

# **ENGAGEMENTS BETWEEN AYURVEDA AND BIOMEDICINE: PRACTICE, POLICY AND PHILOSOPHY**

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## **Abstract**

Traditional medical systems derive their strength from two sources: popularity and holism. Indian estimates suggest that there are almost equal numbers of practitioners in traditional systems of medicine (Ayurveda, Yoga, Unani, Siddha and Homeopathy when taken together) as there are in the mainstream biomedical system. Also, traditional systems are known to locate health and disease in a broader ecological frame beyond the biomedical paradigm. These two characteristics of traditional systems – popularity and holism - are used as arguments in public policy to promote an integrative healthcare system. It is hoped that such a system can address two of the critical policy challenges in healthcare – human resource shortage and lifestyle diseases. Analytically, this potential system of integrative medicine can be seen as an interface between two independent medical philosophies experimenting with innovative medical practice but confounded by health policy more driven by pragmatic concerns. Arguably, these three dimensions of medicine – practice, policy and philosophy– comprehensively capture the making of a medical system itself. Practice is the *raison d'être* of medical knowledge; philosophy defines the nature of medical knowledge; and policy specifies the boundaries and roles of structural elements (organisations and people) in which these medical systems are embedded. In this dissertation we look at these three dimensions of the interface between Ayurveda and biomedicine, the two numerically dominant and arguably the two most theoretically advanced, medical systems practiced in India. The first essay looks at integrative practice, the second examines the policy trajectory and the third reflects on the philosophical principles. As we show in all three essays, this separation is only for analytical purposes and it is necessary to look at medical systems from all three dimensions simultaneously. In essay 1 on practice, we argue that medical practice is inherently porous, and thus allows for a possibility for systems to engage with each other. Conceptually, we draw from Unschuld's framework of integration [Unschuld, 1976], and develop it further to outline the nature of integrative practice, contrasted against cross-practice. We attempt to elaborate this description inductively by studying the contours of integrative medical practice, through detailed semi-structured interviews with a set of integrative practitioners. This essay empirically documents the mechanisms through which thoughtful practitioners navigate disparate theories, while keeping the wellbeing of the patient as their central objective. We describe the choices that the practitioners make in deciding which system to use when. As our empirical work shows, integrative practitioners make use of each system for its unique strength, acknowledging that the Ayurvedic system is intrinsically more holistic, including many non-biomedical parameters like food, lifestyle and metaphysics; while the biomedical system, albeit more restricted in its view, is more precise and quick in action. In essay 2 on policy, we move from the practice component of medical systems to their structural component (organisations and people). We discuss the policy documents, court rulings and political discourse around the notion of multiple medical systems and how they influence the nature of integration. We empirically evaluate the

assumptions and the ramifications of structural integration in primary healthcare settings in Koppal, Karnataka. We show that merely bringing Ayurvedic doctors into the public health system, especially as substitutes for biomedical doctors, without a thorough evaluation of their preparedness to handle this responsibility may do more harm than good. To make better use of the existing potential of integration, we suggest specific policy approaches that consider both structural and knowledge components of the two systems. In essay 3 on philosophy, we take a step back from practice and policy to evaluate the feasibility of integration at a philosophical level. We summarize the basic onto-epistemological principles of biomedicine and provide an emic description of the Ayurvedic paradigm by analyzing the structure of *Ācarakaśaṃhitā* and juxtaposing them with the insights provided by integrative practitioners<sup>1</sup>. Using empirical data from classical texts and the interpretations of integrative practitioners<sup>1</sup>, we show that the relationship between the knowledge systems of Ayurveda and modern medicine appears to lie somewhere between complete incommensurability and complete commensurability. Although our discussion begins by allowing for the possibility that the ontologies of the two systems may be water-tight and completely incommensurable, we show how a cross-ontological dialogue is both feasible and beneficial to both systems. We summarize our arguments for this dialogue under three broad onto-epistemic areas: the overall approach to knowledge, the specific approach to evidence and new knowledge frontiers. We conclude with a cautionary note pointing to the dangers of blind integration, which may strip alternative systems of their very alternative identity. We suggest that an understanding of porosity between the systems should be balanced by an appreciation of the integrity of each system, so that a genuine and fruitful crossontological dialogue is possible.