"It’s a matter of balance and harmony”
the Ayurvedic concept of health and illness

Author: Tina Ohlsén
Frödingsvägen 5
112 56 Stockholm
tel. 08-30 59 07

Tutor: Christina Forsberg
ABSTRACT

This paper reviews selected work, published between 1944 and 1995, on the subject of Ayurveda. The aims of the review was to explore the ethnohistory of Ayurveda and the attached concept of health and illness, out of a transcultural perspective.

Ayurveda is a medical tradition practiced throughout South Asia. It is founded upon Sanskrit texts dating back more than two thousand years. Its ancient fundamental health ideas and practices still persists.

Ayurveda offers not only a complete different way of understanding health and illness, but also different forms of treatment.

The Ayurvedic view of health is a synergistic and multifaceted concept of balance and harmony within the organism (mind, body and soul) as well as within the universal system the organism is a part. Disturbance of the harmony on any level, causes sickness.

Ayurvedic doctrine emphasizes the importance of promotion of health and prevention of sickness. The key to good health is a regulated daily life. Factors like personal hygien and conduct, work, sleep, rest, diet and physical exercise has to be regulated and individually adjusted.

South Asian countries, often has a pluralistic medical system, in which Ayurvedic health care is one option among many. The Ayurvedic medical system is an important provider of modern health care in South Asia.
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABSTRACT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1. INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>2. BACKGROUND</strong></td>
<td>3</td>
</tr>
<tr>
<td>2:1 Concept of health</td>
<td>3</td>
</tr>
<tr>
<td>2:1:1 The historical impact on western concept of health</td>
<td>3</td>
</tr>
<tr>
<td>2:1:2 The modern western concept of health</td>
<td>4</td>
</tr>
<tr>
<td>2:1:3 Some perspectives of health</td>
<td>5</td>
</tr>
<tr>
<td>2:1:4 Oriental concept of health</td>
<td>6</td>
</tr>
<tr>
<td>2:1:5 Transcultural concept of health</td>
<td>7</td>
</tr>
<tr>
<td><strong>3. CONCEPTUAL FRAMEWORK</strong></td>
<td>7</td>
</tr>
<tr>
<td>3:1 Transcultural Nursing</td>
<td>7</td>
</tr>
<tr>
<td>3:2 Anthropological perspectives</td>
<td>8</td>
</tr>
<tr>
<td>3:2:1 Medical or health systems of the world</td>
<td>8</td>
</tr>
<tr>
<td>3:2:2 Great medical traditions of the world</td>
<td>9</td>
</tr>
<tr>
<td><strong>4. AIMS</strong></td>
<td>10</td>
</tr>
<tr>
<td>5:1 Limitations</td>
<td>11</td>
</tr>
<tr>
<td><strong>6. FINDINGS</strong></td>
<td>12</td>
</tr>
<tr>
<td>6:1 Ethnohistorical overview of Ayurveda</td>
<td>12</td>
</tr>
<tr>
<td>6:1:1 Etymological meaning</td>
<td>12</td>
</tr>
<tr>
<td>6:1:2 Ayurveda in ancient times</td>
<td>12</td>
</tr>
<tr>
<td>6:1:3 Influence and spread of Ayurveda</td>
<td>13</td>
</tr>
<tr>
<td>6:1:4 Practitioners and recipients of Ayurveda during ancient times</td>
<td>14</td>
</tr>
<tr>
<td>6:1:5 Ayurveda in modern times</td>
<td>16</td>
</tr>
<tr>
<td>6:2 Ayurvedic health beliefs and practices</td>
<td>18</td>
</tr>
<tr>
<td>6:2:1 Concepts and definitions</td>
<td>18</td>
</tr>
<tr>
<td>6:2:2 Art and practice of healing</td>
<td>22</td>
</tr>
<tr>
<td>6:2:3 Types and choices of healing system</td>
<td>25</td>
</tr>
<tr>
<td><strong>7. DISCUSSION</strong></td>
<td>29</td>
</tr>
<tr>
<td>7:1 General discussion</td>
<td>29</td>
</tr>
<tr>
<td>7:2 Implications of nursing</td>
<td>31</td>
</tr>
<tr>
<td>7:3 Implications of conceptual framework</td>
<td>33</td>
</tr>
<tr>
<td><strong>REFERENCES</strong></td>
<td></td>
</tr>
</tbody>
</table>
1. INTRODUCTION

I was born in Sweden and bred in the Deep South of India, in the district of the Tamil people. My family’s bungalow was situated on the grounds of an old, still operating Lepra Hospital. I grew up among a group of people, totally diverse regarding culture, religion, language etc. I went to a general Tamil school and later a protestant Swedish school, with additional American and Brittish tutors. My best friends were of Tamil (Hindu), European and American origin.

In spite of surrounding tropical diseases I was seldom sick, besides my regular throat infections. When in a state of sickness I found myself in the grey zone of two vastly diverse health systems: the Western Biomedical and the Asian Ayurvedic. I was treated by my father, a surgeon educated in Sweden. Parallelly, I was also given a variety of the indigenous Ayurvedic treatment by my Tamil nanny. Treatments of which a few I regularly use to this day.

We returned to Sweden, 25 years ago. At that time, the only Oriental influence you would find in Sweden were a few stray Chinese restaurants. Today Sweden is Orientally oriented in many ways, there’s even an Ayurvedic Centre in my own backyard.

Everybody’s aware of our world changing into multicultural and pluralistic societies with clusters of people culturally diverse from each other. There’s an invasion of cultures into many countries, due to the more permeable boundaries of today (introduction of high technology, lifting of economic barriers within countries, more intense international communication etc.). International travel is for people today commonplace, due to both vacation and employment abroad (employmentmarket’s still increasing). Thus people often encounter foreign cultures and ways of living. They also have to adjust to health care systems other than the Western Worlds’. Health care systems that contains diverse ideas of health and ill-health. Among other professions, health personnel are one category of people that more and more frequently cross international boundaries for work. With increasing frequency they also encounter people of different cultural origin in health care situations in their own country.
Why is health and knowledge of peoples interpretation of health, important? Why is it especially important to nurses and other health professionals? Undoubtedly health (good health) is something everyone wants to achieve, a key basic human need.

Logically, the major aim and concern for health professionals, should be the restoration, treatment and prevention of health, for help-seeking people suffering from ill-health. In the encounter between health professional and help seeker, the concept of health of both plays a key role. The duty of the helper is to interpret and understand the health situation and ill-health of the help-seeker. If we, as helpers do not understand the help-seekers perception of health and ill health, how can we then assist, guide and ameliorate them in their striving towards good health, improved health or away from ill health?

How can we then provide individual and suitable care?
It is today a well known fact that the concept of health diverse among people of different cultures and sub-cultures (i.e. gender, status, religion, occupation etc.). The helpers are correctly supposed to be “professionals of health”, and thus have a fundament of knowledge of diverse health ideas. The world is changing due to cultural influx. This necessitates a greater need for nurses and other health personel to study and broaden, not only cultural knowledge in large but also different perspectives of health care and culture. A need to study and research concepts of health that is diverse from one’s own. This in order to more fully respect and understand culturally diverse health care seeking people. Also you avoid interindividual conflicts, misunderstandings and problems of cultural origin. You hereby automatically develop understanding of your own and others culture and become less etnocentric.

We must consider or accept the fact that Western Biomedicine or the Scientific system is not a health system of ideas shared by everyone around the world. There are other health systems we have sparse knowledge about. The Ayurvedic is one of them.

So, in depth, what is the nature and essence of Ayurveda, the Asian health care system? What is the Ayurvedic concept of health?
2. BACKGROUND

2:1 Concept of health
The concept of health is a very complex and multidimensional concept that varies with time, geographical setting and analytic perspective. Health has different meanings and interpretations that changes in character from one individual to another, from one social group to another as well as from one country to another. The word "health" has undoubtable different linguistic uses and meanings in different context.

2:1:1 The historical impact on western concept of health
The western world today has been, to some extent still is, inspired by thoughts of health decending from as far back as prehistoric times. According to Tamm (1994) we are still influenced by faithhealing, thoughts of magical and ritual healing and curses. We still, for example believe in the power of medical herbs.

During the Biblical Times (the time of the Old Testament) maintaining health meant keeping peace and living in harmony with Jahve, God. The jewish law dictated rules and regulations of how to avoid the wrath of God. The law included for example socialhygien, preventive health with dietary and sexual instructions.

Authors (Nordenfelt 1991, Tamm 1994) point out the impact of the classical greek period as inspiring modern idea of health. Thoughts initiated by Hippokrates and later developed by Galenos formed the Humoralpathology. According to this concept, health was seen as a balance between the four elements of the body (earth, fire, water, air) and also balance of the four bodily humors (black bile, yellow bile, phlegm, blood). The imbalance or rather increase of one of the humors caused temperamental changes in man. He became choleric sanguine, phlegmatic or melancholic. These are words or states modern medicine acknowledge today. They are also used in common speech.

Regulation of diet and remedies consisting of herbal drugs, were the main means of treatment of humoral imbalance during that time (Vogel 1991). The greek philosopher Platon introduced the concept of dualism, the division of the world in a materialistic and an ideological part. Aristoteles introduced
the materialistic philosophy and the empirical method (empirism) (Tamm 1994).

Eriksson (1984) states that health to Platon meant a natural and moralic ideal, that should be pursued by everyone.

During 15th century, Descartes developed the dualistic thought and proclaimed a strict division of the human being in body and psyche. The psyche being independent of the body and unable to empirically explore. Descartes ideas has had an enormous influence on Biomedicine (Nordenfelt 1991).


2:1:2 The modern western concept of health

The modern medicine is beginning to incorporate other views than the strict Biomedical pathogenic definition of health (Silva & Andersson 1993, Nordenfelt 1991, Sachs 1987).

We are today influenced by models of health from different fields of vision like humanism, psychology, anthropology, psychoanalysis, existentialism, social science etc. There is a widespread preoccupation with different conceptions of health among people in common, theorists, researchers etc. Health today is an extremely popular and well used word, both in philosophical and business matters. The word "health" is used in rhetorical ways and as clichés. The concept of health has been analysed in so many ways it’s hard to keep count.

Sachs (1987) and Nordenfelt (1991) says that due to the complexity and
variety of the different views of health, one can never and does’nt have to completely conceptualize it. This statement does not exclude the need of research of different views of health.

2:1:3 Some perspectives of health
Health is defined by WHO (1988) "as being a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity" (p. 2).
Dunn (1976) says this is a definition with several disadvantages as "it implies that the condition of being healthy is static and absolute, and it does not provide for differences in perspective, ...conditions may be regarded as healthy in one society and unhealthy in another" (p. 133).
This definition has also met criticism as a too narrow and not enough practically directed, by other authors (Sachs 1987, Rydén&Stenström 1994, Eriksson1984).
WHO (1988) has acknowledges this in the health policy: "Health for All People by the year of 2000". This policy includes 38 regional targets as concrete goals for member states to work towards.

Antonovsky (1991) introduced The Salutogenic Model of Health. Salutogenesis is health-oriented and focuses on the origin of health rather than pathogenesis. He defines health as a continuum between the contrasts ease and dis-ease, rather than health and disease. Man/woman moves along this continuum, always to some degree healthy. The Model takes the individual’s entire context into account in explaining his or her movements on the ease-dis-ease continuum. Health promotion is seen as moving toward the positive, healthy pole of the continuum. One of the the most crucial elements of the salutogenesis is the degree of sense of coherence, that has three components: comprehensibility, manageability and meaningfulness.

The difference of subjective and objective health, is depicted in Erikssons (1984) "cross of health". These contrasting dimensions are intersected, the subjective vertical line stretching from "illness" to "well-being", whilst the objective horizontal line ends with "dysfunction" and "absence of dysfunction". Eriksson defines health as an integrated state of soundness, healthiness and well-being (she uses the swedish words "sundhet, friskhet och välbefinnande" p. 20). She also points out the importance of integration and that health is individually, socially and culturally based. Important is,
according to Eriksson, for everyone to have an individually formulated "vision of good health", a frame of reference to life and of living.

Influence of anthropology (social, cultural, medical) has greatly "broadened" the view on the concept of health to a more holistic one. Medical Anthropologist Lieban (in Sachs 1991, p. 15) defines "Health and disease are measures of the effectiveness with which human groups, combining biological and cultural resources, adapt to their environments" (Lieban 1977:13). Also Kleinman (1980), both anthropologist and clinician, believes perception of health and illness to be strongly socially and culturally influenced. He advocates a more holistic approach to health (and illness) within the western health care system of today.

One interesting contribution to the concept of health by anthropologists, has been the introduction of the analytical terms sickness, disease and illness. This in order to differentiate between subjective and objective health and ill-health (anthropologists also often use the word: emic or etic). Kleinman (1980) and Sachs (1987) among others, declares disease as refering to a malfunctioning of biological and/or psychological processes, i.e. a phenomenon that is objectively noticeable by the clinician. Illness on the other hand refers to the meaning of perceived disease and the psychosocial experience, i.e. subjective and culturally influenced responses to the disease. These responses are not always noticeable by the clinician. Sickness is defined as the combined "process" of the disease out of a social and culturell perspective (behaviour, biological signs, symptoms etc).

2:1:4 Oriental concept of health
The western world is today, due to migration, more and more influenced by ideas from the East. In many Oriental countries, in spite of more or less adaptment to western health system and ideas, the ancient humoral theories still prevails. According to the humoral concept, universal or cosmic disturbancies produces disequilibrium of the body and consequently causes ill health. Equilibrium of the opposing humors maintaines health (Tamm 1994, Sachs 1987, Leslie 1976).

Eastern health care disciplines generally views the body, mind and spirit form as an integral whole, according to Sheikh & Sheikh (in Larson-Preswalla 1994).

A majority of Asians, large segments of European and African societies, as well
as communities in Latin America, agree with this concept of health (Leslie 1976).

2:1:5 Transcultural concept of health
Leininger (1991), nurse researcher and founder of Transcultural Nursing, defines "Health refers to a state of well being that is culturally defined, valued, and practiced, and which reflects the ability of individuals (or groups) to perform their daily role activities in culturally expressed, beneficial, and patterned lifeways" (p. 48).

Nurse researcher Herbert (Boyle 1989) explains that the transcultural "broad concept of health includes the concept of wellness, disease, illness and sickness. To appreciate clients' health orientation, it is important to understand their frame of reference regarding definitions and characteristics of health and illness, the cause and prevention of disease and the source of health, remedies and practices of healing, types of health care practitioners and choice of health care system" (p. 23).

3. CONCEPTUAL FRAMEWORK
3:1 Transcultural Nursing
Transcultural Nursing is a derivation of holistic, humanistic and anthropological philosophical perspectives according to founder Leininger (1991).

Leininger (1991) has focused on cultural health. Because health and ill health for her are fundamental aspects of culture, it must be defined within the context of specific cultures. Leininger declares culture the "blueprint for living, remaining healthy or for dying" (p. 36) and defines health as "...a state of well-being which is culturally defined..."(p. 48). Cultural groups have diverse patterns of health expressions. How cultural groups view, define, promote, maintain and prevent health, together with how they structure their health care system are basic knowledge requirements for effective care. With identified basic knowledge of cultural health viewpoints, beliefs and practices, nurses (and others) can thus deliver culturally congruent care. "Care is the essence of nursing and the distinct dominant, central and unifying, focus of
nursing” (p. 35) according to Leininger (1991), who also declares that “Culture care refers to the subjectively and objectively learned and transmitted values, beliefs, and patterned lifeways that assist, support facilitate, or enable another individual or group to maintain their well-being, health, to improve their human condition and lifeway, or to deal with illness, handicap, or death” (p. 47).

By synthesizing the broad perspective of culture with the nursing care concept, Leininger (1991) developed the theory of culture care diversities and universalities, that provides the framework for the study of health. The use of researching and discovering substantive or basic knowledge and by doing so, achieving applied or practical knowledge of health and illness, is depicted in her Sunrise Model. The top part of the model explicits the impact or influence, among other factors, an individuals cultural background (cultural values and beliefs) and environment (health belief systems) has on health and illness states.

The model also depicts three major types of health systems, involved in the encounter between nurse and client that needs to be considered: folk system, professional system and nursing subsystem. The nursing subsystem may not always be congruent with the two previous and will if not acknowledged cause conflict, stress, noncompliance, etc.). These three systems are in their turn influenced by existing health systems among individuals, families and cultural groups.

According to Leininger (1991), the Model should be used, not as a strict conceptual model, but as a cognitive map to guide the researcher and help her or him to keep in mind all influencing dimensions concerning the concept of health. It is of great importance that a holistic perspective pervails when researching.

3:2 Anthropological perspectives
3:2:1 Medical or health systems of the world
Anthropologists proclaims that medicine, responses to disease, health care activities and health-related components, should be looked upon in a holistic manner as a socially organized cultural system. This system are by various anthropologists alternately called health care system or medical system.

A medical system is by Dunn (1976) defined as "the patterns of social
institutions and cultural traditions that evolves from deliberate behavior to enhance health, whether or not the outcome of particular items of behavior is ill health" (p. 135). He classifies them as local medical systems (various primitive or folk medicine), regional medical systems (Ayurvedic, Unani and Chinese medicine) and the cosmopolitan medical system (also called Western, Modern, Scientific, Allopathic, Biomedicine).

Kleinman (1980), omitting the word medical, separates three different but over-lapping types of health care systems: the popular, the professional and the folk sector. The popular sector is the largest, according to him. Included here are the lay, i.e. without formal health education, but comprises also collective cultural beliefs. The professional sector comprises the organized healing profession, most often Biomedically oriented (can in some countries have a different orientation and constitution). The folk sector contains health specialists of non-Biomedic origin.

Other anthropologists apply the same basic division but use different words. What Kleinman call popular sector, Sachs (1987) name personal or homecare sector and Leininger (1991) folk sector. Leininger refers folk system to culturally learned and transmitted lay, indigenous, traditional or home care knowledge. Professional system refers to formal and cognitively learned knowledge.

3:2:2 Great medical traditions of the world
According to anthropological researchers, traditions formulated during antiquity still influence health concepts and practices of the modern world. These old ideas of health and ill health or illness, old learned medical practice and theory, are named the great medical traditions or great medical systems.

According to Sachs (1987) the great medical traditions can be compared with the great religions, because of the intricate rules and regulation of health concept and practices they proclaim. They are usually classified as the Chinese, the Ayurvedic and the Yunani tradition. Yunani is in some literature spelled Unani.

Leslie (1976) choses to call the latter for Mediterranean, due to the geographical setting (Greece) where it was developed. This tradition was
formulated by Galen and was later spread by Islam to Central Asia, India and South East Asia where it's called by the Arabic name Yunani Tibbia. It is today practiced in Pakistan, India, Sri Lanka and other southeast countries. Galens humoralpathology was based on the teachings of Hippokrates, who influenced the Biomedical tradition, explains Tamm (1994). Sachs (1987) and Dunn (1976) also includes Biomedicine among the great medical traditions.

The Ayurvedic medical tradition is by Leslie (1976) called the South Asian (India, Sri Lanka etc.), it also has according to him a marked influence in Tibet, Burma and Southeast Asia.

4. AIMS

The aims of this review was to gain an insight of and describe the ayurvedic concept of health out of a transcultural perspective.

The research questions of the study was as follows:
- What is the ethnohistory of Ayurveda?
- What constitutes the health viewpoints, beliefs and practices of Ayurveda?

5. METHOD

Ethnonursing, has been defined by Leininger (1985) "as the study and analysis of the local or indigenous people’s viewpoints, beliefs, and practices about nursing care phenomena and process of designated cultures"(p. 15).

Ethnonursing is the search for phenomena of nursing related to health and ill health, where both emic and etic knowledge are to be included. Leininger (1991) points out the important information ethnohistorical data provides, to get a full view of cultural health. She refers ethnohistory to "those past facts, events, instances, experiences of individuals, groups, cultures, and institutions that are primarily people-centered (ethno) and which describe, explain, and interprete human lifeways within particular cultural context and over short or long periods of time"(p. 48).

She has identified "two major phases to guide ethnonursing research, namely, phase 1 discovering substantive basic knowledge, and phase 2, to applying basic knowledge to nursing and health context"(Leininger 1985, p.42).

The Sunrise Model contains "Steps and Process" of how to conduct this type of research. Step1 tells you to identify a domain of inquiry (area etc.) and Step
2 to explore available literature of the domain of inquiry (Leininger 1985, p.44).

In this study only phase 1 has been tried to be approached (note limitations!). The domain of inquiry was cultural health.

This has been a selected review of literature. In December 1995 a computer search was made in Kibic, Medline (1966-present) and Current Contents (1994-96) using various combinations of the keywords: ayurvedic, ayurveda, health, concept, medical, system, illness, sickness, disease, nursing and care. Contact has been taken with the institution of IHCAR and the Library of Carolina Rediviva in Uppsala for additional literature. The literature search rendered very few books written on the subject of Ayurveda. A moderate amount of articles dealt with the subject in large, though very few discussed the Ayurvedic concept of health. Of the articles dealing with Ayurvedic health issues, the authors were mainly physicians or anthropologists. Only one article had been written by a nurse. Most of the articles focused on chemical, biochemical, pharmacological and botanical research on Ayurvedic medicinal plants. The majority of the literature found, had been published in Western countries.

5.1 Limitations
Ethnonursing research requires, according to Leininger (1991) that the researcher enters the world of the people of concern (into the cultural setting) and thus obtaining emic data. This has not been done as this is only a literature review. Only etic knowledge has been studied and only literature accessible in Sweden has been used. This study is not to be regarded as a complete investigation of the health concept of Ayurveda. It is to be seen as a browsing among selected literature.
6. FINDINGS

6:1 Ethnohistorical overview of Ayurveda

6:1:1 Etymological meaning
The word Ayurveda is composed of two Sanskrit words Ayu, meaning life and Veda meaning to know. Hence, Ayurveda stands for the knowledge of life or the knowledge by which the nature of life is understood and thus life prolonged (Bhishagagrata 1981, Keswani 1974, Vogel 1991, Leslie 1976).

6:1:2 Ayurveda in ancient times
The Ayurvedic system evolved in India, in the Indus Valley where civilization at that time flourished. Archeological excavations, more than 4000 years old provides evidence of well-to-do citizens with remarkable concern for sanitation and highly developed public health facilities. The then presiding Harappan culture gave way to the entering Aryans and later evolution of Ayurveda. The four Veda books, 3000 years old or more are the main sources of the Aryan culture and medicine (Dunn 1976, Basham 1976, Keswani 1974, Bhishagagrata 1981).
According to Indian tradition, the four Vedas was revealed or written down, by the creator Lord Brahma himself, and given to the sages more than 6000 years before Christ (Keswani 1974).

At the period of Vedic literature, the cause of illness and disease was seen as the work of punishing gods, evil spirits or demons. Cure was achieved through magical means. Rig Veda, the oldest of the four Vedas includes hymns and prayers to diverse dieties with medical and surgical skills. The Atharva Veda, the latest one, is overfilled with prayers, spells, incantations etc. meant to be used to protect the people against disasters and diseases (Dunn 1976, Basham 1976, Keswani 1974).

Keswani (1974) points out that the traditional Vedic medicine, prospering for centuries, was orally transmitted by succesive generations, from master to pupil, and was not called Ayurveda until much later around 600 B.C. Also Mazars (in Vogel 1991) agrees to this but sets the date to 900 B.C.

The two major and authoritative Ayurvedic texts are the encyclopedic works, Sushruta Samhita and Charaka Samhita. Diverse opinions exists concerning the chronological order of the two. Some authors (Basham 1976, Dunn 1976,
Fåhraeus 1944) place Charaka (dating from the first century) prior to Sushruta, whilst some place Sushruta prior, dating 300-200 B.C (Bhishagagrata 1981, Keswani 1974, Gundersen 1986).

Sushruta Samhita was originally written by the surgeon Sushruta, son of a royal sage. This document, lost to the world was revised and redacted to the present form by Nagarjuna, who was a famous physician and alchemist, 300 B.C. It emphasizes surgical aspects of therapy but also contains an abundance of theoretical and practical medical health information. It lacks the Vedic mythical-magic formulae, and contains instead a major development of the empirical and rational thinking discernible in the earlier Vedic books (Bhishagagrata 1981, Keswani 1974).

Charaka Samhita, written by a physician, was also partly lost but restored with minor alterations by Drdhabala. It contains like Sushruta general principles of medicine, but ignores the surgical treatments and instead concentrates on drug therapy Basham 1976, Keswani 1974).

According to popular Indian tradition, Ayurveda (science of medicine) was handed down to mankind by the Vedic gods. There exists different versions of how and by which of the gods, this was done. Charaka claims in his Samhita, he was the first mortal to receive the knowledge of Ayurveda and to have written down the actual words of the god Indra. Whilst the version in Sushruta Samhita explains it as been given to mankind through a discourse by the celestial Dhavantari to a gathering of earthly Rishis, one by the name of Sushruta (Bhishagagrata 1981).

Bhishagagrata (1981) translates in Sushruta Samhita, "... and we supplicate thee, O Lord, to illuminate our minds with the truth of the Eternal Ayurveda (Medical Science) so that we may faithfully discharge the duties allotted to us in life, and alleviate the sufferings of humanity at large..." (p.1, ch.1, vol.1).

Jayaweera (1981) proclaims that, whatever the celestial inspiration the Ayurvedic system was founded by the Rishis in India.

6:1:3 Influence and spread of Ayurveda
In the literature there’s major ambiguity and diverse opinions, concerning the possibility of Greek dependency or influence on Ayurvedic ideas. Fåhraeus (1944) believes in Hippokratic and Galenic influence on the primal Ayurvedic concept, whilst some authors totally denote this (Keswani 1974,
Bhishagagratna 1981, Leslie 1976, Gundersen 1986), proclaiming that the
great medical traditions evolved individually and that Ayurveda was known in
Europe before Greek texts were translated into Arabic (and thus known to the
Asians).

Ambiguity also prevails concerning inspiration of Hinduism and Buddhism, or
the other way around. Jayaweera (1981) says the Ayurvedic system was
founded about 3000 years before Hinduism and Buddhism came into
existenses as religions. The ancient medical works of Charaka and Sushruta
was compiled in the pre-buddhist era. Bhishagagratna (1981) supports this
idea by proclaiming that the original works, the Samhitas was written two
centuries before the birth of Buddha, but rewritten or redacted in the
Buddhist period.

Basham (1976) is of the opinion that Ayurveda evolved into something like its
form of today, around the same time as the evolution of the strict socio-
religious system of the Hindus (Hinduism). He also points out that texts
succeeding that of Sushruta and Charaka, shows clear influence of Buddhistic
thoughts.

Several authors agree though, that the Ayurvedic knowledge spread widely
during the spread of Buddhism as a religion. The medical texts were
translated into persian, arabic, chineese and in circulation and known around
the world by the ninth century. Arabic influence is noted by adding the fourth
humor of blood, the introduction of sphygmology and the use of certain drugs
like opium and mercury to the Ayurvedic treatment (Jayaweera 1981,

The surgical and anathomical part of the Ayurvedic tradition withered or at
least suffered a set-back during the Buddhist period, since Buddhism prohibit
dissection. Other parts: medical, dietary and hygen, health prevention and
promotion etc., survived and flourished (Keswani 1974, Dunn 1976).

6:1:4 Practitioners and recipients of Ayurveda during ancient times
Practitioners of ancient Ayurveda was known as Vaidya (from Sanskrit Vidya
meaning knowledge) and was invariably male. Entry to the profession,
consisting of six years of apprenticeship were mostly given to members of the
three upper classes. The profession had a developed ethical code and attained
high status in the society. The Vaidya's knowledge included internal and external surgery. The surgical operations were classified into eight categories: excision, incision, scarification, puncturing, probing, extraction, evacuation and drainage, and suturing. He extracted gall bladder stones, replaced bowels, performed caesarian sections, rhinoplastics/plastic surgery etc. He had an immense pharmaceutical knowledge, more than 700 medicinal herbs in Sushrutas time. Medical treatment consisting of diet regime, herbs, decoctions, tonics and personal conduct (mental and bodily) were common. The Vaidya had impressive knowledge of foetal development and practical midwifery. Diabetes was discovered by Vaidyas (Fâraeus 1944, Keswani 1974, Dunn 1976, Basham 1976, Leslie 1976).

Sushruta (Bhishagratna 1981) declares: "A physician who is well versed in the science of medicine and has attended to the demonstrations of surgery and medicine, and who himself practises the healing art, and is clean, courageous, light-handed, fully equipped with supplies of medicine, surgical instruments and appliances, and who is intelligent, well read, and is a man of ready resources, and one commands a decent practice, and is further endowed with all moral virtues, is alone fit to be called a physician" (p. 306, ch.34, vol.I)

Basham (1976) adds that the Vaidya was assisted by trained male nurses and that nursing was a definite profession. Sushruta (Bhishagratna 1981) describes the qualities of the nurse: "That person alone is fit to nurse or to attend the bedside of a patient, who is cool-headed and pleasant in his demeanour, does not speak ill of any body, is strong and attentive to the requirements of the sick, and strictly and indefatigably follows the instructions of the physician" (p.307, ch.34, vol.I).

The prime recipients of Ayurvedic care was the king and court leaders. The king often had a Vaidya of his own, constantly in attendance and also supervised the royal kitchen (so the king were given health-giving diet and avoided poisoning). The soldiers were other important recipients of care. The quarters of the army doctors should be marked with special flags to show the way for wounded. Urban males of elite castes were also considered major clients (Bhishagratna 1981, Dunn 1967, Basham 1976).

The poorer people were provided free Ayurvedic care, as a sign of charity by kings and wealthy people, according to the ethic of Hinduism (Basham 1976).
Authors proclaims Emperor Ashoka (200 B.C.) the first to establish cikisas, a kind of hospital, for both men and animals. There exists evidences of hospitals (in the true sense of the term) operating and giving free care to poor and sick in India as early as during the fifth century B.C. (Basham 1976, Keswani 1974).

6:1:5 Ayurveda in modern times
From the tenth century onwards, Ayurvedic medicine was on decline in India, due to Muslim rulers introduction of Unani medicine. Instead an amalgam of the two types of medicine was produced. Western medicine was introduced in India in the sixteenth century (Keswani 1974).

In modern times an Indian medical revivalist ideology has developed. The revivalists blame the introduction of Western medicine resposibiel for part of the deteriation of Ayurveda. By studying the classical texts they now try to correct the corruption (Keswani 1974). Leslie (1976) on the other hand points out that the adopting of new knowledge in Ayurveda has instead advanced the system. From being a traditional medicine, the syncretism with Unani and Western medicine, has transformed Ayurveda to a professional medicine. Thus the development of Ayurvedic hospitals, colleges, schools, journals, health agencies, pharmacies and admitting females students.

According to Taylor(1976)and Leslie(1976)has the Indian government since The Independence been promoting the revival of Ayurvedic medicine, this by synthesizing as decribed above by Leslie. Today students of Ayurvedic medical schools recieve MBBS degree. Ayurvedic practitioners, only degree and diploma holders from certain institution, are given registration following a uniform law passed by the Central Government in 1970.

Ayurveda, Unani, Western medicine and regional variations are today being practiced side by side in India and Sri Lanka. Together with local healers they form a multipluralistic medical system described and analyzed by many an author (Beals 1976, Leslie 1976, Dunn 1976, Taylor 1976, Ramakrishna & Weiss 1992, Nordström 1988).

The distribution of Ayurvedic hospitals (by management status) in India's thirty two states, shows a total of 1,484 hospital (1,360 governmental) with a total number of 16,963 beds. Distribution of dispensaries in Ayurveda (by management status), comes to a total of 12,339 (9,135 governmental). The total number of registered practitioners in Ayurveda is 306,740 (185,701 is institutionally qualified and 100,804 is not). Ninety eight Ayurvedic colleges is
listed in India (Narendra Nath 1996).


Larson-Presswalla (1994) reports increased American interest in Eastern alternative health concepts and care due to Asian immigration and a disgruntled American consumer group. She accounts for Ayurvedic thoughts and how to provide congruent care, according to the transcultural principles. A large amount of Indians (East Indians) have migrated to U.S. (815,000 in 1992). The conflicts that may occur, due to the diverse health ideas of Western and Ayurvedic medical system has been described by Ramakrishna & Weiss (1992). Health care conflicts are also discussed by Jarvis (1992), who includes Ayurveda in the organized non-scientific quackery that harms the health care of U.S.A. He mentiones Chopra, as the leader of the american Ayurvedic movement.

Deepak Chopra, is an endocrinologist who serves as president of the American Association of Ayur-Vedic Medicine. In ”Perfect health” (1990), he accounts of the revived ayurvedic principles of Maharishi Mahesh Yogi.

Goldman (1991) describes the introduction of Ayurvedic medicine in North America, mainly the Maharishi Mahesh Yogi movement and TM (transcendental meditation). The Canadian Association of Ayurvedic Medicine, proclaims to have educated 1200 physicians in the concept. There are three Ayurvedic health centres in Canada. He also discusses the vast differences between Ayurveda and Western medicine.

In Sweden, TM was introduced in the sixties, by Maharishi Mahesh. Today there’s three Maharishi Ayurveda TM-centres. In1989, a Maharishi Ayurvedic Health Clinic opened up in Stockholm (just recently moved to Skokloster). Sweden has four practitioners, nine health consultants and about twenty therapeutics that are authorized by, and educated in, Maharishi Ayur-Veda (Ljungsberg 1996).
6:2 Ayurvedic health beliefs and practices

The influence of other medical systems has over the years come to change the Ayurvedic in many ways. Though, due to the strong belief in the authority of the classical texts, the major concepts of Ayurveda still remain much the same (Leslie 1976, Keswani 1974, Basham 1976, Ramakrishna & Weiss 1992).

6:2:1 Concepts and definitions

*Mula dharma* (the fundamental principles) of Ayurveda shows an inter-relationship between the universe and the human body, states Keswani (1974). The source of the universe is *Prakriti* (the supreme nature, cosmic energy or progenitor of all created things). *Purusha* (human being) is a microcosm, within the macrocosm or universe. What occurs in universe, correspondingly occurs in the human being.

"Both the *Purusha* and *Prakriti* are eternal realities, both of them are unmanifest, disembodied, without a beginning or origin, eternal, without a second, all-pervading and omnipresent" (Bhishagratna 1981, p.116, ch.1, vol.II), declares Sushruta. He continues, "...*Purusha* is nothing but a combination of a self-conscious self and the five kinds of matter (*Mahabhutas*) formed into an organic body" (p.119, ch.1, vol.II).

Sushruta also proclaims that "...the created world is composed of two distinct classes, such as the mobile and the immobile. These two classes, in their turn, are further sub-divided for the purpose of the science of medicine into the two orders, *Agneya* (hot) and *Saumya* (cold). Hence the world is composed of five material principles, though characterised by the twofold virtues..." (Bhishagratna 1981, p.9, ch.1, vol.I).

The *Mula dharma* of Ayurveda are described by many an author. Included in the concept are the doctrine of the five *bhutas*, the *tri-dosha*, the seven *dhatus* and three *trimalas*. The universe contains five *Mahabhuta* (basic elements). They are *prithvi* (earth), *ap* (water), *tejas* (light, fire or heat), *vāyu* (air or motive force), and *akasha* (space, vacuum or ether). The physical body is a conglomeration of these basic elements, as everything else. They combine in different proportion, in different parts of the body, and thus forms the seven *dhatus* (basic tissues or components) which uphold the body. They are *rasa* (plasma), *rakta* (blood), *asti* (bone), *mamsa* (flesh), *medas* (fat), *majja*
(marrow) and shukra (semen). Increase or decrease in dhatus, cause deteriorating changes. Even more important than the dhatus is the doshas (Bhishagragatna 1981, Keswani 1974, Obeyesekere 1976, Ramakrishna & Weiss 1992).

Ramakrishna & Weiss (1992) states that, three of the five universal elements has analogues in the body as doshas or humors: air (as wind) is called vata, fire (as bile) is called pitta and water (as phlegm) is called kapha.. Keswani (1974) proclaims the doshas to be the three condensed forms of the five universal elements. The terms should be seen in a broader sense than wind, bile and phlegm. Thus vata stands for all phenomenon of motion that come under the function of life. Pitta signifies the function of metabolism and thermogenesis, digestion, sekretions, excretions etc. Kapha primarily implies functions of cooling, preservation, thermotaxis and secondarily production of fluids like mucus and synovial fluid.

The personality of an individual depends on the predominance of the three bodily humours. The constitution or temperament of each person is unique, the exact nature of this humoral balance differs from person to person. There are though three major body types. You can also be a combination of one, two or three types. A vata-person is thin and tall, alert, extrovert, anxious etc. A pitta-person is cultured, intelligent, precise, articulate etc. The kapha-person is corpulent, faithful, patient, grateful etc. (Keswani 1974, Chopra 1991, Ramakrishna & Weiss 1992).

In Perfect Health, Chopra (1991) thoroughly describes the various body types, and how one can discern ones own.

Food (including herbs and spices) and diet is of immense importance in the Ayurvedic belief and incorporated in the concept of bhutas (basic elements). The quality of food depend, like the human body of the predominance of bhuta. Certain foods are considered tonda (cold) or garam (hot), light or heavy, mild or sharp etc. This has nothing to do with the taste or temperament of the food. Selected food can be used to strengthen or weaken certain humors. By a special diet you can thus balance the humors. The human body is, according to Ayurveda, the product of food. The crucial transformation of food into humors and body constituents occur in the digestive system. Indigested food are consumed by Agni (the digestive fire) and finally converted to the three trimalas (excretions) i.e. feces, urine and
sweat. Therefore Agni and trimalas are by some authors added to the mula dharma or fundamental principles. Purusha (the human being) is not only a physical body, but a union of mental, spiritual and physical factors. The mental and spiritual development is also influenced by food, or the type of diet a human ingest (Keswani 1974, Ramakrishna & Weiss 1992, Obeyesekere 1976).

The doshas (bodily humors) are susceptible to imbalance and vitiation. There are four basic factors: food, conduct, earth and time, that are the accumulators, aggravators and pacifiers of the deranged doshas and thus the result of diseases in man. Earthly factors that cause disturbances, imbalance and disharmony of doshas include both natural and social environmental factors. Mentioned is for example seasonal changes, water and air pollution, stressful antagonistic work situation, impoverishment, family chrisis, communal problems, governmental or state chrisis. The time factor is also important. Karma (the dynamic acts done by entities in prior existence) exists as a prevailing force in the universe that effects the lives of all living entities. The doshas fluctuates as time goes by, some doshas increase and some decrease by time. The state of mind, mental and spiritual balance, is dependent upon a persons conduct or moral. Not only the conduct of this life, but also according to karma. Negative repercussions of karma can thus produce physical results such as broken bones, but also grief, death, etc. (Bhishagagrata 1981, Nordstrom 1989).

Sushruta states that, "Health indicates a normal condition of the three-Dosha (fundamental principles), Agni (the digestive fire), Mala (feces, urine, excrements, etc.) and the (seven) Dhatus or root-principles of the body as well as a serene state of the body, mind and sense-organs"(Bhishagagrata 1981, p.396, ch.64, vol.III).

Harmony and balance within the organism, as well as within the system the organism is a part (cosmic, environmental, social, spiritual, etc.) constitutes health. If one of the interconnected components is imbalanced or malfunctioning this automatically results in an imbalance of other components. The harmony of the whole system (mind, body and soul) is disturbed, dis-equilibrium prevails and causes sickness (Ramakrishna & Weiss 1992).
The concept of balance and harmony itself is synergistic and comprised of many elements, "...of the properties of heat and coolness that affect the health of a system, of sweetness and bitterness that give it flavour, of order and disorder that characterize it, and of the positive and negative alignment of parts that defines its nature at any given point in time"(p. 965). This web of influencial and interrelated aspects of life, being and health, builds up a "whole" or coherence that exists over time and space (Nordstrom 1989).

When correcting ill-health then, the person has to consider the etiological agent deemed responsible for the disease. All the forces that impinge upon health, such as those of metaphysical, cosmological and social nature has to be considered as well as the state of doshas, trimalas, Agni, etc. The appropriate healer must be consulted. It may not be enough to only take empirical measures (medical healers), but also to contact healers of the "world" such as astrologers, priests, magicians etc. Medicines curing the physical problem may not be enough as the underlying cause may not have been treated. Thus the tendency of consulting diverse specialists, and using various types of treatments and medications (both Allopathic and Ayurvedic). There is nothing wrong to try several measures to regain health (Nordstrom 1991).

"The Purusha (man) is the receptacle of any particular disease, and that which proves a source of torment or pain to him, is denominated as a disease. There are four different types of diseases such as, Traumatic or of extraneous origin (Agantuka), Bodily (Sharira), Mental (Manasa) and Natural (Svabhavika). A disease due to irregularities in food or drink, or incidental to a deranged state of the blood, or of the bodily humours acting either singly or in concert are called Sharira. Excessive anger, grief, fear, joy, despondency, envy, misery, pride, greed, lust, desire, malice, etc. are included within the category of mental (Manasa) distempers; whereas hunger, thirst, decrepitude, imbecility, death, sleep, etc. are called the natural (Svabhavika) derangements of the body. The Mind and the Body are the seats of the abovesaid distempers according as they are restricted to either of them, or affect both of them in unison" (Bhishagagrata 1981, p.11, ch. 1, vol.I).

"Diseases may be grouped under two broad subdivision, such as Surgical, and Medical, that is those that yield to the administration of purgatives, emetics, oils, diaphoretics, and unguents" (Bhishagagrata 1981, p.228, ch.24, vol.I).
6:2:2 Art and practice of healing

In the medical area, Ayurveda places the main emphasis on promotion of health and prevention of disease. In the classical texts there is several measures strongly recommended to achieve this. The significant way to maintain health is to live an orderly life. Personal hygiene, diet, work, sleep and rest patterns are regulated (Bhishagagrata 1981, Chopra 1990, Ramakrishna & Weiss, Keswani 1974, Dunn 1976).

It is the duty of the physician to preserve the state of health in a healthy individual, not only treat diseases of a sick person. The importance of cleanliness of both spirit and body is emphasized. An individually daily routine adjusted to the dosha-type and environmental changes, is the duty of every person to establish if seeking perfect health and a sound body. In his Samhita, Sushruta dictates: "Similarly, the practice of self-control, residence in a room protected by the strong gusts of wind, sleeping only at night, tepid water, and moderate physical exercise should be regarded as absolutely conducive to a better preservation of health" (Bhishagagrata 1981, p.185, ch.20, vol.1).

Sushruta devotes two whole chapter in his work, to rules of health and hygiene. The first part of the chapter describes conduct promoting and preventing health according to different seasons of the year. For example to avoid cold damp during the rainy season, to avoid bathing in cold water in winter and warm in the summer, to avoid drinking rain-water during rainy season and during epidemics etc. People should refrain from harmful food and eating if not hungry (empty belly) avoid sleeping during the day (if not working during night) and try to rise early in the morning. Amongst food good to all persons in all situations, Sushruta mentions clarified-butter, water, milk and boiled-rice. Other than those one has to adjust diet to dhatus, dosha, etc. (Bhishagagrata 1981).

Sushruta proclaims that physical exercise should be adjusted to one’s age, strength, physique and food as well as to the season of the year. One should exercise every day and only to half the extent of ones capacity, as otherwise it will bring on some disease. When not working, one should balance between Asya (sitting idle) that gives pleasure and increases corpulence and Adhva (active pedestrian habit) that reduces corpulence. Great measures are to be taken to daily clean the body. Danta-Kashta (tooth brushing) and Gandusha (gurgling) cleans and gives relish for food, Strobhyanga (combing the hair and anointing the head with oil) soothes and invigorates the head and the sense-
organs and removes the wrinkles of the face, Annulepana (annointing the body with scented pastes) removes perspiration and fatigue. Parisheka (showering and bathing) removes somnolence, bodily heat and a sense of fatigue. Udvartana (massage), Udsadana (rubbing) and Udgharshana (friction) restores the deranged humors to normal, reduces the fat, smooths the skin and imparts a fitness to the limbs. Sushruta recommends never to expose oneself to the rays of the sun. He also recommends chewing of Betel. Betel should be taken and chewed after meals as it tends to soothe the body, clean the mouth, checks the excessive salivation and acts as a general safeguard against throat diseases (a.a).

A person should never repress any natural urging of his body, according to Sushruta, who also mentions a variety of Aphrodisiacs in his Samhita. "Various kinds of (nutritious and palatable) food and (sweet, luscious and refreshing) liquid cordials, speech that gladdens the ears, and touch which seems delicious to the skin, clear nights mellowed by the full moon and damsels young, beautiful and gay, dulcet songs that charm the soul and captivate the mind, use of betel leaves, wine and wreaths of (sweet-scented) flowers, and a merry careless heart, these are the best aphrodisiacs in life" (Bhishagagrata, p.511, ch.26, vol. II).

Chopra (1990) has dedicated several chapters in his book, concerning means to promote health and prevent diseases. According to him there are three basic guidelines to follow: regulated diet, daily routines, personal conduct and practices. He accounts of diet suitable for different dosha-type and dietary ways to balance the doshas. In his book he depicts the various types of practices and gives advice concerning congruent personal conduct according to dosha-type. He also shows ways to physical and mental cleansing. Transcendental meditation is the major way to purify the mind. Several authors has in different articles mentioned the rules and regulations, concerning health and hygiene, such as Gundersen (1986), Ramakrishna (1992), Obeyesekere (1976), Keswani (1974).

Diagnosis (of health and ill health) is made by the five senses supplementary by interrogation. Sushruta declares: "the physician should view the body of his patient, touch it with his own hands, and enquire (about his complaint)... these three, (inspection, touch and questioning) largely form the means of our ascertaining the nature of a disease. But that is not correct, inasmuch that
as the five sense organs of hearing, sight, etc. and oral enquiry materially contribute to a better diagnosis" (Bhishagaratna 1981, p.75, ch.10, vol.I). The individual constitution of the patient (dosha-type) and disturbances of humoral balance (dhatus) has to be determined (a.a.).

According to Leslie (1976) and Chopra (1990) is Sphygmology, or pulse lore, also an important and well used method in Ayurvedic diagnosis, though absent from classical texts. A well skilled physician is said to be able to distinguish cause of a patients illness and its development, by examining the pulse. The four pillars, that success of the treatment of sickness rests on is according to Sushruta, the vāidyā (physician), the dravīya (drug), the upasīṭhata (nurse) and the rogi (patient) (Keswani 1974, Bhishagaratna 1981).

"Samshodhanam (Cleansing), and Samshamanam (Pacification of the deranged or agitated bodily humors giving rise to the disease), and the regiment of diet and conduct are the four factors which should be duly employed in order to successfully cope with a disease. Food is the principal factor which materially contributes to the strenght, complexion and vitality (Ojāḥ)”(Bishagaratna 1981, p.11, ch.1, vol.I).

Sushruta declares: "An intelligent physician, considering the nature of the disease, the strength and temperament of the patient, and the state of his digestion as well as the seat of the affection, the physical features of the country and the then prevailing season of the year, should prescribe a diet which he thinks the most proper and suitable to the requirements of the case. Since the conditions infinitely vary in the different types of diseases and even the same conditions do not obtain in the one and same type, physicians generally prescribe a diet of their own selection, one determined with regard to its general effect on health, in preference to one that has been laid down in books of medicine" (a.a., p.186, ch.20, vol.I).

When treating diseases the physician uses the qualities of the bhūtas in diverse food (regimental diet), herbs, spices and medicines, i.e. hot or cold food or drug etc. The choice of diet or medicine has to be in correspondance with the disease process, the constitution of individual and environmental conditions which affect the balance of the dosha and therefore the response to diet or drug. There are approximately 8000 recipes of Ayurvedic drugs that
can be used (Chopra 1990 Vogel 1991).

Sushruta gives advice, concerning the psychological part during treatment. "Hence he shall be kept in a chamber furnished with flowers, garlands, weapons, fried paddy, and lamps kept continuously burning. His friends and relations should regale him with fond and loving topics to drive away the feeling of sleepiness with the prospect of a speedy cure" (Bhishagagrmatna 1981, p.180, ch.19, vol.1).

Surgical treatment was extremely important and common in ancient time. Several chapters of Sushruta's Samhita, is devoted to the art of surgery, which has been studied by several modern surgeons. Sushruta divided the surgical operation into three phases: preoperative, operative and postoperative. Wine and herbal drugs were used to obtain sammohini (anaesthesia) and sarjivani (catharsis). Rules of hygien were eminent during operations. Psychological aspects were considered. The importance of the surgical part of the Ayurvedic treatment diminished with the birth of Buddhism (Keswani 1974, Dunn 1976).

Leslie (1976) has documented different Ayurvedic schools: purists (classical texts is authorative) and integrationists (adoptment of Cosmopolitan institutional forms, concepts and medication) among modern practitioners. He differentiates between professionalized (educated in institutions) and non-professionalized (educated via apprenticeship). There are also variations, for example doctors educated in Western medicine also practicing Ayurveda etc. Nordstrom (1988) explaines that Ayurvedic practitioners can obtain governmental registration (IMP-indigenous medical practitioners) if he has gained his education through apprenticeship to a master or professional Ayurvedic physician (has obtained degree from one of the Ayurvedic colleges). Beals (1976) having observed the medical system in Mysore, gives some details concerning recipients of medical treatment in India. The birth order and sex in a family decides the medical expenditures, according to him. First- or second-born male children tends to receive most medical attention. There is almost no medical treatment given late-born female children.

6:2:3 Types and choice of healing systems
India and Sri Lanka has been the areas, where research and assessments of the Ayurvedic health beliefs and system mostly has been done. Many an author
has described the types and choice of healing systems in the two countries. Authors acknowledge these countries as having a multiplurality medical system, based upon plural health traditions. Western, Unani and Ayurvedic health care systems operate side by side with folk medicine, which includes various types of healers (Sachs & Tomson 1992, Dunn 1976, Nordström 1989, Leslie 1976, Beals 1976, Obeyesekere 1976).

Leslie (1976) lists five aspects or kind of medical care in India: classical Ayurvedic, classical Unani, modern Ayurvedic and Unani, professionalized Unani and Ayurvedic, Cosmopolitan, folkmedicine (bone-setters, midwives, astrologers, priests, homeopath, exorcists, God-dancers, sorcerers, etc.). Also mixed variants of these exists. According to Taylor (1976), there also exists an "underground system of health care that provides the bulk of medical treatment for the people in India" (p.288). The driving force of this system is, according to Taylor, "the drug-detail men from pharmaceutical companies, often the largest and most reputable companies in the world"(p.288).

Nordström (1988) says that non-professionalized Ayurvedic practitioners provide the bulk of medical services on Sri Lanka. The impact Ayurvedic health care and concept has on the Lankese people are heavily underestimated.

In his study of four communities in India, Taylor (1976) found that only 10% of the medical care was provided by organized health services. Another 10% was provided by qualified allopathic physicians in towns or cities. The rest is split between home medical care and indigenous practitioners.
Also Ramakrishna & Weiss (1992) acknowledge the priority of home management of health and illness continuous among people in India. Beals (1976) reports he found the vast majority of diseases treated at home through home remedies.

Researchers states that the Indian and Lankese people, choose different types of care to different kinds of ailments. According to Beals (1976) and Nordström (1989) is Indian folk concepts of disease, diagnoses and treatments as pluralistic as the Indian universe and ecology. Different kinds of diseases have different causes and require different kinds of practitioners. Indigenous practitioners often offer distinct specialties of treatment, and
often herbal drugs, remedies and dietary regimes. People consult several types of practitioners (both allopathic, Unani and Ayurvedic) for the same ailment.

Ramakrishna & Weiss (1992) reports that concerning acute conditions in India is the Western type of care and its medicines preferred, in most places, to the Ayurvedic. Nordstrom (1988) report that fractures, snake-bites, skin diseases, eye diseases, hepatitis, boils, children's disorders, sinusitis, intestinal disorders, stroke, paralysis etc., are felt best treated by indigenous practitioners in Sri Lanka.

Obeyesekere (1976) found in his field research in Sri Lanka, that Ayurveda is often used for patients of chronic diseases. The medical system is structured by a division of labor between Ayurveda and Western medicine. He also found that Ayurvedic practitioners often consult Western doctors, and that Vaidya's often use Western medicines. Not, though, the other way around.

Thomas (1992) in his research of Hindu renunciates in India, came to the conclusion that the majority of the men seeking medical attention utilized both allopathic and Ayurvedic care and medicine. The most culturally conservative using only Ayurvedic medicine and treatment.

A study performed by Sachs & Tomson (1992) at a health clinic in Sri Lanka, well reveals the tendency of polypharmacy that occurs in a multiplurality medical system. The study shows that people consider Western drugs prior in acute cases. People came to the clinic mainly to obtain these drugs (drugs are freely available if prescription), i.e. the belief in certain drugs for certain diseases directs the choice of health system. Western drugs has, according to the authors, been integrated into the traditional concepts of health and disease.

The future of Ayurvedic tradition is discussed by some authors. Dunn (1976) emphasizes that the indigenous system (Ayurveda amongst other systems) remain enormously important as providers of medical care, to people living both in cities and villages. The Ayurvedic system (and other) contribute substantially to Indian health and ill health. Probably Ayurveda will continue to expand or hybridize with the cosmopolitan system. Taylor (1976) believes in, and desires some sort of synthesis between modern and Ayurvedic medicine.
Rather cooperation than competition. Nordstrom (1989) says that Ayurveda is not at all in decline. Its role in Sri Lankan health care has been vastly underestimated (as many often visited practitioners is not registered by the government of various reasons and thus go unrecognized).

Finally, some authors point out that Ayurveda comprises more than thoughts of health and health care. Obeyesekere (1976) proclaims that "Ayurveda is more than a system of physical medicine, because its underlying ideas have permeated religion and ritual" (p.201). Nordström (1989) introduces in her article the concept of multi-lectic process, to explain the dynamic that characterizes popular Ayurveda. "It provides in addition to a manuscript for health care, a popular knowledge paradigm by which the population addresses social, epistemological and ontological issues in their lives" (p.963).
7. DISCUSSION

7:1 General discussion
The conducted review, has first of all shed a light on how totally different one cultures perception of aspects of life and health can diverse from another. Perhaps the most salient point in this study, is the fact that one can not ignore the importance of considering culturally distinct beliefs and practices when studying and trying to understand diverse health concepts and health care related phenomena.

In order to more fully grasp the concept of health, there is a tendency today of using the terms of illness, sickness, and disease to facilitate analysis. I will thus apply these terms to the Ayurvedic health concept. Health according to Ayurveda, is balance and harmony of mahabhuta (the interrelated counterparts that build up man as well as universe). The concept of illness is very important to Ayurveda i.e. subjectively perceived imbalance and disharmony of doshas, trimalas, dhatus and Agni. Also sickness, according to Ayurveda that would be environmental or universal dis-equilibrium together with the bodily disharmony, is of importance. Disease, on the other hand does not seem that fundamental in the context. Of course, the disease has to be corrected. But correction of disease is only one part in the process. Equally, if not more important is the correction of illness. Interesting is the fact that Sushruta (that lived more than 2000 years ago) define disease, not as something objectively visible, but as everything "that proves a source of torment or pain" to man. Is this an error of translation, or does it mean that Ayurveda does not distinguish between illness and disease (in its general context)?

Without going into much details, one must recognize the obvious differences between the Western and the Ayurvedic concept of health and illness. The most striking difference is the view of the human being: mind, body and spirit. According to the strict biomedical view, these are separate and independant entities. Whilst the Ayurvedic concept view them as an integral and interrelated whole. Thus, does not the Ayurvedic concept of health fit into WHO's definition of health. Ayurveda includes the environment (as well as the individual) and the role of time, in its concept.

Noteworthy is that the state of health is not only dependant on the individuals "wholeness" but expands to include a "wholeness" on existential levels that
are difficult to grasp (if one is not highly philosophically educated).

The complexity of Ayurvedic health ideology has not only made me perplexed, (with the result of severely doubting my degree of intelligence) but also perplexing several issues of substantial importance to health related questions. The issue of holism and holistic health, for example. What concept of health can be more holistic that the Ayurvedic? If so, one is inclined to guess on other Eastern health concepts. The meaning of the word holism, has to me after this review, changed. The study of the intricate and complicated web of linking relationships between the person, the self and the surrounding world according to Ayurvedic beliefs, has given insight into new dimensions of the word.

Several researchers (anthropologists, nurses, etc.) advocates a more holistic approach to health within the Western health care system. Some says that one can discern such a movement today. This is interesting as the concept then moves closer to the Ayurvedic one.

Some Western authors advocates that good health is related to, and dependant on, a positive and confidant philosophical interrelationship between the individual and worldview. Antonovski (1991) empasizes the need of a strong sense of coherence to achieve positive health. Eriksson (1984) uses the phrase "individually formulated vision of life and living". Exciting and interesting is these train of thoughts, as it brings the Western and Ayurvedic together. The Ayurvedic concept of health weaves the individual into an intricate tangle of universal coherence.

Another interesting fact is that the humoralpathology of Hippokrates and Galen, that dominated the Western world for so long, so much resembles the Ayurvedic of today. That Hippokrates influenced Biomedicine is a well known fact, as well as the fact that we still carry linguistic remembrance of the time. Biomedicine is a relatively young discipline. If we Westerners look back into history we are not far from our own humoral beliefs. Not far from the time when we used dietary regimes, herbal drugs and remedies as main treatment to cure illness. To what extent do we actually carry remembrance of this era, not within the professional sector but the popular or home-care sector? To what extent has the Western popular or home-care sector been investigated, analyzed and compared with the professional?
Ayurveda is a 2000 years old health care concept. Its fundamental ideas of health is still very much alive and active (interest even seem to increase). Some ideas related to the system are astonishingly modern. Among the doctrine, you can discern thoughts and practices that are given increased interest today in Western health care. I’m thinking of introduction of meditation into the Biomedical world to treat special diseases, the importance of diet, relaxation and moderate physical exercise, etc. But most of all the holistic direction.
A far-reaching thought crossing my mind is that maybe above tendencies, is a Western retreat away from Biomedicine to old European ideals?

Another fascinating point, is that people in Asian countries show a profound awareness of alternatives, concerning the health care system. There is nothing wrong to try out different types of health care and treatments to get well. Ayurvedic and Biomedical physicians thrive together with other healers. The lines of demarcation for the role of the folk, professional, and popular sector seems to be completely different than the Western. Rather than a "total deliverance of the body when diseased " to the professional sector (as in the West), the Asian seems to seeks up that sector that suits his/her wants for the moment, i.e. they use the diversity of the health sector to fulfill their expectations. They contact the Western doctor when they think those drugs will cure them and the Ayurvedic Vaidya at other times. One wonders if this is a general procedure in Asian countries. One also wonders, if this multipluralism of health care is not applicable in a Western country. Once again, the investigation of the different sectors in the West, would be an interesting comparisons.

7:2 Implications of nursing
Nurses play a crucial role in the encounter between the help seeker and the health care system. The duty of the nurse is to interpret the health state of the sick person. The help seekers concept of health and illness, is the key to complete understanding of him or her. To be able to deliver individually adjusted care of high quality, we must be able to enter the emic world (distinct feelings, hopes and expectations) of the person. As nurses, we thus have to enlarge our basic knowledge of diverse health ideas.

This review from the etic perspective of the Ayurvedic health concept gives at least some insight into the emic world of a help seeker adhering to Ayurvedic
beliefs. The study has shown that Ayurveda is embedded in the everyday lives and fundamental conceptual framework of quite a few Asians.

But most of all, I think this review gives a clear insight into how fundamentally various health ideas and worldviews diverge. The Ayurvedic concept is only one among many. What do we know of other concepts? What other interpretations of health and illness are there? What hopes and expectations do help seekers carry? Do we fulfill the expectations? What degree of non-compliance are there in health care situations?

Some fruitful and valuable information to provide congruent care according to Ayurveda, can be obtained from this review. It makes one understand the importance of meditation and cleaning rituals. Also the crucial role of strict dietary selections and of purgatives. Diet and drugs given has to be approved of, concerning predominant qualities (hot, cold, etc) and the time of the year or season. The control of dietary intake would probably best be given over to the sick person. One understands the tendency to use, and expectation to be given, several drugs instead of a few (as is common in Biomedical situations). Neither can one neglect the importance of having the family around, during a state of illness, nor the expectation of the sick person to be a part in the caring process as well as in various kinds of treatment.

Knowledge of the prevailing multipluralistic medical or health care system in Asian countries (where Ayurveda is one part), also provides useful information. This is the health care system European immigrants left behind. No wonder they are bewildered when they meet Western hospitals.

Absent in the conducted review is facts of Ayurvedic nurses and nursing tradition in modern times. The simple reason to that is that there has not been any such information in the selected material. Several questions arise, considering this. Are there any Ayurvedic nursing schools? There are Ayurvedic hospitals and dispensaries, for a fact. Are the nurses working in these institutions, educated within the Western paradigm, or within the Ayurvedic? Are these nurses male or female?
7:3 Implications of conceptual framework

Leininger (1991) posits that there are culturally totally diverse health beliefs and practices. She also posits that these beliefs and practices are connected to the cultural worldview. She advocates the importance of keeping an "open mind" to influencers when studying health related phenomena and the importance of including emic as well as etic data. This to more fully understand the phenomena under investigation.

After having conducted this review, I have to support her premises. Temptation was strong to get stuck in the description of various kinds of diseases, their presumed causation and treatment (accounted for by several Biomedical authors in the selected material). This instead of trying to keep an open mind on various influencers. An open mind causes great difficulties, when approached by a myriad of information. Its much harder to select.

Alas, I have to express the difficulties in understanding Leininger herself and her theory. It felt like walking in a dense djungle, desperately trying to entangle myself and sort out a path among the branches, brushwood and high grass. Diverse definitions, premises, assumptions, dimensions, depictions, perspectives, concepts, and requirements kept swooshing past in front of my face. Maybe its due to the linguistic barrier. Whatever, the theory of Leininger is no "piece of cake" to understand. Its hard to conceptualize.

The anthropological information in general (analytical tems etc.) concerning health, health care systems and medical traditions has been very valuable to understand the material.
REFERENCES


Ljungsberg, R. (personal communication, March 27th, 1996)


