

# Doctors' Views on Ayurveda as Holistic Health Care System: A Study of Ayurvedic Centres in Delhi and Bengaluru

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## **Abstract:**

This article is centered on ayurvedic doctors in ayurvedic centers at Delhi and Bengaluru. It has looked into the details of their personal backgrounds, medical education, clinical practice, diagnostic and treatment methods. It also elicits the doctor's perceptions about Ayurveda emerging as holistic health care option, how they work in ayurvedic centers by challenging biomedical hegemony, their levels of interaction with patients, how they perceive the present form of Ayurveda both within and outside institutions, how they perceive illness situations and to what extent they negotiate with their roles in these centers. To conclude, the doctors practicing at Arya Vaidya Sala follow a more rigorous authentic traditional practice of Ayurveda via-a-vis doctors at Sri Sri Ayurveda Hospital who take on a more flexible, modernised version of ayurvedic treatment.

**Keywords:** Ayurveda, Health Care System, Ayurvedic Doctor, Social System

## **Introduction:**

In the modern hospital setting, the role of the doctor is crucial in terms of facilitating recovery by applying his/her technical skills. Parsons (1951) discussed health care and the hospital in particular as a center where doctor as a competent authority plays his/her role in the continuation of social system. He argued that hospitals as social institutions are endowed with certain roles and expectations to fulfil the goals of the social system as a whole. According to the normative constraints the social behaviour of the doctors follow the role expectations as laid down by the health institutes. Venkataratnam (1979) on the other hand argued that the qualities attributed to doctors by structural-functionalists like Parsons such as affective neutrality and upholding the values of universalistic criteria against particularistic demands are conspicuously absent in hospitals. This is because, he said, these attributes remain to be as ideal types. In his study in hospital in Tamil Nadu, Venkataratnam showed that under the contemporary forces of socio-economic, political and professional situations, these universalistic values get disappeared. Similarly, his study also showed how the ideal attributes of doctors and nurses are not fully realised at the actual level. This is most evident in a bureaucratic health set up where roles and activities are more or less well defined and the gap between the norm and actual role performance of the doctors and nurses becomes a subject of sociological enquiry.

Sociologists like Madan (1980), Gupta (1988) and Minocha (1967) too have analysed the qualities of a doctor or professional in the modern hospital system. As Madan (1980) has argued in his

study of doctors, serving the sick and alleviating pain are seen as the primary functions of the medical professionals. These two things are considered not only primary functions but also the principal rewards for being a doctor. Madan (1980) is of the view that doctor who does not understand a patient does not cure him at all. Thus Madan (1980) feels that one should never become a doctor unless one feels totally committed to the ideals of medicine and is willing to forego personal comforts and material well-being. He has further pointed out that if a doctor is unable to give appropriate treatment, it causes much anguish to him and he might feel very helpless.

Taking this argument further, Gupta (1988) argues that there are certain imperatives in the doctor patient relationship. For the patient the first imperative is to understand his/her disease situation in the larger perspective of life rather than a bodily dysfunction or, what Gupta calls the 'totalisation imperative'. On the other hand, for the patient to enter into a dependent relationship with the doctor, the doctor must possess some qualities. From the patient's point of view the determining factor in choosing a doctor is either the 'institutionalised charisma' (Gupta 1988) that the doctor has or the doctor's own healing powers as experienced by the patient or by others. This leads to the second imperative which Gupta calls the 'dependency-credibility complex'. The patient wants to be dependent on the doctor invested with credibility to achieve rehabilitation and re-totalise his/her own universe and return to normal social life. This urge of the patient needs to be satisfied otherwise the patient's rehabilitation will be in serious flux. In this interaction professionalism or the symbols of professionalism is the basic source of a healer's credibility in terms of curing a patient. Gupta thus establishes the need of the patient to reaffirm status quo with the help of the dependency-credibility relation with the doctor/healer. This is the basis of a paradigm for the sociology and anthropology of health.

Minocha (1967) has argued that the doctor can best treat his patient when he understands his/her patient thoroughly. In order to do so the doctor must have a holistic understanding of the patient's character, background and the social circumstances to which he/she belongs. She found that the doctors and the patients interact with different expectations from one another. To the patient, his illness is the most significant thing at the moment and he imagines that the doctors have amazing qualities and skills which can relieve him of his distress and affliction. However, the doctor views the patient and his illness with detachment and without any display of emotion. The crucial point here is to see the extent to which the doctor conforms to the norms of his profession and how far does he allow his own or his client's background to influence the nature of the relationship. It would be useful to study how the doctor resolves the conflict (if there is any) among his professional norms, the norms of society and the norms of the particular segment of the society to which he belongs. It can be noted that the sociologist studying the relations between medicine and society can also contribute to the sociology of knowledge when he/she studies the doctor as differently placed in his social and his professional setting (Minocha 1967). This hierarchical structure doctor-patient structure is quite evident in the biomedicine. However, it becomes interesting to observe whether the same holds true among the ayurvedic professionals and his/her patients.

The arguments as mentioned-above by scholars (Parsons 1951;Minocha 1967; Gupta 1988; Madan 1980; Venkataratnam 1979) are crucial to critically understand the doctor's role in a modernprivate hospital setting which the study is trying to examine with regard to ayurveda. The attempt is to see how the doctor perceives his/ her role as a result of institutionalization of Ayurveda. In particular, the aim is to analyse the perceptions and practices of doctors their diagnosis and treatment and the doctor-patient relationships within ayurvedic institutions.

### **Role of ayurvedic doctors at Arya Vaidya Sala and Sri Sri Ayurveda Hospital**

With modernisation of ayurvedic practice, new forms of training came up which followed a more formal structure of knowledge transfer. As a result, there developed institutions and colleges which focused on imparting the traditional knowledge in a formalised manner. This new system of training slowly replaced the Gurukul system of learning whereby college-trained ayurveda graduates slowly replaced the vaidyas (Jeffrey 1988; Wunjastyk 2008; Langford 2002).

### **Reasons for opting ayurveda as career options**

The doctors practicing ayurveda in the centers came from professional household having a prior exposure or even association with ayurveda. As mentioned by one of the doctors, the reasons for taking up ayurveda as a profession was predominantly due to the influence of close associates. It was observed that in most of the cases the doctors came from families where at least a parent, siblings or a relative were already practicing in the same field or were associated with medical profession. These members played an important role in influencing the doctors to take up ayurvedic profession. It was noted that in most of these cases the doctors were either second or third generations doctors. As mentioned by one of the doctors: “My father insisted I joined ayurveda. Some of my other family members practiced ayurveda, hence I joined this field. He has been in the field of allopathy working as a cardiologist for so many years and seeing the trend of the patients and the cases, he felt that there are some aspects of ayurveda which could be explored for treating such cases. He felt that future belongs to naturalistic methods of treatment having less side effects”. Similar views were held by another doctor who said: “We are three sisters and one brother. My sister is also practicing ayurveda in Hapur near Delhi. My brother is an engineer and my second sister is a scientist. My father wanted me to become a doctor, so he chose ayurveda for me. It was not my choice, but my parent’s choice”. Besides their parents’ choices they had opted for ayurveda due to inability in pursuing allopathy. Despite the various reasons influencing their ayurvedic career, the doctors had undergone formal training in ayurveda.

### **Medical education and training**

The doctors who were associated with the centers and who were interviewed were all institutionally trained and held BAMS degrees. They had undergone formal training from either private or government ayurvedic colleges. Usually the duration of training follow the same timeline as per the biomedical norms which is of five and a half years of duration. At the end of the training the doctors earn a Bachelor of Ayurvedic Medicine and Surgery (BAMS) degree. Few of them took up additional three years of training to complete an M.D in one of the eight branches of ayurveda or other such specialties, such as *panchakarma* or pharmacology.

Ayurvedic curriculum offered in these institutes consists of three periods of one and a half year each. This is followed by one year clinical training (internship) in an ayurvedic hospital or the ayurvedic section of a biomedical hospital. In the first period, students are taught modern anatomy and physiology, ayurvedic basic concepts such as *dosha*, *dhatu* and *mala*, ayurvedic physiology, mythical history of ayurveda, Indian classical philosophies (darshanas) and selected chapters from the *AstangaSamgraha*, an ayurvedic classical text from the seventh century. In the second college year, they learn ayurvedic pathology and aetiology, disease prevention, the first part of the *Charaksamhita*, a classical ayurvedic text from the third century, the characteristics of *dravyas*(materia medica), metallurgy and toxicology.

*Kayashikitsa* (internal medicine), *Charaksamhita* part 2, ayurvedic surgery, ayurvedic technologies for treating diseases of ear, nose and throat (ENT), paediatrics and gynaecology/obstetrics, are the topics taught in the third period. After the completion of these courses the students take up ‘internship’ in any ayurvedic or biomedical hospital. When finished, students are given the degree of Bachelor of Ayurvedic Medicine and Surgery (BAMS). Most of them take up jobs at private/public clinics or hospitals while few continue to do their master’s in ayurveda. At this stage, the postgraduate student take up one of ayurveda’s branches to specialise, conduct research in this field and are expected to write a thesis based on their research work. Ayurvedic college education is structured around a modern division of subjects and not along the lines of the topic exposition in the three major and three minor ayurvedic canons (Langford 2002). The completion of entire process of training therefore takes up more than five years.

The doctors in this study were associated with Arya Vaidya Sala and Sri Sri Ayurveda Hospital had on an average ten to fifteen years of experience in their field. In most cases they joined these private institutes to be part of formal medical practice. The study tried to explore some of the reasons that led to their association with each of these institutes.

### Areas of specialisation

The doctors in these centers had specialisations not only in *panchakarma* but also in other areas like *Kayachikitsa* (General medicine and internal medicine), *Shalya Tantra* (surgery), *Kaumarabhritya* (paediatrics cum neo-natology), *Shalakya* (Eye, ENT and dental), *Swasthya Rakshana* (Preventive and curative care), *Manasaroga* (Psychiatry) intractable diseases, dermatology, as well as cancer care. The doctors often work across these various departments as mentioned by one of them “Myspecialisation is *Kaumarabhritya* which in allopathic terms is the paediatrics cum neonatology area. We have collaborations with other department like obstetrics and gynaecology”.

### Reasons of association with the ayurvedic centers

There were various reasons cited by the doctors in joining these centers. Despite having different reasons for joining, there were some common reasons shared by doctors from the centers. These included centrality of locations of centers (like Bengaluru and Delhi). Both these metropolises were placing wherein the doctors migrated in search of better opportunities for their professional careers or sometime had shifted due to the family needs. Apart from this, these centers have a strong brand name in ayurveda which was also an important factor for their association.

The branch of Arya Vaidya Sala, in Karkardooma, Delhi was an extension of the main center located in Kottakkal, Kerala. The doctors associated with Delhi branch, were earlier part of their main branch in Kottakkal, Kerala. This shift was necessitated to establish the Delhi center and maintain the authenticity by implementing the same methods of treatment as practiced at Kottakkal.

While discussing with the doctors at Sri Sri Ayurveda Hospital regarding their reasons for joining the center it was observed that the influence of Sri Sri Ravi Shankar was a major factor. Sri Sri Ravi Shankar’s philosophy based on holistic well-being was similar to the holistic approach of ayurveda. This philosophy was translated into the vision of the hospital. In addition the vision of Sri Sri Ravi Shankar was to bring out the best of ayurveda and popularise its methods to the world. This philosophy is part and parcel of the wellness and medical centers of Sri Sri Ravi Shankar

Unlike other private ayurvedic hospitals, this hospital was established to encourage research and development among the doctors. The hospital provided a platform to the doctors in trying out new methods of treatment and procedures thereby extending the scope of ayurveda into unexplored areas. This was also a major reason for the doctors in joining this center. As mentioned by one of the doctors “I joined here because after I completed PhD from Banaras Hindu University, got an opportunity to work in the field of ayurveda and to try out some new experiments”. The advanced state of research facilities with laboratories, equipments and constant interactions through conferences and seminars motivated many doctors to join the center. As mentioned by one of the doctors, “I could access all facilities including hospital and teaching and research facilities to enrich my knowledge in the field of ayurveda for the future”. Being a teaching-learning center the doctors were able to maintain a continuous update on the advancements taking place in ayurveda. Apart from these there were other factors like spouse being in the same center or even being an alumni were also cited as reasons for joining.

### Method of Diagnosis

Unlike biomedicine, the method of diagnosis in ayurveda follows a unique pattern of its own. The method of diagnosis is patient center and can be seen as a two-way relationship between the doctor and patient. This is in contrast to the biomedical model of doctor-patient relationship (Parsons 1951; Anderson and Zimmerman 1993; Venkataratnam 1979). In ayurvedic practice, there is a strong doctor-patient relationship that develops in the course of treatment. This results in the development of empathy from the point of the doctor and trust from that of the patient which becomes the foundation of the successful treatment. The ayurvedic doctors believe that the nature of treatment cannot be uniform for all. It varies according to the geographical locations, cultural pattern, patient's condition and constitution. What mode of therapy will be effective for a patient also depends on the patient-doctor relationship, how much time a patient can indulge for the treatment process and so on.

The method of diagnosis in ayurveda has a specific pattern which is distinctive from allopathy. Observation and interaction with the patient play a key role in diagnosis. As mentioned by one of the doctors “ayurveda has their own specific pattern to handle the cases. In ayurveda, we start observation of the patient from the beginning like how does he sit in front of me? How does he enter into the room? We then have a detailed discussion with the patient whereby we try to know how he behaves and explains his diseases”. The key to ayurveda treatment is the method of diagnosis, and in most cases the doctors followed the traditional eightfold examination method which involved examination of the pulse (*nadipariksha*), tongue, face, hair/nails, stool/urine, palpation, percussion, and inquiry. For example, *nadipariksha* is an ancient ayurvedic technique of diagnosis through pulse beat. A doctor who practices ayurveda has often mastered the art of *nadipariksha*. With this method of diagnosis, the doctor can accurately diagnose the patient's physical, mental and emotional imbalances which is an indicative to the nature of disease the patient is suffering from. It is a non-invasive method that helps to detect the root cause of the disease and does not rely on the superficial symptoms.

In ayurveda there is a difference between the in-patient and out-patient diagnosis process. Diagnosis of a patient starts with undertaking a detailed case history of the patient and that of the family (in case of genetic/hereditary diseases). As mentioned by one of the doctors: “Many a times allopathic doctors do not have so much time for patient interaction, asking for routine of the patient. Our consultation is for half an hour to one hour for OPD cases while in-patient's interaction is continuous before and after treatments. The aim is to know the person. You need complete acquaintance with the

patient, which does not happen with allopathy, if there is a case of cirrhosis, they only give medicine for it to be suppressed but we on the other hand need to know the diet, history, lifestyle, family, what they did before one day, one week before, one month before and so on to understand the cause of disease. Then we treat the patient accordingly”. During the out-patient and in-patient interactions the doctor explains the ayurvedic assessment process to the patient and what the patient could expect. On an average the doctors consult 10-20 patients in a single day in the OPD apart from the in-patients.

There is no single criterion for diagnosis in ayurveda. There are 12-15 ways of diagnosing a patient such as examining nerve, skin, tongue, eye, shape of the body, voice and excreta. After diagnosing all these factors doctors finally deduce what disease a patient is suffering from. In this regard, Jayasundar (2010) points out that a healthy human body has a balance of *tridoshas*—*vata*, *pitta* and *kapha* which in Sanskrit refer to functions such as movement, transformation, support and growth, respectively. Any imbalance in these leads to disease.

For some ayurvedic doctors, diagnosis starts from the very moment the patient enters the doctor’s room, from his nature and the way he/she talks. They ask about the history of the patient, background, food habits, when the symptoms appeared and whether they consulted a doctor in the past. Some doctors said, the more important aspect in diagnosis is patient having reported of his/ her symptoms and history rather than giving emphasis on a large number of test procedures. For instance, in case of indigestion, ayurvedic doctors take a detailed history to ascertain the cause. They try to find out daily routine of that patient such as what time the patient goes to bed and gets up, when he/she eats food and how many times in a day he/ she eats in order to diagnose the reasons for the indigestion.

Ayurveda’s diagnosis process is distinctive from that of allopathy. While allopath is dominated by the philosophy of science which requires proof and verifiability; ayurveda on the other hand is not much concerned with establishing proof, rather is concerned with the philosophy of ‘healing from within’. The domination of this scientific principle makes allopathy dependent more and more on technocratisation in the form of laboratory tests, radiations and other such processes. Ayurvedic principles are not oriented to be proved as a result there is an ongoing debate on this issues whereby some in ayurveda feel that the same allopathic principle must be applied in ayurveda. This can be perceived in terms of the introduction of lab tests, X-rays in diagnosis and so on. Also many a times the patients are tuned to allopathic form of diagnosis. So in order to establish confidence and trust among the patients, the ayurvedic doctors need to often establish their credibility of their methods and treatments. For doing this, many a times the doctors have to take into account the tests and reports which the patients bring with them or sometimes prescribe them in order to pacify the patients (Naraindas 2006; Tirodkar 2008).

Some ayurvedic doctors feel that with there has not been any fundamental shift in their approach towards understanding the diseases with the introduction of these technologies in diagnostic process. They did not perceive the introduction of these technologies as ‘alien’ or ‘new’ in ayurveda. Rather, these small-scale technologies has acquired new genealogies or ‘histories’ in ayurvedic discourse, thereby making them integral to ayurveda from “time immemorial” (Mukharji 2018: 78). For instance, Mukharji (2018) shows the use of pocket watches of diagnosing the pulse is a relatively new practice which followed the same traditional method of *nadipariksha*as practiced by the ayurvedic doctors. This is contrast to the *Daktari* pulse diagnosis (as practiced in biomedicine) which is perceived by the ayurvedic doctors as superficial, quantitative, and incidental. Yet the traditional doctors at Arya Vaidya Sala do feel that these tests can never replace the rigour that can be achieved in *nadipariksha*.

## Method of Treatment

Ayurveda treats a patient's body in context of a somatic–psychic–ecological reticulum conditioned by its cultural and ecological sensitivities. In treatment, a patient's constitution (*prakriti*) is taken into account. Individual is perceived in a holistic manner whereby his soma to-psychic constitutions shape and are shaped by judgements of sentiments. The aesthetics of patients, cognitions and emotions intertwined, expressed through sensory and emotional preferences, condition individual treatment trajectories and their outcomes. While biomedicine starts from the assumption of standardised bodies (Lock and Nguyen 2010), ayurveda on the other hand, thinks with individual bodies (Obeyesekere 1993). Factors under which conception took place, climate, food practices, cognitions, emotions, locally shared preferences and hygienic practices, all shape individual bodies. Ayurveda perceives each patient as unique which later on provides a frame for treatments. So diagnosis, treatment and food intake together are all integral part of healing process of each patient. In this way treatments aim for congruence between the body-mind of patients and their natural and social surroundings (Zimmermann 2013).

The treatment process is based on serious engagement of the doctors with their patients where they enquire about the eating habits, digestion, sleeping habits, exercise, work, as well as nature of spiritual or meditative practices practiced by the patients. Throughout the sessions given to each patient the doctors maintain a good eye contact, friendly tone of voice encouraging dialogue and an empathetic attitude towards their patient. An ayurvedic doctor is trained to understand both the verbal and non-verbal communication techniques between themselves and their patients. Thus diagnosis of ayurvedic doctor requires an understanding at multiple levels which include observation, interpretation, intuition, action and reflection (Sturm, Avn, 2015). In this manner the doctor is able to understand the lifestyle and environment affecting the health of the patient.

It is commonly believed in ayurveda that each body of an individual has its own defined constitution from birth till death which are affected by the physio-psychological and cultural context. The doctor follows an established treatment methodology that follows the assessment of the patient's constitutional balance (*prakati*), *srotas* (channels of circulation), *doshas* (elements of a person's constitution), digestive strength (*agni*), and tissue integrity (*dhatu*) as well as the patient's expression of a particular disease (*vyadhi*). This helps in understanding the patient's present state of health and also helps in locating the cause of the disease rather than getting rid of the symptoms. Therefore, this initial assessment of the patient becomes fundamental, as based on this, the doctor chooses a favourable path of treatment. Thus, the doctor bases his/her diagnosis and treatment through a deeper and complex interaction with their patients which goes beyond the superficial level. The idea is that body has its own natural healing mechanism and ayurvedic treatment helps to facilitate that process.

## Range of diseases treated in ayurveda

At ayurvedic centers, the common ailments that are treated include cases related to fistula, hernia, diabetes, high blood pressure, anorectal disorder, back pain, arthritis, paralysis, skin diseases, spondylitis, Parkinson's disease, muscular dystrophy, ulcers, multiple sclerosis and so on.

In both the centers there had been mentions of increasing cases of patients suffering from lifestyle related diseases. As one is aware that ayurveda's perspective on body, health and disease differs distinctively from biomedicine. The major difference is that ayurvedic treatment consists of herbal medicines and *panchakarma* which are specially designed for individual patients as per their *Prakriti* or

body constitution. This is in contrast with biomedicine which follows a general approach of treatment irrespective of patient's nature/needs. Bode and Shankar (2018) stated that ayurveda is about structural empiric reasoning and not about standardised treatment protocol. In this context dietary and lifestyle interventions are a major factor in ayurvedic treatment.

Due to the changing way of living along with the occupational habits as prevalent in modern times, there has been a surge in lifestyle diseases. These lifestyle diseases are those diseases which occur due to the imbalance in the relationship of people with their environment. They are an outcome of improper habits that the people indulge on everyday basis. These diseases are insidious which take years to develop, however once encountered becomes extremely difficult to cure. The reason being, it needs a radical transformation in the lifestyle which becomes difficult to cater to on everyday basis. Reddy & Shitre (2018) cites two such factors leading to the rise of these lifestyle diseases. They classify these as a) modifiable (that which can be changed like food habits, physical activeness, addictions and stress; b) non-modifiable (that which cannot be changed like age, gender, heredity). These factors led to rise in chronic diseases like diabetes, hypertension, obesity, depression, heart disease, respiratory problems and so on. With the rapid economic development along with increasing westernisation of lifestyle, these diseases have reached alarming proportion among the Indian population in particular.

Among the various types of lifestyle disorder diseases prevalent in modern times, the issue of digestive disorders is quite common and also on rise. Doctors root this problem in the changing nature and components of the food items. With the changing influence in the nature of food habits in the form of fast-food intakes like pizzas, burgers, bread, cheese, fried products and sauces there has been an increasing issue of health related to digestion. Ayurveda classifies these food as sour, leading to an imbalance in the body resulting in indigestion. Increasing dependence on packages and ready-made products because of their convenience leads to such disorders. Doctors explain many of these foods are not part of indigenous diet and hence body has difficulty in adaptation of these food habits. They feel that the native diet is fundamental to the maintenance of good health. The doctors referred to some specific cases where they used unique methods of treatment or sometimes even a combination of multiple treatments like allopathy along with ayurveda to cure such patients.

In Arya Vaidya Sala there is a greater dependency on the traditional forms of ayurvedic treatments. The center has two kinds of treatment procedures: Walk-in treatment and in-patient treatments. The walk-in treatments cater to those patients who cannot afford hospitalisation time. Due to their hectic lifestyle they prefer to undergo prescribed therapies as suggested by the doctors within a day. These are the OPD cases where with prior appointments, these patients avail the appropriate treatments like *Pizhichil*, *Abhyangam*, *Navarakkizhi*, or *Podikkizhi*. Besides these there are specialised treatments like panchakarma treatments like *Kashayavasthy*, *Snehavasthy*, *Nasyam*, *Virechanam* and *Raktamoksham* too. As mentioned by one of the doctors: "In ayurveda we talk of astanga ayurveda i.e. 8 specialities which are mentioned in ayurvedic texts like *kaya-bala-graha-utwanga*...etc. *Kaya chikitshais* the general medicine which includes endocrinology, neurology, GI general specialities".

Most of these treatments are for an hour duration undertaken by trained paramedical staff under the skilled supervision of attending doctors. The in-patient treatments are more elaborate and cater to patients having serious problems which need a greater time period for recovery. Usually the time period for such treatments vary from 14 to 28 days, in few occasion sometimes even greater than a month. These ailments may range from paralysis, arthritis, degenerative muscle diseases skin disorders, brain or



nervous related problems. Doctors are often stressed on the dependence of classical treatment as the inevitable choice of method. This classical treatment process also referred as 'Kerala form of treatment' by the Arya Vaidya Sala doctors follow a stricter regime in prescribing the medicines which are produced by the center to maintain the authentic and rigour of their treatment procedure. The doctors distinguish this 'Kerala form of treatment' as traditional, authentic and more importantly as distinctive from any other ayurvedic centers practicing ayurvedic treatments. As one of the doctors mentioned "Arya Vaidya Sala, Delhi aims to bring the 'Kerala form of treatment' of ayurveda to the North Indian patients. These *panchakarma* therapies are special as they are provided by the trained therapists from Kerala along with the medicines which are brought directly from Kottakkal".

At Sri Sri Ayurveda Hospital, there are two kinds of divisions in terms of treatment methods practiced for the patients. The first one being the general treatments which are part of any traditional ayurvedic treatment procedure, the other being Special Therapies which are often categorised as "Ancient but Modern". In the first category one would find treatments like *Kayachikitsa* (General Medicine), *Panchakarma*, *Kumarabhritya* (Pediatrics), *Danta Roga* (Dental), *Manasa Roga* (Psychiatry), *Stree Roga & Prasuti Tantra* (Gynaecology), *Shalakyata Tantra* (ENT), *Shalya Tantra* (Surgery), *Swasthyavritta* (Preventive Medicine) and so on. The Special Therapies on the other hand include *Meru Chikitsa*, *Maria Chikitsa*, *Cranio Sacral Therapy*, Osteopathy and Physiotherapy. Here, the doctors sometimes take recourse to allopathy for conducting specific cases or diagnosis. So the treatment process at Sri Sri Ayurveda Hospital does not restrict to the old traditional way. It follows a modernised version of ayurvedic practice with the intersection of allopathy, naturopathy yoga as well as meditation in the healing process<sup>1</sup>.

### **Use of multiple methods: Ayurveda and Biomedical knowledge**

There has been a general perception among the doctors that whether be it allopathy, unani, ayurveda or even homeopathy, all these systems are interrelated with each other. Each of them is concerned with the working of the human body and its diseases. However, the difference lies in nature and method of diagnosis and the treatment and the doctors feel that the public needs to be made aware of this difference.

While talking about the nature of biomedicine and ayurveda, one of the doctors distinguished between the two systems in terms of "target-based approach" (allopathy) versus "holistic approach" (ayurveda). For example, in case of diabetes, which is blood sugar imbalance in human body. If it is detected in the early stage of a patient, there is a possibility to treat the patient with certain food and other regimes to prevent the patient developing diabetes in later stage. So the doctor explained: "In allopathy it's a target approach, where whenever there is any problem with the patient, the idea is to find out which organ is problematic/infected/malfunctioning. They have diagnostic tests and give medicines to counter the disease. It's a target sort of system. In ayurveda on the other hand we have a holistic approach where we give the patient medicines to improve the body's immune system so that the healing is in from of a holistic way. It strengthens the body to take care of the disease". This can be summed as curative versus preventive approach.

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<sup>1</sup> In Western countries, non-Asian American consumer profile encourages the inclusion of non-medical therapeutic techniques like yoga, meditation along with the ayurvedic treatment. This is not part of traditional ayurvedic healing practice (Reddy 2002). This amalgamation of non-medical techniques brings a new modern treatment approach in ayurveda. This has been the predominant method that has been followed at Sri Sri Ayurveda Hospital which is in contrast to the treatment process followed at Arya Vaidya Sala.

The ayurvedic doctors at the centers feel that to be at par with the scientific objectivity as found in biomedicine, ayurveda needs to codify its knowledge in more objective terms. Though several successful researches are being undertaken in ayurveda, yet there is less exposure of their success to the general population. As a result, there are some misgivings and false perception of ayurveda's positive results. Need for greater public awareness of the success stories seems to be the need of the hour. As the doctor feels: "researches are also going on to give proof of success which are being well documented. Earlier there was lack of documentation of the success of ayurvedic cases nowadays we are working on codifying that knowledge. Earlier ayurveda did not have much reach, now days there are lots of research happening in ayurveda. So a person who is using google will get to know about the treatments done in these methods. Research is making ayurveda popular. Also, there are good results that the patients get who refer this kind to treatment to others who later follow. It's a chain reaction".

Moreover, the ayurvedic doctors at specially Sri Sri Ayurveda Hospital feel that the interdependence between allopathy and ayurveda could make the healing of patients better. They often raise the need for collaborative approach where problem of patients could have been better treated with taking best for each methods. For example, one of the doctors while talking about the need of collaborative treatment said: "At present we do not have such facilities of joint collaboration with allopathy in terms of emergency related cases in paediatric center. However, such collaborations are there for treatment of barrenness in case of women and delivery of child. In some rare cases the new born babies after their birth gets some complications at that time the challenge comes whether we will be able to handle such cases with the kind of setups that we have. Preventive steps are taken prior to the delivery to check whether we can handle such situations, otherwise if the conditions become critical then we shift them to some biomedical hospitals in Bengaluru city. There are some two-three centers in Bengaluru who have the facilitates to take care of these babies to which we shift these cases". This shows at for emergency cases the ayurvedic doctors are dependent on allopathic treatments. Hence this points to the need for integration of these various methods of treatment processes.

On the other hand, doctors at Arya Vaidya Sala, seem content in maintaining the distinctive approaches between the two methods i.e. allopathy and ayurveda. Having a more traditional approach towards ayurveda, they feel that the basic principles of the two are quite contrary to each other and hence their integration in treatment purpose becomes difficult. Also they do point out that for certain diseases allopathy still lack proper treatments which are possible in ayurveda. Hence each have their separate repertoire of disease treatment methods which must be maintained in order to cater to patient's needs. Moreover they point out that there are patients who by conscious decisions choose ayurveda over allopathy as they might not have got their desired results in the latter. So it is best to maintain the distinctive approaches of treatment for both. To quote one such doctor: "I do not know much about allopathic. But it is a fact that allopathic medicines have many side effects. Apart from this, there are several diseases whose proper treatments are not available in allopathic medicine. On the other hand ayurveda is the ancient health care system of India through which we offer classical ayurvedic treatment, medicines and therapies to patients who come to this hospital from all over India and abroad".

Between the ayurvedic centers, there lies a difference in the perception towards allopathy and ayurveda's integration. Arya Vaidya Sala maintains a more traditional and orthodox approach in maintaining the distinctiveness between the two forms of system; Sri Sri Ayurveda Hospital on the other hand takes a more modern approach towards integrating ayurveda with allopathy in their treatment of the patients. To conclude, therefore one can say the ayurveda's education, practice and research are

caught between authority of sastra and that of technoscience (Wolfgram 2009; Bode & Shankar 2018). On the one hand, ayurveda strives to maintain its distinctive identity whereby it tries to pose as a viable alternative to biomedical logic and treatment. On the other hand, biomedical dominance forces ayurveda to accommodate the biomedical perspective. Hence ayurveda in present times seems to be more and more caught between a stone and a hard place. To cater to this problem what needs to be addressed is the integration of ayurveda's natural philosophical perspective with the biomedicine's techno-scientific approach (Bode & Shankar 2018).

### **Changes in nature and format of ayurvedic medicines**

Similarly, when it comes to medicines being prescribed to the patients, there has been diverse viewpoints among doctors at the centers. Doctors at Arya Vaidya Sala and at Sri Sri Ayurveda Hospital mention some challenges regarding the nature of the format of the medicines. Traditional ayurvedic medicines are mostly bitter in taste as a result of which many patients express their concerns in continuing such medicines. One of the doctors at Sri Sri Ayurveda Hospital mentions his difficulty in administering such traditional medicines to the patients. He puts it as: "Patients demand to be treated through ayurveda but do not want bitter taste medicines for their kids. However, if we try to give the authentic medicine, they will be bitter in nature, so then it becomes difficult for us to every time get a sweetener for the drugs. These are some challenges that we face in terms of administering these drugs. Some proprietary medicines are developed by adding honey/sugar to make it in syrup formulations. If one doesn't give this, the patient will not take the medication and will not get well".

Moreover another problem which the doctors pointed out was the nature of procedure of administering the medicines. In traditional ayurveda, the process of consuming the medicine is often tedious and requires multiple process of making it (Obeyesekere 1993). In today's context with busy lifestyle and schedule of the patients, there is a tendency for patients to skip these processes. As a result the effectiveness of the medicines gets reduced. Thus, the doctors feel that a change in format of the medicines like for example in form of tablets, syrups, pills is the need of the hour. In these new formats the medicines could be easily taken by the patients. The doctor explained: "If you give drugs with complicated procedure of making (boiling in water or adding certain ingredients, to be taken in certain temperature) to the patients they don't want to do that because of paucity of time. So, the need for traditional medicine in modern format becomes strong for them. Medicines which can be given in capsules, drops, syrups so that it can be easily administered and do not take any time to make". Another doctor mentioned that many a times the doctors of ayurveda are forced to follow the allopathic drug formats as the patients feel comfortable in accepting them. He said: "...they can get two or three tablets and get relief. Such modifications in ayurveda are addressing the patient's demand". There is however always the question of the efficacy of these modern formats via-a-vis the traditional one (Unschuld 1980; Cant and Sharma 1999; Abraham 2012).

Interestingly, the doctors do reinforce that fact that patients have a greater trust in the ayurvedic medicines because of the believe of them being 'natural and harmless' when compared to allopathic drugs. This perception often triggers the shift to ayurveda from allopathy in order to avoid the side effects of the allopathic drugs. As the doctor pointed out "...unlike biomedicine, ayurveda medicines have less side effects on the body and human life" this was the common reasons for many patients to turn towards ayurveda.

### Marketing of Ayurvedic Products

The major questions that the study addresses with regards to the medicinal products are: What are the kinds of products available in these centers? What are the parameters for the classification of the products that cater to the needs of different customers? How are the products being sold? What are the various strategies employed for marketing and promotion of these products? The comparison of stores at Arya Vaidya Sala and Sri Sri Ayurveda Center in Delhi and Bengaluru mark the challenges that the centers pose to each other in terms of the nature and efficacy of their products. Both Arya Vaidya Sala and Sri Sri Ayurveda stores promote ayurvedic medicine/health products as natural remedies, which equate ‘herbal’ with ayurveda.

Arya Vaidya Sala have their own medicinal product range under their brand name. At Kottakkal, the medicines are manufactured by following the authentic and traditional methods. There are constant researches undertaken on the plants and products to develop new medicines. Along with that there are three modern medicine manufacturing units which have been developed with well-equipped quality controlled laboratories which engage in providing inputs and development of medicines in mass scale.

The first ayurvedic medical store in the study is Arya Vaidya Sala that manufactures more than 530 classical formulations which fall in the nine categories: *arishta* / *asava*(fermented formulation) / *bhasma* (calicinated drug) / *churna* (powdered herb) / *ghrita* (ghee based) / *gulika* (pill) / *kashaya* (decoction) / *leha* (electuary) / *rasakriya* (collerium) / *kuzhampu*(oil based). These products are broadly divided into three main categories: Ayurvedic medicines which are based on classical formulations, P and P products and New Generation products. These products are available across the Arya Vaidya Sala stores while as well as online through amazon.com.

The store has divided the various kinds of products in the following manner:

Name of the Center	Ayurvedic Medicines (classical formulations)	P and P Products	New Generation Products
Arya Vaidya Sala, Kottakkal	Arishtas and asavas, bhasmas, bhasmam capsules, churnams, ghritham or medicated ghee, kashayam or decoctions, kashayam tablet, medicated oils, softgel capsules, rasakriyas or collyriums, gulika or pills	Vibha Soap, Carmikot and Nostricap	Pain balms, Pain Sprays, vitamin capsules, ointments and creams

**Table: 1** Classification of Arya Vaidya Sala products

By getting these self produced medicines from Kottakkal, Arya Vaidya Sala, Delhi tries to retain its uniqueness and authentic trademark from the other ayurvedic institutes found in the city. Due to this the doctors feel that patients come to their centers from in and around Delhi. One of the doctors mentioned that “patients from parts of North India like Kashmir, Uttar Pradesh, Chhattisgarh, Uttarakhand come to our center for medicine and to receive the our special treatment which is lacking in this region”.

Sri Sri Ayurveda Center has also started producing medicines for all kinds for mainstream diseases and illnesses under the ayurvedic banner. Sri Sri Ayurveda (SSA), now known as Sri Sri Tattva,

is a GMP certified ayurvedic medicine manufacturing company started by Sri Sri Ravishankar. Sri Sri Tattva produces multiple ayurvedic products and other products under this brand name. It is part of the Art of Living Foundation group of organisations. Sri Sri Ayurveda manufactures classical ayurvedic medicines, proprietary medicines, cosmetics and food products. It has been expanding its product base into FMCG (Fast Moving Consumer Goods) sector as well. It is currently selling products through 1700 franchised stores and has opened 2,500 outlets in India in the year 2017. Sri Sri Ayurveda has launched its products in 30 more countries. Sri Sri Ayurveda products are primarily sold through 600 franchise stores and so-called ‘Divine Shops’, set up at Sri Sri Ravi Shankar’s gatherings. They are also available online at bigbasket.com, amazon.com and SSA’s own dedicated site <http://www.sattvastore.com>. Sri Sri’s emphasis is on modern, daily consumption products with the essence of ancient wellness.

Name of the Center	Categories of Ayurveda Products	Types of Products
Sri Sri Ayurveda Center	Baby care, Cancer Care, Cardiac care, Diabetic care, eye and ear care, kidney care, liver care, mental care, Ortho care, Hair care, Health drinks, pain relief, protein supplement, skin care, weight loss	Candy, capsules, <i>Churans</i> , oils, Syrups, tablets

**Table: 2** Classification of Sri Sri Tattva products

Majority times, the doctors recommend these medicines. However in some cases they also prescribe medicines from other brands. As mentioned by one of the doctors at Sri Sri Ayurveda Hospital: “If the medicines required for treatment are available in Sri Sri Tattva then we use it otherwise we also buy from other pharmacy (read brands). Here we use Sri Sri Products and also many other brands such as Dabur and Patanjali for treatments”. They also mentioned the growing popularity of these medicinal products across India and abroad. Preventive medicines are in huge demand among the population. The doctors said: “We were able to reach to the foreign countries (Dubai, Myanmar) where we courier these medicines to them. The patients demand for such immunity medicines for kids which have been increasing for the last ten years”.

A comparative study of the medical stores at Arya Vaidya Sala and Sri Sri Panchakarma Center makes it clear how these centers’s focus has shifted from mere treatment of chronic disease to providing rejuvenation<sup>2</sup> treatments in the recent years. This shift in focus from curative to preventive care is leading to the increasing demands of new range of ayurvedic products. At present, both the companies (Sri Sri and Arya Vaidya Sala) produce different categories of ayurvedic medicines and health supplements for illnesses that range from specialised drugs for diabetes and high blood pressure to non-prescription drugs for common colds, flues, headaches, etc. Both the companies produce a similar range of products. Apart from treatment of chronic diseases and lifestyle related diseases, in both these centers there has been an increase in demands for rejuvenation, relaxation and beauty treatments in the recent

<sup>2</sup> Rejuvenation programs (*yaşayana*) has two aspects: purification (*sodhana*) and elimination (pancakarma) (Zimmermann 1987; Reddy 2002). Both of them cater to body-mind healing process.

years. As a result of this changing demands from the patients, these centers have also introduced range of products which cater to these needs.

Many of these ayurvedic products are aimed at the local Indian market. In order to appeal to the middle class, the young and women, the two pharmaceutical companies have adopted various marketing strategies. To make them appear modern, the drugs, health supplements and beauty products are packaged in attractive modern styles, with English, Hindi and other regional language labels. As Nichter (1996) and Islam (2010) argues there are two reasons for the increasing popularity of English names for ayurvedic drugs and health products: first, 'because of a general ascription of "quality" attached to a new, modern and foreign sounding name'; and second, because many MBBS (Bachelor of Medicine and Bachelor of Surgery) doctors and recent graduates from ayurvedic colleges are reluctant to prescribe ayurvedic medicines with Sanskrit names – probably because of their poor knowledge of, or fluency in, Sanskrit. Simultaneously, a large number of modern allopathic doctors, as well as young ayurvedic doctors who wish to be seen as modern physicians, are enthusiastic to prescribe ayurvedic patent medicines and health products instead of classical ayurvedic preparations. In addition to specialised drugs for chronic diseases and common illnesses, the rise of new health and beauty products has further reinforced ayurvedic commodification. Most of the patent ayurvedic medicines and health products are new creations. For instance, Sri Sri produces Sri Sri Tattva *Ashgandha* tablet, Sri Sri Tattva *Shakti* drops, Sri Sri *Sudanta* Toothpaste, Sri Sri Tattva *gulab jal*, and so on. On the one hand, where Sri Sri ayurveda is appropriating the names of classical ayurvedic products, on the other hand is appropriating new marketing strategies by adopting the names of new generation products.

Both the ayurvedic drug manufacturers produce and market their products to address popular health concerns such as male impotence, women's reproductive health needs, mental distress and physical lassitude. They package the products in such a way that they will look modern, easy to use. There is a detailed description of the usage of the product and its benefits and the ingredients are clearly mentioned in the product.

### ***Panchakarma* Therapy**

In ayurveda, the therapies or treatments which are given to the patients cover a wide range from therapeutic massages to detoxification techniques aimed at providing an all-round healing of the mind-body-spirit of the patients. For example *panchakarma* is one of the branches of ayurveda, which is administered to both types of people – healthy and sick people. The healthy people go for *panchakarma* as a rejuvenating therapy while critically sick patients use it as a major form of healing therapy. That is why it is often qualified as a manipulative form of supplementary care and is categorised as "allied health profession" (Cohen 1997 in Reddy 2002). In all these centers, *panchakarma* is used for treatment of ailments as well as for health maintenance. So in Sri Sri Ayurveda Hospital, *panchakarma* administered for rejuvenation purpose is done in separate department like *swasthavarta*, which deals overall health maintenance.

*Panchakarma* is the process, which gets to the root cause of the problem and re-establishes the essential balance of 'Tridosha' (three *doshas*: *Vata*, *Pitta* and *Kapha*) in body. *Panchakarma* is not only good for alleviating disease but is also a useful tool in maintaining excellent health. Ayurveda advises undergoing *panchakarma* at the seasonal changes in order to clean the body and improve the digestion and metabolic processes. *Panchakarma* is a Sanskrit word that means "five actions" or "five treatments". This science of purifying the body is an ancient branch of ayurveda. While talking to a patient during

*panchakarma* session, the doctor said: “treatment in ayurveda consists of two main types. One is *Shaman Chikitsa*, used to subdue the vitiated *doshas*, which may cause any ailments. It is administered by using various medicinal herbomineral preparations. However, if the *doshas* are vitiated beyond a particular level, they give rise to various toxins, which have a tendency to be accumulated in the minute channels. These are beyond the level of pacification and hence need to be eliminating from the body. In such cases, the second type of treatment, which is *ShodhanChikitsa* or cleansing therapy, is indicated. Since it consists of the five types of main therapies, it is known as the *Panchakarma*. *Panchakarma* has been given a special place in all ancient ayurvedic texts. *Panchakarma* includes three parts namely:

- a) *Poorva Karma* (Preparatory Methods), which includes: i) *Paachana* (Digestion), ii) *Snehana* (Internal and external oleation), iii) *Swedana* (Fomentation)
- b) *Pradhan Karma* (Main methods), which includes: i) *Vamana* (Induced vomiting), ii) *Virechana* (Induced purgation), iii) *Anuvasana* (Medicated oil enema), iv) *Asthapana* (Medicated decoction enema),
- c) *Nasya* (Drug administration through nose)

The five main procedures within *panchakarma* are: *vamana* (emesis), *virechana* (purgation), *nasya* (nasal instillation of herbal oils/powders), *basti or vasti* (herbal enema), and *raktamokshana* (bloodletting). Primarily, these practices are aimed at eliminating ama (toxins) from different parts of the body and cleansing the channels. For example, *vamana* and *virechana* facilitate elimination of morbid *doshas* from either end of the gastrointestinal tract; *nasya* helps to clear them via the nostrils. Each procedure is performed in three phases:

1. *Poorva karma* —preparatory methods
2. *Pradhana karma* —main procedure
3. *Paschat karma* —post-cleansing procedures that include dietary and behavioural regimen.

#### ● *Snehana and Swedana*

Preparatory methods include oleation: *snehapana* (intake of ghee/oil) and *abhyanga* (oil massage) followed by *swedana* (sudation). For internal oleation, one is made to drink ghee or oil for 3–7 days, essentially to lubricate the internal mucosa of the 7 *panchakarma*: Ayurvedic Detoxification and Allied Therapies 115 gastro-intestinal tract, as well as to loosen the toxins lodged within the tissues. During *swedana* (sudation), sweating is induced using herbal steam, herbal leaves, herbal powders tied in cloth bundles, and many other methods. This preliminary practice, which follows oleation, facilitates the movement of loosened toxins to the GI tract. It is important to note that the above-mentioned preparatory procedures may also sometimes be used as independent therapeutic procedures. Therefore, a very meticulous selection process is involved in developing a *panchakarma* protocol for each patient. The doctor is required to consider multiple factors, such as dosha imbalance, condition of the patient, and/or ayurvedic constitution (*prakriti*). In general, it takes approximately 2–3 weeks to complete all three phases, depending upon the detoxification procedure selected.

#### ● *Vamana*

*Vamana* is “therapeutic emesis” performed to expel aggravated *kapha dosha* and *ama*. *Vamana* literally means “to expel out” or “to vomit.” Prior to this cleansing procedure, the preparatory stage includes administration of *sneha* (oily substance) for 5–7 days using a graded dosage schedule. Additionally, external *snehanaswedana* procedures are performed on the fifth and sixth days. On the seventh day,

*vamana* is induced by repeatedly administering certain herbal powders and concoctions followed by herbal teas or juices to facilitate the procedure. The patient is closely monitored throughout by observation and checking of vital signs. The end point is determined by the doctor based on the patient's condition, ending *dosha* (*kapha* / *pitta*), and number of vomiting bouts. In the post-procedure phase, cleaning and inhalation of herbal smoke are advised to clear the throat and nose. Light, warm diet such as watery rice porridge is indicated in this phase. It is recommended that transition to normal diet and lifestyle be gradual, as it takes over a week to replenish the body and re-establish *dosha* balance.

- **Virechana**

*Virechana* is "purgation." It is aimed at expelling *ama* (undigested food/toxins) and excessive *pitta dosha* from the body. It is performed by giving purgative herbs to the patient after the preliminary practices of *snehana* and *swedana*. Similar to the *vamana* procedure above, the dosage of these herbs depends on the digestive power of the patient. Close monitoring of the vitals and patient's overall condition is very important. End point is decided based upon patient's condition and number of bowel movements. Excessive movements can be controlled by administering certain dietary and herbal preparations. The post-procedure regimen of diet and lifestyle is similar to *vamana*.

- **Nasya**

*Nasya karma* is mainly intended to clean the channels in the head and neck region. The aggravated *kaphadosha*, which usually blocks the upper respiratory tract, is eliminated with the help of nasal instillation of herbal juices, oils, or powders. *Nasya karma* is classified into many types, but *shirovirechana* and *shodhana* types are the *nasyas* that are used for detoxification. Herbal smoke (*dhooma*) is also used for inhalation through the nose to remove sticky phlegm from the channels. The post-procedure regimens are not as stringent after *nasya*; however, it is necessary to follow certain restrictions in diet and lifestyle.

- **Basti / Vasti**

Herbal enema, or *basti* (which is also pronounced and spelled as "*vasti*"), is very important among the five procedures. This procedure constitutes up to 50% of the whole ayurvedic treatment for a patient with *vata* derangement. Of the *three doshas*, *vata* is the most powerful *dosha* as a disease causative factor. Like *nasya* therapy, *basti* is classified into many different types. *Shodhana*(detoxification) *karma* is performed mainly by *niruha* or *asthapanabasti*. The protocol is determined according to the disease and the patient's condition. It may be administered for 3, 5, 8, 15, or 30 days continuously with alternate administration of the *anuvasana* type of *basti*. The post-procedure regimen of diet and lifestyle is somewhat less stringent than *vamana* and *virechana*, and is mostly dependent upon the type of *basti*.

- **Raktamokshana**

Bloodletting treatment is performed to balance *rakta dosha* (blood). This therapy is carried out using several different devices. Based upon the type of device used, bloodletting is categorized into various types: *pracchana karma* (using tip of scalpel for pricking), *jalaaukavacharana*(using leeches), and *siravyadha* (using needles). Of these, applying leeches is considered the safest and most comfortable, and is therefore the most popular type of *raktamokshana*. It is safe to use in all age groups and all types of people

## Interviews of Ayurvedic Doctors

### Case 1



An Associate Professor at Sri Sri College of Ayurveda, he had completed his MD in 2012. He had been associated with Sri Sri Ayurveda Hospital, Bengaluru for the past four years. He is part of the *panchakarma* department at the center which is concerned with prevention and cure of diseases. On an average the hospital gets 150-200 out patients and 100-200 in-patients. He usually consults 10-12 patients in a day.

While comparing ayurveda with that of allopathy he explains how patients have a general tendency to go for allopathic treatment. So, as an ayurvedic doctor he sometimes needs to make extra effort to explain and convince patients to undertake ayurvedic treatment. He counsel patients to opt for ayurvedic treatment because he feels unlike allopathy, ayurveda has the potential to cure the cause of the disease which may not always be physical in nature. So he explains that as an ayurvedic doctor his role is to elicit the main cause of disease and then give *nidana* for the disease. As necessary he advises for detoxification that is *shodana* to his patients.

In ayurveda the human body is seen as an integrated whole (mind-body) hence the doctor says that mental factors have huge contribution to the cause of physical diseases. The basic elements of ayurveda are *tri-dosha* and *prakriti* of human beings based on which treatment is decided. He explains the holistic approach of ayurvedic treatment process which are based on *naadipariksha*, *dosha bidhpariksha*.

He points out that ayurveda too is getting modernised and is adopting quick healing approach like allopathy. However he is quick to point out that the basic analysis, diagnosis will never change in ayurveda. He talks about the integrative approach practiced at his center. He explains that as doctor he treats the patients not only with medicines but also with dietary regime. Along with these he integrates yoga, meditation and exercises. In this manner he tries to build in a holistic treatment approach.

This form of integrative treatment is not only a modern approach but also effective for life style diseases. He feels that diseases like hypo thyroid or high blood pressure depends on mental and physical factors and lifestyle of people. With yoga, meditation, and ayurveda these problems can be effectively solved. He says the main cause of these diseases are stress level and social life of people. Once the stress level is reduced, the chances of becoming ill is also reduced. Both physical and mental healing will be possible through meditation and yoga which are practiced at a calm, comfortable and quiet atmosphere. Along with these, *panchakarma* therapies are administered to facilitate the healing process. Therapists at the center are well trained in *panchakarma* treatment as a result the patients benefit a lot.

The doctor mentions a case of a patient suffering with ‘lumbers fondulus’ where he had constant pain in his lower back and in his legs. Initially the patient had gone for allopathy treatment where the doctors had suggested to undergo surgery. However as he wanted to avoid surgery he came for his treatment here. The patient was then referred to his panchkarma department where *panchakarma* therapy was administered with successful results. Through this *panchkarma* treatment, an entire plan was created keeping in mind the patient’s case history and his tenacity of enduring the treatment. In these department he underwent the following treatment processes of massage, *vasti karma* (medicated enema) and prolonged physiotherapy. The entire treatment process went on for forty days after which the patient was cured of his ailment.

He points out that in India, the ayurvedic doctors have rights to do all treatments where as outside India they are only allowed to give external treatment and not internal treatment. Hence ayurveda outside India is usually associated with rejuvenation and wellness which is achieved through *panchakarma* massages.

Sri Sri Ayurveda Hospital has a lot of international and national patients who come to this center through the Art of Living connection. There are patients who come to this center who are referred by those who have successfully recovered at this center. Apart from that the center provides free medication and bed facilities to the needy ones which helps a lot of nearby rural population.

While talking about medication, the doctor recommends the in-house medicines produced by Sri Sri Tattva. He talks of the high quality of the medicines which are manufacture at the manufacturing plants. He referred to psoriasis, hypo thyroid cases which were treated by these medicines. He explains these medicines are all patented and are not classical formulations. Some of these medicines like *kasayas*, *arishtas*, are not easy to make as the quality, maintenance and process involved in preparing these medicines are not easy.

He feels that people can afford ayurveda once they have the knowledge of effectiveness of ayurveda. For that it is the responsibilities of the doctors to educate the patients about the positives of this medical system. Many patients believe that the side effects of ayurveda are less as compared to allopathy. He explains that people from lower socio-economic background do not have much idea about ayurveda's effectiveness. That is why he along with other doctors of the center are engaged in creating awareness among the masses. This is done through conducting medical camps at villages and schools, adopting village for health upliftment and so on. A workshop called 'Ayurveda Parva' was conducted by the doctors to educate people about the positives of ayurveda which was attended by more than 20,000 people from in and around Bengaluru. Thus, at an overall level the doctor is positive about the growing popularity of ayurveda and specially of his center in recent times.

## Case 2

The doctor was originally from Nasik, Maharashtra and now working at Sri Sri Ayurveda Hospital, Bengaluru. Many of her family members including her uncles and sisters are involved in bio-medical practices. She too wanted to take up medical profession as a career. Due to limited seat availability at government bio-medical college she chooses to take up ayurveda as a profession. She and her family members were already members of Sri Sri Ravi Shanker's Art of Living Foundation and were deeply influenced by his philosophy. So, she chose to pursue her ayurvedic training from his center. She was the first batch graduating from the college. After her five and half years of training in graduation from Sri Sri college of Ayurvedic Science and Research, she went on to complete her post-graduation and MD/MS degree with specialisation on *Kaumarabhritya* (paediatric cum neonatology area) after which she joined back at the Sri Sri Ayurveda Hospital as a doctor.

She believes that because of the fundamental holistic philosophical approach to wellness, ayurveda is well suited to treat most of the people. She explained the importance of maintaining the balance between the *tri-doshas* (*vata*, *pitta* and *kappa*) as fundamental to the wellbeing of any

individual. These three are the basic pillars of ayurveda which have been mentioned in the classical texts. According to her the biggest advantage of ayurveda is its simplistic approach towards understanding the working of human body hence can be easily taught to anyone. She believes that if this knowledge of ayurveda is shared among the masses it can help in creating a better lifestyle among all.

She emphasized the importance of trust and dependency as crucial factors in the doctor-patient relationship. In order to achieve this trust it is important to establish a two-way communication between the two. For that the doctor should be patient, emphatic in understanding the patient's issues and simplistic in explaining the modes of treatment. This is one of the major differences that she cites which makes ayurveda distinctive from allopathic form of treatment. She feels that this patient centric approach helps the patient to assimilate the information that the doctor wants to communicate and at the same time helps the patient to disclose all the information which can be crucial for the proper treatment. It also helps to encourage compliance among the patients to the doctors' advice. In cases specially which requires a longer duration of treatment she had seen that the strong bonding between the patient and doctor helps in effective treatment. The role of the doctors therefore is to assist patients in overcoming their self-imposed limitations.

In order to increase the popularity of ayurveda doctor felt that community outreach programs are beneficial. These programs would help in creating awareness among the masses about the possibilities of treatment available in ayurveda, at the same time can also help in reaching out to the section of population who have less access to medical care. She mentions the regular conduct of camps for de-worming, immunisation program for kids called '*swarnaprasana*' (nano drops of gold mixed in ghee) which boosts the immunity of child. These programs are carried out by her department to reach out to the masses. Thus such community outreach programs helps in dissemination of ayurvedic knowledge and also create a trust towards this form of treatment.

Because of her specialisation in the *Kaumarabhritya* area, she talks about the of various kinds of treatments that are done in her department. Among the various kinds of treatments she talks about the ayurvedic success in treating mental disorders among the kids. She explains that the mental development among the neonatal cases if detected at an early stage (within six months to one year) there are possibilities of success in the treatment.

She is part of a treatment process which aims to enhance their memory, concentration and intelligent quotient (IQ). During the program certain kids are selected having moderate IQ. A medicated game is prepared which helps them to concentrate and thereby increase their memory power. Overall the cognition of the child is enhanced by the administration of this game. She feels this kind of cognitive remedy is not available in allopathic form of treatment. She is however quick to point out the limitations in her field in handling emergency cases or cases related to acute disorder for which dependency on allopathic treatments becomes a necessity.

The doctor is positive regarding the growing popularity of ayurvedic medicine in near future. She explains this rising popularity has helped in diversifying products sold under the Sri Sri Tattva pharmacy. Earlier the products sold by Sri Sri Tattva were mostly medicinal in nature, however in recent times there has been a growing market demand for general wellness products. She mentions that the call of the market today is to "Go Natural" for preventive practice. Hence such wellness products are seen as ways to prevent diseases. She explains that the product are of good quality as they are prepared in-house and hence the selection of these medicines are based on actual condition of patients. She recommends

these medications to all her patients. The emphasis on quality and association with Sri Sri Ravi Shankar makes Sri Sri Tattva brand is a trusted brand which the patients and consumers use all across the world.

While talking about the future of ayurveda in India and abroad, she feels that through there has been lot of initiatives taken at the level of the government for popularising ayurveda among the masses (refers to establishment of AYUSH and government funded formal colleges), yet she feels that ayurveda is still perceived as an ‘alternative system’. She feels that government can help to popularise ayurveda by providing greater funding for research and development which in turn can help the system to scientifically claim the effectiveness of the treatment process. She also feels that lack of awareness is the main cause of its lack of popularity. This can be tackled by greater promotions of successful cases, camps and even academic interactions of the doctors across different systems. To her ayurveda needs to be recognised not as an alternative medicine but as mainstream medicine practice in not only India but also in other countries like USA, Australia, Germany etc.

### Case 3

The doctor is from Kannur district, Kerala, and is now associated with Arya Vaidya Sala, Karkardooma, Delhi. Many of his family members like his father, brother and relatives are associated with ayurveda practice. Due to their influence, he too had joined this profession. He had received his formal training from ayurvedic medical college in Kerala after which he had joined Arya Vaidya Sala, Kottakkal in 2009. After practicing at Kottakkal for 2-3 years, he had shifted to this new branch at Delhi. He mentions that Arya Vaidya Sala at Kottakkal is a renowned and well established center for ayurvedic treatment because of which he was motivated in joining the center. The center has specialised doctors who get their training in methods and practice of Arya Vaidya Sala, Kottakkal. This was an important criterion in order to preserve and maintain the continuity of the ‘Kerala form of treatment’. He mentions that the center has good doctors who have success stories with their patients’ treatments.

He mentions that in South India, Arya Vaidya Sala has over the decade been able to establish itself as a trusted and successful ayurvedic brand. However, the center at Delhi is yet to achieved the same stature. The reason being that in North India, people are less aware of the benefits of ayurvedic treatments compared to South. This was one of the main reasons in opening of this center at Delhi so as to make people aware of the positive benefits of ayurveda and also to bring in the ‘authentic traditional Kerala form of treatment’ which he claims to be unique and distinctive from other ayurvedic centers. Another reason was to cater to the patients from northern and western part of the country who sometimes felt difficulty due to their medical conditions in travelling to Kottakkal for their treatment.

He strongly feels that ayurveda as a form of treatment is gaining popularity in present times. This is specially true after he has been interacting with patients who come over for treatment at Arya Vaidya Sala. For many of his patients, this form of treatment was not seen as an alternative over allopathy rather has been their preferred choice. He cites the main reason for this shift of perception towards ayurveda as being seen as natural method of treatment. He feels that in there is immense possibility in ayurveda for treating modern day lifestyle diseases. This is specially true because of its holistic approach which helps to provide treatment even to chronic diseases like constipation. He explains that for a patient who is suffering from constipation, apart from providing ayurvedic medication he also advises his patient to change the dietary and sleeping pattern of the patient. These aspects which are integral part of ayurvedic treatment makes it holistic in nature.

Consultation process is an important aspect in the treatment process. The doctor feels that just as it is the foremost responsibility of the doctor to listen, understand and decide on the diagnostic and treatment process, similarly the patients too need to be on equal footing. In ayurveda the doctors encourage to make the patients take charge of their own health. This is achieved by empowering the patients with the knowledge of the process of treatment and making them aware why a particular diagnostic method is being chosen for their healing. So he feels that treatment in ayurveda is not just limited to the physical but rather encompasses the emotional and psychic aspects too.

The doctor explains that the diagnostic process that he follows is extremely methodical and rigorous. He inspects the skin, tissues and their secretions, pulse beat, body temperature etc. He also enquires about sleeping and eating patterns, lifestyle patterns, environmental conditions where the patient lives. All these informations help him to arrive at a holistic understanding of the patient which helps him to proceed with the right method of treatment.

He feels that success of any ayurvedic treatment depends on proper medication and therapy. That is why at Arya Vaidya Sala, Delhi there has been great emphasis on the nature of medication and therapy given to the patients. He mentions that specially for the in-patients, it is easy to monitor as they are provided timely medicines and therapy by the therapists who are trained from Arya Vaidya Sala Kottakkal. He says that here they follow the classical method of treatment with genuine medicines which are produced and procured only from their branch at Kottakkal resulting in greater effectiveness of the treatment. However, he also says that the patients are free to buy medicines from anywhere.

He explains that this branch at Delhi within a short span of time have been successful in establishing its brand name because of the dedication of the doctors, therapists and the overall philosophy of the center whose aim is to provide quality service in ayurveda. This is what he claims helps in distinguishing it from the other ayurvedic hospitals providing ayurvedic treatment specially in the Northern part of India. Thus he adds that Arya Vaidya Sala offers the best medical treatment in the country in the areas of ayurvedic practice.

#### Case 4

The doctor was from Kottakkal, Kerala who had completed his degree from BPS Ayurveda College, Kottakkal which was under the management of Arya Vaidya Sala. He joined in the *Swastabrata* department. Joining ayurveda was natural for the doctor because of the place to which he belonged. Arya Vaidya Sala at Kottakkal was an established center which led to many doctors like him to join ayurveda.

He feels that treating patients in recent times has become challenging as due to the hectic lifestyle the patients do not pay heed to their health. This often results in neglect of their health to such an extent that treatment become difficult and time consuming. Moreover some of the patients are restless and want immediate relief which is not always possible while treating through ayurveda. For explain treatments like *kasayachikisa* or others goes for long duration which the patients are impatient to continue. They want instant relief which bio-medicine provides by taking two or three tablets. Such mindset of patients makes treatment in ayurveda difficult.

On an average he consults at least 20 cases everyday inclusive of out-patient and in-patients. He mentions one of the cases where the patient was a young lady having the problem of multiple sclerosis. The patient had weak constitution since her birth which worsened over time. She had the problem of sweating and shivering which aggravated to muscle spasms. As a result, she faced difficulty in her

movement and maintaining balance. Along with these issues she also started having bladder and bowel problem. Multiple sclerosis is not a very common ailment. It affects the communication process between the mind and spine of human body. Following *Sushrutam*<sup>3</sup>, she was administered *Saraswatarishtam* over a period of time. Along with this she was also treated for the depression that she was undergoing due to the loss of her parents in a tragic incident. After a considerable course of time, she was finally cured of her ailment. Referring to this case, the doctor emphasises the holistic form of treatment given in ayurveda which integrates mind-body-spirit in the healing process.

For him selection of medication and their proper administration is a crucial factor in the healing process. So he usually prefers his patients to use Arya Vaidya Sala medicines over the others available in the market. He believes that the classical method used in the preparation of the medicines help to cure the patients in a more effective way.

While talking about the growing popularity of ayurveda in recent times he emphasises that many of the patients that he encounters strongly feel about the positive benefits of the system. They are of view that ayurvedic medicines have less side effects and have a cure which is effective for a long period of time. Due to this, there has been an increasing demand for such treatment and medications.

### Case 5

The doctor concerned here is associated with Sri Sri Ayurveda Hospital department of *Shalya Tantra*. He mentions that the hospital has established standard operating protocols for example at his department they have disease specific protocol for surgery. Following the principal basis of ayurvedic practice the department treats multiple problems related to fistula, eye problems and so on. He mentions that hernia and anorectal surgery and are common in his department where they do the surgery with the help from modern science (allopathy) methods. For surgery they use imaging techniques like X-rays and ultra sound system to diagnose the diseases. Hence keeping this in mind the center had opened up new form of treatment procedure like oxygen therapy (HBOT). The technology of HBOT is used for Hyperbaric Oxygen therapy which is being used to treat patients with brain injury and stroke. These specialised methods of treatment as the doctor explained come in as holistic package whereby multiple treatments are administered under one roof: CST, ayurveda, naturopathy, yoga, HBOT treatment, *marma* all in one area.

He mentions that at Sri Sri Ayurveda Hospital, treatment of fistula through *Shalya Tantra* (surgery) is quite common. There are large number of clients who come from abroad for treatments as well as surgery like fistula. He had been part of a treatment of a patient from Israel who had undergone thirteen times surgery for fistula before coming to his center. She was recommended by a doctor and came here for her treatment. She was successfully treated by the doctors of this center.

Another interesting case was mentioned related to the treatment of fistula. The doctor treated a patient with an anal fistula which extended to a foot. He successfully treated this fistula by *sarasutratreatment*. *Sarasutra* is one important treatment method under the surgical department of ayurveda and has a success rate near to the hundred percent. Incidents of recurrence is less than one percent when skill fully done. Therefore, in this case he treated the patient successfully which became an important milestone in the treatment through ayurveda.

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<sup>3</sup> an old treatise on ayurveda authored by Sushruta.

He mentioned that even though in most of the cases fistula cases, ayurvedic doctors use medicines which are exclusive of ayurveda, however in some cases they follow the modern surgical methods when required. He adds that in ayurvedic surgery the doctors use their own medicines, threads which are exclusive to the center. He explained that surgery is low in case of ayurveda because the medical community do not encourage its practice. The reason being lack of medical licenses as well as research and documentation of the successful treatments done in Ayurveda.

## Conclusion

The article has analysed the role of ayurvedic doctors in terms of facilitating recovery to the patients. Ayurvedic doctors at ayurvedic centers try to maintain their distinctiveness from allopathic doctors in terms of their diagnosis, treatment as well as in the nature of clinical interaction. Regarding the diagnostic process, Arya Vaidya Sala doctors prefer to follow the traditional diagnostic techniques of *nadipariksha* and *jihvapariksha* in understanding the patient's conditions. If needed, they also prescribe modern laboratory tests. Doctors at Sri Sri Ayurveda doctors however are more prone to an integrative approach of combining ayurvedic methods with modern biomedical tests during their diagnostic process. It was observed that in terms of treatment, we can see some difference in case of ayurvedic centers. Doctors at Arya Vaidya Sala centers claim to practice the 'classical' and Kerala form of ayurvedic treatment' whereas doctors at Sri Sri Ayurveda centers claim to practice a mixed kind of treatments by combining ayurveda with yoga, meditation, modern pathological tests.

Doctors at Arya Vaidya Sala lay great emphasis on the nature of medications that are administered to their patients. They mostly use the medicines made at their main center at Kottakkal because they feel that the uniqueness and effectiveness of their medicines plays a crucial role in the healing process. Even though Sri Sri Ayurveda also produces their own medicines under their brand name Sri Sri Tattva, yet the doctors are open to the usage of other medications when need arises or when there is no medication under their brand name. In general, doctors at Arya Vaidya Sala and Sri Sri Ayurveda centers promote and popularise medicines of their own companies. In terms of the nature and range of diseases that are treated in the centers, doctors agree that along with the chronic and life style related disorders, they also treat surgical, paediatric and gynaecological cases. However, doctors at Sri Sri Ayurveda centers as compared to Arya Vaidya Sala are more oriented towards rejuvenation and relaxation therapies. In terms of similarities, it was observed that the doctor-patient interaction in the centers was similar in nature as the doctors across these centers believed in taking detailed case history and observation approach to understand the disease of their patients. This patient-centric approach which is one of the fundamental characteristics of ayurveda was followed in these centers which helped them to develop the trust and compliance from their patients.

Doctors were also involved in constant advancement of their knowledge. That is why along with their engagement with patient healing process they were actively involved in updating themselves with researches taking place in the field of ayurveda. They regularly attended conferences and seminars both within and outside India which helped them to connect and transfer information about new methods of treatment processes. There was a general consensus of the doctors across both the centers regarding the changes in the nature and format of the medicines administered to the patients. They agreed that the traditional format of ayurvedic medicines were often rejected by the patients of today's generation due to their bad taste and cumbersome process of administration. Hence they were both open to medications which were in forms of capsules, pills or syrups which made their consumption easy for the patients. To

conclude, the doctors practicing at Arya Vaidya Sala follow a more rigorous authentic traditional practice of ayurveda via-a-vis doctors at Sri Sri Ayurveda Hospital who take on a more flexible, modernized version of ayurvedic treatment.

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