Validation of the Prescriptions of Government Ayurveda Practitioners and Community Knowledge of LHT by Classical Texts of Ayurveda

Shweta A.S.¹ & Ritu Priya ²

Abstract: In the study across 18 states of India on “Status & Role of AYUSH Services and Local Health Traditions under NRHM” a validation exercise using the classical texts of Ayurveda verified the scientificity of prescriptions by Ayurveda doctors, awareness of Medicinal Plants in the households, perceptions regarding medicinal properties of the food items, home remedies for mother and child care and many other health problems. The methodology used “pramanaas” (means of verification) for validating health related knowledge. The doctors were found to be largely prescribing Ayurvedic medicines supplied to them and used mixed terms and methods of diagnosis (largely Ayurveda and also of Allopathy). More than 75% of the community’s knowledge was validated in all the states by these references. This process provided insights into the worldview, sources of knowledge and epistemology of Ayurveda. It highlighted the fact that the local health traditions are ecosystem and community specific yet they are closely allied to the codified system of Ayurveda. The findings provide evidence for the contemporary relevance of Ayurveda, as a practiced health science within the Indian community, for meeting larger public health goals.

Key words: Validation, classical texts, Ayurveda & Public Health, Local Health Traditions

Background & Introduction:

The use of all available systems of health and healing has been considered important both nationally and internationally¹. It is also recognized that there is substantial inter-generational loss of traditional medical knowledge, especially within the oral traditions of the world².

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These traditions represent the continuity of cultural health care resource which is sensitive to all aspects of health including physical, mental, social, emotional as well as ecological factors.

India has a comparative advantage in this area of traditional medical knowledge and can lead in the field owing to its immensely rich and mature indigenous health care heritage. But inspite of being the only country in the world to provide legal status to seven non allopathic systems of Medicine (namely Ayurveda, Siddha, Unani, Yoga, Naturopathy, Homeopathy and Sowa Rigpa or Tibetan Medicine) all these systems exist and function with very little interaction between them.

Under the NRHM (National Rural Health Mission) launched by the Government of India in the year 2005, which has the vision of “architectural correction” of the public health system of India, a strategy of “Mainstreaming AYUSH & Revitalizing Local Health Traditions “was adopted. Since there is little literature available on the AYUSH services in the Public system prior to NRHM, and almost none after its implementation has begun, a study was undertaken to assess the “Status and Role of AYUSH and LHT under NRHM”. As part of this study a validation exercise was carried out across 18 states of India. This paper primarily focuses on the possibility of validating the contemporary health related knowledge and practices of Ayurveda practitioners and the community by Ayurveda’s principles and parameters instead of the parameters of biomedicine.

Validation Methodology

The validation was done for AYUSH systems including primarily Ayurveda followed by Siddha, Homeopathy and Unani across 18 states. Findings of the Ayurvedic practitioners in 9 states and community knowledge in 17 states are being presented here. The following data sets across the states were validated

a) Prescriptions given by the Ayurveda doctors in the health facilities

b) Local Community Knowledge and Practices--

Under this the State-wise lists generated from responses of the households regarding their awareness and use of:

i) Common medicinal plants & herbs
ii) Food items and their special medicinal properties

iii) Home remedies used, by type of ailment, sex and age group.

**Meaning of Validation:**

Here validation was taken as verifying the content of formal providers’ prescriptions and people’s knowledge of medicinal plants and foods as well as home remedies in light of Ayurveda’s epistemology and documented codified knowledge.

Regarding the methodology adopted for validation it is important to consider that AYUSH systems have their own worldview to verify/know things, in this case specifically the verification of the health related knowledge. For instance, Ayurveda has clearly defined four *Pramanaas*\(^5\) (ways of verification) as per its epistemology:

1) *Aatopadesha* (Authoritative testimony)
2) *Pratyaksha* (Direct Observation)
3) *Anumaan* (Inference)
4) *Yukti* (Reason / Logical experiment)

*(Charak Samhita Sutra Sthana: 11/17)*

The exact translations of these Sanskrit words into English language cannot be done to explain the precise meaning owing to its own epistemology but can be largely understood as indicated by the words in parentheses. Of the above four ways we have largely depended on the first i.e. the authoritative testimony (V1, V3, V4) followed by the second i.e. inference (V2) for AYUSH principles and (V3, V5) for the references documented from people’s practices. As per Ayurveda *Aatopadesha* is given a priority value than others, still its well understood that contemporary scientific paradigm may include other sources for validation too with due respect to Ayurveda’s episteme.
For Ayurveda validation a broad categorization of references was devised, with three major types as shown in table 1. Under these categories, further division into V1 to V6 was made in descending order of degree of validation. V1 category pertains to a greater degree of validity owing to its direct mention in the universally accepted AYUSH classical texts (Authoritative Testimony), followed by V2 pertaining to validation as per AYUSH principles which is a broad concept including great diversity of practices which are explained by universal laws behind functioning of each of these specific knowledge systems., followed by V3 i.e. contemporary compilations based on the classical texts. Then follows V4 & V5 for publications by the Research Councils on home remedies. The category V6 pertains to items prescribed or mentioned as of medicinal value by respondents that were not found in the domain of V1-V5. They included Ayurvedic non classical proprietary drugs and allopathic formulations. Each item in the list of prescribed medicines or household responses (as in a,b above) was validated using the texts of Ayurveda starting from V1 and moving to V2 if it was not found in the former, then to V3, and so on. Each item was then marked with the validation category number (V1 to V6) as superscript, as can be seen in table (2) & (3). The total of each validation category indicates their correspondence to the current practices and awareness.

**Table 1: Validation methodology: Ayurveda**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Categories of references</th>
<th>Reference materials</th>
<th>Validation category</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Classical literature and recent compilations from classical texts</td>
<td>1. API¹, AFI²</td>
<td>V1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Ayurveda principles</td>
<td>V2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Dravyaguna Vijnana by P.V. Sharma³</td>
<td>V3</td>
</tr>
<tr>
<td>II</td>
<td>Published literature listing Home remedies</td>
<td>4. Handbook of Domestic remedies¹⁰</td>
<td>V4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Tribal Folk Remedies published by CCRAS¹¹ (documented but not yet verified)</td>
<td>V5</td>
</tr>
<tr>
<td>III</td>
<td>Outside the above literature/Non classical Proprietary medicines</td>
<td>6. Other than the above references/Ayurveda line¹²</td>
<td>V6</td>
</tr>
</tbody>
</table>

*Ayurvedic Pharmacopeia of India, Ayurvedic Formulary of India

Within the available time and resources, quick referencing from the available texts was considered the most feasible way for this validation exercise.
Findings and Results

Validation of Prescriptions of Government Ayurveda Doctors

This was a partial audit of the Ayurveda doctors' prescriptions obtained from patients exiting the institutions, where the drugs prescribed by them were validated against the given diagnosis or presenting symptoms. Across the 9 states, in general over 75% of the prescriptions used Ayurveda medicines and approximately 25% of the prescriptions were outside Ayurveda’s references, comprising of non classical proprietary medicines and Allopathic medicines. In 3 States, they exclusively used Ayurveda terminology for diagnosis whereas in 4 they used a mix of Ayurvedic and modern terms. In 2 States they used only modern terms for diagnosis. The prescriptions also showed that in all states they were using their own and sometimes also modern methods of diagnosis (prescribing tests) in combination.

Their prescriptions included some use of drugless therapy, such as “pathya” i.e. dietary regimens, fomentation, yoga, naturopathy, acupressure and meditation. Raw herbs were rarely used by the doctors in the public system and they relied entirely on packaged medicine. A sample of one disease each from Kerala and Orissa prescriptions is presented in table 2.

Table 2: Sample of Ayurveda Prescription and Their Validation

<table>
<thead>
<tr>
<th>Presenting complaint of the patient interviewed</th>
<th>Diagnosis by Ayurveda doctors</th>
<th>Tests prescribed by Ayurveda doctors</th>
<th>Medicines prescribed</th>
<th>Total validation category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back pain</td>
<td>Vata Vyadhi</td>
<td>Nil</td>
<td>Dhanwantari churnam\textsuperscript{VI}, Maharasnadi Kashayam\textsuperscript{VI}, Guggul\textsuperscript{VI}, Abhayarish\textsuperscript{V}, Fretex ointment\textsuperscript{VI}, Dhanwantar gel\textsuperscript{VI}</td>
<td>V1=3, V2=1, V6=2</td>
</tr>
<tr>
<td>Pain in chest, Difficulty in breathing</td>
<td>Shwasa Roga (Asthma)</td>
<td>X ray Chest PA view</td>
<td>Talisadi Churna\textsuperscript{VI}, Vyaghri Haritaki\textsuperscript{VI}, Laxmi Vilas Ras\textsuperscript{VI}</td>
<td>V1=3</td>
</tr>
</tbody>
</table>
Validation of the Medicinal plants mentioned by the Households

These were verified by their botanical names and mention of the medicinal plants in the above references. Community’s awareness about medicinal plants was found to be above 95% validated with all the names mentioned by the household found in the classical references. e.g Tulsi was validated for botanical name Ocimum Sanctum and given a category V3 of validation. Similarly for plants like Neem, Ashoka Vasaka, Aloe vera and Giloy, botanical as well as classical validation was done. All states had Tulasi and neem as commonly mentioned plants by the households. In each region, specific medicinal plants, such as, Kurunthotti in Kerala, Brihar in Orissa were also found.

Validation of Food items with medicinal properties as perceived by the households

The validation of community knowledge about medicinal value of foods was largely verified by the texts, from 75-100% items were validated across states. However there was also a substantial component of modern knowledge about nutritional value of food items, from 3-25%. Apart from plant based items, many food items with animal, mineral or sea origin were also part of the food items mentioned by the households, e.g. bird and duck meat are perceived to be useful in 'weakness' by household from Nagaland, whereas milk, almonds and banana in Punjab as few examples.

Table 3: Sample of validation of food items and their perceived medicinal properties

<table>
<thead>
<tr>
<th>Common food item</th>
<th>Special medicinal properties as perceived by households</th>
<th>Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haldi</td>
<td>Skin diseases(^{V1}), worm infection(^{V2})</td>
<td>V1=1,V2=1</td>
</tr>
<tr>
<td>Surana</td>
<td>Bleeding piles(^{V1})</td>
<td>V1=1</td>
</tr>
</tbody>
</table>
Validation of the Home remedies

Use of home remedies was asked for a list of 20 types of conditions covering communicable, non-communicable and nutritional categories. Three conditions including promotive and preventive action, maternal and child care, malnutrition on and convalescence were also asked for home remedies. More than 75% of the home remedies were found to be verified in all states by Ayurveda’s references. Most of the preparations mentioned as home remedies like castor oil in constipation, Neem in skin diseases and pepper with honey and tulsi for cough and cold are age old known remedies fully validated by Ayurveda. Examples outside Ayurveda references linked to modern science like green leafy vegetables for Anaemia were also part of the home remedies mentioned by the households. Use of massage for baby’s health, and use of jaggery and ginger preparations pre and post pregnancy are some of the examples quoted for Mother and child health as home remedies which find mention in the texts as well. Extensive data on home remedies was found across the states and most of it was validated by Ayurvedic texts.

Discussion

Thus the findings explore one of the ways in which validation can be done for Ayurveda or traditional medicine. The validation process provided insights into the world view, sources of knowledge, ways of learning and epistemology of Ayurveda. What was found completely different from modern medicine was the understanding that there could be no category as ‘invalid’ knowledge and practice. For instance, one reference in the classical texts of Ayurveda says from Charak Samhita Sutra sthana 1/121-122 that

‘The cowboys and tribals are much aware of the herbs of their area and their properties and that by only knowing the name and structure of the plant its medicinal characteristics cannot be fully known.’

‘The use of any plant or food item is thought to arise from the experience of its benefit by someone, and so if it is not in the standard texts, the practice/knowledge cannot be rejected as ‘invalid’, it only be documented and put to a validation testing process. It would be incorporated into the codified system only after verification by principles of the specific system.'
It highlighted the fact that the local health traditions are ecosystem and community specific yet they are closely allied to the codified systems of Ayurveda, forming the folk roots of Ayurveda.

But particularly with respect to the prescriptions by the Ayurveda doctors the methodology has limited scope since, (i) it only includes references from the classical texts, verifies the medicines prescribed and grossly the diagnostic terms and methods, (ii) whether diagnosis and diagnostic measures adopted are as per the basic Ayurveda principles was beyond the scope of validation.

It is also important to keep in mind that due to inadequate study inputs during most of the ‘institutionalized Ayurvedic courses”, many doctors are not practicing with conviction and confidence in their own system largely in the private sector and are relying on Allopathy. In our data, except for a few states like J&K, where the Ayurveda doctors were only practicing Allopathy and Orissa and Karnataka where a few prescriptions by Ayurveda doctors were found to contain Allopathic Medicines, most Ayurveda doctors were practicing their own system. Sometimes there was a combination of Ayurveda and modern medicine in the prescriptions. Only the prescriptions with Ayurveda regimens (with or without combination with allopathy) were taken as sample. The practices by Ayurvedic doctors need to be further probed for validation by the foundational principles of Ayurveda to derive out standard guidelines or regimens for treatment (e.g. *chikitsa sutras based on doshas, prakruti, vikruti etc*). Instead of imitating the STGs in modern medicine which primarily mentions specific drugs for specific disorders. The standard guidelines for treatment would comply with the uniqueness of Ayurveda in addressing individual needs using universal principles.

Similarly the home remedies, plants and food items imbued with medicinal properties by the household respondents at first hand, stand validated as per Ayurvedic references, but these practices are not claimed to be self sufficient as treatment modalities. This bulk of data obtained across States from the households, which had direct reference in the Ayurvedic texts provides a background for further research and investigation for the Ayurvedic scientists to build the system on the basis of demands of people and strengthening their knowledge for maximum use.
**Conclusion:**

This validation exercise provides a glimpse of Ayurveda as a science that is not a long lost static traditional knowledge but a dynamic ongoing parallel medical system that is closely associated with the lifestyle and practices of the Indian community.

It is an important finding that the practice of Ayurveda within the government services is largely (over 75%) rational by its epistemology and standard texts. Of equal importance is the finding that over 75% of knowledge of the community regarding home remedies is verified by the Ayurveda texts.

This has policy implications for developing health service structures. It suggests that people's knowledge and practice can be the starting point for planning and strengthening health care and that the research in Ayurveda should cater to validating and strengthening this in development of the system and taking it forward.

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