

SOCIO-SPRITUAL AND MEDICAL ETHICS IN AYURVEDA: ITS RELEVENCE IN CURRENT COMMUNITY BASED PRIMARY HEALTH CARE*

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Abstract: Background : India has rich unsurpassed heritage and excellence in every field. Following our concepts of *bhootdaya*, we can achieve our goal of positive health which is not just disease free body but healthy mind, soul and society as well. **Objective:** The main objective is to advocate and convince that medical ethics is not a new concept given by cosmopolitan / conventional medicine but its vivid description is already available in all ancient texts of Ayurveda. We need to imbibe those values, set of traditions and work culture to further develop, publicize and practice the ancient Indian medical ethics and thus revive the glory of Ayurveda. **Material & Methods:** We collected references from major Ayurvedic texts where the Vaidya is considered most important of the *chatushpada* of 1, Vaidya (Physician); 2. Upasthata (Nurse/Attendant); 3. Dravya (Medicine) and 4. Rogi (Patient). The social behavior, mentality and morals of a Vaidya (Physician) are explained in Ayurveda and malpractice is also explained their prevention is advocated. Physician was presented as a spiritual leader with impeccable integrity who worked for health of society without bothering about personal gains. Monetary benefit didn't drive him to provide service to society but attainment of *Dharma* and a goal of universal welfare did. Multifactorial aspects of medical ethics related to religion and society are also mentioned in Ayurveda. **Conclusion:** Medical ethics have been an integral part of Ayurveda and its incorporation in present day medical teaching and clinical practice will yield great results. The noble profession of Physician will be more respected if our time old principles of Ayurveda including Medical Ethics are followed in today's era too.

Keywords: Clinical malpractice, quackery, Medical Ethics in Ayurveda, *bhootdaya*; *Vashudha-Eva-Kutumbakam*, Medical team, Physician as Spiritual leader, *Raj-Vaidya*,

Introduction

The Indian religion and philosophy clearly emphasizes that the world should be treated as a family (*Vashudha-Eva-Kutumbakam*). Ayurveda the ancient system of medicine, has been profusely influenced by the ancient Indian culture and traditions. In this paper, the medical ethics of the then physician will be discussed in relation, to family as a social unit. It is well known that ancient family systems are joint or extended to place of current nuclear family. There used to be family physicians as well as the physicians for the kings (*Raj-Vaidya*).

The ancient Indian physicians, irrespective of their official status, were highly honoured and

regarded as part of the family. He was treated as a friend, philosopher and guide. The physicians on their part used to deal with the patients and their families as their kith and kin.

The doctor patient relationship has been described as a relation between wards and parents (**ch.chi.1/56**). However, the physicians used to maintain strict ethical and social relations with the female patients. This was necessary to maintain standards of morality and to avoid any chances of misunderstanding.

The self-imposed discipline of not examining the ladies alone, in a lonely place and even not to cut jokes with them, was strictly practiced. The medical ethics of ancient Indian

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expected the physicians to have ‘empathy’ (*Karuna*), ‘friendship’ (*Maitree*) and ‘professional detachment’ (*Upeksha*) towards his patient.

All the relationship of the then family physicians were largely motivated on humanitarian grounds and considerations. They were not solely motivated by the monetary rewards. The supportive evidence of the idea high lighted above as regards to Medical Ethics of family.

Physicians are supported below with appropriate reference from the Ayurvedic and Ancient Indian Literature. We may apply the relevant aspects of the ancient ethical standard needed by community medicine of modern India. It is hoped, that this will improve current ‘Doctor Patient Relationship’. The details are discussed below.

Physician as a Spiritual leader of Medical Team:

Ayurveda transforms itself as a system of medicine at least around 600 B.C. when lord Buddha was born. CharakaSamhita has visualized four components of Medical Team (**Charaka Sutra 9/3**) namely:

- 1.The Physician (*Bhishaka*)
- 2.The Patient (*Rogi*)
- 3.The Nurse (*Upasthata*)
- 4.The Drugs (*Dravya*)

Vagabhatta has also described four qualities of the each components:

“Physician” apart from being ‘knowledgeable’ should be ‘pure at heart’ (*Suchi*) (**Charaka Sutra 9:6**) while patient should be ‘obedient’ (*Vashya*) and should have sufficient ‘patience’ (*Satavawan*) (**Charaka Sutra 9:9**).

It is interesting to note that the qualities of nurse has been described as lovely (*Anurakataka*) intelligent and should be affectionate (**Charaka Sutra 9:8**). Out of the four components physician was regarded as a leader of the Medical team.

“Four components of therapeutics in all, equipped with sixteen qualities are responsible

for success in treatment yet physician by virtue of his knowledge, administrative position and by prescribing capacity, occupies the most important position among all the four (**Charaka Sutra 9:10**).

Leadership demands capacity, involvement, commitment and gracefulness. The very idea having Ayurveda recognised that the physician should be leader of the Medical team logically leads to the concept that a high standard of ethics was maintained among Physician and Patient, Nurse and Patient and Physician and Nurse. A leader cannot lead a team without some emotional involvement with the team so the Ayurvedic Physician was a perfect specimen of gentleness and approachable to his patients and nurses. In fact so many similes are given regarding the position of physician by Charka in Sutarashtana 9/11-14 to emphasis the position of the physician. Gowers, too had rightly concluded. “If every drug in the world is abolished, doctor of medicine will still be a useful member of society”.

In fact when World Health Organisation accepted the role of traditional Medicine in Primary Health Care, this international organization was fully conscious of the socially and culturally acceptable role of the Ayurveda and traditional physicians of developing countries especially in the rural areas under the WHO traditional medicine strategy: 2002–2005, the updated strategy for the period 2014–2023 devotes more attention to prioritizing health services and systems, including traditional and complementary medicine products, practices and practitioners.

Service Aspects of the Ethics

Ayurvedic Physician was having more importance on compassion towards his profession (*Bhoot Daya*). He was not greedy of money or materials. Few excerpts from charaka samhita prove the high stature of good vaidyas who practiced medicine not for money or fulfilling their desires but for benefit of humanity .

“Those who for the sake of making a living make a trade of medicine, bargain for a dust-heap, letting go a heap of gold.” (ch.chi.1/59)

“No benefactor, moral or material, compares to the physician who by severing the noose of death in the form of fierce diseases, brings back to life those being dragged towards death’s abode, because there is no other gift greater than the gift of life.”, (ch.chi.1/61)

“He who practices medicine while holding compassion for all creatures as the highest religion is a man who has fulfilled his mission. He obtains supreme happiness” (ch.chi.1/62)

What is the relevance of compassion concept of ethics in 21st Century professionalism:?

Amla Atta declaration accepts that in the Primary Health Programme the physician will induce the involvement of the community through community leaders. It is not expected today that the physician will not be paid by the Government but it is expected that the physician will live as a honest member of the medical profession. The implication of this observation is obvious. If a policy decision is taken by the democratic parliament of India, the highest policy deciding body in the country, that the medical community will not be paid non-practicing allowances. Than this monetary aspect of life should be gracefully accepted by the Physicians of Modern Medicine as well as by the physician of Indian Medicines.

Even this much sense of detachment should be regarded as a (Bhootdaya), or compassion of the 21st century. Simultaneously the community leader should be encouraged not to extract money from poor and helpless patients.

Cultural and religious partnership

There was general concept in Ancient India that if you do prescribed religious or prescription then you are entitled for heaven. Some how rather the medical profession was regarded as parallel to the religious rituals, because it has been

mentioned by BhavaPrakash and Yoga Ratnakar that a physician who cures his patient and pulls out him from the Jaws of the death. He goes directly to heaven. Therefore physician becomes a partner in the galaxy of religious and cultural people.

Primary Health Care programme needs a complete personality who can handle the physical, mental and social aspects of health and community life.

Maternity and Child Health Care

The pregnant women and children have been given due place to the Indian Society. Physician took all responsibility of antenatal, natal and post natal care of his pregnant patient and newly born infant.

The incaution (*Punsavan Sanskar*) satisfying the need of pregnant women (pregnancy case) known as (*Douhyridya*) indicated that physician was considerate towards Maternity and Child Health Care too.

In Primary Health Care, Maternity and Child Health Care is a very major programme and the ancient medical ethics shall be of great help in this direction.

The Condemnation of quackery

High standard of medical ethics demands than the quackery in medical practice should be condemned in unequivocal terms. (Ayurvedic System) of medicine especially Charak has given a deliberate description of quacks and advised that the patient should not seek the treatment of such uneducated, untrained and unrecognized physicians.

Charaka Samhita goes to the extent of saying that it is better to die rather than to be treated by quacks in which case he is liable to go to Hell (*Naraka*). This way a social boycott used to be practiced against a quacks (**Charaka Sutra 1:131**).

Thus exemplary medical ethics has been maintained in the ancient India by Ayurvedic Physicians based on the Socio-Cultural and religious aspects of the people of this great country.

When the subject of medical ethics is brought up for discussion at meetings of medical doctors, inevitably, someone raises an apparently logical question: “When society at large is corrupt and unethical, how can you expect doctors to remain honest?”

The question assumes that if everyone is doing wrong, we are entitled to follow suit. It also shows that most of us, in the Indian medical profession, though literate are not educated enough to be able to transcend our baser impulses. In doing so, of course, we ‘bargain for a dust-heap, letting go a heap of gold’.

We have also forgotten two lessons taught in recent times. The mystic sage from Bengal, Ramakrishna Paramhansa (1836 - 1886), commented on the Indian penchant for idol worship and offered a suggestion that could be used by all Indian doctors to the advantage of their patients: “If God can be worshipped in images of clay, should He not be worshipped in one’s fellow beings?”

Mahatma Gandhi (1869-1948) offered a talisman to be used when we are in doubt as to the course of an action or when we are obsessed with ourselves and our own wellbeing: “Recall the face of the poorest and weakest man whom you may have seen and ask yourself if the step you contemplate is going to be of use to him...

Then you will find your doubt and yourself melting away...”

The authors of this paper would like to focus that ‘Primary Health Care’ Programme will succeed rapidly only when fundamentals of Medical Ethics of Ayurveda are made part of the Health Workers in Health Care delivery Systems adopted.

Authors are obliged to remarks unless this aspect is given due importance in Primary Health Care Programme. We are afraid the health for all movement will not get momentum ever by 2020 AD

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