



Short Communication

Medicalisation and Ayurveda: the need for pluralism and balance in global health systems

John DH Porter^{a, b, *}, Mahesh Madhav Mathpati^{a, b}, Unnikrishnan Payyappallimana^b, Darshan Shankar^b^a London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT, United Kingdom^b The University of Trans-Disciplinary Health Sciences and Technology (TDU), 74/2, Jarakabande Kaval, Post Attur Via Yelahanka, Bengaluru, 560064, India

ARTICLE INFO

Article history:

Received 5 March 2021

Received in revised form

18 June 2021

Accepted 19 June 2021

Available online 24 November 2021

Keywords:

Ayurveda

Medicalisation

Population self-reliance

Medical pluralism

Global health

Health Policy and Systems Research

ABSTRACT

The current global economic and biomedical perspectives contribute content, strategy, and values to global health systems, like objectification and competition, which encourage the medicalisation of the system. Medicalisation overlooks our interdependence with other beings, the environment and biosphere. In contrast, ancient health traditions like Ayurveda, derived from Asian cultures, provide knowledge of the human being's composition of five basic states of nature that need to remain in constant equilibrium to ensure health (*Svasthya*). Asian health traditions encourage values like vulnerability and respect to facilitate an inherent relationship with the internal and external environment. The recent pandemic has revealed the fragile vulnerability in this nexus and the consequences to human health and well-being when that equilibrium is disturbed. Serious deliberations and discussions are needed between the modern economic and the Asian frameworks for healthcare which result in two different approaches to health and to health systems. This debate may encourage the creation of a philosophy and structure for a new global pluralistic health system more aligned to nature. These deliberations need to encourage the discussion of *Svasthya* (health), *Soukhya* (sustainable happiness), and the inner and outer ecological landscapes experienced by human beings that can be understood through mindful self-awareness. Global health systems need to evolve in the direction of a different, pluralistic philosophy of health that encourages a 'population's self-reliance in health' through an intimate and integrated connection with nature.

© 2021 The Authors. Published by Elsevier B.V. on behalf of Institute of Transdisciplinary Health Sciences and Technology and World Ayurveda Foundation. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

SUKHA and SOUKHYA

आयुःकामयमानेन धर्मार्थसुखसाधनम्। आयुर्वेदोपदेशेषु वधिष्यः परमादरः॥

'To learn how to be at ease with ourselves every moment in our life.'

sukham dvididham, tadattvikamātyantikam ca [1]

1. Introduction

1.1. COVID-19, values and opportunity

The COVID-19 pandemic has left health systems around the world vulnerable and exposed. As the pandemic wanes, the global

health community has an opportunity to come together to learn from experiences and to begin to repair the damage to individuals, families, communities, and to our global health systems. These discussions need to include knowledge, not just from the dominant bio-medical system which is now universal, but also from other cultural health and wellness perspectives and to be held within the values of reciprocity, equity, and justice.

This approach was encouraged in a recent paper by eminent Health Policy and Systems Research (HPSR) scholars looking for 'socially just health systems' following the pandemic [2]. The paper begins to highlight the difficult issues of the colonial legacy of global health systems and the economic growth model of Gross Domestic Product (GDP) that drives economies around the world destroying our interconnectedness and interdependence with the natural habitat in the process. However, the paper fails to acknowledge the 'politics of knowledge' and the power of the current medicalised biomedical health focus within these global

* Corresponding author.

E-mail: john.porter@lshtm.ac.uk.

Peer review under responsibility of Transdisciplinary University, Bangalore.

health systems, and neglects the importance of pluralism. This approach has left health systems with a narrow focus of disease treatment and prevention and a lack of connection with nature and the environment, failing to engage and empower populations in their own self-reliance [3]. Health systems and their values (software) [4] are 'medicalised' and are being constrained through this narrow focus, failing to engage with and be inspired by the overall concept of 'health' [5]. Nature needs to be a focal point for all health systems. Through the knowledge of the rhythms of life (*Soukhya*), ancient health traditions like Ayurveda have a connection and understanding of a human being's position within the environment.

1.2. The divides and the need for pluralism

Currently, there are powerful earth/nature, social and spiritual divides in the human being's relationship with our ecosystem that are affecting our health and the health of the planet [6]. These divides are an expression of our economic models and philosophies [6]. The current economic model is being challenged by new perspectives like 'Donut economics' [7] and 'Gross National Happiness' (GNH) [8]. GNH concentrates on the 'inner' (mindsets, consciousness) and 'outer' (metrics, systems change) dimensions of the system, stressing the importance of mindful self-awareness in health and happiness [9]. It is time for the current health system model to be challenged through pluralistic perspectives that include Ayurveda and Local Health Traditions (LHTs). The current dissonance in global health systems provided by the COVID-19 pandemic, provides an opportunity for discussion which could lead to integration and transformation of the system [10] through a shift in health systems thinking and approach.

1.3. Medicalisation, the 'Medical Industrial Complex' and their effects on Ayurveda

In 1972, Zola defined medicalisation as the process of 'making medicine and the labels "healthy" and "ill" relevant to an ever-increasing part of human existence' [11]. Medicalisation and the creation of the 'Medical Industrial Complex' continues to be discussed in sociology [12] and the power of objective experts, which includes the academic community, continues to dominate the flavour of global health and systems.

The 'Medical Industrial Complex' which sits at the heart of global health systems, is part of the economic model of GDP. It is about growth, competition, products, and profit and has created a physician/patient relationship within health systems that tends towards fear, power, subjugation and dependency, a concern expressed by Illich in 1974 [13]. It is also about 'the market' and this approach is stifling the values and ethos of health within global health systems as well as in traditional health practices. Markets are aggressive as they are about competition and separation, rather than about inclusivity and integrity. This approach is not about 'balance', 'equity' or 'social justice' and it is not about 'health' (*Svasthya*) or 'happiness' (*Soukhya*).

The recent dominance of medicalisation on health systems and policies on the global scene has sadly also impacted Ayurveda, encouraging a shift towards medicalisation which is visible in a growing section of its current practice [14]. In this process of separation from its ecological moorings, its traditional wisdom is being constrained and fragmented. This process has not only neglected the regional local knowledge and practices of Ayurveda, but also their use of ecosystem-specific and ethnic community-based practices for the health of plants, humans, animals, and crops [14]. Potentially, Ayurveda has the capacity to contribute significantly to biomedicine and to health system awareness and its

values through insightful understanding of the balance of nature, the environment and the biosphere. The Ayurveda philosophy subsumes biomedicine within it and because of its systemic understanding of biological change has much to contribute to a global understanding that health and well-being are about 'awareness', 'interconnection', 'integration' and 'wholeness'. Asian traditions like Ayurveda and community based LHTs understand the nature of the five states of nature (earth, fire, water, air and ether) and the link between the earth and the sky in human beings in mindful self-awareness [15]. Biomedicine lacks this perspective due to its focus on cellular changes and is therefore more limited in its appreciation of nature that has physical, biological, and spiritual manifestations.

1.4. Ayurveda's contribution to global health systems

1.4.1. 'Wholes' and parts

In the enterprise of modern science, the method of science breaks the whole (of nature) into its fundamental parts (atoms, molecules, cells) and thus, achieves a fragmented view of nature. This epistemology gives an inevitably reduced and partial view of nature because reconstruction or extrapolation from parts does not give a complete picture of the complexity in the interconnected whole. In the Indian knowledge systems, unlike modern science and the biomedical approach, the observer is not separated from the observed (*Sankhya* and *Yoga*) and the view of nature is therefore, relatively more holistic and thus, realistic. In the epistemology that informs Asian knowledge, nature is viewed in terms of five interconnected states (*panchikaran*) experienced naturally by the five senses, each sense designed to understand a specific state. The mindfulness of the scientist/physician/observer is beyond the two valued logical interpretation of observations suggested by Aristotelian logic and the rational state. These knowledge traditions stress the importance of mindfulness and interconnected self-awareness [16]. *Caraka* explains this as *Sadvrtti* which stands on the principle of the well-being of humanity as integral to the well-being of the planet. This is not just about our fellow human beings but equal concern for all living creatures and for the generations to follow. It brings a more holistic perspective to the understanding of 'One Health' which is the relationship between human health and the health of the planet [16,17].

1.4.2. 'Knowledge of life' and nature

In Ayurveda, the determinants of health are biological, ecological, medical, psychological, socio-cultural, spiritual, and metaphysical factors, all interdependent and wired together by the common concept of inherent (*samavaya*) relationship (essence of *Yoga*). The harmonization and integration of these determinants in a complex system allows the emergence of what is identified as health [18].

1.4.3. *Svasthya* (health)

Svasthya refers to being established in oneself, a deep state of self-awareness. Ayurveda, from a philosophical perspective, underscores the role of *dharma* in developing a conducive environment for wellness (*Sukhartha sarva bhutanam yatah sarva pravrittayah sukham ca na vina dharma tasmad dharmaparo bhavet*) [1] in the socio-political context. In Ayurveda, wellness is resilience and dynamic adaptation of *sarira* (*siryate iti* - continuously degenerating substratum) to the external environment (*desa* - space and *kala* - time). Wellness is also linked to longevity of life (*Aayu*) in its three dimensions viz. *sukhayu*, *hitayu*, *deerghayu*. [1])

For globalised health systems to advance from the narrow largely medicalized disease-centric approach, Ayurveda's contribution of *Svasthya* as total wellness is significant. There is the important question of balance within (achieved through self-

awareness) and balance with the external natural and social worlds. Current work on salutogenesis, wellness and well-being find little space in health systems research or functioning [18].

1.4.4. *Soukhya* (sustained happiness)

Ayurveda understands movement and rhythms as a basic concept of human existence, be it in terms of day–night, seasons, different stages of age, etc. These external and internal cycles of rhythm are closely linked. Accordingly, there are specific practices mentioned in terms of daily seasonal regimens, rituals, and customs, which are relevant to local context specific biophysical and socio-cultural factors. This localizing and personalizing understanding of Ayurveda offers a real contrast to the universalizing principles and practices of biomedical sciences. These rhythms guide the *svastha vritta* (path to health and wellness) of Ayurveda in terms of the physical substratum (represented by *kapha*), transformative processes (*pitta*) and movement and degeneration principles (*vata*) [1]. This comprehensive approach of contextualized perspectives on the rhythms of body/nature, and on incompatibilities (*ahita*) and compatibilities (*hita*) of life is a unique contribution to an integrative approach in health systems.

2. Discussion

The current Health Policy and Systems Research (HPSR) approaches to health need to acknowledge the importance of a wider philosophy and different values than the biomedical model and its stranglehold through the ‘Medical Industrial Complex’ and researchers and academics in Ayurveda and bio-medicine have an important role to play to shift this current perspective. Though some steps are being taken to look at concepts like ‘One Health’ and ‘Planetary Health’, the focus continues to be human-centric. Discussions on global health systems after the COVID-19 pandemic need to create a philosophy of health and health systems with nature as the starting point. There is also a necessity to relook at current health systems models which are increasing the population’s dependence on governments for providing basic health care. This approach is only possible if Ayurveda and other systems work together and are not limited by biomedical/medicalised ways of controlling and regulating.

Historical evidence suggests that local health traditions and systems like Ayurveda have provided populations with self-reliance as well as sustainability for health needs and disease treatment and prevention [3]. For example, knowledge of *Tridosha* theory (*Vata*, *Pitta*, *Kapha*) is commonly used and understood by a large number of people in their everyday conversations about food, nutrition, disease, and health [19]; and, the prevention of water-borne diseases at community level by boiling drinking water, and using knowledge of herbs mentioned in the Ayurveda texts [20]. These aspects of community self-reliance in health will be an essential part of the discussions.

The following themes need to be part of the deliberation and debate:

- 1) Acknowledge the problem that human health is about balance and it is intimately connected to nature and to the health of the biosphere. Our health is ecosystem health.
- 2) Acknowledge the importance of mindful self-awareness and embodied practices that include mindfulness and meditation in individual health and in the health of the ecosystem.
- 3) Our ecosystem is made up of many parts and our health systems need to be the same, acknowledging the importance of pluralism [21,22] and the dissonance it produces in relationships. This dissonance will contribute to the creation of values that hold and support the system to keep it healthy.

- 4) Change the focus within global health systems from separation, power, products and the market to integration and integrity of the system. This will contribute to the creation of appropriate values for the system. Values support and enfold the whole system [23].
- 5) Understand and develop the concept of our inner and outer ecological landscapes and the balance needed from mindful self-awareness to balance the system to produce *Svasthya*.
- 6) Encourage relationships and understanding of the elements and the rhythms of life (*Soukhya*) and their contribution to individual, family, community, district, and global health system health and happiness.
- 7) In discussions use language and communication that encourages the dignity of the individual, respect for ‘the other’, and trust in community with an intention towards integration of philosophies and approaches. Encourage values of humility and reciprocity with a willingness to give away habitual patterns [15] and power perspectives.
- 8) Create a Vision and Intention for Global Health Systems and for HPSR that upholds the dynamism and creativity of human beings within ecosystems and the biosphere. This vision needs to encourage and honour the concept of a ‘population’s self-reliance in health’ as an essential structure within all health systems [3].

3. Conclusion

The global community and global institutions need to highlight and work towards the essential philosophy of balance, equity, and social justice within our health systems. As part of this process, Ayurveda and other health traditions need to review their ‘wholistic’ perspectives which are currently being limited by medicalisation [14].

Ancient wisdom traditions like Ayurveda and LHTs are essential to the future expression of our global health. Our health systems need to be held in our awareness with values that include dignity for the individual, respect for others, trust in community with equity and social justice emerging to balance the whole system. The dissonance produced by the current environmental crisis and COVID-19 pandemic provides an opportunity to re-engage with the ecosystems around us, to relate to them, to cherish and to dance with them, and to move into the future with a grounded sense and understanding of our innate connections with the earth and our biosphere. The health of individuals is about health of the ecosystem and the philosophies of Ayurveda and LHTs can help to bring this back. Our global health community needs to learn from them and the HPSR community has an opportunity to lead the way.

Source(s) of funding

None.

Conflict of interest

Prof. John Porter, Dr. Unnikrishnan Payyappallimana, and Prof. Darshan Shankar are on the Editorial Board of the Journal, but they were not involved in the peer review process and editorial decisions related to this paper.

Acknowledgements

We would like to thank Dr Andrea Nunez Casal and Dr Coll de Lima Hutchison in the Ksobha Research Group for their support in the writing of this paper and Sami Kardos Nyheim for his editorial comments and suggestions.

References

- [1] Srikantha Murthy K.R. *Astanga hrdayam. Vagbhata's astanga hrdayam (text, English translation, notes, appendix and indices)*. Varanasi, India: Chowkhamba Krishnadas Academy; 2004.
- [2] Gilson L, Marchal B, Ayepong I, Barasa E, Dossou J-P, George A, et al. What role can health policy and systems research play in supporting responses to COVID-19 that strengthen socially just health systems? *Health Pol Plann* 2020;35(9):1231–6.
- [3] Mathpati MM, Payyappallimana U, Shankar D, Porter JD. 'Population self-reliance in health' and COVID 19: the need for a 4th tier in the health system. *J Ayurveda Integr Med* 2020. <https://doi.org/10.1016/j.jaim.2020.09.003>.
- [4] Sheikh K, Gilson L, Agyepong IA, Hanson K, Ssengooba F, Bennett S. Building the field of health policy and systems research: framing the questions. *PLoS Med* 2011;8(8):e1001073.
- [5] Huber M, Knottnerus JA, Green L, van der Horst H, Jadad AR, Kromhout D, et al. How should we define health? *BMJ* 2011;343:d4163.
- [6] Scharmer O, Kaufer K. *Leading from the emerging future: from ego-system to eco-system economies*. San Francisco: Berrett-Koehler Publishers, Inc.; 2013.
- [7] Raworth K. *Doughnut economics: seven ways to think like a 21st-century economist*. Random House; 2017. p. 384.
- [8] Ura K. The experience of Gross national happiness as development framework. No 42 Manila, Philippines: Asian Development Bank; 2015.
- [9] Tideman S. Gross national happiness. In: Zsolnai L, editor. *Ethical principles & economic transformation-A buddhist Approach*; 2011. p. 133–53.
- [10] Wilber K. *A theory of everything: an integral vision for business, politics, science, and spirituality*. Shambhala; 2000.
- [11] Zola IK. Medicine as an institution of social control. *Socio Rev* 1972;20(4): 487–504.
- [12] Busfield J. The concept of medicalisation reassessed. *Social Health Illness* 2017;39(5):759–74.
- [13] Medical Nemesis Illich I. 2003 *J Epidemiol Community Health* 1974;57(12): 919–22.
- [14] Mathpati MM, Albert S, Porter JDH. Ayurveda and medicalisation today: the loss of important knowledge and practice in health? *J Ayurveda Integr Med* 2018;11(1):89–94.
- [15] Trungpa C. *Shambala: the sacred path of the warrior*. Boston: Shambala Books; 2007.
- [16] Valiathan MS. Caraka's approach to knowledge. *Indian J Hist Sci* 2016;51(1): 33–9.
- [17] Patwardhan B. Bridging Ayurveda with evidence-based scientific approaches in medicine. *EPMA J* 2014;5(1):19.
- [18] Morandi A, Tosto C, Roberti di Sarsina P, Dalla Libera D. Salutogenesis and Ayurveda: indications for public health management. *EPMA J* 2011;2(4):459–65.
- [19] Payyappallimana U, Venkatasubramanian P. Exploring ayurvedic knowledge on food and health for providing innovative solutions to contemporary healthcare. *Front Public Health* 2016;4:57.
- [20] Payyappallimana U. Traditional medicine in health system development: A case study of Kerala state, India. *Yokohama J Social Sci* 2010;15(3):77–101.
- [21] Payyappallimana U. Broadening perspectives of global health – prospects for AYUSH and integrative medicine. *J Ayurveda Integr Med* 2018;9:87–9.
- [22] Subramanian SM, Payyappallimana U. Environment, biodiversity, and planetary health: links between natural systems and human health. In: Haring R, Kickbusch I, Ganten D, Moeti M, editors. *Handbook of global health*. Cham: Springer International Publishing; 2020. p. 1–14.
- [23] Van Olmen J, Criel B, Van Damme W, Marchal B, Van Belle S, Dormael M, et al. Analysing Health Systems to make them stronger. *Studies in health services organisation & policy*. 2009; 27.