

## AYURVEDA AND MODERN HEALTH EDUCATION

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**ABSTRACT:** *Ayurveda is prevention in itself. It is not necessary for Ayurveda to develop a comprehensive structure of preventive approaches as it is found in modern health education. On the other hand has Ayurveda not modernized its preventive principles according to the present living and working conditions of the people. It is so far not understood as integral part of the socio-economic development of the country. This has saved Ayurveda to become part of the highly structured and bureaucratic form of health care and health education- at the expense of not being consulted by others when working on a social health oriented development strategy.*

### Principles of Prevention in Ayurveda

From several main works about Ayurveda<sup>1</sup> have I concluded the following ideas about prevention:

1. Maintenance of health/ promotion of health/promotion of health/prevention of diseases are, besides curing, the ultimate aims of Ayurveda. All the texts stress the importance of the preventive and promotive functions of Ayurveda and assess this as one of its unique features. Many Ayurvedic medicines can be used simultaneously both by patients and healthy persons.
2. The concept of prevention in Ayurveda, as well as that of curing, is based on the holistic understanding of the world of which human beings are only one part. This holistic understanding embraces spirit, mind and body of all the living creatures. Out of this follows, that mental health stands equal to

physical health, and vice versa. Moreover, both are inter – related: Physical health cannot be achieved without mental health, and vice versa.

3. Ayurveda suggests comprehensive regimens for day-and night-time, for the different six seasons, for different age groups and group of different status.

It is surprising that this classical system of personal hygiene which seems to be perfect in itself has never been changed towards the conditions of life in modern India. It is reproduced in modern Ayurvedic texts as it was elaborated in ancient texts. For example, the advice into to suppress hunger and thirst as this could cause diseases is easily written but for about half of India's population into daily applicable.<sup>2</sup>

4. There is comparatively little emphasis on the social (and political) aspects of prevention in Ayurveda.

It seems that the ancient and modern authors took and take it for granted that to follow the principles of personal hygiene and the code of general ethics will automatically result in socially-minded people and life-styles, according to the motto: A healthy person contributed to the healthy development of a society. This highly individualistic attitude might be justified when accepting one of the fundamental principles of Ayurveda: Nothing exists that cannot be used as a medicine, and nothing exists that cannot cause diseases-be it in a person, a community, in environment, or in a society. This means, amongst other things, by controlling the strains of society as reasons for disease individual health is promoted.

5. Except for the task of a physician, ancient and modern Ayurvedic texts do not stress any organisation of prevention, that means how preventive thinking and behavior can be made acceptable to the people. Here also is the underlying belief: a life according to the rules of personal hygiene and general ethics will inevitably lead to a complete organisation of prevention. Ayurveda appreciates the responsibility of the individual. It is therefore neither thought of a special health educator nor of research in the preventive aspects of ayurveda (excluding drug research). This has created the paradox that nowadays cure has nearly excluded prevention from Ayurveda.

V. Kochar et al. gives reasons why the folk health cultures as well as the Indian medicine are largely curative though their pattern and content are rich in behavioural and dietary regimentation but extremely deficient in knowledge and skills:

1. “..... the lack of supportive vertical supra-structure and lack of any linkage leading to higher achievements of expertise, technology and other resources”,
2. “..... the poor knowledge and technology base due to complete lack of any training”,
3. “..... a complete lack of any formal control supervision and regulation”,
4. “ ..... the lack of any direct involvement in the national health programme”,
5. “the premium value of curative skills and specialities perpetuated by the professional culture”<sup>3</sup>
6. Ayurveda understands health education as an integral part of one's life. It aims at the total congruence of form (one's life) and content (maintenance of one's life) and content (maintenance of one's health). To achieve this accordance is the widest prevention, and the most successful one. It comprises, as to Ayurveda texts, spiritual peace, balance of mind- and economic wealth (!).
7. The six steps of disease development and manifestation in Ayurveda help the physician prevent the outburst of a disease on different levels. The first

three stages constitute the abnormalities to dosas which only relate to functional derangements. Prevention here varies from that of the second three stages where the actual manifestation of a disease occurs. The earlier a physician controls the diseased process the greater the chance to prevent the complete outburst of a disease.

8. Ayurveda does not put much thought on active immunization against germs through special medicines. In Ayurveda, the field is more important than the seed. This means, a healthy person will not become sick through germs by themselves, but only when his soil, that is his body, his mind and his spirit, is weakened through the imbalance of the equilibrium. Thus, the best prevention is to make a person a healthy and happy one by following a hygienic and ethical life. This indicates that Ayurveda is patient-oriented rather than disease-oriented.

## **Principles of Prevention in Modern**

### **Health Education**

Some selected but representative texts on modern health education in India and abroad<sup>4</sup> emphasise the following points:

1. Modern health education is understood as integral part of socio-economic development. It seeks participation of the individual, family and community for

planning and implementation of health education programmes (Gunaratne; ICSSR/ICMR).

2. Modern health education relies heavily on a vast number of health education workers and specialists who have to be trained (Gunaratne). These workers have to fulfil preventive and promotive as well as limited curative tasks. It is estimated that altogether 7.5 lakhs of them have to be trained in the coming years in order to meet the needs of the Indian people. Health educators and planners on the top think that health of an individual or in a community can only be accomplished when there is hardly any dependence on experts, and when people have won confidence in their own possibilities and strength (Krishnamurti). Self-reliance would enable people to develop their own destiny (Mahler).

3. Modern health education is described as a continuous process. It should not only be urban-oriented, as up to now, but also rural-oriented because about 76% (as to 1981 census) of the Indian population live in rural areas. It should not become an instrument of the power elites to maintain the unjustified status quo in health but a means for the have-nots to improve their life and to become more self-reliant (Banerji).

4. Modern health education in India should above all concentrate on maternal and child health services including family planning, environmental sanitation, and

control of communicable diseases (Banerji).

5. Though there is a certain amount of research available about health behavior and preventive approaches, it is understood as too little and not sufficient to enable health educators to do their work will (Gunaratne).

6. Modern health education is based on the behavioural science – social psychology, sociology, and anthropology to be effective, it is advised to follow certain principles of learning.

7. Modern health education cares much about active immunization against certain diseases with the help of special medicines. Modern health education is disease-oriented rather than patient oriented.
8. Today's practice of health education in Western countries takes place on different levels. These are:

**a) Primary prevention**

It attempts to prevent a disorder from occurring. It has to be done before particular symptoms of a disorder/disease are to be found.

**b) Secondary prevention**

It attempts to identify and treat at the earliest possible moment so as to reduce the length a severity of a disease. This

prevention has to be done when certain risk factors of a disorder/disease have been identified.

**c) Tertiary prevention**

It attempts to reduce to a minimum the degree of handicap or impairment that results from a disorder that has already occurred. It has to be done when a certain disorder/disease has been partially or fully successful treated. (Heller/Monahan)

These strategies of prevention now a days concentrate on the following fields of approaches:

**a) Information**

About hygienical aspects which mainly aims at the promotion of a sound physical life.

**b) Communication**

In its widest sense which mainly aims at the promotion of a sound psycho-social life. Communication covers promotion of interpersonal relationship and /or interventions which may lead to reduce-disorders in a whole community.

In practice of health education there is no clear distinction between information and communication.

**c) Structural patterning**

In the sense of supplying an effective infrastructure of preventive strategies and health education.

**Potentialities and limitations of Ayurveda and modern health education**

### 1. The Problem of modernization

The main disadvantages of modern health education are still its many “should” whereas at least the classical texts of Ayurveda are the results of a vast material of empirical knowledge. Modern health education in India has so far failed to achieve its major goals (Banerji) whereas Ayurveda claims its preventive concept as proved-in the past. There is no practical Ayurveda concept of prevention formulated in modern texts for the present. To adapt the Ayurveda theory in general and its preventive views in particular in all their depth, seems to be impossible a task for ordinary-and poor people. The old Ayurveda regimens are far from being in accordance with today’s living and working conditions. The example of malnutrition may clarify this to some extent.

Malnutrition is due to a combination of factors, namely

- Poverty
- Infections
- Ignorance
- Lack of motivation of parents
- Social pressure to spend available resources in other ways (e.g. on weddings, ceremonies, etc)
- Lack of faith and confidence in doctors
- Too much effort required to take the child for treatment (involving walking long distances and losing wages for that day’s work)
- For certain diseases, more confidence of the people in traditional practitioners whose treatment may be inadequate.

(Mathews et al)

Majority of these factors are economic, social, and political issues. A “pure medicine” is helpless in finding long-term solutions. But these are necessary to fight malnutrition which is the cause of many other diseases of poverty (ICSSR/ICMR). To prevent malnutrition would automatically prevent a lot of other diseases. People suffering from malnutrition are not at all able to follow all the advice given in the Ayurvedic texts to maintain health. Their living and working conditions are so bad that these have first to be changed before people can think of an altogether balanced life that, besides self-control, involves a certain amount of money.

Another aspect which might prevent people from becoming free to decide deliberately about their health was and still is the particular Indian guru-shisya attitude. This attitude also touches Ayurveda:

“Even the Vaidya. In the village, or, in a neighbouring village, to whom he would go for treatment of his children, or himself, would become a guru-like figure.. The vaidya would impress him as a man of mystery and magic, for he alone would know the secrets of the human body and of treating it with peculiar herbs.”<sup>5</sup>

In short, Ayurveda has not modernised its approaches. It has so far not demystified some of its means (Mahler).

Contrary to that, modern health education favours this necessary social approach. Its preventive concept include, for instance, increasing the earning power of a family or

to make the oppressed strong against the exploiting rich. Moreover, that last point of the causes of malnutrition, mentioned above thinks of traditional practitioners as an objection to a successful prevention. The same critical attitude against traditional practitioners as an objection to therapy and prevention is reported by Banerji as one of the results of a comprehensive study on health behavior in rural populations in India. Its surprising finding was that the response to the major medical care problem was very much in favour of the Western (allopathic) system of medicine, irrespective of social, economic, occupational and regional considerations, this stands contradictory to other opinions who believe in supremacy of Ayurveda among village people, so in a recent study of the World Health Organization:

It is estimated that 80% of the population living in rural areas of India have confidence in and use Ayurvedic system of medicine.”<sup>6</sup>

## **2. The Centralised Approach**

The big bureaucracy of modern health education, its extreme professionalization and specialisation is a major handicap of modern health education. Health is first of all an individual value, its promotion by (eventually not interested) health workers, however they are called, is often not accepted by people. Forces of centralization are severe obstacles of a smooth practice of health education. Centralisation means the hierarchy from the central ministry to the village in more or less prefixed curricula what people have to learn about their health in which way.

Contrary to that, Ayurveda has so far not developed a big machinery of how to influence people. This is, on the one hand, a great advantage. A self-confident man does not like guardianship in the sense of paternalistic behavior of so-called superior. This behavior can destroy his self-confidence. That is what happens today in many educational and social fields not only in India. This is not only not helpful but influences people to mistrust health education at all. Ayurveda seems to be free from this arrogant approach. Whether it was a conscious decision, or the result of the long standstill of ayurveda, or lack of opportunities-it is a fact. One can only hope that this situation will not change. I am sure that people of all walks of life are able to get all the vital things they need, including health, whenever they have a fair chance. Modern administrative, scientific and developmental machineries in India with their traditional guru-shisya cultural pattern seem to restrict this fair chance. To build up an infra-structure of help is good and necessary for ayurveda, to fill them with people whose sole aim is to make money and to rule other people (these are motivations of modern health personnel in many cases) is far from being helpful. Strategies of adult education should help Ayurveda in assisting people to analyse their needs and to find suitable solutions (Barrow). I think it is high time that Ayurveda should be included not only in modern text books on hygiene but some of its modernized principles in the whole curriculum of health education.<sup>7</sup>

## **3. The Holistic Approach**

Ayurveda's greatest benefit is its holistic and psychosomatic approach. To deal accordingly is a chance for ayurveda medical personnel to give people a confident feeling in their own capacities. For every man longs for a holistic treatment from the depth of his heart and not for a quick injection.

#### **4. Ayurveda and strategies of health education in Western Countries**

Ayurveda comprises all the three levels of western prevention (primary, secondary, tertiary) with stress on the primary function and compared to the demands of modern community psychology, on a purely individual level. Whenever old and modern Ayurvedic texts use the word "promotive" it is understood as the above mentioned primary prevention.

Of the first two fields of approaches, information about hygiene is preferred to communication in its widest sense. But really limited is ayurveda only in providing a comprehensive infra-structure of health education which includes political, social, economic and legal processes.<sup>8</sup> for this an entire re-assessment of the traditional principles seems to be inevitable.

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