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## **Review Article**

## AYURVEDA: EMERGING BENEFACTION TO PUBLIC HEALTH CARE

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#### **ABSTRACT**

The social impact of ill health is on the rise, with some diseases affecting not only the health of individuals but also that of a nation's economy with their increasing healthcare costs. The enormous complexity of human body offers scope to conceptualize its dynamic organization in a number of ways such as structural, biochemical, functional, etc. The conventional western medicine views the body from a structural perspective, whereas Ayurveda, the ancient medical system of India, understands the human body from the perspective of functions/Tridoshas (Vata, Pitta and Kapha). Ayurveda is a holistic science and Ayurvedic treatment aims not only at removal of disease, but also at the restoration of the equilibrium of bodily functions. These different viewpoints of Ayurveda and western medicine have resulted not only in the use of different terminologies and metaphors to explain the human system but also in their different approaches to health and illness. In the recent past there has been a growing interest in Ayurvedic system of Medicine and their relevance to public health. In this context, there is a critical need to mainstream Ayurveda into public health care to achieve the objective of improved access to healthcare facilities.

**KEYWORDS:** Health, *Ayurveda*, *Tridosha*, public health.

#### INTRODUCTION

Ayurveda describes health as Swasthya, which refers to a state of complete, balanced, physical, mental and spiritual well-being.[1,2], This reminds us to United Nations' World Health Organization's definition of health (1948) as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".[3] The "purusham purusham vikshya"[4] approach of Ayurveda is unique to this system of medicine only which refers to person-centered point of view of an abiding health and preventing rather than treating diseases with the principle of *Dhatusamya*. [5] If our health is compromised, the treatment resides in restoring the balance between the affected functions, the tissues, the environment and the whole organism. In other words it's the Dosha Dhatu and Mala, which constitute the body, which when work in balanced synergism result to a healthy individual, and when vitiated lead to Vikara i.e., disease. Hence restoring these Dosha dhatu and mala to their normal state is the basic line of treatment in Ayurveda. [6] The nature (Prakriti) of the individual is a parameter on which the whole system's scale is tuned. The Ayurvedic diagnosis process is based on the definition of the inborn constitutional health state of the patient (Prakriti).[7] The biomedical validity of constitutional assessment in Avurveda has recently confirmations from genomic studies.[8] Health is an individual, relative state and Prakriti may explain why peculiar diseases occur to patient and not to another one. The determination of Prakriti - which considers psychophysical attitudes and socio-cultural circumstances allows to define how the individual can achieve health.

Through *Prakriti* assessment we define what is *Satmya* (adequate) or *Asatmya* (not adequate) for the organism.

Moreover, health for *Ayurveda* is not a constant state of well being; it is rather an ideal space around an ideal condition in which the physiology can float around, the bigger the space the healthier the individual. The crossing of the boundaries of this space towards disorder is what is called diseased state, but the strength of an organism lies in the ability to return back to his overall ideal condition. The role of *Ayurveda* is to keep this space as wider as possible and to facilitate the return in case of a disease.

# **Definition of Public Health**

Public Health is the science and art of preventing disease, prolonging life and promoting health through organized efforts and informed choices of the society, organizations public and private, communities and individuals. The focus of the public health interventions is to prevent and manage diseases, injuries and other health conditions through surveillance of cases and promotion of healthy behaviors, communities and environments. [9] Following the WHO definition, health can be defined as an outcome of multiple factors operating at various levels. Good health permits the optimal utilization of one's physical and mental abilities for one's own good as well as for society. This means that health cannot be tackled as an isolated subject of action; there are so many factors affecting it from Socio-economic determinants to gender, caste, regional and other inequalities and these must be addressed if one is to improve people's health. [10]

Ayurveda also, concerns mostly with longevity, whose notion is not only limited merely to long-lasting life, but it encompasses all the conditions to live in health and vitality in order to achieve a healthy experience of the cycle of life. Thus, in Ayurveda the concept of public health, even encompassing all ages, focuses primarily on the individual capability of healthy aging intended to complete fulfilling one's life.[11] An ideal health care system as defined by Ayurveda is one which cures a disease without causing or precipitating other illness (Shamyet yo na kopyet). [12]

# Importance of Concept of Public Health in Health Care System

Improvement in population health can be achieved only when the principles of public health care are intervened and implemented at individual level. This can be achieved through:

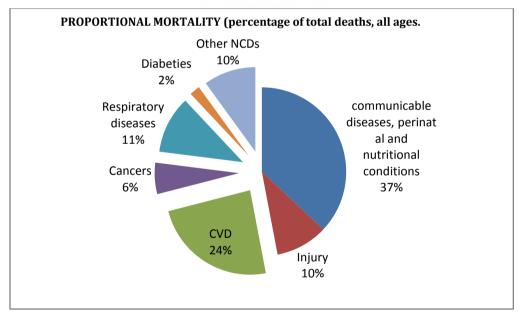
- Assessment of current health care services and evaluation of their objectives, whether or not their objectives are being achieved.
- Assessment of the requirements of health care professionals and the public.

Public Health Scenario - India[15]

- Considering the policies for the availability of costeffective treatment to all the sections of the society.
- Reforming the health care services from time to time, according to the dynamic needs of public.
- Educating and making people aware of the major health issues and empowering them to deal with them.

#### **Traditional Medicinal System: Facts and Figures**

- An extensive number of patients with multiple sclerosis resort to complementary and alternative medicine treatments: prevalence of use ranges from 41 percent in Spain to 70 percent in Canada and 82 percent in Australia. [13]
- In China, the top five diseases for admission to traditional Chinese medicine hospitals in 2008 were cerebrovascular accident, intervertebral disc displacement, haemorrhoids, ischaemic heart disease and essential hypertension. [14]
- In India, There are 785 185 registered Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH) practitioners and an estimated one million villagebased, traditional AYUSH community health workers.



According to the World Health Organization - NCD Country Profiles, 2011, percentage mortality for non communicable diseases is 53%, which means NCDs pose a major challenge regarding public health in India.

### Role of Ayurveda in Public Health Care

Majority of these NCDs (non communicable diseases) include metabolic disorders which are a result of faulty diet pattern and lifestyle. In this regard it won't be inappropriate to say that all these disorders need a better lifestyle correction and management, which are the basics told in *Ayurveda* for healthy living. Following the regimens described in *Dincharya*, *Ritucharya* and *Ratricharya*, one can lead a healthy living thereby increasing life expectancy at individual level. Major threats today in society such as diabetes, hypertension, thyroid disorders, PCOD, respiratory disorders can be prevented as well as

controlled by the practice of *yoga* and with the use of *Ayurvediya* herbs.

Drug resistance has posed a major problem in healthcare today, rendering medical science inefficient to deal with many diseases. *Ayurveda* on the contrary, has been used since ages and has never ever been in trap of this problem. The basic principles of *Ayurveda* including the treatment at the level of vitiated *Doshas*, correcting the metabolism at the level of *Dhatus* and *Strotas*, and increasing the *Ojas* and *Bala* (immunity building) of the patient, are some of the answers to this problem.

Management of a majority of diseases and disorders in *Ayurveda* works by healthy lifestyle management and by increasing the *Satva* of the patient through counseling and *yoga* practices. *Swasthavritta*, a low-cost-regimen of personalized healthy conduct fitted to

the individual, involving lifestyle, nutrition, self-awareness and good relationships with other people and nature. These need minimum of resources and this scheme is very cost effective also. Moreover focus on diet and nutrition to be taken in accordance with the respective season has broad impact on body and mind. Implementing above said measures through AYUSH practitioners at public health centers will prove a boon to majority of public health problems.

Panchkarma, which refers to the therapeutic practices intended for cleansing the body, is unique only to Ayurvediya system of medicine, which since ages has been an answer to many illnesses. Shodhana practices like Vamana, Virechana, Shirovirechana, and Vasti have major role in Vyadhi like Kushtha, Udara rogas, Pandu, Kamala, infertility etc.

Ayurveda may be perfect as integration to conventional medicine for life threatening diseases like cancers as they work as immunity enhancers. Also these medicines and therapies can prove a blessing in the field of geriatrics, reducing the costs of visit and access to hospital by unsatisfied, lonely elderly patients who are no more able to face their daily life. Implementing these therapeutic practices in patients at primary and secondary health care units can prove beneficial to the society.

Ayurveda recognizes body as an integral system of body and mind functions. Various treatments mentioned in Satvavajaya chikitsa here play a vital role in management of Manas rogas which involve regimens mentioned to be followed in the behavior of the human beings. Abhyainga, Shirodhara, Shirovasti, for example are the techniques performed with medicated oils, have a vital role in stress, anxiety and depression.

The doctor-patient relationship is an important part of medical care and more so in the current health scenario where an increasing number of health problems are considered psychosomatic in nature, or diet and lifestyle-related. The doctor, in addition to being knowledgeable and technically skilled, [16] is expected to maintain good qualities such as being compassionate, empathetic, caring and kind to all patients. They are asked to nurture cordial feelings towards their patients like a mother, father, or brother.

#### **CONCLUSION**

Nearly a quarter of all modern medicines are derived from natural products, many of which were first used in a Ayurvediya medicine context. Ayurveda system of medicine is thus not only a resource for primary health care, but also for innovation and discovery. The two systems of traditional and western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. The best example where Avurveda graduates are in to hard core public health practice is the appointment of AYUSH doctors under the scheme of "mainstreaming of AYUSH and revitalization of local health traditions" within the broad umbrella of National Rural Health Mission. Government of India has recognized the principles and therapeutics of Ayurveda as a mode of intervention to some of the community health problems. Private sectors are also increasingly recognizing the potential of *Ayurveda* graduates trained in public health for the management and implementation of various public health programmes. It's indeed high time to recognize the huge potential of *Ayurveda* graduates as suitable public health workforce on the basis of their training, exposure and interest. The paucity of public health workforce could be replenished to a great extent with such recognition and appreciation.

Healthcare in India should operate on a need based strategy. This should evaluate the utility of advancements in health care but simultaneously taking care for not devaluing the essentials of *Ayurveda* healthcare fundamentals. A serious effort is required to improve healthcare by utilisation of *Ayurvedic* traditional skills added with the technological breakthrough made in modern science.

#### REFERENCES

- 1. Sharma H, Chandola HM, Singh G, Basisht G. Utilization of Ayurveda in health care: an approach for prevention, health promotion, and treatment of disease. Part 1-Ayurveda, the science of life. J Altern Complement Med. 2007;13(9):1011-9.
- 2. Sharma H, Chandola HM, Singh G, Basisht G. Utilization of Ayurveda in health care: an approach for prevention, health promotion, and treatment of disease. Part 2–Ayurveda in primary health care. J Altern Complement Med. 2007;13(10):1135–50.
- 3. Constitution of the World Health Organization. Am J Public Health Nations Health. 1946;36(11):1315–23.
- 4. Pt. Kashinath Shastri and Gorakha Natha Chaturvedi. Charaka Samhita: Sutra Sthana 1/124, Deerghanjeevitiya Adhyaya. Varanasi: Chaukhambha Bharati Academy; reprint 2009. p.48.
- Pt. Kashinath Shastri and Gorakha Natha Chaturvedi. Charaka Samhita: Sutra Sthana 1/53, Deerghanjeevitiya Adhyaya. Varanasi: Chaukhambha Bharati Academy; reprint 2009. p.28.
- 6. Pt. Kashinath Shastri and Gorakha Natha Chaturvedi. Charaka Samhita: Sutra Sthana 9/4, Khuddakchatushpada Adhyaya. Varanasi: Chaukhambha Bharati Academy; reprint 2009. p.192.
- 7. Prakriti definition Kaviraja Ambikadutta Shastri. Sushruta Samhita: Sutra Sthana 38/4, Dravyasangrahaniya Adhyaya. Varanasi: Chaukhamba Sanskrit Sansthan; reprint 2010. p.182.
- 8. Prasher B, Negi S, Aggarwal S, Mandal AK, Sethi TP, Deshmukh SR, et al. Whole genome expression and biochemical correlates of extreme constitutional types defined in Ayurveda. J Transl Med. 2008;6:48.
- 9. Kajaria Divya et al. Role of Panchkarma in Public Health. Journal of biological & Scientific opinion. Volume 1 (3).2013.P.232-234.
- 10. World Health Organization. Basic documents. 39th ed. Geneva: WHO,1992.
- 11. Ventegodt S, Omar H, Merrick J. Quality of life as medicine: Interventions that induce salutogenesis. A review of the literature. Soc Indic Res. 2011;100:415–33.

- 12. Tripathi BN editor. Charaka samhita, Nidana sthana 8/23. Varanasi: Chaukhambha Surbharti Prakashana; 1983.
- 13. Global Health History Seminar on Traditional Medicine and Ayurveda, WHO-HQ, Geneva, 19 March 2015
- 14. Global Health History Seminar on Traditional Medicine and Ayurveda, WHO-HQ, Geneva, 19 March 2015
- 15. World Health Organization NCD Country Profiles, 2011.
- 16. Dr. Kashinath Pandey. Charaka Samhita: Sutra Sthana 29/13, Dashpranaytaniya Adhayaya, Varanasi: Chaukhamba Bharati Academy; reprint 2011. P.580.

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