines—‘National Policy on Indian System of Medicine & Homeopathy–2002’, have been implemented in letter and spirit. It is important that Government of India has recognised a greater role of traditional systems of medicine, particularly Ayurveda, in providing health care facilities to the general population. This policy has envisaged to, “Integrate ISM&H in health care delivery system and National Programmes and ensure optimal use of the vast infrastructure of hospitals, dispensaries and physicians”. In addition, efforts would be made, “to provide full opportunity for the growth and development of these systems and utilisation of the potentiality, strength and revival of their glory” (National Policy on ISM & Homeopathy–2002).