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An Ethnographic Inquiry of the Reasons and Factors Behind Ayurvedic Healing Practices

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Abstract

Health is a fundamental right of people. The health system is better for the treatment is determined by people's perceptions by choosing the sources of healing. This paper mainly concerns the patients of Ayurveda and their trust in Ayurveda healing. This paper reveals the reason why patients like to heal with Ayurveda. A qualitative research paradigm has been used to collect data from the grassroots. Case studies and interview methods were used for the interpretation. Nowadays Ayurvedic healing is popular with many people. Also, in pursuit of finding better health care patients used to take healing from Ayurveda as an alternative medicine. From the research, all respondents considered many reasons to select Ayurvedic. Expensive allopathic medicine and many side effects are the major factors for Ayurvedic healing practice at the same time patients believe in fewer side effects of Ayurveda. Now the health care system is guided by a capitalistic school of thought. The healthcare delivery system in many countries, including Nepal is changing.

Key Words: *Ayurveda, Health Care, Restoration, Faith, Allopathic, Doctor- Patients*

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Introduction

Ayurveda is a nature-based system of healing and historical medicinal practice in the South Asian region, in the current world; it is accepted by people around the world. Ayurveda is a science, which describes the beneficial (*hita*) and the non-beneficial (*ahita*) aspect of life, the happiness and pain in life, and their quality and quantity (Acharya, 2010). I agree with Acharya (2010) because; Ayurveda is focused on knowledge of life and balance of life with human attitude. It is an alternative medical philosophy to treat people and connect people's health with natural meaning. Article 35 of the Constitution of Nepal- 2015, highlights that 'health is the fundamental right of people'. The health care system is a fundamental asset in human life either in the material or on-material world. Knowledge and experience in health care are the culturally developed aspects of human civilization (Acharya, 1999). The word Ayurveda is derived from the Sanskrit word 'Ayuh' means life and 'Veda' means knowledge. That means it is the science of life that traces its roots to Vedas (Dhakal, 2018). According to Sanjay Jadhav (2023), 'Ayurveda as a conservative treatment for endometriosis can minimize

and manage pain and many also prevent retrograde menstruation. It can be a minimally invasive alternative before surgical removal, which has long-term beneficiary effects.' As we are concerned, Ayurveda is one of the health care practices among many societies. But, due to the popularity of modern allopathic medicine, Ayurveda is losing its trust. Ayurveda connects the spiritual world with the material world.

Ayurveda is becoming increasingly popular (Kumar, Dodos & Rampp, 2016) in this modernized world. Ayurveda, an alternative medicine based on Panchamahabhuta and Tridosha theories, and the ancient practice of Indian sub-content has played a significant role in human health. It is considered one of the oldest of the traditional systems of medicine now accepted worldwide (Jaiswal & Williams, 2017). It has greatly influenced the health care practices in the east and the west. By 400 AD, Ayurveda works were translated into Chinese and 700 A.D. onward, Chinese scholars started studying medicine in India at Nalanda University. As a result, Chinese medicine, herbology, and Buddhist philosophy have been impacted by Ayurveda knowledge. Having passed the test of experience, it remains essentially the same now from its inception though the numerous commentators over the centuries have added insight with their analysis (Acharya, 2010). Ayurveda is a comprehensive system of natural health care that originated in the ancient Vedic times of India. Its primary emphasis is on the prevention of disease and maintenance of health (Sharma, & Chandola, 2015). Disease is a cause of imbalance between Caught, Pitta, and Bath which is the main theme of Ayurveda which is capable of assisting in the health healing of many conditions as well as extending life itself (Halpern, 2016).

Statement of the problem

Healthy people and quality life of the people is the backbone of society. But they are facing lots of problems. People have to work very hard for survival. Dis-balance in diet, effects of climate change, use of new (hybrid) crops, use of different medicinal in agricultural fields, and techno-oriented lifestyle bring new challenges to the healthcare sector. Several patients come to the urban areas seeking better treatment like Ayurveda. In Nepal, most of the patient depends on allopathic treatment. Allopathic or imported medicines are the main sources of health care system for most of the families in Nepal. Climate change, different developmental activities, work, and construction progress and activities bring different types of health problems. Development and its air pollution, sound pollution, water pollution, and cultural changes bring new types of health challenges; those health challenges increase patient pressure in hospitals. Based on the above problem's statement, this article arises following research question:

- What are the reasons, factors, and knowledge behind Ayurvedic healing practices?
- What are the socio-cultural backgrounds of Ayurvedic concerned persons?

Objectives

The objective of this paper is to explore the reasons, factors, and knowledge behind Ayurvedic healing practice from a qualitative research approach. Analyzing the socio-cultural backgrounds of Ayurvedic concerned persons is another objective of the paper.

Methods

A qualitative approach is administered to shape the research article. Using descriptive and case design, researchers illustrate and explain aspects of the ethnographic method that extend beyond a single case and can be applied to other fields of inquiry and research (Cubellis & Schmid, 2021). Other tools that have been used during data collection are participant

observation and interviews. Both primary and secondary data are used. Using secondary data, we analyze conditions and practices of phenomena to understand Ayurveda from its origins to the present day. Primary data were collected by using field work with the patients, and doctors. Altogether, a convenience sampling technique was used to take 33 respondents who were selected for primary data.

Out of 33 total respondents two case studies were done, one doctor and one patient. Participant observation has been used to observe and understand the reality from grass roots. In my participant observation, patients shared their feelings in the waiting room, therapy room, and another site of the study area. Also, the overall condition of NARTC has been studied through observation. It is imperative to validate the basic principles and drugs used in the Ayurvedic system of medicine with the help of advanced research methodology during the modern era when Western medicine is almost at the top due to validated research and advanced techniques (Chauhan, et al, 2015).

During the interview and participatory observation, the respondents may not explore reality; in such cases, I used unobtrusive observation. However, the real activities of respondents and observation are available for unobtrusive study. The researcher's ethical considerations are the main concern in this type of method to bring about the facts from the data collection method. Collected data was interpreted and analyzed by using case studies and distribution in the percentage distribution.

Literature Review: The Rise of Ayurveda in Health Care in Present from Historical View

Ayurveda does not only focus on the patient as a functional unit, but it also focuses on a functional whole. It heals with holistic approaches. Both tangible and intangible spirits are concerned by Ayurveda. Ayurveda means the science of life. One of the oldest formulated systems of medicine and also contributed to the development of contemporary medical science (Gibbon, 1999). Ayurveda translates as 'life science'. The knowledge of Ayurveda is not limited to medicine, cure, treatment, and therapy and is for laypersons, households, people, and communities as well as for physicians (Mathpati, Albert & Porter, 2020). Ayurveda focuses not only on the functional unit during healing but also focuses on the functional whole. Understanding and importance of Ayurveda are very popular health care sector in present health care practices.

The medical system of human civilization is guided by human rationality and advancement in thinking patterns. The history of medicine is fascinating as it is a saga of man's struggle against diseases (Narayanaswamy, 1981). Modern medicine has fixed its date of birth as being in the last years of the eighteenth century (Foucault, 1973), but the history of Ayurveda is older than modern medicine, *Atharva Veda* is one of the main sources of Ayurveda. In modern times, the influence of biomedicine and modern healthcare practices on Ayurveda is leading to its medicalization (Mathpati, Albert & Porter, 2020). In a general sense, this science is to be studied for the sake of knowledge about truth, acquisition of spiritual merit, and for extending help and alleviating diseases of the suffering humanity. It is interesting to note that Ayurveda lays the least importance to monetary gains and as far as the study should not be taken up only for the sake of livelihood. In the context of Nepal, Ayurveda was taken as a healing mechanism for aristocrats/royal families.

Ayurveda was taken as a medicine to the high class/caste in the Nepalese context, but now this is very open and easy to general people at a cheaper cost than the allopathic. In Nepal, the national medical system- was started by King Prithvi Malla. The continuation of this royal tradition in the Rana period extended to the family Vaidya Group in their palaces. Formal Ayurvedic education was started in 1928 by Chandra Shumsher i.e. Nardevi Campus was introduced as a formal institution of Ayurvedic study. From 1972 formal allopathic education and practice was started.

Ayurveda is one of the most ancient medical sciences in the world. It has its fundamentals about physiology, pathology, diagnosis, and treatment, which are based on the same important principles. Ayurveda played a leading role within a tread of deeply relaxing wellness therapies (Mark, 2022). The history of Ayurveda is very old *Veda* is one of the ancient philosophical textbooks of the Hindu religion, which mentioned the usefulness of Ayurveda in human health. Ayurveda is one of the best healing practices in Indian content from then to now. Now, many Ayurvedic institutions are working in the health care system. Among them, NARTC is one of the well-established Ayurvedic Hospitals in Nepal. Mushrooming different telecommunication companies and their new facilities, social media and the effect of globalization bring new faith in Ayurveda. Those facilities bring much health consciousness. It helps to change the food fashion and daily healthy activities. Ayurveda is one of the effective, cheap, and traditionally accepted practical ways to healthy life. Nepal is an underdeveloped country, that has been facing with so many critical problems related to the health care system. There has been a growth of profit-driven medicine, managed care, and increasingly technological focus. Despite the sophisticated technologies for medical diagnosis and treatment, communication remains the primary means by which the doctor and patient exchange health information (Kattel, 2010).

‘Health is wealth’ is a very commonly known proverb among people but the real meaning of this proverb is realized only when one becomes ill/suffers from some complicated ailments. Nepal has been considered a treasure house of valuable medicinal (Ayurvedic) and aromatic plant species, because of the unique bio-geographical and socio-culturally practical position of Nepal, makes possible the existence of all known types of eco-system. Healthcare systems are cultural systems built out of meaning, values, and behavioral norms (Gibbon, 1999). Most countries, including Nepal, advocate the WHO convention on the right to health. Now health care system is not only a visible thing but it is a political, administrative, and right-based approach to people from all over the world. Throughout its evolutionary history, Ayurveda and local healthcare traditions have reciprocally influenced each other (Mathpati, Albert & Porter, 2020). Traditionally, in Nepal Ayurvedic healer is known as *Baidya* [trained from generation to generation].

Theoretical lenses of the study

Health is a fundamental right of people. However, in an underdeveloped country like Nepal, there are many challenges to implementing fundamental rights. Health care which is also in an underdeveloped or developing form is like a commodity to buy for the sake of quality of life. ‘A man is made neither for a trade, nor a hospital nor a poorhouse: such a prospect is too terrible (Foucault, 1973). Modern health facilities are affected by many causes, commodification of medical services is one of the major ones. Mushrooming different telecommunication companies and their new facilities, social media and the effect of

globalization bring new faith in Ayurveda. Those facilities bring much health consciousness. It helps to change the food fashion and daily healthy activities.

This research also tries to link up the study with functions and dysfunctions of different reasons in Ayurvedic healing patterns in the health care system. Parsons'- A.G.I.L. Functional Imperatives for Social Systems (Social system in the research is the atmosphere of the study area).

Organization system Adaptation	Personality system Goal Attainment
Social system Integration	Cultural system Latency and Pattern maintenance

#Source; Ritzer Goerge, 2000, Sociological theory McGro-Hill, New York

Adaptation (Organization System): The National Ayurveda Research and Training Center (NARTC) provides systems and facilities.

Goal Attainment (Personality system): the goal of patients is to gain good health care from NARTC and the goal of NARTC is to provide Ayurvedic health care.

Integration (Social System): Linkage of reasons and factors to select Ayurvedic healing.

Latency and Pattern maintenance (Cultural system): it is about the norms and values of participants. The patient's background and its link with the health care system is the matter. This study shows that Ayurveda is followed by Hinduism. So, healthcare facilities are also shaped by personal background. Knowledge of health is contented with a wide range of care/healing or medication techniques or procedures. Culture, level of education, age, and technological advancements are major elements in communication during treatment.

Parsons viewed society as a system of interacting social units, institutions, and organizations. Nepal is a country of diversity. Social, cultural, biological, and geographical diversity is the identity of Nepal. There is a great deal of social intercourse, economic interdependence, and cultural reciprocity between the various ethnic, caste, and cultural groups (Bista, 2015). People with different cultural backgrounds may have their healing practices, but Ayurveda is one of the most practical treatments within most of the groups of Nepal.

Case No. 1: Restoration in Ayurveda: Some Cases from Doctors and Patients

In the current situation, most of the governmental offices are affected by unmanaged spirits. Management board and employee's performance are average in this hospital. Good than another governmental hospital around Nepal, after some years, this hospital will change its form. He is a new patient to NARTC; he is a cancer patient from Fareast of Nepal. His opinions regarding hospital administrative patterns are not good, during this case study, he is waiting for the doctor. He said this hospital is also slowly getting affected by red-tapism and bureau mania; it needs bureau pathology to gain the real spirit of the hospital, like other governmental hospitals. If the hospital itself becomes ill, then how could the patient get well services? The expectation of patients will be decreased. He shared his conditions. You know I am the most responsible person at my house because I am the elder son of my house. I am a father of one child and I have responsibility for my family as well, I am a BBS (Bachelor in Business Study) and young, I know I am a well-educated person, but due to my bone marrow cancer now I am very inactive. Why I am here? Because, I am searching my life with hopes, but my satisfaction level is not higher (with smiles.....). Why should I wait for the doctor? Why is the administration not playing a role here in this situation? I see other doctors'

hospitality and their communication is good but I am still not involved as a patient in treatment, doctors have good hospitality and communication; it's my experience while staying here in the waiting room.

He and his family spent nearly 30 lakhs in an Indian hospital, but now they are here with hopes. After Chemotherapy they have to go to India again for a bone marrow transplant, and they have to manage 10-15 lakhs for further treatment. His wife is also with us during the case study. She is also telling us something (with a hopeful smile on her face). He (Nagendra) is not expressing his anger but sharing his conditions from Indian hospital to Ayurveda, his face is normal during our conversations.

Nagendra Bista from the Jhapa district, is a 31-year-old patient in the study area (case study from 2075/03/27BS).

Case No. two: Doctor's Perceptions Regarding Ayurveda and Patient's Trust in Ayurveda

The first impression is the structures of the room and the second is dealing with the capacity of doctors. Doctor and their behaviors and hospitality are the major ways to treatment. In the city area, if the patients come for follow-up, that means patients feel good and satisfied, in the case of NATRC, most of the patients are old; very few patients are new or fresh because they have already tried all of the available services. Ayurveda is concerned with human health to natural phenomena, we have very little knowledge about Ayurveda. Many researches are conducted from the perspective of patients, but no researcher is doing it from the perspective of a doctor. Patients are sharing capacity and their hospitality is also one of the cornerstones in treatment.

Ayurveda is an ancient science but not traditional. Remember Ayurveda is an ancient science, and most of the scripts are Sanskrit, in the ancient period Sanskrit was an international language like present English. Ayurveda is concerned with daily lifestyle and food fashions and belonging to health consciousness in the present scenario. Ayurveda is mainly based on Tri-dosh and Panchakarma, all of which are general knowledge about Ayurveda. It is a very vague practice of the health care system. Most of the educated patients are well known about Ayurveda as a complex medicinal science, but illiterate patients blame Ayurveda as only a traditional practice, which is a passing gift from generation to generation. There are no criteria for treatment in Ayurveda, from any caste background, from different religions, from different ideologies, everyone can enjoy with Ayurveda treatment. There are no barriers to patients using Ayurveda as medicine, there are many misconceptions about Ayurveda, and most people think that it is the ideology of Hinduism. Yeah, the source of Ayurveda was Hindu text, but it is for all, it is like rights to all people. There are many things remaining to do. The awareness about Ayurveda is most important to all of backgrounds people from all over Nepal.

Trauma is necessary for those patients who are suffering from health problems. Yeah, we know that patients come here for treatment, but some patients think that doctor knows everything. That is not what the situation needs, sometimes doctor also feels uncomfortable due to patients' activities, most of the patients are tired from allopathic medicine and they cooperate with us, but some patients show arrogance, and anger with us, this and that kind of behaviours and hostility bring unconditional situation. Such hostility plays an uneasy in

treatment. But at any cost, we have to do our duty because doctor is philanthropic and guided by the principal of social work. It's our duty and religion regarding patients (*jasari vayeni hamile hamro DHARMA ani MANABTA nivaunu parchha*) we have to stay, hear and cooperate with patients but patients should remember about us, then we can conduct our duty.

Dr. Bikash Raj Ghimire, BAMS-MD (from Indian Universities) in Kaya-Chikitsa.

Results and Discussion

The study site was selected at the National Ayurveda Research and Training Center (NARTC), Kirtipur because NARTC was the research site to collect primary data. NARTC is one of the best Ayurveda hospitals in Nepal. NARTC and its structure looks, and facilities are well furnished and well structured. It looks like not less than any private hospital, in Nepal and is also affordable to general patients. It lies in the South of Kathmandu and clean natural environment of Tribhuvan University, Kirtipur Municipality. It is near to University campuses of Tribhuvan University. So, the area is easily accessible for studying phenomena of Ayurvedic healing. NARTC is a national-level Ayurveda research and training institution that is working on new evidence and capacity building in Ayurveda medicine which is not sufficient for being an excellent institution in the field of research.

In an overall environment that favored commercialization and globalization of Ayurveda (2020). Ayurveda means the science of life. One of the oldest formulated systems of medicine and also contributed to the development of contemporary medical science (Gibbon, 1999). Ayurveda Health care system has been facing many fold scarcities of physical facilities, human resources, and financial support since time immemorial. National Ayurveda Research and Training Center (NARTC) was set up as a national-level research and training institution on 3rd April 2011 AD under the Ministry of Health and Population (MoPH) Government of Nepal (GoN) with the realization of its importance in cooperation with the Government of People's Republic of China (Annual Report, 2013-14). The growing number of diseases, the new health consciousness of patients, and the popularity of Yoga are the causes for Ayurveda's popularity all over the world. This helps to growing number of patients in Ayurvedic Hospital, especially in NARTC in Kirtipur. Generally, the increasing of patients is a reflection of the alternative option rather than the Allopathic/Modern health care practices. Patients' information brings the source of domination because "information is seen as a source of power" (Levitt, 1999).

As a result of this research, patients in the study area are from different localities and different social backgrounds. Ayurveda's basic perspective: 'there no two individuals are the same' holds, even when they suffer from seemingly similar ailments (Chopra, Saluja & Tillu, 2010). But one thing is very interesting in this research; the majority of patients are from the Hindu religion, very few numbers of patients are from Buddhism, and no patients from other religions other than the Hindu and Buddhist.

The majority of patients were from middle-level economic backgrounds. If we are concerned with caste and ethnicity, the majority of patients were Bramin, Chhetri, and Newar respectively. Education is the most important element in health care, according to the findings of this research; the large numbers of patients were educated with university-level formal education, this indicator showed that educated people trust in Ayurveda than others.

Male patients were lower than female patients; this data also showed females trust more on Ayurveda than males. Most of the world countries declared health as a fundamental right of the people, but by practice, most of the countries are facing problems in health care. The commodification of the human body is the main problem of current health care. If we talk about the medical field from the perspective of anthropology, the lack of utilization of indigenous/alternative resources in health care is one of the main problems in indigenous/local health care.

Doctors spend an average of 30-45 minutes per patient. Not only interviewer said like that, but unobtrusive observation also proved it. Some patients feel shocks, one patient from Butawal said "I don't know why, but all doctor spending enough time to patients, it is the result of newness and most of the people are unknown with modern Ayurvedic treatment like this. When they are asked whether they found it easy to talk to the doctor, 90.91% of the patients regardless of their age, sex, occupation and education found it easy to communicate with the admitting doctors and stated that consultation with them had been useful, only 9.09% patient were not satisfied with it (refer case study one: for more detail).

Patients were more concerned explaining their symptoms rather than asking questions concerning the cause, effect and reason for a diagnosis the doctor had recommended. Basically, patients asked questions frequently during observation. Other findings of the research:

Out of total respondents, 18.18% respondents were illiterate, 9.09% respondents were passing out of school level and 72.73% respondents were passing out of higher education. For education and its level, there were some classifications were used. Illiterate means unable to read and write their name, School level means, who able to read and writes their name and involved with school and it is SLC (School Leaving Certificate)/SEE or below SLC/SEE. Higher education means above intermediate or +2 to master. Collected data shows that the percent of illiterate patients is more than the school level patients and higher educated patients are more than the illiterate and much more than school level.

Mainly two religions followers are found in study area. Main religion is Hindu with 90.1 and second Buddhist with 9.1 percentages. Religion of any country reflects the social structure of any society. The knowledge of Ayurveda has its roots in the *Vedas*, the sacred texts of Indian from which many spiritual philosophies and religions have sprung. These include Hinduism, Buddhism, Jainism, Yoga and others (Halpern, 2016). Based on the field survey, only Hindu and Buddhist followers were found among the respondents. The process and expansion of biomedicine is also closely associated with its social and cultural mediation (Dahal, 2020).

The number of female respondents was greater than the male respondents, out of the total respondents, 45.45% were male patients and 54.54% were female patients from different age groups. The age group of 10-20 where male patients was 0 and female patient were 9.09%. The age group of 21-30 was male and female patients were equal by 9.09%. The age group 31-40 male patient were 18.18% and female patients were zero, age group 41-50 male patient's percentage were zero and female patient were 9.09 percentages. In the age group 51-60, male patients were zero 9.09% were female patients. Age group of 61-70 where male and female patients, was equal by 18.18%.

Most of those patients are regular in this study, and some are new as well. Out of 33, majority of the respondents belongs to Brahmin (54.55%), Chhetri (27.27%) and Newar (18.18%)

respectively. If we concerned about caste/ethnicity system in this research, most of patients are Brahmin.

Ayurvedic health care not to be limited to the medical system. As per mentions by Mathpati, Albert & Porter, (2020) 'to maintain health and wellbeing Ayurveda's ancient knowledge and practice needs to be applied at individual, community and health care provider'. According to Caste and Ethnic composition there is no any complexity in communication in delivery of health care services, because all patient used Nepali language, and no one patient are using any jargon and complex language. There is no any hard rule and situation in communication in delivery of services to the patients. Chandra Man Singh Maharjan (a patient from Kirtipur, near to study area), respondent that there is no any difficult in communication according to mother tongue, he also told that communication has been made via Nepali language, hence, it made easy to understand the communication each other.

If we are concerned about professions of respondents, patients from services is higher than others occupations. Services included government (current and retired) and private are 36.37% and 18.18% respectively. Dependent due to serious health problems were 9.09%. Student and housewife were equal with 18.18%.

Patient and their Knowledge Regarding Ayurveda

Patients in the study area were emotionally engaged with allopathic medicine, but Ayurveda is only for taste of some alternative choice. Taking into account individuals' needs and specific diseases, Ayurvedic medicines are formulated from herbal materials and are safe when administered correctly (Kumar, Dodos & Rampp, 2016).

From the point of view of patients, their feeling regarding Ayurveda as:

- Low knowledge about Ayurveda.
- Emotionally majority of patients were did not trust on Ayurveda.
- Lack of health education.
- Most of patients are old patients who were tired from other types of treatments.
- Less trust on Ayurveda.
- Poor health literacy of patients.

Findings of the paper

The study analyzes how different elements such as patients, doctor and the environment of hospital could affect the effectiveness of service. The result is consistent with the view that patients have low level of trustiness and less information on Ayurveda. Following points are taking as concluded points of the paper;

- Healthcare in governmental institution of Nepal are affected by bureau-mania and red-tapism. Bureau-pathology is one of the best ways to control such problems.
- Social media and new types of disease have made Ayurveda popular.
- Only expensive hospitals but also cheap hospitals also providing health services in Nepal.
- Win-Win situation makes Doctor and patient bear equal role and responsibility in health care practices.

Conclusion

The reasons for healing with Ayurvedic are being tried from allopathic medicine and Ayurveda is the last option for many people. This paper is the finding entire pattern and practice of Ayurveda in modern health care practices from anthropological lenses. The majority of respondents responded that Ayurvedic health care is good due to its low side effects and cheap cost. From the crux of the study, we can say that there are many reasons, knowledge, and factors behind Ayurvedic healing practices. The findings of this paper are that restoration in Ayurveda is a secondary option for patients. The commodification of human health is the main characteristic of present health care. Patients who are getting tired of the modern medical system prefer Ayurveda as an alternative healthcare system.

Conflict of Interests

The author/s declared no conflict of interests.

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