

From heritage to practice: Ayurveda in Delhi's public healthcare system

In recent years, the Department of AYUSH¹ has taken initiatives at various levels to promote and 'mainstream' Ayurveda and other Indian systems of medicine. With this 'mainstreaming' the representations and practices of Ayurveda have changed drastically. Various agents, such as the market and the state, are involved in reconfiguring and redefining Ayurveda as a medical tradition and a field of practice. This has undermined Ayurveda's holistic approach, the role of the Ayurvedic practitioner, and the authority of the Ayurvedic canons. Here, 'Heritage Ayurveda' is compared to contemporary Ayurvedic public health practices, whereby the term 'Heritage Ayurveda' refers to the current interpretation of Ayurveda's history.

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THE COMMENTS MADE HERE are based on my recent study that dealt with the broader issues of mainstreaming traditional Indian medicine and medical pluralism in Delhi's public healthcare system. Ethnographic fieldwork was carried out in eight Ayurvedic public hospitals and dispensaries belonging to the Central, State and Municipal Governments. This multi-sited approach reflects the changes these institutions have gone through in fields such as bureaucratic structure, patient flows, infrastructure, day to day affairs, medicine supply, diagnosis, treatments and representations. This article focuses on two of the institutions I visited: the Ayurvedic and Unani Tibbia Hospital (a so-called standalone facility), and the Safdarjung Ayurvedic dispensary (part of the Safdarjung Hospital, a biomedical facility in which Ayurveda is co-located).

Ayurveda in Delhi's public health

'Heritage Ayurveda' is believed to have a unique holistic approach. This heritage notion of Ayurveda is part of nationalist assertions, with a relatively recent global appeal, as a form of holistic treatment that includes body, mind and soul. Ayurveda's holistic notion and biomedicine's assumed reductionist approach, renders the two systems opposites. But Ayurveda's holistic claim does not hold true in practice. In Delhi's public health facilities the focus of Ayurvedic doctors is neither on holistic diagnosis and medication nor on other holistic aspects of treatment. For instance, in the Ayurvedic and Unani Tibbia hospital pulse-examination and elaborate illness histories are not performed. Patients are not prescribed dietary regimens based on their condition; instead, all patients are advised to avoid spicy and oily foods. Ayurvedic doctors do not probe into histories, backgrounds and origins of the ailments. In addition, doctors do not prescribe fermentations, fresh herbs, or herbal decoctions; modern Ayurvedic medicines, now in the form of tablets and capsules, closely resemble biomedical pharmaceuticals. The situation results in patients being unable to differentiate between Ayurvedic and biomedical treatments, and Ayurveda has been reduced to an adjunct therapy.

The situation shows how Ayurveda (at least in Delhi's public health system) has deviated from its own logic of holism and follows the logic of biomedicine, where diagnosis is based on test results and patients are prescribed medicines after a consultation of just one or two minutes. In this context, the mainstreaming of Ayurveda comprises of Ayurvedic college-educated doctors and Ayurvedic industrial medicines filling the gaps in public health. The objective is to reduce the patient load irrespective of the form of medicine practiced.

The system makes it impossible to treat a disease the Ayurvedic way – through the manipulation of diet, lifestyle advice, external treatments, internal cleansing, and the use of medications made from fresh herbs. The patients in the Tibbia hospital said they had selected the Ayurveda clinic only because Delhi's public biomedical facilities had an insufficient number of beds and long queues for medicines; they hadn't really noticed a difference between Ayurvedic and western biomedical treatments.

Ayurvedic practitioners

The second notion typically associated with 'Heritage Ayurveda' is the *vaidya* – the glorified health provider claiming his expertise by quoting the classic Sanskrit *slokas*, such as *yatha pinde tat brahmande* [whatever is in the body, is in the universe]. Ayurvedic doctors in Delhi's

public health facilities distance themselves from, what they see as, Ayurveda's ritualistic past and claim a more scientific, and therefore pure, approach to medicine. They distinguish themselves from traditional *vaidyas* by emphasizing their own college degrees; *vaidyas*, without government sanctioned degrees, supposedly have little Ayurvedic knowledge. This attitude held by college-educated doctors stems from their rivalry and self assertion against *shuddha* [pure] Ayurveda, i.e., traditional practitioners who are against integrating and synthesizing Ayurveda with western biomedicine. Unlike traditional *vaidyas*, Ayurvedic college educated doctors depend on biomedical tests (and to a lesser extent on their patients' own accounts), instead of pulse examinations and other traditional diagnostic tools. They ignore patient agency, which is evidently a crucial aspect of 'Heritage Ayurveda'. This modern development has led to a hierarchical relationship between doctor and patient, in which the former neither explains diagnosis and treatment, nor probes into the patient's diet, occupation and lifestyle. Ayurvedic doctors working in Delhi's public health system respond to this criticism by referring to their heavy caseload, which makes it practically impossible for them to adhere to traditional Ayurvedic notions of diagnosis and treatment.

On the whole, Ayurvedic doctors in government institutions in Delhi are not able to apply their Ayurvedic diagnostic and curative knowledge. In other words, they cannot translate their clinical knowledge into medical practice. Reasons for this include the fact that college educated Ayurvedic practitioners are not fully trained in Ayurveda: their curriculum is made up of at least fifty percent biomedical courses. They are generally unaware of current Ayurvedic research and the existence of Ayurvedic research journals. Their training only exposes them to industrially made Ayurvedic medicines, and they receive no knowledge about the use of fresh herbs and other forms of Ayurvedic treatment. Nevertheless, they maintain that their knowledge is superior to that of *vaidyas* because theirs is scientific in nature. They take pride in the biomedical content of their Ayurvedic college education and are not concerned with maintaining the integrity of 'Heritage Ayurveda'.

Surprisingly though, Ayurvedic doctors in Delhi's public health system tend to show greater concern and politeness towards their patients, compared to biomedical physicians working on the same premises. It is not clear if this is due to training or because they see relatively fewer patients than their biomedical colleagues. The Ayurvedic doctors working in Safdarjung Hospital's Ayurvedic dispensary only see ten to fifteen patients a day. Though they fail to adopt a holistic approach to diagnosis

and treatment, they do generally listen to their patients and are sensitive to their patients' satisfaction with the treatment. This approach, which is in line with 'Heritage Ayurveda', does not seem to be institution-specific, but rather doctor-specific or sometimes even case-specific.

My research also revealed that, in its public health embodiment, Ayurveda has changed in terms of medical theory, the use of modern surgical equipment and the preparation of medicines. Traditionally speaking Ayurveda recognizes three morbid factors, the three *doshas*: *vata* (wind), *pitta* (choler) and *kapha* (mucous). A harmonious state of the doshas creates balance and health; while an imbalance, which might be an excess (*vridhdhi*) or deficiency (*kshaya*), manifests as symptoms and ailments. However, the Ayurvedic doctors I encountered did not classify diseases on the basis of the doshas. On the whole these Ayurvedic doctors in Delhi's public health system did not have much knowledge about disease classifications mentioned in the Ayurvedic canons.

Ayurvedic surgery

According to the surgeons at the public health hospitals I visited, there is presently no clear cut distinction between Ayurvedic and biomedical surgical procedures. They said that having decided in favor of surgical treatment, every surgeon has a choice to adopt any 'proven' surgical technique, either Ayurvedic or biomedical. Ayurvedic surgery is typically applied for ailments concerning the appendix or gallbladder, hernia, hydrocele, anal-rectal disorders, etc. *Ksharsutra*,² for example, is a special surgical procedure that is unique to Ayurveda and which is applied to treat chronic and acute anal-rectal problems, including piles and fistula. The *ksharsutra* method is known for reducing the chance of recurrence and does not require anesthesia.

However, the surgeons also referred to *Sushruta*, author of the almost two thousand year old Ayurvedic canon *Sushruta Samhita*, who is considered to be the father of surgery by many people in India. They told me that as modern anesthesia was not available during *Sushruta's* time strong alcohols were used for surgeries of the brain, abdomen and limbs. Some doctors I interviewed claimed to have adopted procedures of the *Sushruta Samhita*, while those who are more realistic admitted to use an improvised version learned at medical college, in which anesthesia and antibiotics are used.

At the two hospitals I observed firsthand how Ayurvedic surgeons adapt ancient surgical methods by drawing on biomedical expertise. For instance, the exact surgical procedure for hernia is not mentioned in *Sushruta Samhita*. According to my informants, *Sushruta's* technique *agnikarma* is only helpful for a hernia in its initial stages.³ The standard biomedical procedure for hernia surgery involves administering sutures and hernia patients often get what is known as 'plastic mesh repair'. But Ayurvedic surgeons adopt a different approach and use a double breasting procedure under local anesthesia. It was difficult for the surgeons to say if this is a purely Ayurvedic procedure, in terms of being mentioned in the Ayurvedic canons. However, they claimed that this technique is inspired by traditional Ayurvedic approaches to specific medical problems. The question arises if, in the present situation, it is even possible to do surgery the Ayurvedic way. Ayurvedic doctors in the Tibbia hospital mentioned a heavy patient load and a poor quality medical education as the main reasons for not following classical textual guidelines. They said that maintaining Ayurveda's integrity by following the classics is not as important as meeting patients' needs: " *unka kaam yeh hai ki woh pehle patients ke need ko dekhein aur na ki Ayurvedic protocol ko*" [the priority is to give heed to the need of the patient above giving attention to the textual protocol].

The factors discussed above show the reconfiguring of 'Heritage Ayurveda' in Delhi's public healthcare system, and beyond. They should not be read as merely a deviation from the canons of Ayurvedic medicine, but as modifications to Ayurvedic practices due to the realities of its mainstreaming into Delhi's public healthcare system.

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Notes

- 1 AYUSH: Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy.
- 2 In this procedure a medicated cotton thread is prepared by soaking it in a herbal preparation. Then the thread is tied to or inserted into the affected body part, such as the fistulous track.
- 3 *Agni karma*, also known as *dahan karma*, is a treatment used in Ayurveda for various benign diseases that are characterized by pain or bleeding. In this process, heated rods of gold, silver, iron, copper and other metals are applied directly to the skin at the affected site.



Ballimaran public Ayurvedic hospital in Delhi. Photo Mallick.