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Biomedical versus Ayurvedic Traditions: The Triumph of Indian Medicine in a Postcolonial World

Emma Jones

Spanning back 3000 years, the Ayurvedic tradition is one of the oldest medical traditions in the world. As a unique medical practice, Ayurvedic medicine is a mixture of a deep understanding of social and mental determinants of health as well as the physical aspects of herbal medicine. It is a practice focused more on promoting health than on curing disease. During colonialism, much of the practice was lost and has since come back only in a piecemeal approach. Though Ayurvedic medical ideas have recently become more popular because of a greater emphasis on herbal medicine among the general population in the West, the underlying philosophy of the practice is still seldom known and, in many ways, looked down upon. This paper addresses the importance of a full understanding of Ayurvedic medicine by recognizing how it was disparaged during the colonial period by the western world, explaining the significance of social determinants of health within the context of Ayurvedic medicine, and acknowledging the importance of spiritual and mental health on physical health as understood today.

During the colonial period in India beginning when the British took over in 1858, changes came in many forms, not the least of which was the dismissal of a century-old medical tradition that had contributed to the health of millions of South Asians. Ayurvedic medicine is a practice focused primarily on promoting health through the knowledge of not only diseases and surgery but the underlying causes of illness (Chopra and Doiphode 2002, 76). Passed down orally for many years before eventually being recorded, it is a health practice that treats each patient and illness separately through an understanding of not only the symptoms of the disease
but also of the environmental factors, personal inclinations, health behaviors, psychological factors and deviations in the diet of the patient (75,80). Medical professionals in the Ayurvedic tradition believed that no two patients suffered from similar diseases and so each was considered separately (80). Though there was a lack of consistency among practices (82), the general ideas shared among the practices allowed for incredible health. In pre-colonial India, Indians were health literate and led a healthy lifestyle. They cared deeply about their understanding of diseases and worked to make sure that their lives were in line with a lifestyle of wellness in all aspects of life (76–78). Along with the underlying theories and understanding of diseases, they effectively handled ailments, surgeries—like cataracts and the removal of urinary stones, as well as some facial surgeries like rhinoplasty and otoplasty—, and some medical emergencies, like snake bites). They had even begun practicing immunizations, largely against smallpox (Jayasundar 2010, 908 and Boylston 2012, 312). In many ways, they were some of the healthiest people in the world (Jayasundar 2010, 908).

Colonization, as alluded to previously, changed this entirely. With the growing popularity of biomedical practices, Ayurveda, along with many other indigenous practices, was swept, nearly into oblivion (909). Political pressure and new scientific understandings were harsh to traditional practices, and though Indians managed to hang onto a few ideas and practices coming from traditional theories, they did not have the same opportunity as before to openly practice and add to their understanding of a healthy life (Banerjee 2002, 1136 & Chakraborti 2018, 61). The British Raj was boastful of their knowledge regarding the mechanisms of diseases. They viewed them in a more scientific fashion, considering indigenous practices as more religious or magical and therefore not as accurate or worthwhile to pursue or understand (Chakraborti 2018, 65). It was believed that the two systems could not be taught separately because there could only be one
system of medicine, as science is universal, and therefore Ayurveda must either be changed and swept into biomedicine or destroyed entirely (Banerjee 2002, 1137). Though many good things throughout the years, such as an improvement of living conditions, have come from the advent of biomedicine, we cannot discount the knowledge that was lost—or forcefully buried—to bring these good things to us. There is so much more that we could know and understand now about medicine if we weren’t forced to pick one system of medicine or the other—if both could have been practiced, recognized for their strengths, and added upon simultaneously (Jayasundar 2010, 913).

Western biomedical practices viewed health as the curing of diseases, disregarding for many years the social determinants and other psychosocial factors of a healthy life that Ayurveda had readily embraced. The biomedical model views the human body with the atom as its fundamental unit (Jayasundar 2010, 909). The human body is understood by the structure of systems broken down to its most fundamental form. When things go wrong in the body the biomedical model looks at the molecular level, the things that are going astray among cells and body systems, and how medicine can rectify them. This is known as reductionism, which breaks down complex models into smaller parts to understand what is happening at the whole-body level (909). It was not until relatively recently in the western world that health was looked at more fundamentally, and people in the western world began to recognize and try to rectify the underlying causes of diseases and illnesses instead of just treating symptoms. This new way of thinking was catapulted in 1995 by Link and Phelan, when they outlined a hypothesis about social conditions being the fundamental causes of disease. Though they were not the only group to study social conditions post-colonialism, they gave an overview of social conditions relating to disease generally instead of trying to provide a simple linkage between one aspect of life and
one illness, something which had yet to be clearly outlined in the post-colonial world. Using this perspective, they were able to broaden the scope of social epidemiology and the understanding of health from different aspects of life (80-90). This study widened the horizon for future studies and understandings, and although this development was incredible and much needed for its time, Ayurvedic medical practices understood the realities of this long before Link and Phelan had the opportunity to study it.

As discussed briefly earlier in the paper, Ayurveda allowed for a much broader view and understanding of health than biomedicine did. The terms in Ayurvedic medicine are characterized by concepts unfamiliar to the western world, referring to energy and alignment—ideas that are very closely associated with their religious beliefs (Chopra & Doiphode 2002, 79). The unfamiliar terms and the associations those terms come with make Ayurvedic ideas uncomfortable to Western doctors and researchers, and therefore more easily brushed aside for more scientific practices. In reality, the ideas that Ayurvedic medicine explain about health and disease, if fully understood, could bring further developments in our ability to prevent diseases. Ayurvedic practices could have added knowledge many years ago if they had not been disregarded then, and, even now, as we continue to study and add upon fundamental risk factors, understanding Ayurvedic medicine could make a monumental impact upon our understanding of public health (Halliburton 2020, 13).

One of the great virtues of the Indian medical system is that it has allowed for a combination of ancient and modern ideas to vastly improve mental and spiritual health in ways we have not been able or willing to in the west. In India today, a psychosocial rehabilitation center has combined biomedical and ayurvedic medicine, prayer, and occupational mental health to treat its residents. Studies done by the World Health Organization have identified greater
health outcomes for those with mental illness in India than those in the west, and the success in India could likely be attributed to their willingness to accept plurality in medical systems, meaning that they use Ayurvedic principles and practices in tandem with Western principles and practices, incorporating a focus on overall mental and physical wellness as well as access to common Western biomedical practices (Halliburton 2020, 2). In a study by John Fisher, he outlines spirituality as the fundamental aspect of a person’s overall health, arguing that it gives purpose to life and helps to foster better relationships by increasing not only mental but also physical health outcomes (17, 21, 23). The information Fisher gives, along with Halliburton’s study on the plurality of the health system in India, gives evidence for positive outcomes that could come from a willingness to accept and learn from medical traditions that are unfamiliar to us. By combining existing biomedical information and opening ourselves to a broader view of health—especially a broader view of mental illness and spirituality which, to our detriment, is often left out when discussing health outcomes—we can gain greater insights into how to best strengthen our overall health (Halliburton 2020, 7-10). The beauty of the pluralistic view of health in India is that it opens the minds of individuals to different aspects of health but also allows them to receive the care that they are most comfortable with, which means that they can choose access to different drugs and treatments than those available in the Western world. They can be treated through the Ayurvedic holistic method, which could include a mixture of yoga, herbal remedies, and special diets or meditation or a mix of the two. Even today there are efforts to do away with these pluralistic practices in India in favor of Western psychiatry and psychological interactions (4-5). Given the research done by Halliburton, I would argue that not only should Ayurveda continue to play its role in mental health care in India, but also that
Western physicians and public health specialists should be more open-minded to Ayurvedic knowledge (13-14).

As they knew in Ancient India, and as we are learning now, health is more than either not being ill or treating diseases—it is a measure of overall wellness, including body, mind, and spirit. Ayurvedic medical practice was pushed aside because of racialist notions about the superiority of Western biomedicine, and although we cannot retrieve the advances that could have come had we been willing to learn from it then, Western medical practitioners can learn from Ayurvedic medical practices now. An understanding of health that includes all aspects of life, such as social standing, wealth, genetics, environment, and spirituality—and not just in relation to behaviors specifically leading to disease—is of monumental significance. Ayurvedic medical wisdom could allow all of us to both become as health literate now as the Indians were thousands of years ago and to care more deeply about keeping every aspect of our lives in line with achieving optimal health. We as a Western world are often quick to dismiss ideas that are unfamiliar to us, especially ones that seem to be based more upon religion than upon science, but when we stop trying to separate insights from both medical practices, we will gain a greater understanding and respect for both philosophical approaches to healing. The truth is that there is a lot we do not know about the body, and there are many problems that we do not know how to fix. Though biomedicine has helped us to make great strides in achieving strength and wellness for all, I believe if we are willing to combine and learn from other medical systems, such as Ayurveda, we will continue to make great strides towards our goal of a healthy future for all global citizens.
References


