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THE EVOLUTION OF WESTERN AND EASTERN MEDICINES:
A MERGING OF OPPOSITES

Elizabeth Pratt Berry
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INTRODUCTION: WESTERN MEDICINE'S NEED FOR A SPIRITUAL COMPLEMENT

Western medicine has brought to the world an unprecedented array of discoveries and cures to alleviate human suffering. The survival rates of many diseases and the longevity statistics bear this out. Inarguably, however, it has failed to deal successfully with the most prevalent causes of human suffering, including diseases that are chronic in nature but vague in origin, which relate to the psychosocial spiritual realms of human existence. In these realms are found the deepest aches, the most painful longings, and the most "untreatable" human conditions. Understanding this theme is imperative in order for the field of medicine to progress. The wisdom of the ancients needs to be heeded and validated as the first step. Though found in earlier Western thought, these themes are most consistent and elaborated in Eastern medical philosophies. These then include the view that disease is not a specific entity, but a disruption of homeostasis, that the human being must be understood in a cosmic, not colloquial frame of reference, that cures involve the restoration of spiritual as well as physical health.

For the past 2500 years Western medicine struggled between allopathy and holistic medicine. *Webster's Third New International Dictionary* gives two definitions of "allopathy." One is that it is the combat of disease "by use of remedies producing effects different from those produced by the disease." It also describes medical systems that use any measures proven to be effective in disease treatment. For the sake of this paper, allopathy represents the Western system of medicine as it exists today which through its widespread use of synthesized pharmaceuticals treats the physical body with scientifically studied and "proven" measures. The point of this paper is to address the second statement in the definition of allopathy by putting forth *Ayurveda* and its various methods as "measures that have proved of value in the treatment of disease." From a holistic viewpoint, however, medicine, again from *Webster's*, emphasizes the "relation between parts and wholes." In other words, treatment goes beyond the

specific, but encompasses all the aspects of the human being: the physical, mental, and spiritual realms that create the “lifestyle” of the individual.

This paper will develop the evolution of Western and Eastern medical philosophies with the emphasis upon the ancient Indian system, *Ayurveda*. A discussion of physicians who seek to bridge the gap follows, as well as a brief discussion concerning Deepak Chopra whose “guru” status serves as an indicator for the need for a renewed spirituality in medicine. A unification of science and spirituality is necessary for the ultimate power of medicine to alleviate human suffering.

CONCEPTS AND PRACTICES IN WESTERN MEDICINE FROM ITS ANCIENT ROOTS THROUGH TODAY

To be an alchemist is to understand the chemistry of life. Medicine is not merely a science, but an art; it does not consist in compounding pills and plasters and drugs of all kinds, but it deals with the processes of life, which must be understood before they can be guided. A powerful will may cure, where a doubt will end in failure. The character of the physician may act more powerfully upon the patient than all the drugs employed.

-- Paracelsus

What follows is a brief history of Western medicine adapted from Brian Inglis' 1965 work, *A History of Medicine*. Though not as systematized and organized philosophically as *Ayurveda*, the various floating notions of disease and cure in the west do to some extent focus upon the body's own healing power. The mind-body connection is not well understood, but in various sects is delved into. Through these next few pages I hope to show that many of Deepak Chopra's ideas about the body can be found in the medical archives of the past, and at times closely approximate ideas that reflect Hindu philosophy. This section explores modern, Western medicine's struggle between homeopathic and allopathic treatments and its movement from natural holistic approaches to a highly specialized treatments.

ANCIENT AND MEDIEVAL NOTIONS

In the earliest civilization in Greece the magico-religious tradition was the dominant mode of healing. Greek medicine allegedly begins with the deified mortal Aesculapius. Here, as in *Ayurveda*, the healing tradition has its roots in the heavens. His methods were most likely pure suggestion, but his ability to heal was so incredible that the Underworld saw a marked

decline in new admittants. Hades, therefore, called upon Zeus to remedy the situation; and the great Aesculapius was struck down by Zeus' own lightning. After his apparent death temples arose in remote areas, at first, where pilgrims might come to seek healing. As people sought cures for their afflictions, the number of temples and their locations grew. The high cure rates recorded from this time are believed to be due to the psychosomatic nature of the afflictions. At these temples the ill received rest, a proper diet, massage, relaxation, and water therapy. These methods appear in *ayurveda*. Scholars believe, however, that the power of suggestion provided the means for recovery. People paid according to their ability for the temple priests' services. This ensured the temples' upkeep and eventually led to a sizable amount of financial power for the priests (Inglis, 22-24). This tradition mingles religion with medicine as the spirit experienced a cleansing and rejuvenation.

Hippocrates, born in 460 BCE, became the next innovator of Greek medicine. He displaced the magico-religious tradition with the power of observation and his notion of medicine as an art. Much of his efforts focused upon the diagnosis and prognosis of disease. Texts generally attributed to Hippocrates, whom scholars believe to be somewhat legendary, detail countless descriptions of afflictions in an attempt to systematize different types of disease. He also put forth a standard of conduct for physicians, the Hippocratic Oath. Indeed, Hippocrates was a rationalist. Despite the number of texts, however, Hippocratic tradition posits no real sort of therapeutic system as Inglis notes:

They do not preach; they do not as many later textbooks have done, put forward a therapeutic system as if it were the only possible way of treating patients, ignoring all others. In fact they hardly concern themselves with this aspect of illness: their attention is centered on diagnosis and prognosis (26).

Prominent in his writings are aphorisms which, according to Inglis, reflect Socrates' Golden Mean. Deepak Chopra often refers to these insights in his works.

Rather than search for some obscure cure for an unknown disease mechanism,

the day. Inglis notes that scholars are unclear as to whether Indian or Chinese philosophies inspired this idea (Inglis, 29). Theophrastus, a student of Aristotle, later correlated these humors with personality traits: sanguine, choleric, melancholic, and phlegmatic, respectively (Inglis, 31). The nature of one's *tridosha* in *Ayurveda* also determines some aspects of the personality.

The "mathematical balance" treatment relied upon the patient's nature -- the balance of the individual's humors-- rather than Nature, itself, as with magico-religious traditions, or the type of disease as with Hippocrates. Indian medicine with its three humors, or *dosas*, regards healing in much the same way. The Pythagorean humoral theory spread through Greece with the acceptance of Aristotle and others. Inglis cites that a major problem in the practice is that anyone could declare himself a humoralist healer without any precise training. One could simply make up one's own system, thereby breaking up unity among the pythagorists:

... and medicine, like religion, became plagued with sects, each regarding itself as the possessor of the one true interpretation, and each requiring from its practitioners obedience to the one true faith (32).

The theory's principles were delineated.

Out of the Pythagorean model of the four humors came a "doctrine of contraries" in which disease is combatted by its antagonists. This doctrine forms the basis for allopathic medicine. Fever was to be treated by cooling, for example. This doctrine of contraries was a rebellion against the Hippocratic tradition which clearly emphasized treating "a like with like" (*ibid.*, 33). Hippocrates' writings stress that the physician must aid the life force in its battle, not fight against it. (Fever and vomiting were seen as measures taken by the life force to fight the disease.) Modern medicine employs both ideas to some extent. While minor ailments may be left to Nature's course, the more stubborn afflictions require "medical attention." Treating the symptoms through contraries denies the body its role in the healing process and, therefore, may deter a complete recovery (*ibid.*, 32-33). Indian medicine, as well as other forms of so-called "alternative medicines," operates on a similar notion of finding the true source of disease

rather than merely ridding the body of its symptoms.

Galen, a physician of the second century CE, tried to devise a synthesis of the existing theories of medicine in his day. His approach moved towards reductionism -- treating the pragmatic details of disease out of the context of the greater reaches of the mind-body-spirit realm. By the time of Galen's arrival, Rome had begun its decline not only in its culture, but also in its medical practices. Medicine had begun to revert 'back to the old ways' of magic and superstitious ritual. With his arrogant and often overbearing personality, Galen greatly impressed Emperor Marcus Aurelius as a true visionary of health care. For centuries physicians and scholars, on the whole, regarded him as a brilliant anatomist and empiricist. Later anatomists, however, discovered him a fraud, as his drawings and writings detailed the anatomy of pigs and monkeys rather than human beings as he had claimed. He also was a firm believer in polypharmacy, a common belief among empiricists-- the more ingredients in the cure, the better. He was not, however, without adversaries. Inglis cites the words of an unknown opponent: "Hippocrates left medicine free, but Galen fettered it with hypotheses," (39). This view parallels how some (i.e., those seeking alternative forms of treatment) may feel about what the nineteenth century has done for modern medicine -- "fettered it with hypotheses." For centuries his loose conglomeration of ideas and so-called truths would dominate Europe.

His writings detail an attempt at a unified system that he had forced into feeble compliance. Despite the many loose ends, Christian and Muslim scholars would later overlook that which did not fit and revere Galen's system as "truth" (39). Galen's method relied to some extent upon suggestion. Up to this point it appears that the best known healers had a touch of charisma that enabled their practices to heal. So Hippocrates' stance on the importance of the doctor-patient relationship is continually proven and made real.

In the Middle Ages medicine ceased to progress as it had during the previous millennia. The magico-religious tradition grew in its care of everyday ailments. The orthodoxy of Galenism also found an enemy with magic and sorcery which gained prominence with the idea that God

punished sin with disease-- a notion that would later fade as the plague, repeatedly, rendered all helpless. The Church, despite its negative stance on medicine, also served a role in healing, especially for the demon-possessed. The Middle Ages in essence marked a regression to the ancient magico-religious folklore traditions.

In the eleventh century, however, the pursuit of medicine regained its position when the first medical school opened at Salerno. Both the Church and the kings had apparently relinquished the notion of God as the sole therapeutic power and had embraced the orthodoxy of Galenism (Inglis, 67). Medical training at Salerno and the universities that soon followed involved learning the works of Hippocrates and Galen as well as Avicenna, a Muslim physician of the tenth century. The empirico-rational Galenism became strengthened with the new orthodox education. Physicians from these schools practiced Galenism with an emphasis upon the polypharmacy. They also studied the humoral theory in terms of the personality traits of sanguine, choleric, melancholic, and phlegmatic, rather than the internal fluid composition of an individual (*ibid.*, 70).

RENAISSANCE TO REDISCOVERY

The Renaissance, on the other hand, brought an initial return to the simplicity of Hippocrates. Paracelsus, Vesalius, and Paré are three figures who stood against the Galenist orthodoxy. Andreas Vesalius studied human anatomy to expose Galen's fallacy mentioned earlier. Ambroise Paré advanced surgery, both in status and in method (*ibid.*, 72-87). Paracelsus functioned as the man of ideas.

The ideas of Paracelsus, né Theophrastus Bombast von Hohenheim, parallel many of those found in *Ayurveda*. Unfortunately, people in the Renaissance regarded him as an arrogant drunk with wild notions. Many of his views were anti-Galenist in that he saw one's imagination as the cure, not a wide variety of drugs-- though he would later introduce the opiate-based *laudanum* to the western pharmacopeia. For Paracelsus, belief in the life force is essential for health. He also suggested that a sick imagination, not demons, created insanity

(*ibid.*, 74). Though he clearly identified with Hippocrates, he employed more aggressive measures in the quest to sustain the life-force. According to Inglis, Paracelsus believed that within each person lay her/his own cure and that the physician should carefully nurture this process:

A physician should be the servant of Nature, not her enemy; he should be able to guide and direct her in her struggle for life, and not throw, by his unreasonable influence, fresh obstacles in the way of recovery. (Paracelsus cited by Inglis, 76)

The body contains its own therapeutic force with the power to heal itself and return to homeostasis, balance. Most “apparent” diseases will disappear if left alone. This forms the basis for the medical doctrine “*primum non nocere*” -- first do no harm. In other words the physician should exhaust all safe and natural therapies prior to initiating medical treatments.

Paracelsus also proposed a sort of philosophy to support his idea of medicine. It consisted of four pillars: astronomy, natural science, chemistry, and love. The pillar of astronomy appears in *Ayurveda* as well in that it assumes the human being to be a microcosm of the universe. If one can understand human beings in the fullest, one can also truly understand the universe. The pillars of natural science and of chemistry establish the mode for the future in terms of importance for study. The pillar of love is necessary within the character of the physician. It determines one's suitability to the profession as Inglis notes, “...only a virtuous, unselfish man, he asserted, could hope to be a good physician” (*ibid.*, 74). Unfortunately, this theory was not well received in a time and place where the Christian god was the only ultimate. In fact, Inglis suggests Paracelsus' choosing of the word “cosmos” in lieu of god might have been the theory's downfall (*ibid.*, 74). In light of Deepak Chopra and other alternative medicine “gurus,” Paracelsus could make a fortune touting his ideas today.

During the seventeenth century, the precursor to the Age of Reason. Science displaced the patient as the focus of medical study. Perhaps the most important notion to arise came from Thomas Sydenham who proposed that entities, of some sort, were the cause of disease. Though himself a strong advocate of the Hippocratic tradition, his insight into disease would

later further the gap between patient and doctor as the heightened quest to find these entities turned physicians into disease-seeking scientists (Inglis, 96-102).

The eighteenth century, according to Inglis, marks an age of “rediscovery”. Here, preventive medicine was born with the discovery of vaccines, the benefits of a balanced diet, and the necessity of proper hygiene. Vaccines brought the end of smallpox. A proper diet relieved vitamin-C deficient sailors from the threat of scurvy. Epidemics decreased with the increased hygiene. Mental health became a focus of concern and thus the need to keep these ill separated from society arose, and hence the creation of the mental institution. Physicians also returned their attention to diagnosing and categorizing disease. A “new” humoral theory, as Inglis terms it, emerged from the idea that organs secreted substances into the bloodstream; their balance must be maintained. This idea would later be proven with discovery of hormones and the endocrine system. The eighteenth century also saw the birth of the magnetic, hypnotherapeutic Mesmerism and the rebirth of homeopathy (*ibid.*, 111-131).

Vaccines, a major innovation in world health care, clearly vindicate Hippocrates view that ‘like cures like’. At one time smallpox ravaged Europe, though not to the extent that it would later devour New World populations. It struck people of all classes and, therefore, produced greater fear, perhaps, than the plague had. A British woman living in Turkey provided the key to its defeat by detailing the inoculations performed by the locals against smallpox. Scabs from infected persons provided the preventive cure. A trained person would scratch the uninfected with a needle and then place some of the scab into the wound. The person suffered little or minor sickness afterwards, though occasionally one would contract the full horror of the disease. For this reason physicians remained skeptical. Amazingly, according to Inglis, the Indian Vedas describe inoculations, and yet this idea did not reach Europe until the eighteenth century by means of a British woman living in Turkey (112). The early appearance of inoculations in ancient Indian and Chinese texts demonstrate the knowledge gap of East and West perhaps fostered by a reciprocal cultural prejudice which arguably exists to this day.

Homeopathic medicine, as standardized by Samuel Hahnemann in the late 1700's, provided more evidence for Hippocrates' famous aphorism, "like causes like." Hahnemann believed that "microdoses" of a disease were the secret to the cure, as exemplified by quinine. Quinine, a drug that arrived in Europe in the 1630's, was the most effective cure for malaria; however, as Hahnemann observed, when a person not infected by malaria received a dose of quinine, the person expressed symptoms of malaria. Homeopathy's fame would be short-lived as later movements would narrow the definition of "medicine."

Mesmerism, on the other hand, marks the creation of a radical new way to view the body and its healing. Strangely enough, even in an age of so-called reason, its impact resonates even in modern medicine. Franz Mesmer revived occultism. He, according to Inglis, believed that animal magnetism was the primary healing medium. This magnetism had its origin in the cosmos and could allegedly be stored in iron bars (121). Inglis describes his method for healing:

The technique he evolved was to get a group of people holding or touching hands-- like a spiritualist séance --round a bath in which he had placed magnetised iron rods and other impedimenta; he would then appear and go through a ritual of motions designed to restore their health through animal magnetism. Some patients would go into a trance state of an active nature, with violent convulsions; others became mediums, with strange voices speaking through them, as if they had been occupied by a different personality. Others went into comas. Whatever their reaction, many felt decidedly better for the experience (Inglis, 112-113).

Mesmer had found, according to Inglis, "the powers of the medicine man." He also proved to the world the power of suggestion, or in modern parlance, the "placebo effect." He had found the secret to faith healing : imagination and suggestion. The importance of his discovery was not noted until the nineteenth century and the birth of psychiatry and psychology.

NINETEENTH AND TWENTIETH CENTURY INNOVATIONS AND THOUGHTS

In this section the focus is primarily upon advancements in physiology rather than in psychology. In Deepak Chopra's theory of the quantum-mechanical body, for example, the locus of proof is in the physiology. It is these advancements that have taken medicine out of the context of an artform and projected it in the realm of science primarily. The

professionalization and specialization of medicine in conjunction with scientific and technological breakthroughs have led to a type of medical practice heretofore unseen in both east and west . Initially, it brought great hope to the world with its miracle drugs and vaccines, but its increasing shortcomings affirm the unattainability of perfection in the “rational” sphere alone.

Prior to the nineteenth century, healers took many forms. There were surgeons for surgery, physicians for drug treatment, apothecaries for cheaper drugs, and so forth, but the fear of quacks prompted the standardization of the education for all of those claiming to be “doctors”, although anyone could still claim to be a “healer”. A major dividing line existed between the physicians and the surgeons. The physicians found themselves to be on a higher plane on the sphere of medicine as they had university training. The art of surgery, however, originated in the barber shop which gave the perception of a lower and lesser sphere of training. The arrival of gunpowder in Europe improved the need for surgeons, so their status and training rose. Physicians also battled the apothecaries who functioned somewhat as general practitioners; they even made home visits. The apothecary, as the supplier of drugs, offered them to their patients at a cheaper rate than had they been prescribed by the doctor. Unfortunately, some apothecaries, as the makers of the drugs, diluted and cheapened their products at the expense of the patient. The physicians cited this claim as a reason for standardization. Apothecaries, physicians, and surgeons became unified in the ensuing standardization. All were now official doctors (Inglis,133-137).

This unification of the medical profession led to the birth of specialization and the decline of the general practitioner. This movement toward specialization proved to be detrimental to treatment as doctors increasingly saw the patient less and less as a whole. The mind was completely separated from the body and various parts and systems of the body became separated from each other as well. To quote Professor Albert Szent-Gyorgi, it removed the “level of organization” (*ibid.*,143). Inglis then asserts that the demise of the general

practitioner can be dated to the death in 1919 of William Osler, a general practitioner, himself, and a professor of medicine (*ibid.*). I do not agree with this statement, wholly, as my own grandfather was a general practitioner for many years before coming to psychiatry in the late sixties. My father, in fact, was raised in the hill country of Highlands, North Carolina where his father treated all of the ills of the destitute community from delivering babies, to giving shots, pulling teeth, treating disease, making house calls, and just listening. Perhaps, it is better said that Osler serves the last best model of the complete physician who could rely completely on the bedside history and physical exam along with his compassion to diagnose and treat his patients' ailments.

In addition to the standardization and specialization of medical training and practice, the nineteenth century saw the continued creation of new forms of healing. In the US, for example, the practice of bone-setting evolved into both osteopathy and chiropractic. Both relied upon spinal manipulation as cure for any number of specific problems. Deviations from the normal alignment of the spinal column was believed to be cause of disease. At this time Christian science, mesmerism, and spiritualist healing also flourished. Homeopathy in the US and most of Europe saw a decline.

The nineteenth century also saw the birth of microbiology and biochemistry. Through Pasteur, microorganisms became the accepted agents of disease. Many interpreted his findings that they, the microbes, were the exclusive cause of disease. Pasteur objected, recognizing disease to be too complex an event to have but one cause. He believed that its mechanism must be studied so as to "disarm" the microbe rather than destroy it (*ibid.*, 156). Perhaps he saw the future of the "superbugs" which demonstrate a high resistivity to the older antibiotics requiring, therefore, stronger versions and higher doses. Later his view would be confirmed when people were noted to be carriers of deadly viruses, and yet suffered no symptoms of disease. Other circumstances must, therefore, contribute to disease; the microbe is not the sole cause. Germ theory would come to dominate research, minimizing the "life force" and general

condition of the human being as equally important bastions of good health.

Working at the same time as Pasteur was Claude Bernard. Bernard focussed upon humoral theory. He sought to give it a scientific basis which he did through the idea of homeostatic balance (though it was not termed such until later). He refined various physiological theories to conclude that the body worked to maintain a constant internal environment. The function of the organs and systems, therefore, was to maintain this environment, this balance. When the body ceases to maintain homeostasis, then one becomes sick. The goal, then, is to restore the balance. He went on to assert that the psychology, or mental state, was also related to the maintenance of balance. So the emotions, too, could upset the balance. He found that the disease agents could only cause disease when the balance had broken down. According to Inglis, however, "in the excitement caused by [Pasteur's] discoveries, the significance of Bernard's hypothesis was missed" (*ibid.*, 129-131). Even during an explosion of medical science, the simple imagery of the humors was overshadowed, but not lost.

Eli Metchnikoff, a noted follower of Pasteur, saw the body in terms of bio-chemical effects. The bio-chemical workings, therefore, constituted the life force. Chopra, in describing his quantum-mechanical body, frequently discusses biochemical effects as proof of the body's inner intelligence. Metchnikoff was first to explain the body's immune response to infection in terms of the action of the white blood cells. He explained the mechanism of the vaccine: when given an attenuated the virus, the body, specifically the white blood cells, "learned" how to fight it, and would then remember. The body, therefore, had a more specific line of defense in the advent of contact with a more virulent strain of the same virus.

Other advancements, aside from new vaccines, included new drugs like antibiotics and hormone drugs. Penicillin and cortisone, for example, brought new short-lived hopes. The miracle of penicillin was soon counteracted by the rise in resistant bacterial strains. The new drugs designed to counteract these more resistant strains proved more harmful to the body

than penicillin, producing greater side-effects. The drugs were used anyway, thus creating more resistant strains. Inglis sums up the creation of the polypharmacy in modern medicine through the increased need to change the composition of antibiotics:

Once the idea was established, elaborations followed: mixtures of different types of drugs, particularly if one was a tranquilizer, could be held to have excellent therapeutic possibilities. So the doctor's treatment, instead of taking heed of chemotherapy's risks, tended to become more dependent upon drugs -- and to some extent the polypharmacy (163).

In the 1940's the synthesized version of the hormone cortisone proved to be an effective cure for rheumatoid arthritis. Its curative power became limited, however, as the adverse side-effects were pervasive and often left patients more prone to new diseases. Adding hormones, such as cortisone, therefore, upset the homeostasis of the body. Later studies addressing the effectiveness of aspirin versus cortisone in the treatment of rheumatoid arthritis revealed aspirin to be a better choice. Why had cortisone, which had initially worked exponentially better, failed? According to Inglis, doctors were then faced with the possibility that even the science of medicine was no better an answer to disease in many circumstances than mere suggestion (162-163).

This leads to the conclusion that there is no one way to look at the medical field. Disease is complex; human beings are complex; cure is complex. Ultimately, Western medicine on the whole may be no more effective than traditional medicines, like *Ayurveda*. H.W. Haggard in the 1920's found that medicine could not cure; cure belonged to nature: "Except in a few cases, medicine cannot cure. It can only support the strength and lessen the pain for sufferers, and at best it keeps him alive until nature heals him" (Inglis, 161).

Advancements in allopathic medicine over the past century and a half cannot be overlooked, however. Science and its narrow view of disease has brought the cure for diseases once thought incurable, such tuberculosis, cholera, and polio. Some of these cures lie in prevention: vaccination, a practice explained and refined by Pasteur. The discovery of antigens for blood-typing led to successful blood transfusions. Aseptics and anesthetics have made

surgery safer, more precise, and less painful than it had been. Antibiotics, despite bacteria's growing resistivity to them, have saved countless lives worldwide. For acute medical conditions, such as trauma or a near-bursting appendix, conventional western medicine is most effective, but as Dr. Adriane Fugh-Berman asks, "How many ski accidents or bouts of pneumonia does the average person suffer?" (243). Dr. Fugh Berman goes on to assert that the niche for alternative treatments lies in the "chronic, irritating, uninteresting maladies that plague most of us," (*ibid*). As trauma and acute conditions are less frequent, should not there be a greater focus on the everyday ailments that "plague" us all?

A couple of weeks ago I asked my father, a physician, what the goal of medicine was as he saw it. After a brief pause he responded, more elaborately than I detail, that finding cures for diseases and treating the sick are the main goals. My brain winced; how could my father so educated feel so narrow? Perhaps one day we will find cures but, ultimately, as Pasteur thought, those cures lie in the mechanism of the agent and the environment-- both internal and external -- of the afflicted. Recently, I do realize, that the emphasis has somewhat shifted to exploring the mind-body connection, facilitated somewhat by publishing successes like Deepak Chopra. This clearly indicates that something is incomplete within the current mode of orthodox, allopathic healing.

AN INTRODUCTION TO AYURVEDA AND ITS BASIC PRINCIPLES

According to A.L. Basham in his paper, "The Practice of Medicine in Ancient and Medieval India," the word *Ayurveda* means "the science of living (to a ripe) old age" (Basham, 20). The emphasis, therefore, is upon preventive as well as curative measures. It is more than disease treatment, it is a lifestyle. This section explains *Ayurveda* through its origins, the role of its physician, and its more basic concepts. This "traditional" medical system provides an alternative way of conceiving of the body and mechanisms. Its methods of diagnosis and treatment are holistic, though the body is divided into various loci where the sources of the problem can be pinpointed. The source of disease, however, is not an entity, but a the blockage of some passageway in the body. Maintaining the balance of the life forces and ensuring their free movement through the body is the basic tenet for securing health and longevity.

HISTORY

In Vedic times priests played the role of spiritual and physical healer as demons were believed to be the source of disease. The last of the four *vedas*, the *Atharvaveda*, which included spells, incantations, and mantras (words of great power, such as “OM”) provided their methods. And so, armed with the *Atharvaveda*, brahman priests conjured up the demons with magical incantations and then asked them to leave. These rituals displayed great reverence for both demon and disease as the Brahman priest did not necessarily destroy the demon, and therefore, the disease. Rather, the priest sought its removal from the human being (Verma, 1-2).

Gradually the role of healer shifted from the brahman to a new class of professionals, the *vaidyas*. These *vaidyas* did not exorcise demons. For as K.G. Zysk says they based their treatment upon the “empirico-rational tradition of *Ayurveda*,” a tradition which was not of brahmanic origin (3-4). A.L. Basham explains that it was during this transitional time (still sometime B.C.E.) that dietary laws arose: “During the same period there evolved the strict system of sociological-religious taboos controlling the contacts and dietary habits of the Hindus.” (19.) The birth of *Ayurveda* demonstrates the shift from demon-sating to science. No longer were the magical incantations necessary to recovery as empirical results gave herbs priority.

The knowledge of the ayurvedic tradition was originally passed along orally among a group of sages. These sages were believed to have inherited their knowledge from the gods, themselves. Most texts, cite the god Brahma as the originator of *Ayurveda*. T.A. Wise explains that the god did so in response to the Kali Yuga's detrimental effect on the longevity of mankind:

...and during the Kali Yuga, the present age, the corruption of mankind was such as to cause a still further curtailment of life, and embittered it by numerous diseases. Brahma, however, had such a compassion on man's weakness and suffering, that, he produced a second class of books called Upavedas, one of which named the Ayur-veda, which was intended to teach the proper manner of living in this world by preventing and curing diseases in the present state. (2)

Wise goes on to point out that, according to other works, Brahma merely organized and simplified the knowledge that Siva revealed. It is said that Brahma passed the knowledge to Prajapati, the “Lord of Beings,” who then shared his gift with the Asvins, the physicians of the gods, who then told Indra, the king of the gods. Indra then revealed all to Dhavantari who then in the form of Divodasa, the King of Kasi, told the mortal Susruta. Indra himself also told the sage Bharadvaja who then shared the vital information with his fellow sages, among them Atreya of the *Caraka Samhita*. According to Basham, it is this connection to the gods that legitimized the profession of the physicians, or *vaidyas* (Basham, 19).

The major works of the Ayurvedic tradition are the *Caraka Samhita*, the *Susruta Sutra*, and the *Astanga Samgraha*. Caraka’s work dates from some 1000 years after the composition of the Atharvaveda. Dr. Vinod Verma claims that this work to be monumental in the progression of Hindu medicine as a science:

[It] is important and revolutionary because it ‘got rid of’ blind beliefs and superstitions of olden days in respect to the cause and cure of disorders and developed a rational attitude towards these problems. (7)

This work is a compilation of the lessons of the sage Atreya and his pupil Agnibesa (who would later be teacher to Caraka). Susruta was a contemporary of Rama, and, according to Wise, wrote his *sutras* in response to a request that he abridge the *Ayurveda* so that all who wished to read it might be able to understand. He divided the contents into six parts ranging from surgery to toxicology (Wise, 8). There is even a section on rhinoplasty. Vagbhata, on the other hand, of the Nalanda University Medical School, wrote the *Astanga Samgraha*. In this work he summarizes both the *Caraka Samhita* and the *Susruta Sutra* and adds information from his own scientific research concerning various diseases (Verma, 8). Zimmer refers to these men as the “Triad of the Ancients.”

Since touching dead bodies was considered to be polluting, if not immoral, the early works (those prior to Susruta and perhaps even Caraka) lacked exact anatomical knowledge .

Physicians, however did develop methods for viewing the insides of the dead. Initially, according to Zysk, anatomy was known through Vedic sacrifice. Priests would observe the sacrificial animals' various parts before they were given to the fire. From this information they could then make analogies between a human being and the animal observed. Another method, again from Zysk, suggests that the physician could learn anatomy (without dissection) by yogic concentration upon and contemplation the interior of a corpse. Another method, cited in the *Susruta Samhita*, involved placing a fresh corpse covered in "muñja grass, tree bark, kusa grass, or sana hemp" in a cage or net and, then, submerging it in a flowing river and pulling it ashore after seven days. Then, with twigs, the *vaidya* could carefully scrape off the skin and study the internal anatomy (Zysk, 34-36).

THE VAIDYA

According to Alexander Wise, the word *vaidya* comes from the Sanskrit *vidyá* which means, "knowledge" (Wise, 11). To become a *vaidya* required extensive training in the Ayurvedic practices and philosophies as an apprentice to a practicing physician, who, in the early days, was a sage skilled in the trade. The *vaidya* preceded the Hippocratic model of today.

According to Wise, the potential *vaidya*, should come from a good family, be "inquisitive and observant," but most importantly he must have a good disposition and a genuine concern for humanity. Humanity becomes an issue later in dealing with the weaknesses of western medicine. This emphasis upon humanity functions for some in the West as a decisive factor for turning their healthcare over to *Ayurveda* and other forms of alternative medicine. Caste seemed not to be an issue for selection of students. Basham confirms this when he describes the *vaidyas* as "a fraternity of men drawn from various classes and castes..." (26). Wise does, however, cite physical requirements such as "an agreeable voice, a small tongue, eyes, and nose straight, with thin lips, short teeth which do not expose the gums, and thick hair which retains its vigor" as essential criteria (12). Even a

sudra, one from the lowest caste, it seems, could become a *vaidya*. There is no mention of female *vaidyas* in the early tradition.

Studies commenced with an initiation ceremony held on a favourable day. At this time the student swore obedience to his master/teacher as well as a Hippocratic type oath regarding the ethics he must uphold. Wise presents this information as actual speech from teacher to student. What follows is an excerpt revealing the character and discipline a hopeful *vaidya* must exhibit:

You must not be displeased at my treating you as a son, servant, or a beggar, you must harbour no bad thoughts, you must be moderate in the indulgence of your appetites, and you must be contented with a small recompense (15).

From this day forward, therefore, his master tells him that he must put aside any lurid human passions : lust, anger, covetousness, ignorance, laziness, vanity, pride, envy, revenge, cruelty, lying, and evil actions (Wise, 15). Thus the student's training assumes an ascetical tone. According to Zimmer, the student even wore the orange robe of the ascetic and was required to be "ritually clean" (80).

Zimmer also compares the relationship between teacher and student to that of husband and wife. The relationship begins on the student's initiation day, at which time he must pledge complete obedience to his teacher in the presence of the gods, as a woman must to her husband on her wedding day. The pupil then becomes the "reproductive element" as the teacher will pass down his substance to the younger generation, much as the woman gives birth to the substance of her husband (Zimmer, 79). Although the training lasts but a few years, the relationship is lifetime.

Training involved observing the teacher at work in the field as well as assisting him in his pharmaceutical duties. Completion of studies also required that the student memorize the entire encyclopedia of Ayurvedic knowledge, encompassing the works of Caraka, Susruta, and Vagbhata. First he would learn the vocabulary and then progress subject by subject until at last the "big picture" of the system as a whole could be

understood (17). Once a student had mastered the *shastras* he became an *Ambashta*, or *Vaidya*. According to Manu, the members of the *ambashta* caste group were descendants of *brahman* fathers and *vaisya* mothers. The members of *ambashta* were thus favoured by the *brahman* orthodoxy. They also made good healers (Basham, p. 26).

Wise discusses at length the characteristics of a good *vaidya*. At one point while stressing the physician's ability to communicate with his patients, he even calls the physician an "earthly saint":

He should be frank, communicative, impartial, and liberal, yet ever-rigid in exacting an adherence to whatever regimen or rules he may think it necessary to enjoin. Should death occur under the care of such an earthly saint, it can only be considered as his inevitable fate, and not the consequence of presumptuous ignorance (18).

He also lists the three categories of doctors. A *Chhadmachara* is the term for a "quack". This man is both ignorant and arrogant. A *Prativupaka* is one who may exhibit a good bedside manner, but is less than intellectually qualified for the job. The *Sidhi Sadhaka* is, in the words of Wise, the man "fit to be physician to a rajah.". This *vaidya* has both character and talent (19).

Recompense for services depended upon caste. In 1860, when Wise first published his account, those of the top two castes-- the *Brahmans* and the *Ksatriyas*-- were not allowed to receive money in exchange for treatment; thus, only a *Vaisya* could consider medicine a profession. There were, however, rewards for the higher castes, as Wise explains:

Brahmans learn the medical shastras for their advantage;
Khetriyas for the benefit of their health, and Vaishyas for
their substance (Wise, 11).

For the professional *vaidya* there were rules regarding payment for services rendered. For example, those with money obviously would pay with money. Those who lacked money could best repay their *vaidya* with friendship as well as with their gratitude. Additionally, the virtue and good reputation of the *vaidya* would grow. There was no money requested

from friends, teachers, *brahmans*, or relatives. Here, according to Wise, the *vaidya* gained “an increase in knowledge and gratification of his desires in having an opportunity of performing good action” (29). An interesting fact about *vaidyas* that they were not to treat hunters due to their immoral profession (Wise, 29; Zimmer, 81).

THE TRIDOSA

There are four questions which a physician of *Ayurveda* must ask himself. First, he or she must decide whether or not the patient is genuinely ill. Secondly, if he/she decides that the patient does suffer disease, the physician must determine the exact problem and its source. Thirdly he/she must decide whether or not the prescribed disease is curable. If it is not curable, he must not try to cure the patient, but rather leave him/her to the family for care and to the priest for spiritual guidance. This is unlike in western medicine where many terminally ill patients find themselves having their last breaths drawn for them infinitely through a machine. If a *vaidya* attempts to treat an incurable disease he risks his reputation and commits a great sin (Zimmer, 33-34, Wise, 16). If it is curable he must find a treatment. He, therefore, must research the factors which have brought forth disease. This involves a thorough knowledge of the *tridosas*, or humoral theory.

The concept of disease in *Ayurveda* differs from Vedic tradition in that unlike the Vedic interpretation that external demons are the source of disease, *Ayurveda* holds that a person's internal humoral balance determines one's health. Verma best defines the humors: “Humors are three vital forces of the body and are responsible for all physical and mental functions.” (52). These vital forces are *vata*, *pitta*, and *kapha*. If one is less than the others there will be a deficiency in the normal body function where that humor is concerned. An excess brings abnormal functioning. Gananath Obeyesekere says that when the humors lose their balance they become *dosas*, or “troubles” (202). Shiv Sharma explains that disharmony of the humors causes disease when the symptoms of a particular vitiated humor is there:

“The deranged Vayu, Pitta, and Kapha, should be looked upon as the source of all diseases, in as much as symptoms characteristic of each of them may be detected in the case of a disease of whatsoever type....” (172)

The aim of ayurveda, therefore, is to attain and maintain a balance between the three life forces.

Vata, comprised of ether and air, is the life force of the body. It responsible for circulation of blood, the functions of the nervous system, and excreting. *Vata*, like its components, ether and air, is light, dry and omni-present. Traditional western accounts call it “wind.” Sharma cites the words of Kaviraj Gananath Sen in an explanation of the role of *vata* as the “motive principle”:

It is born with the first cell, which when impregnated, begins to divide and become gradually organised through what turns out to be an inherent force. This force is known as *Vayu* or *Baya*- the vital force or the cell force. It differentiates the cells into different structures. It creates blood vessels and lymphatics and nerves and pervades a complex organism. (176-177).

Vata has a cold nature and is prevalent in old age. Dry skin and a dull complexion are but two signs of increased, or vitiated, *vata*. Extreme cold, anxiety, and excessive exercise increase *vata*.

Fire is the sole component of *pitta*, the second humor. Western scholars have long called it bile. It is the main element in digestion. The heat of *pitta* “cooks” the food and transforms it into the various *dhatus*. Kaviraj Gananath Sen defines it as the guide of the body’s metabolism:

The metabolism that occurs in the skin and muscles is attributed to *Pitta*. In one word, you can take *Pitta* as guiding all the metabolic activities of the body. It is the sustaining fire as the ancients call it. (Sharma, 178)

Pitta is most prominent in youth (age 16-60). Like fire, *pitta* is hot and mobile. It provides vision, heat, hunger, and excessive thirst. It brings forth intellect and a good attitude as well as softness and color (Verma, 22). Those who are prone to excess in *pitta* are quite intolerant to heat evidenced by freckles and moles. When *pitta* is vitiated, rashes, body odor,

and a “tearing of body parts”-- due to the delicateness of the organs?-- may be observed (Verma, 45ff.).

Kapha, also referred to as *slesma*, is the preserving element of the body. It is composed of both earth and water which deems this humor to be heavy, cold, slimy, immobile, and fat. It gives our bodies weight and provides the structure (Verma, 22). For Kaviraj Gananath Sen, it is primarily the cooling element:

It is said that just as there is the principle which keeps the fire burning, there is another principle which keeps up the coolness. This cooling principle acts like the water-jacket of the internal combustion engine. It keeps the body cool by giving normal secretions which are preservative. (Sharma, 179).

It is responsible for sexual potency and anabolism (body growth). Childhood, springtime, and fatty foods increase *kapha*. When vitiated it causes fatigue, depression, and white urine. According to Dr. Verma, *kapha* has a rather dull character which manifests itself in the personality of the *kapha*-dominating person (Verma, 48-50). To some degree, it is *Ayurveda*'s rather mystical way of viewing the body that affirms its “New Age” appeal. The simplicity of “life force”, “sustaining force”, and “preserving force” provides an interesting focus for contemplation and visualization.

As described earlier, the functions of the various humors are related to the formative elements. Time and environment are important to the function as various seasons, climates, and times of day are liable to increase certain humors. Therefore, in order to have some control, one should eat a proper diet in accordance with one's constitution (Verma, 44). For example, one who is *vata*-dominated should not eat many foods that increase *vata* such as over-ripened, astringent, or pre-cooked food. This of course suggests that one should know his/her own constitution so as to make these judgements.

Knowing one's constitution requires a thorough understanding of the basic principles of *Ayurveda* as well as a careful study of oneself. One must come to understand the body and emotions in a personal way. It seems a rather complex feat, but the sooner

embarked upon the sooner true healing can begin. Once one comes to this understanding he/she must live in accordance with this nature. The longer one waits, the longer and harder the path will be towards equilibrium (Verma, 51-60). *Ayurveda* requires a change in lifestyle in order for its cures to be effective as the diseases it most effectively treats are lifestyle related, such as: back pain, arthritis, cardiovascular problems and allergies. Though the idea of changing one's lifestyle might not appeal to all, its main benefit is that it empowers the patient. The individual becomes responsible for his/her own health through holistic systems such as *Ayurveda*.

Ayurveda, a tradition indigenous to the people of India, has much to offer the modern world in terms of philosophy concerning of disease and life. The diagnosis and treatment here is holistic in that the body-mind diad is viewed as a whole, interconnected system. Human beings represent a microcosm of the universe thus reinforcing the goal of cosmic understanding. Understanding a human being is essential to understanding the universe. The desire to live is integral to *Ayurveda*, as well as this desire to understand. Modern proponents claim it to be steeped in the very spirituality that is absent from the modern western system.

Interestingly, the system long condemned as folk medicine now finds itself in resurgence in its homeland and as a viable alternative to allopathic medicine in America, but for very different reasons. Its cross-cultural appeal has its origins in a dissatisfaction with the west. For India, *Ayurveda* represents home rule and self-sufficiency. For Americans, *Ayurveda* brings a certain freedom from modernity by providing a link with nature. With strong proponents in western-trained doctors like Deepak Chopra, it now has something of a cult following among the afflicted middle to upper-middle classes.

WHY DID IT FADE AND WHY NOW DOES IT REVIVE?

In their joint effort. *Ayurveda Revisited*, Sharadini Dahanukar and Urmila Thatte explore the validity of *Ayurveda*'s claims from a more scientific and documented view than does Chopra. A large portion of the book is devoted to *Ayurveda*'s phytotherapy and diagnosis, though they assert that, "herbal remedies do not form the soul of *Ayurveda*" (Dahanukar, 35). The authors cite that 75% of the Indian population today engages in some sort of Ayurvedic treatment. The principles of *Ayurveda*, they claim, are "incorporated in day to day living often in the form of religious rituals" (*ibid.*, 2).

In the first chapter they explore the reasons behind *Ayurveda*'s decline in its homeland. First of all, they claim the language of its texts, such as the *Sushruta Sutra* or the *Charaka Samhita*, is difficult to read, since the structure does not follow the formal rules of grammar. When Sanskrit died, they assert, *Ayurveda* began its downward trend. India's history of conquest and colonization also contributes to its decline. Prior to the thirteenth century Muslim conquest of India, *Ayurveda* flourished under Hindu rule. When the Mughuls came to power, however, they brought their own medicine which was gradually combined with traditional Ayurvedic practices to form Unani medicine. *Ayurveda* as a pure form waned. In the eighteenth century British rule brought allopathic medicine. Interestingly, in practice this pre-modern form of western medicine was quite similar to *Ayurveda* in practice. As technology expanded, however, the paths diverged markedly.

A movement back to *Ayurveda*, however, began during the fight for home rule in the twentieth century. Like Gandhi's homespun cloth, *Ayurveda* came to represent a rejection of all things British (*ibid.*, 5-6). Maharishi Mahesh, of Transcendental Meditation fame, promotes *Ayurveda* to this day as a part of his commitment to improving the world. In fact he serves as Deepak Chopra's mentor. Despite the availability of Ayurvedic treatment in modern India, however, allopathic medicine, still holds a premier status. Dahanukar and Thatte attribute this fact to the ease of practicing allopathic medicine. It requires little

discipline compared to *Ayurveda*'s comparatively rigid diet restrictions. The need for an easy way to wellness also grew out of a modernizing society :

The changing fabric of society with the accompanying change in lifestyle made it almost impossible for newer generations to practice or accept ayurveda (*ibid.*, 9)

While *Ayurveda* may not function as the healthcare of choice for some, for those in remote villages it has never lost its curative powers or appeal. My physics lab instructor, Chitra, has told me, though, that even the so-called Western medicine in India is saturated with traditional concepts. This integrative system deserves further study.

The authors' primary reason for rejecting allopathic medicine rests upon the drug treatment. They cite that Western drugs are not only too expensive, as they are imported, but are also ineffective for chronic ailments. They do admit that, for acute infections, allopathic medicine provides reliable cure, but on the whole, Western medicine focusses upon treating the symptoms and not the source of trouble; for this reason, they, and many others, believe that western medicine offers nothing to those afflicted with chronic or degenerative diseases (*ibid.*, 28). The side effects of the West's synthesized drugs also contribute to the need for something else. For the authors, this is *Ayurveda* whose bountiful phytopharmacoepia and spiritual wealth offers relief from chronic and degenerative ailments. They look to Charaka's "Tripod of Life": *sharira* (body), *manas* (mind), and *atma* (soul) as a means to wellness. Chopra, in his filmed lecture " Body, Mind and Soul" expands upon these ideas, too. In the modern western tradition there is no "Tripod of Life," but rather a tripod of basic sciences upon which medical philosophy rests.

These physicians believe that while allopathic medicine has its place in world healthcare so do the traditional medicines of all people. Western physicians, they hope, do not see *Ayurveda* only for its rich pharmacoepia, but also for its vision of the human being and its place in the Universe. In the West, it sometimes seems hard to even see the individual human being.

THE REEVALUATION OF WESTERN MEDICINE FROM THE EYES OF ITS PRACTITIONERS

In the West today doctors suffer much criticism. A chief complaint is their lack of compassion, their lack of faith, their apparent loss of humanity. The doctors of course are not wholly to blame, the system itself must be examined. Western medicine must redefine its goals. Bill Moyers, Deepak Chopra, and others maintain through their works that Eastern traditions provide valuable insights.

BILL MOYERS: RESHAPING THE DOCTOR-PATIENT RELATIONSHIP

In *Healing and the Mind*, journalist Bill Moyers investigates the mind-body connection. Though his focus takes him primarily to Chinese philosophy, what his interviews say about current shortcomings in the West is appropriate. Western-trained physicians working to expand current practices and ideas in medicine serve as his subjects. His interviews reveal that many doctors are involved in reshaping the system as it functions today.

Reshaping the system involves returning the doctor-patient relationship to its status in traditional medicine. First of all, the doctor must take the time to know the patient. In the first chapter Moyers cites Dr. Ron Anderson of Park Memorial Hospital in Dallas on hospital rounds with medical students:

We cannot just prescribe medicine and walk away. That is medical neglect. We have to take the time to get to know her, how she lives, her values, what her social supports are. If we don't know that her son is her sole support and that he's out of work, we will be much less effective in dealing with her asthma. (2)

This is an important first step in treatment as it acknowledges so much more than a germ contributes to the condition of disease. Also, it follows that more should be involved in treatment than just the administration of drugs. Indeed, "knowing the patient" has proved effective in the west since Hippocrates; it is also a requirement for the Ayurvedic physician as he or she must see the disease in whole.

In his interview with Dr. Thomas Delbanco, a physician committed to improving and

strengthening the doctor-patient relationship, he asks about the placebo effect, or the power of suggestion. Delbanco responds that if a treatment proves effective then its mechanism is not nearly as important as its end result. He goes on to explain that modern medicine exercises such caution in regards to any alternative form of treatment until there is a rational explanation for its effectiveness. He feels that the western mind should be more accepting as follows:

Well we should be more open about an awful lot of different kind of healing. What we do is still much more art than science, although we glory in the science of what we do. And we should glory in it. Our science is progressing at a fantastic clip, and you and I are going to be the beneficiaries of that. But our art also has to progress (*ibid.*, 19).

Not only must the physician, then, know the patient, but he/she must also be open to any path to recovery.

Finally, a doctor must come to understand the difference between disease and illness. Dr. Michael Lerner, the founder and President of Commonweal, explains to Moyers that missing from Western medicine is the concept of illness “as the human experience of disease” (*ibid.*, 326). Disease is a biomedical term, or as he elaborates, “[It is] what the biopsy slide looks like to the physician.” He does not discount the biomedical aspect, however:

“ I have enormous respect for biomedicine, and I see it as the greatest contribution of modern science to the treatment of disease. But what has been lost in that is the human experience of illness, which the ancient traditions of medicine addressed.” (*ibid.*, 27)

So perhaps, here is the key to revamping the current mode of mainstream medicine. People and doctors must come to understand how the disease affects the individual. Together they must investigate the psychosocial spiritual realm in order to bring wholeness, if not cure, to the patient. Treatment, therefore, becomes necessarily individualized and less automated than Chopra’s assertion concerning conventional medicine, “germ A causes disease B and is treated by drug C” (1989, 27)

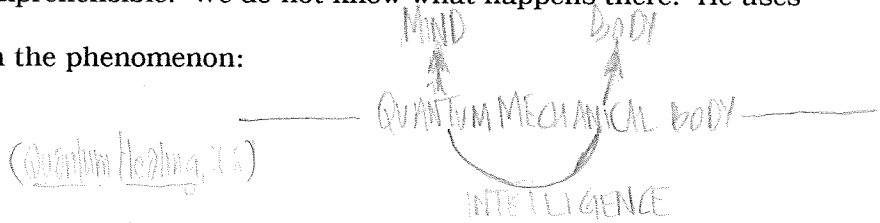
Ultimately, Moyers concludes that we need new ways to view the medical system. He proposes that it function as “health care” and not as “disease treatment.” As Chopra repeatedly notes, so does Moyers, “Healing begins with caring.”

DEEPAK CHOPRA: AYURVEDA AS A MODEL

Deepak Chopra is a Western-trained physician from India. For nearly twenty years he has worked with Maharishi Mahesh Yogi to establish *Ayurveda* in the United States. This branch of *Ayurveda* which Chopra advocates so vigorously is called Maharishi Ayurveda. He has published many books on varying topics concerning health care and philosophy, some more developed than others. In the 1990's he has emerged as a guru in the healing industry of New Age America; he has even transcended the boundaries into the mainstream. He locks into the key issues facing the health conscious: cancer, old age, and death. In a consumer society, he seems to promise the sought after longevity; he, therefore, enjoys much celebrity. He fills his books with the ideals of love and compassion as expressed by poets and scholars of old from across the globe. Though his writings express a wide breadth of knowledge, they are seldom documented. There is often little or nothing to back up his eyewitness case histories except that the same story is bound to occur in some form in his next book. Despite the academic shortcomings, a few of his books make for pleasurable reading among them *Quantum Healing* and *Return of the Rishi*. *Quantum Healing* sets forth Chopra's ideas concerning the body in terms of rational science and the mystic perspective. In *Return of the Rishi*, he explains his journey back to *Ayurveda*, the traditional system of his homeland which he seeks to make global. Throughout all of his writings the body is repeatedly discussed in the terms as a “microcosm of the universe.”

In *Quantum Healing*, he proposes the idea of the quantum-mechanical body as a way of reconciling biomolecular studies, quantum physics and Hindu philosophy. There is a moment, he claims, wherein a “thought” is transferred into a molecule, in biomolecular terms, a neuropeptide. This transformation marks the quantum event. All events prior to

and after the transformation can be understood in terms of the laws of physics, but that one quantum moment is incomprehensible. We do not know what happens there. He uses the following picture to explain the phenomenon:



Each cell has its own inner intelligence that surpasses the life of the individual. In scientific terms that would be DNA. For Chopra, intelligence, in the form of DNA, is the ultimate driver which, indeed, drives the brain. From his basic set-up of this quantum-mechanical body which is driven by an intelligence that surpasses the life of any individual cell, he moves forth to describe the potential for healing ingrained in such a theory. If, he proposes, we can somehow take our body back to the time when everything was fine healthwise, before the cancer, before the arthritis, before the pain, then we can jar it into remembering how to function properly. This hypothesis rests on the idea that at some point the body has forgotten.

For Chopra, returning to that idealized time involves a series of actions prescribed through *Ayurveda*. First there is the total inner cleansing of the body involved in the acts of the *panchakarma*. This involves fasting, enemas, sweating, vomiting and so forth. Ideally, this leaves the body pure and detoxified, now ready to “find” its lost intelligence. A special Ayurvedic diet built around the individual’s *doshas* (humors) helps maintain the balance achieved through the *panchakarma*. Now the patient can begin the spiritual journey back to good health. Meditation, massage therapy, and visualization are some of the primary methods for stimulating the body to remember. In fact, all who enter his clinic must undergo the *panchakarma* and learn the Transcendental Meditation (TM) of Maharishi Mahesh Yogi. Essential to the whole process as well is the doctor’s faith and compassion and the patient’s will to live.

He came to *Ayurveda* after practicing in the United States and witnessing the

shortcomings of conventional medicine. His father was a doctor of modern medicine, whose footsteps he followed into a British medical school. Once trained in America, however, in a large charity hospital, he came to see the rather aseptic nature of modern medicine. For example, the euphemistic scientific jargon for someone who has died, "We've had an expiration," was his introduction into the American medical system and consequent crisis, or so he claims (Chopra 1988, p 4). *Ayurveda* does not operate under such terms. Each patient is regarded as an individual, as a human being. The famed Dr. Brihaspati Triguna who can diagnose disease by taking a patient's pulse serves a Chopra's ideal Ayurvedic practitioner whose gaze and touch can sense the deepest pain of the patient. His methods parallel those of Dr. William Osler, the long regarded "last of the great clinicians" in the West. Sensitivity and compassion were required for both in order to master such diagnostic feats. Neither men required modern medicine's great machines to determine illness.

Chopra does not wish to discard conventional medicine, he wishes to extend it. For him it is the "blending" of ancient wisdom and modern science (1991, 7). Through *Ayurveda*, patients learn to contact their inner-awareness and use it as a mode for healing. As Chopra asserts:

The guiding principle of Ayurveda is that the mind exerts the deepest influence on the body, and freedom from sickness depends upon contacting our own awareness and bringing it into balance, and then extending that balance to the body. This state of balanced awareness, more than any kind of physical immunity, creates a higher state of health (*ibid.*, 6).

It is through the metaphysical plane that one can attain the health and longevity. Beyond the this contemplative method, however, *Ayurveda* offers herbs, diet, and exercises designed to maintain the harmony obtained through introspection.

For Chopra, *Ayurveda* fulfills modern medicine's lost promises, not necessarily by providing the ultimate cure for the actual disease, but providing the necessary spiritual path towards healing as it enables the coping process. He does admit, however, that Western medicine is better suited to those ailments that can be pinpointed to a germ *Ayurveda*, like

Western medicine, cannot promise a definite cure, but it can offer an improved life without the pain and agony of many western treatments, primarily drug treatment. It operates upon holistic principles which involve the maintenance of balance on all fronts. For example, if one has ulcerative colitis, a chronic disease of the colon prone to violent flare-ups under stress, the individual afflicted, according to *Ayurveda*, should not lead the fast-paced, high stress life-style of an up and coming CEO. Western medicine, while it may advocate a reduction in stress, provides medication that can manage the symptoms, like diarrhea and abdominal cramping, but not without strong adverse side-effects that affect one physically and mentally. *Ayurveda*, in addition to its advice, offers a diet plan, herbal remedies, massage, meditation, and regular cleansing (via *panchakarma*). It offers relaxation as well as giving one the opportunity to know oneself fully inside and out. *Ayurveda* empowers the patient to take control over his/her own health and longevity. The patient becomes his/her own agent toward wellness. Indeed, *Ayurveda* strengthens the will to live and thus the Hippocratic life force. How then can it be disregarded?

For Chopra it is time for medicine to evolve once more. It should not lose its passion for science, but it must encompass more: it must engross the spirit, or soul, of the individual. Finally, it should empower the patient, so that one may increase his or her own health and longevity through contacting the inner-awareness that controls the "hidden physiology" in which, according to Chopra, lies the cure for what truly ails. In his "transformational words," the time for such a change will be when people can accept that a change of such magnitude can occur:

The potential is there for transforming the face of medicine entirely, and not just in India. All that is needed is to accept that such a change can take place, then to reach the depths where transformation is effortless and most powerful (1988, 71).

When such a change does occur, the apparent opposites of East and West will have their common ground.

CONCLUSION: RECONCILING THE BODY, MIND, AND SOUL

While the Age of reason necessarily removed the spiritual element from medicine for the advancement of science, current trends in self-healing and other alternative forms of medicine indicate that it is time for this element to return. As Chopra would argue, in that quantum moment of transformation we do not know what happens. The laws of science may follow before and after the event, but they cannot explain the event. Something is missing, and that is the spirit. So while the twentieth-century has seen the development of dazzling technologies to cure certain diseases, there is a shadow side of such advancements: the devaluation of spiritual needs and powers of individuals as they relate suffering to health and well-being.

The eternal mystery of the soul, therefore, must be honored and given its due place in medical evolution in order to achieve balance in our treatment of human suffering. As the bubonic plague shook the medieval Christian notion that disease is God's punishment, so AIDS and cancer mock medicine's rational, scientific-based treatment as the end all be all. Eastern medical systems, such as *Ayurveda*, now see a resurgence due to this need and can offer relief to many types of human suffering by complementing Western science with a more cosmic view of humanity.

The secret of the next quantum improvement of medicine, therefore, may lie in the integration of these apparent opposites such that, as in Plato's cave metaphor, the most truthful vision is the highest and most encompassing.

BIBLIOGRAPHY

- Basham, A.L. "The Practice of Medicine in Ancient and Medieval India." in *Asian Medical Systems*, 18-44. Berkeley: University of California Press, 1976.
- Chopra, Deepak. *Quantum Healing*. New York: Bantam Books, 1990. 1st ed, 1989.
Return of the Rishi. Boston: Houghlin Mifflin Co., 1991. 1st ed., 1988.
Perfect Health. New York: Harmony Books, 1991.
Ageless Body, Timeless Mind.
- Dahanukar, Sharadini and Urmila Thatte. *Ayurveda Revisited; Ayurveda in the light of contemporary medicine*. Bombay: Popular Prakashan, 1989.
- Fugh-Berman, Adriane. "The Case for 'Natural' Medicine." *The Nation*, September 6/13, 1993. pp. 240-244.
- Fulder, Steven. "Complementary Medicine." *Unesco Courier*, v. 40 August 1987. pp.16-19.
- Leslie, Charles. "Interpretations of Illness: Syncretism in Modern Ayurveda." in *Paths to Asian Medical Knowledge*. eds. Charles Leslie and Allan Young, 177-208. New Delhi: Munishiram Manoharlal Publishers Pvt. Ltd, 1993.
- Inglis, Brian. *A History of Medicine*. Cleveland, Ohio: The World Publishing Company, 1965.
- Moyers, Bill. *Healing and the Mind*. New York: Doubleday, 1993.
- Obeyesekere, Gannath. "The Impact of Ayurvedic Ideas on the Culture and the Individual in Sri Lanka." in *Asian Medical Systems*. ed. Charles Leslie, 201-226. Berkeley: University of California Press, 1976.
- Sharma, Shiv. *The System of Ayurveda*. Delhi: Neeraj Publishing House, 1983 reprint of the 1929 first publication.
- Verma, Vinod. *Ayurveda: A Way of Life*. York Beach: Samuel Weiser, Inc., 1995.
- Wise, Thomas Alexander. *Commentary on the Hindu System of Medicine*. Amsterdam: APA - Oriental Press, 1981 reprint of the 1860 London edition.
- Zimmer, Henry R. *Hindu Medicine*. Baltimore: The John's Hopkin's Press, 1948.
- Zysk, Kenneth G. *Asceticism and Healing in Ancient India*. Oxford: Oxford University Press, 1991.