Anil Kishore Sinha

ANTHROPOLOGY OF MEDICINE THROUGH THE LENS OF AYUSH

Abstract

This paper looks at research in Medical Anthropology, Indigenous and Traditional Medicine, Ethnomedicine, Biomedicine, and the AYUSH systems of medicine that the government recognizes. These include Ayurveda, Yoga, Unani, Siddha, and Homoeopathy, as well as the new Sowa-Rigpa or Tibetan traditional medical system. It includes an analysis of healing systems used across the country. The author tries to look at how people have sought health care and how the health system has responded to that behavior since ancient times. The literature on how people have dealt with health problems and illness throughout history has been studied and is organized into the different fields that make up the healing systems of the world, each country, and certain geographical and population niches. The current research is based on the latest work of scholars on relevant subject as observed in the first quarter of the present century.

Keywords: *Ethnomedicine, Ayurveda, Yoga, Unani, Siddha, Homoeopathy, Sowa-Rigpa*

Introduction

Medical anthropology, also known as "anthropology of medicine," is the area of applied anthropology that studies the health field in totality. It is the study of health, illness, disease, and healing across a wide range of human societies and cultures. Medical anthropology looks at the social and cultural aspects of health care systems, illness and health, and how people adapt to their surroundings (McElroy, 1996). It looks at how cultural and social institutions affect people's views and ideas about what causes disease and how they act in terms of their health.

As a result of public health issues brought on by the industrial revolution, interest in the social and cultural aspects of illness peaked in the West in the nineteenth century. Under the leadership of individuals like Virchow in Germany and Villares in France, social medicine saw amazing development during this time (Dubos 1959, 1965; Rosen 1963). The social and

ANIL KISHORE SINHA, Senior Fellow (Indian Council of Social Science Research, New Delhi), and Former Professor, Department of Anthropology, Panjab University, Chandigarh 160014, Email: aksinha58@gmail.com

cultural background of medicine lost popularity in the latter half of the 1800s. The scholarly literature of Polgar (1962) indicates a notable advancement in medical anthropology since the Second World War. Fabrega (1972) provides a persuasive assessment and analysis of the happenings in the years that followed. *The Illness Narratives* by Kleinman, (1988: 3–4) and *Reason and Necessity* in the *Specification of the Multiple Self* by Littlewood Roland (1996) are two attempts to persuade medical professionals to pay closer attention to how patients, their families, and members of their social network "perceive, live with, and respond to symptoms and disability"; a process in which illness is specifically viewed as "the lived experience of monitoring bodily processes such as respiratory wheezes, abdominal cramps, etc."

According to Kleinman (1988), patients and subjects use regional cultural idioms to describe their experiences with sickness that represent regionally accepted notions of what is meant to be a "standardised reality" or set of symbolic codes that represent how they understand their bodies, their social environment, and themselves.

Broad Spectrum of Anthropological Inquiry into Health Care Delivery

By the statement, "elucidates the variables, methods, and processes that have a role on or impact the way in which the people respond to illness and disease," Fabrega (1972) meant that medical anthropology is an academic discipline that studies human perspectives on health and illness. An emphasis on behavioural patterns is central to its examination of these issues. The main subfields of medical anthropology were identified by Lieban (1973) as ecology and epidemiology, ethnomedicine, medical features of social systems, and medicine and cultural transformation. Consideration of local beliefs, values, and practices in health care was emphasised in Madan's (1969) work, which greatly aided the development of medical anthropology by drawing attention to the significance of comprehending the social and cultural settings in which the western biomedical model of healthcare operates.

Historical Perspective on the Manifestation of Disease and Health

Ancient cultures in the Indus Valley, Egypt, and Mesopotamia ascribed various meanings to the term "sickness," including the illness itself, its causes, and possible treatments. For some, illness represented the "wrath of the Gods" as well as sin, ill-will, and hostility. A lack of harmony between one's mental, physical, and physiological well-being as a result of poor nutrition, overexertion, or an unhealthy environment were associated with illness in many of these cultures. Multiple ancient medical systems have recognized this "imbalance" and worked to improve upon it.

An imbalance of the *tridosha,* or the three humors- *vayu* (wind), *pitta* (bile) and *kapha* (phlegm)-was considered by the early ayurvedic researchers

and practitioners to be the root cause of illness. The sixth-century Indian physician-philosopher, Sushruta, broadened this definition to encompass all forms of pain and discomfort; subsequent generations of Indian medical professionals and thinkers saw illness as any disruption or distortion of "positive health," as the disintegration of material, emotional, moral, and spiritual well-being.

In spite of holistic medicine's emphasis on ecological balance and integration, according to Alter (1999), health and physical fitness are still seen as static, predetermined states of balance rather than as open-ended objectives to be actively attained. It is highly likely that Ayurveda, cosmopolitan biomedicine, traditional Chinese medicine, and other forms of institutionalized medicine have been immensely impacted by the epistemic dominance of the restorative bias. Smanla and Mehta (2023) have captured the concepts of human settlements beyond geographical borders and the undulations of healing and treatment systems as well. Persia and Islam had a profound impact on India's healthcare services throughout the Moghul era. The Persians mixed Ayurveda with Greek or Unani medicine, creating a hybrid system. There was a shift in the country's medical pattern, with both the Unani and Ayurvedic systems coexisting and flourishing up until when the Europeans reached the subcontinent.

By 1995, the Ministry of Health and Family Welfare had granted the Indian Systems of Medicine and Homoeopathy (ISM & H) their own distinct identities. November 2003 saw the establishment of the Ayurveda, Naturopathy, Homoeopathy, Siddha, Unani, and Yoga (AYUSH) Department. A new addition is the extensive Tibetan medicinal lexicon known as Sowa-Rigpa or Amchi. With their comprehensive suite of promotive and preventative treatments, these systems significantly outperform others when it comes to dealing with chronic diseases.

Ethnomedicine and its Roots in Indigenous Health Practices

Cures, treatment and remedies tend to change among communities just as much as the fundamental ideas around illness. Research on the interactions between the medical and social sciences has been extensively conducted in this area by medical anthropologists. As noted by Rivers (1924), indigenous medical systems should be studied like other social organizations, such as kinship and politics. In 1937, Evans-Pritchard investigated the African belief that witchcraft is the source of illness, death, and other misfortune. Taking into account the basic tenet that jealousy, greed, malice, and other negative thoughts can be harmful, he decided that the other beliefs make sense. Field's (1937) study on *Religion and Medicine of the Ga People*, Spencer's (1941) study on *Disease, Religion, and Society of the Fizi Island*, and Harley's (1941) study on *Native American Medicine* are just a few of the other important works of this time.

The study of ethno-medicine was pioneered by Ackernecht (1942a, 1942b, 1943, 1945, 1947, and 1971). He traced the relationship between patterns of culture and primitive medicine and found three key points: (i) there are many distinct primitive medicines rather than just one; (ii) the differences between the primitive medicines are more about the differences in the medical patterns they build up and are culturally contained; and (iii) there is a significant variation in the degree of integration between the various components of medicine and the complete medicine. The general connection between anthropology and psycho-somatic medicine was examined by Mead (1947) and Henry (1949). Later anthropologists, studying traditional medicine, conducted research that was explained by Sigerist (1951) and Jaco (1958).

Medical Pluralism and Traditional Medicine

Gonzalez (1966) brought up the subject of medical pluralism and discovered that, within Guatemalan communities, patients frequently sought treatment for the same ailment from both traditional healers and doctors. Observers have noted that individuals in developing nations have a tendency to discriminate between illnesses that can be treated by a doctor and those that require the treatment of traditional healers (e.g. Erasmus 1952; Foster 1958, 1962; Goodenough 1963). The progression of a disease, the results of prior treatments for the same ailment, and numerous other elements may lead a patient to redefine it and switch between medical systems (Lieban 1960).

Despite having access to the best facilities available in the western medical system, Carstairs (1955) contended that a patient's own beliefs about their condition and possible course of treatment influence their choice of medical provider. Both, the patient and the physician, need to have similar perspectives on the illness. At times, the nature of the illness also directs the patient to seek treatment from a specific kind of healer.

According to Lieban's (1960) conclusion, traditional medical systems continue to exist and have a considerable impact on medical decision-making and outcomes in developing societies, even in the face of growing use of modern medicine in these areas and the resulting decline in morbidity and mortality. Many Indian researchers, especially those on the roles played by practitioners of both modern and traditional medical systems, readily support this (Kakar et al. 1976; Banerji 1975; and Madan 1980).

Joshi (1985) stressed the usefulness of medical anthropology in the fields of herbal remedies, healthcare programs, healers, and ethnomedicine. Even though Chaudhuri (1985) concentrated on the health issues facing tribes, he also demonstrated the socio-cultural aspects of how traditional and contemporary health systems interact as well as the barriers to modern system acceptability.

Complementary and Alternative Medicine (CAM)

Anthropological research on traditional medicine practitioners has been emphasized time and again by the World Health Organization (WHO). Indeed, it has started a fruitful conversation on the field of ethnomedicine, sometimes known as "popular health culture" or "popular medicine." WHO has reviewed the worldwide state of Complementary and Alternative Medicine (CAM), underlined the need to evaluate the contributions of the Traditional Medicines Strategy 2002-2005, and outlined WHO's own role and efforts in TM/CAM. More significantly, it offers WHO and its partners a plan of action with the goal of empowering TM/CAM to significantly increase the reduction of excess mortality and morbidity, particularly in underprivileged communities.

Rai and Nath (2003) pointed out that ethnic people have been vital to the preservation of biodiversity in and around the areas of their natural habitat since the beginning of civilization. These indigenous and ethnic groups conserve plants that are useful for horticultural and agricultural purposes as well as a source of edible wild food in the form of fruits, seeds, roots, tubers, and rhizomes. Numerous plants that have been conserved by ethnic groups are used as medicines to treat a range of conditions, including bone fractures, wounds, arthritis, stings from snakes and scorpions, and abortifacients. Plants are retained in both sacred forests and abandoned tribal shifting agricultural lands as an *in situ* approach of ecological restoration and biodiversity conservation.

Medical anthropologists distinguish between biomedicine and ethnomedicine, the former of which is connected to the "western" medical system and the latter of which is connected to the regional systems of traditional and indigenous beliefs, customs, and practices related to health and illness (Sikkink 2009). The relationship between religious and medical organizations, the efficacy of the conventional healthcare system, diagnosis and treatment techniques, research on traditional healers, the awareness and frequency of disease, and medical pluralism are all taken into consideration in ethnomedical studies (Bhasin 2007).

The health and nutritional issues that tribes face is complicated by homogeneity, a lack of access to quality healthcare, resource exploitation for daily needs, a rich culture and tradition but illogical beliefs, and a lack of desire to modify these cultural and traditional beliefs. These folk's systems identify and cure their illnesses in their own unique ways. This system incorporates magic, religion, and traditional social values in addition to the numerous applications of herbal medicines, all of which have multiple cognitive benefits (Hughes 1968). Initiated in 1956 the documentation of these folk medical systems became more well-known as a result of the growing demand for herbal remedies in contemporary times (Rao 1996). Indigenous peoples have evolved and maintained incredibly useful systems of knowledge and behaviour, as documented by Jaiswal (2019) in his research.

Reddy et al. (2023) documented study emphasising many important aspects of ethnomedicine and indigenous healing. Ruthisha (2021) identified 96 medicinal plants distributed across 54 families and 92 genera that can be used to treat a variety of ailments, including intestinal gas, menstruation problems, fever, diabetes, kidney stones, snake and insect bites, rheumatism, cuts and wounds, skin diseases, coughs, and digestive problems.As per the research by Subedi (2023), the term "ethnomedicine" refers to the medicinal methods employed by native healers, which combine material and non-material components to treat and prevent illnesses.

Medical Pluralism Perspectives in Developed and Developing Countries

In the domain of medicine, pluralism takes many forms. Although medical pluralism uses a variety of medical names, including alternative, folk, traditional, indigenous, and local medicine, these have been referred to as "non-biomedical" treatments because they indicate a separation from biomedicine. Every modern society exhibits some degree of medical pluralism in the way that individuals navigate between evidence-based medications, alternative therapies, home cures, and religious healing. Medical practice hierarchies are significantly shaped by political-economic forces. The internet, transnational migration, the emergence of alternative medical enterprises, and the worldwide exchange of medical knowledge and goods all function as catalysts for the spread of ever more diverse health-seeking philosophies and practices. In India, where traditional medicine has a strong history and integrates the AYUSH medical system with contemporary medicine, medical pluralism is commonly practiced (Agarwal et al., 2023).

In their discussion on reinventing India's healthcare system, Chaturvedi et al. (2022) notes that colonial histories are to blame for biomedicine's current supremacy in nations like India, where traditional medicine systems have been practiced for a very long time. It is long overdue to "decolonise health science knowledge systems." According to Sheehan (2003), research on healthcare in India has revealed shortcomings in the way services are provided to both rural and urban areas.

The National Health Policy (NHP, 2017), the National Health Mission (NHM, 2013), the Ayushmann Bharat Health and Wellness Centres and the National Rural Health Mission (NRHM, 2005) are a few Indian health policy documents that integrate the AYUSH systems and are based on the notion that one biomedical system cannot achieve optimal health.

Three major tendencies in integration were highlighted by Sheikh and Nambiar (2011) in their research on TCA providers: hybrid/parallel models, government regulation and provisioning, and self-regulation with governmental connection. This is related to the World Health Organization's parameters,

which establish three models for healthcare systems. One model is a "tolerant" system, where the primary focus is on biomedicine but TCAM practices are still allowed. The second model is "inclusive" system, where TCAM is acknowledged but not completely integrated into healthcare. The third model is an "integrative" system, where TCAM is officially recognised in national drug policy, providers and products are registered and regulated, therapies are covered by insurance, and research and education are accessible to all.

AYUSH and Sowa-Rigpa as Recognized Indian Systems of Medicine

(i) Ayurveda

According to Ayurveda's humor theory, there are three humors: *vata, pitta,* and *kapha*. All three are in perfect harmony in a healthy individual. Removing the disturbance-inducing variables is the primary goal of disease treatment. Medicines, a healthy diet, regular exercise, and a program designed to bring the body back into harmony make up the treatment plan.

Scholars and practitioners of Ayurveda agree in virtually all written works that the practice is based on a holistic view of health that respects and works in harmony with nature. Building good health is just as important as the many topics covered in the *Charaka-Samhita* a central work in Ayurveda, which includes physiology, disease classification, treatment methods, pharmacology, surgery, and much more. Discussions of illness and treatment also influence Ayurveda's focus on health, which is the most crucial aspect. One could argue that for Ayurvedic treatments to be effective, one must adhere to a daily routine that encourages balanced fitness. Consequently, being cured is contingent upon being in consistently good health. Curing a specific illness does not, ironically, instantly make one well again.

(ii) Yoga

"*Yog*" is the Sanskrit term for "Yoga" and can be described as a method of merging one's spiritual essence with the divine essence that permeates all things. The *Yog*ic texts state that the ultimate goal of Yoga practice is the merging of individual and universal awareness. Yoga is an exercise regimen that aims to condition and fully functionalise the body and mind through a sequence of clearly defined postures. The mainstay of Yoga includes physical postures, breathing exercises, austerity, meditation, contemplation, and samadhi, or continuous sub-conscious reflection.

Nowadays, Yoga is the ideal kind of preventative medicine for the epidemic of modern lifestyle diseases like diabetes, obesity, hypertension, and anxiety disorders. Cardiovascular health, musculoskeletal function, and overall physical fitness can all benefit from Yoga. Diabetes, respiratory ailments, hypertension, and a host of other lifestyle-related diseases can all benefit greatly

from its use in treatment. According to the National Health Portal of India (n.d.), it is also useful for lowering stress, anxiety, sadness, and exhaustion. The significance of Yoga has been recognised by people all around the world, as the United Nations General Assembly designated June 21st as the International Day of Yoga on December 11, 2014.

(iii) Unani

The humoral hypothesis is the foundation of the Unani medical system also. This system is able to detect the existence of four different humours in the body: *dam, balgam, safra,* and *sauda.* The distinctive humoral equilibrium of each person is a key indicator of their identity. The humoral balance can be maintained through proper digestion and dietary habits. Listening to the patient's pulse, and examining the urine, stool, etc., helps with diagnosis. In order to effectively prevent illness, seven conditions must be met. Air, beverages, meals, physical and mental rest and movement, sleep and wakefulness, excretion and retention are all part of what is called *Asbab-e-sitte Zarooriya*. Treatment options include *Illajbil Dawa* (pharmacotherapy), *Jarhat* (surgery), and *Illajbil Ghija* (nutritional therapy).

(iv) Siddha

The primary focus of the Siddha system of medicine is curative care. It is characterized by an increased reliance on metals, especially mercury, and a special respect for a material known as *"muppu,"* which is said to possess powerful abilities for metamorphosis on all levels of being. One of the most common ways to diagnose a patient in Siddha system of medicine is by taking their pulse. Ayurvedic pulse diagnostic may have been adapted from Siddha system of medicine, as it was not widely used prior to the late thirteenth century (Daniel 1984).

(v) Homeopathy

Therapeutics are the main focus in homoeopathy. It heals the whole person, not just their symptoms, by bolstering their body's natural defense mechanisms and restoring harmony to their emotional and mental states simultaneously. Small, white sweet pills infused with the appropriate amounts of the medicine are the most common form of administration.

(vi) Sowa-Rigpa

Often called the ancient Tibetan medical tradition it relies largely on herbal remedies, mineral baths, animal parts, mineral water from springs and other sources, moxibustion, and the use of spiritual force are all part of this system's therapy. *Sowa-Rigpa* is popularly known as Amchi medicine in most part of Indian Himalayas. Derived from the Mongolian word *Am-rjay* it means

superior to all. The practitioners of this medicine are known as *Amchis*. Till early 1960s Amchi medicine used to be the only health care facility for the people of these regions and even after the introduction of modern medicine with all government support, the latter could not replace Amchi system in many parts of Himalayan Buddhist society due to its strong socio-cultural background. *Amchis* have not only social respect but also spiritual respect as the representatives of *Sangyas - smanla* (Medicine Buddha) and their services for ailing beings are priceless. A physician of *Sowa-Rigpa* employs three main tools for diagnosing a patient i.e. visual diagnosis, diagnosis by touch and diagnosis by questioning. Diagnosis by touch is represented by the advanced technique of pulse examination followed by touching the body for temperature and smoothness, etc. Questioning is another mode of diagnosing a patient; history of case, present condition, family background and changes in body, etc. are main questions asked. The treatment within *Sowa-Rigpa* has four major sections — diet, behavior, medicine and accessory/external therapies. Right administration of these four sections is very important for treating patient.

Comparing the Biomedicine and AYUSH Interface

Using data collected over the last decade, the World Health Organization's Traditional Medicine e-Strategy 2014–2023, looked at things like the prevalence of Complementary and Alternative Medicine (CAM), funding for CAM research, expansion targets, drug use characteristics, and the incorporation of CAM into active health services. According to this report; over 100 million Europeans and many more in Asia, Australia, and the US use CAM, according to estimates. Reasons given for this surge include the following: growing demand due to chronic diseases, increasing healthcare expenses, discontent with current health systems, renewed interest in preventative and holistic medicine, and treatments that improve quality of life in terminal conditions. "There is a treasure trove of knowledge regarding science, health, and culture in our old traditions," write Krishnamoorthy and Gangadhar (2024). They argue that conventional medical practices should incorporate the principles of traditional healthcare systems while integrative medicine may embrace a combination of modern and ancient practices in the future.

Studies in AYUSH System of Medicine

To help shift the public's perspective from "Illness" to "Wellness," Mutatkar (2016) produced a series of publications focused on AYUSH studies in the Indian States of Himachal Pradesh, Madhya Pradesh, Chhattisgarh, and Maharashtra. There are comparable studies in Rajasthan and 18 other Indian States that support the minor traditions, local health traditions, and the classic big traditions.

At the Indian Women's Press Conference, Shri Shripad Yesso Naik, the Union Minister of State for Ayurveda, *Yog*a and Naturopathy, Unani, Siddha,

and Homoeopathy (AYUSH), stated, "there is no lifestyle disease Ayurveda and Yoga cannot help cure." This statement was cited by Patwardhan (2015) in their discussion of the "Public perception of AYUSH" suggesting that all lifestyle diseases can be cured with Ayurveda and Yoga.

According to Gopichandran & Kumar (2012), who investigated the potential for AYUSH mainstreaming, the National Rural Health Mission has ordered the integration of Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy (AYUSH) systems to address the scarcity of healthcare professionals in India. In the first stage, AYUSH practitioners will receive training in primary care and national health programs. In the second stage, AYUSH departments will be established in district and taluka level hospitals. Finally, in the third and final stage, AYUSH centers of excellence will be set up to serve as referral centers, research hubs, and supervision points.

Studies in Ayurveda System of Medicine

"Ayurveda is based on the notion that health and wellness depend on a delicate balance between the mind, body, spirit, and environment," According to Worth's (2023) definition of Ayurveda, who sought to determine the validity of the practice. Health promotion and disease prevention, rather than treatment of existing diseases, are the primary foci of ayurvedic medicine. Some brief synopses and histories of the main texts as well as an examination of the literary sources for Ayurveda are provided by Majumdar (1971).

Studies in Yoga

Gour et al. (2020) examined the potential benefits of Yoga and modest exercise on the sedentary lifestyle and general well-being of older adults. Regularly practicing Yoga and doing light exercise was reported to have improved their physical and mental well-being. Mishra et al. (2020) looked into the knowledge, attitude, and practice gap of Yoga in India that is based on implicit beliefs. Their findings indicate that their gap can be closed by the general public's positive attitude towards Yoga as a discipline that promotes health.

Studies in Unani System of Medicine

The field of Unani medicine, a traditional holistic medicine that is popular throughout South Asia and is becoming more and more well-known worldwide, is examined by Khan et al. (2022). Numerous nations now adopt it as regular procedure, including Bangladesh, India, Pakistan, and the Islamic Republic of Iran. Comparing COVID-19 to pandemic diseases described in Unani medicine helps clarify the nature of the virus (Alam et al. 2020). Under the general term *Amraz-e-Waba* in Unani medicine, many different types of deadly epidemics are grouped. These encompass a variety of diseases, including the

2019 novel coronavirus, smallpox, measles, plague, influenza, Nipaha, Ebola, and Zika. With a pathophysiology and clinical profile resembling those of *Zatul Riya* (pneumonia) and *Nazla-e-Wabaiya* (influenza), which were both well-documented in ancient Unani scriptures, COVID-19 is a severe acute respiratory illness with signs and symptoms like a high temperature, headache, nausea, vomiting, runny nose, dry cough, respiratory distress, tiny and irregular pulse, asthenia, odorous foul breath, insomnia, frothy stool, syncope, and coldness in the limbs.

Moazzam et al. (2022) studied the efficacy of a herbal formulation called *Jawarish Shahi* for treating irritable bowel syndrome in patients. They disclose that *Jawarish Shahi* (JS) is one of the special doses prepared for gastrointestinal disorders in Unani treatment. Nazli et al. (2020) looked into the knowledge and practices of unani medicine among patients attending OPD at a tertiary care hospital in North India to ascertain the risk factors. In their study, Parveen et al. (2020) looked at how the Unani healing system takes an individual's temperament into account. This temperament is thought to be affected by both internal and external elements, including the individual's age and mental state, as well as the local climate and environmental influences. Various forms of treatment, including diet therapy, pharmacology, and regimental therapy, are utilized in Unani medicine to manage sickness and promote health.

Raheem et al. (2020) investigated how individuals at the National Arogya Fair in Visakhapatnam, Andhra Pradesh, perceived and used Unani medicine. They came to the conclusion that people's knowledge levels were extremely poor. According to Borins's (1987) analysis, Hippocrates (460 B.C.) and Galen after him established the groundwork for Unani medicine. They developed a system for obtaining medical histories and medicines based on meticulous observation and experimentation.

Studies in Siddha System of Medicine

Guguloth et al. (2017) mention that while Ayurveda is well-known across the country, Siddha is more common in the southern States of Tamil Nadu and Kerala. They may appear to be separate systems but share common ancestry and have many similarities.

Tamil Nadu, southern India, and other parts of the globe where Tamil is spoken adhere to the ancient Siddha system of medicine or SSM (Lalitha, 2013). The pharmaceuticals used in SSM are derived from a variety of sources, including herbs, medicinal plants, animals, and aquatic life. Ram et al. (2009) covered the Siddha medicinal plant system and how it might be used to treat respiratory illnesses. According to their findings, the Siddha System of Medicine (SSM) is a very old and traditional Indian medical system that is mostly used in the southern region of the country to treat a wide range of illnesses, including some long-term disorders. In contrast to other more well-known traditional

systems, such as Ayurveda in India, TCM in China, and Kampo in Japan, it remains mostly hidden from scientific scrutiny.

Studies in Homeopathic System of Medicine

The public's demand for and usage of homoeopathic medicines is gaining increasing attention, according to Mavela et al. (2023), but little is known about chemists' attitudes on these medications, especially in the private health environment of South Africa. The field of pharmacovigilance (Pv), as defined by Purkait et al. (2023), is concerned with the detection, evaluation, understanding, and prevention of adverse effects and other drug-related problems. They came to the conclusion that homoeopathic practitioners need more practical training to detect and report adverse drug reactions (ADRs), even though they had a positive attitude towards the Pv program.

In their study, Ranjan et al. (2019) found that fever, common cold, constipation, and diarrhea were the most common disorders treated using homoeopathy. According to their findings, most people are familiar with homoeopathy, but there are also many myths and misunderstandings.

Studies in *Sowa-Rigpa*

Amchi, a traditional Tibetan medicine is based on the medical practices in Ladakh, Tibet, and Lahaul-Spiti. Many ancient medical traditions, including those of shamans and astrologers, flourished in the trans-Himalayan region before the Buddha's time. The Tibetan medical system, which emerged as the most prominent indigenous healing system from this desolate land, responded to local bio-resources, minerals, and beliefs. The knowledge and skills are handed down from generation to generation. However, Wangmo et al. (2023) report that more and more driven individuals are choosing to attend Amchi's elite colleges to get professional degrees.

According to Smanla and Mehta's (2023) research, the Amchi medical system is among the world's oldest continuously practiced and extensively recorded medical traditions. The Himalayan countries of Nepal, Tibet, Bhutan, India, China, and Mongolia are the traditional practitioners. *Sowa-Rigpa,* literally means "the art of healing," and is a well-known practice in the Ladakh region of the Himalayas that has greatly enhanced modern healthcare. It was most recently introduced to the AYUSH acronym.

According to Gurmet (2004) *Sowa-Rigpa,* commonly known as Tibetan or Amchi medicine is among the oldest surviving well-documented medical traditions of the world. With the living history of more than 2500 years it has been popularly practiced in the Himalayan regions throughout central Asia. In India it has been popularly practiced in Ladakh, Himachal Pradesh and Arunachal Pradesh.

Conclusion

India intends to step up additional activities by including the establishment and strengthening of AYUSH institutes and colleges, the organisation of training programs for personnel from the AYUSH sector, the formulation of standardised guidelines for the treatment of various conditions, the encouragement of the exchange of experts and officers at an international level and the provision of financial support to drug manufacturers and sustainable health care nation-wide. Allopathy, with its steep out-of-pocket costs, is straining the budgets of many families. Outside a few States, India's public healthcare system is stretched thin and ill-equipped to handle the population's demand, leading to frustration, even outbursts of violence against doctors. No doubt people are still rushing to allopathic care in emergencies, but when it comes to lingering conditions like persistent joint pain, sleepless nights, chronic stomach ailments, stubborn skin issues and others many are turning to AYUSH and *Sowa-Rigpa*.

Traditional Asian pharmaceutical industries are rapidly growing in size and prominence in contemporary Asia. The *Sowa-Rigpa* (Tibetan, Mongolian and Himalayan medicine) pharmaceutical industry in China, India, Mongolia and Bhutan is using data gathered through multi-sited ethnographic and textual research between in the past decade. It has involved industry representatives, policy makers, researchers, pharmacists and physicians assembling a bigger picture of the industry's structure, size and dynamics registering a tenfold growth of the *Sowa-Rigpa* pharmaceutical industry.

Integrating AYUSH services supported by evidence from the modern systems can better address the unique health challenges of this century. The addition of several remedies to the ASHA drug kit, together with a handful of drugs used to treat prevalent community ailments, is a significant step towards incorporating AYUSH therapeutic approaches into mainstream medicine. When it comes to public health, the Indian government has taken note of Ayurveda's therapeutic concepts and practices as possible intervention strategies. *Rasayana Chikitsa,* a revitalizing treatment for senile and degenerative disorders, as well as *Ksharasutra,* a medicine-coated thread therapy, are two such examples. AYUSH systems of medicine offer several helpful concepts and treatments. When these are adequately implemented, they can prove to be useful in addressing community health challenges across the world.

A fascinating trend has emerged recently among the educated and affluent classes of the world as there is a rising interest in the sophisticated, ancient traditional systems of medicine. It is a sign that people are increasingly turning to these traditional sciences for deeper and more wholistic solutions.

Acknowledgement

This article is a part of my ongoing research project for ICSSR Senior Fellowship, being pursued under the aegis of the Department of Anthropology,

Panjab University, Chandigarh. The author is immensely grateful to the Dean of University Instruction, Panjab University, Chandigarh for her kind help and the Chairperson of the Department for providing essential facilities for the research work.

References

Achernecht, Erwin H.

1942(a) "Problem of primitive medicine", *Bulletin of History of Medicine* xi:503-521.

Achernecht, Erwin H.

1942(b) "Primitive medicine and cultural pattern", *Bulletin of History of Medicine* xii 545-574.

Achernecht, Erwin H.

1943. "Psychopathology, primitive medicine and primitive culture", *Bulletin of History of Medicine* xiv: 30-67.

Achernecht, Erwin H.

1945. "On collecting of data concerning primitive medicine", *American Anthropologist* 47:427-432.

Achernecht, Erwin H.

1947. "Primitive surgery", *American Anthropologist* 49:25-45

Achernecht, Erwin H.

1971. *Medicine and Ethnology: Selected Essays*. Baltimore: The Johns Hopkins Press.

Agrawal, P., Kushwaha, V., Khan, N.F., Vekaria, H., & Kumar, A.

2023. "Medical pluralism: Global and Indian scenario", *European Journal of Biomedical and Pharmaceutical Sciences* 10(1): 181-186.

Alam, A. Md., Quamri, A. Md., Sofi, G., Ayman, U., Ansari, S. & Ahad, M.

2020. "Understanding COVID-19 in the light of epidemic disease described in Unani medicine", *Drug Metabolism and Personalized Therapy* 35(4): 2020-0136. https://doi.org/10.1515/dmpt-2020-0136.

Alter, J.S.

1999. "Heaps of health metaphysical fitness", *Current Anthropology*, 40 (Supplementary): S43-S65.

Banerji, D.

1975. "Social and cultural foundations of the health service system in India", *Inquiry* 12(2 Supplementary):70-85.

Bhasin, V.

2007. "Medical anthropology: A review", *Studies on Ethnomedicine* 1(1): 1-20.

Borins, M.

1987. "Traditional medicine of India", *Canadian Family Physician* 33: 1061-1065

Carstairs, G.M.

1955. "Medicine and faith in rural Rajasthan". In B.D. Paul (ed.), *Health, Culture and Community* (pp 107-134).New York: Russell Sage Foundation.

Chaudhuri, B.

1985. *Tribal Health: Socio Cultural Dimensions.* New Delhi: Inter-India Publications.

Chaturvedi, S., Porter, J., Gopalakrishna Pillai, G.K., Abraham, L., Shankar, D., & Patwardhan, B.

2022. India and its pluralistic health system – A new philosophy for universal health coverage. *The Lancet Regional Health – Southeast Asia.* https://doi.org/10.1016/j.lansea.2022.100136

Daniel, E.

1984. *Fluid signs: Being a person the Tamil way*. Berkeley and Los Angeles: University of California Press.

Dubos, René J.

1959. Medical Utopias. Occasional Papers of the Rockefeller Institute. 2.

Dubos, René J.

1965. *Man Adapting.* New Haven: Yale University Press.

Erasmus, Charls J.

1952. "Changing folk beliefs and the relativity of empirical knowledge", *Southewestern Journal of Anthropology 8: 411-428*

Evans-Pritchard, E.E.

1937. *Witchcraft, Oracles and Magic Among the Azande.* London: Oxford University Press.

Fabrega, H.

1972. "Concepts of disease: Logical features and social implications", *Perspectives in Biology and Medicine 22: 583-616.*

Fields, M.J.

1937. *Religion and Medicine of the Ga People.* London: Oxford University Press

Foster, G. M.

1958. *Problems in intercultural health practice,* Pamplet No. 12. New York: Social Science Research Council.

Foster, G.M.

1962. *Traditional Cultures and the Impact of Technological Changes.* New York: Harper and Row.

Goodenough, Ward H.

1963. *Cooperation in Change: An Anthropological Approach to Community Development.* New York: Russell Sage Foundation.

Gonzalez, N. S.

1966. "Health behaviour in cross-cultural perspective: A Guatemalan example", *Human Organization* 25: 122-125.

Gopichandran, V. & Kumar, Ch. S.

2012. "Mainstreaming AYUSH: An ethical analysis", *Indian Journal of Medical Ethics* 9(4): 272-7.

Gour, P., Anita, C., Krushna, C.A., Maria, J., Mats, H., Vinod, K.D., Vijay, K. M., & Vishal, D.

2020. "Experience of elderly people regarding the effect of *Yoga*/light exercise on sedentary behavior: A longitudinal qualitative study in Madhya Pradesh, India", *Geriatrics (Basel, Switzerland),* 5(4): 103.

Guguloth, R., Yadav, C. R., & Vasam, K.

2017. "A comparative study of Ayurveda and Siddha system of medicine", *International Journal of Innovative Research in Medical Science* 2(09): 1285 – 1288.

Gurmet, P.

2004. "Sowa-Rigpa: Himalayan art of healing", *Indian Journal of Traditional Knowledge* 3(2), 212-218.

Henry, J.

1949. "Anthropology and psychosomatics", *Psychosomatic Medicine* 11(4): 216-222.

Harley, G.W.

1941. *Native African Medicine*: With Special Reference to its Practice in Mano Tribe of Liberia Cambridge: Harvard University Press.

Hughes, Charles C.

1968. "Ethnomedicine", In David L. Sills & Robert K. Merton (eds.) *International Encyclopedia of the Social Sciences* Volume 10, (pp 87-93). New York: Free Press/ Macmillan.

Jaco, E.G.

1958. *Patients, Physicians and Illness.* Glenco: The Free Press.

Jaiswal, A.

2019. "Indigenous knowledge system and traditional medicinal practitioner", *The Open Anthropology Journal* 2(2): 1-8.

Joshi, P.C.

1985. Medical Anthropology: New areas of research in anthropology. Seminar on Perspectives in *Anthropological Research in India:*

Planning for the Future Researches and Methodologies. New Delhi: Department of Anthropology, University of Delhi. 27 September to 1 October.

Kakar, D.N., Kumar, V. & Chhuttani, P.N.

1976. "Background training and role of indigenous medical practitioners and multipurpose health workers in a development block of Haryana", *Indian Journal of Medical Education* XV (2): 253-274.

Kala, C. P.

2005. Health traditions of Buddhist community and role of Amchis in trans-Himalayan region of India. *Current Science* 89(8) 1331- 1338.

Khan, A. A., Janardhanan, R., Kishore, J., Awasthi, A. A., Parveen, S., Saeed S., Shannawaz, M., & Selvamurthy, M.

2022. "Awareness and utilization of Unani medicine among the adult population from east Delhi: A cross sectional survey", *Journal of Pharmacy and Bioallied Sciences* 14(3): 157-161.

Kleinman, A.

1988. *The Illness Narratives: Suffering, Healing, and The Human Condition*. New York: Basic Books.

Kloos. S., Madhavan, H., Tidwell, T., Blaikie., C. and Cuomu, M.

2020. "The Transnational Sowa-Rigpa industry in Asia: New perspective on an emerging economy", *Social Science & Medicine* 245: 112617.

Krishnamoorthy, E.S. & Gangadhar, B.N.

2024. We will be healthier if docs speak to each other more often. In *Times of India*. (English daily newspaper) p. 10 dated January 3, 2024. Chandigarh: Benett, Coloman & Co. Ltd.

Lalitha, N.

2013. "Protecting traditional knowledge in Siddha system of medicine", *Journal of Intellectual Property Rights* 18(3): 272-282.

Lieban, R.W.

1960. "Sorcery, illness and social control in a Philippine municipality", *Southwestern Journal of Anthropology* 16: 127-144.

Lieban, R.W.

1973. "Medical anthropology", In J.J. Honigmann (ed). *Handbook of Social and Cultural Anthropology* (pp. 1031-1072). Chicago: Rand McNally Company.

Littlewood, R.

1996. *Reason and Necessity in the Specification of the Multiple Self*. No. 43, Royal Anthropological Institute of Great Britain and Ireland.

Madan, T.N.

1969. "Who chooses modern medicine and why", *Economic and Political Weekly* 4(37), 1475-1484.

Madan, T. N.

1980. *Doctors and Society*. New Delhi: Vikas Publishing House Pvt. Ltd.

Majumdar, R. C.

1971. "Medicine". In D. M. Bose, S. N. Sen, & B. V. Subbarayappa (eds.), *A Concise History of Science in India,* (pp. 213–73). New Delhi: Indian National Science Academy.

Mavela, N.H. Couchman, Ingrid, M. S., Mgwaba, T., & Nxumalo, C.T.

2023. "A qualitative study of pharmacists' perceptions and awareness of Homeopathic medicines in Durban, South Africa", *South African Family Practice* 65(1): a5698. https://doi.org/10.4102/safp.v65i1.5698.

McElroy, A.

1996. "Medical Anthropology". In D. Levinson & M. Ember (ed.), *Encyclopedia of Cultural Anthropology*. New York: Henry Holt.

Mead, M.

1947. "The concept of culture and the psychosomatic approach", *Psychiatry* 10: 57-76.

Mishra, A.S., Rajesh, S.K., Vadiraja, H.S., Nagarathna, R., Anand, A., Bhutani, H., Sivapuram, M.S., Singh, A., & Nagrndra, H.R.

2020. "Knowledge, attitude, and practice of *Yog*a in rural and urban India, KAPY 2017: A Nationwide Cluster Sample Survey", *Medicines (Basel)* 7(2): 8.

Moazzam, S. W., Mobeen, A., & Siddiqui, M.A.

2022. "Efficacy of Jawarish Shahi a herbal formulation in irritable bowel syndrome: An open – labeled single-arm clinical trial", *Journal of Traditional and Complementary Medicine* 12(6): 529-535.

Mutatkar, R.K.

2016. *Ayush in Public Health,* Volume One & Two. New Delhi: Concept Publishing Company Pvt. Ltd.

National Health Policy.

2017. *Committed to Advancing the Agenda of Universal Health Coverage through Affordable and Accessible Healthcare For All.* New Delhi: Ministry of Health and Family Welfare.

National Health Portal.

2019. *Ministry of Health and Family Welfare.* New Delhi: Government of India.

National Rural Health Mission.

2005. *Framework of Implementation 2005–2012*. New Delhi: Ministry of Health and Family Welfare, Government of India.

Nazli, T., Kishore, J., Khan, S.A., Heena, Raheem, A., & Khan, A.A.

2020. "Knowledge and practices of Unani medicine among patients attending

OPD at a tertiary care hospital in North India", *International Journal of Healthcare Education & Medical Informatics* 7(1&2): 10-15.

Parveen, A., Parveen, R., Akhatar, A., Parveen, B., Siddiqui, MK., & Iqbal, M.

2020. "Concepts and quality considerations in Unani system of medicine", *Journal of AOAC International* 103(3): 629-633.

Patwardhan, B. K.

2015. "Public perception of AYUSH", *Journal of Ayurveda and Integrative Medicine* 6(3): 147-149.

Polgar, Steven.

1962. "Health and human behaviour: Areas of interest common to the social and medicinal science", *Current Anthropology* 3: 159-205.

Purkait, R., Bhattacharjee, B., Banerjee, A. & Choubey, G.

2023. "Knowledge, awareness attitude and practice of Indian homoeopathic physicians about pharmacovigilance in Homeopathy: A web-based cross-sectional study", *International Journal of Research in Homeopathy* 17(1): 21-29.

Raheem, A., Nazli, T., Kishore, J., Heena, Kazmi, M.H., Khadeerunisa, S., Minhajuddin, A., Ahmad, S.G., & Javed, G.

2020. "Perception and practice of people about Unani medicine attending National Arogya Fair, Visakhapatnam, Andhra Pradesh", *Journal of Advanced Research in Ayurveda Yoga Unani Sidhha & Homeopathy* 7(1 & 2): 16-24.

Rai, R., & Nath, V.

2003. *The Role of Ethnic and Indigenous People of India and Their Culture in The Conservation of Biodiversity*. Food and Agriculture Organization. http:// www.fao.org>xii

Ram, A., Joseph D. A., Balachandar, S., & Singh, V.P.

2009. "Medicinal plants from Siddha system of medicine useful for treating respiratory diseases", *International Journal of Pharmaceuticals Analysis* 1(2): 20-30.

Ranjan, S.M., Pramanik, A., Gupta, J., Prasad, R., Singh, P., Shah, M., Upadhyay, A.K., Jain, S., Pandey, A., Kumar, A., Rakshit, G., Khurana, A., & Manchanda, R. K.

2019. "A survey regarding awareness and beliefs about homeopathy among general population during Magh Mela at Allahabad, Uttar Pradesh India", *Indian Journal of Research in Homeopathy* 13: 12-21.

Reddy S., Subedi, B., & Guite, N.

2023. *Ethnomedicine and Tribal Healing Practices in India: Challenges and Possibilities of Recognition and Integration*. Singapore: Springer Nature Pte Ltd.

Rivers, W.H.R.

1924. *Medicine, Magic and Religion*. New York: Harcourt, Brace.

Rosen, G.

1963. "The evolutation of social medicine". In H.E. Freeman, S. Levine & L.G. Reeder (eds.) *Handbook of Medical Sociology* (pp 17-61).Englewood Cliffs, N.J.: Prentice- Hall.

Ruthisha, P.K.

2021. "Indigenous knowledge based traditional medicinal practices of Northern Kerala, India", *International Journal of Current Pharmaceutical Research* 13(4): 79-84.

Sheikh, K. & Nambiar, D.

2011. "Government policies for traditional, complementary and alternative medical services in India: From assimilation to integration?", *The National Medical Journal of India* 24(4):245-246.

Sheehan, Helen. E.

2003. "Medical pluralism in India: Patient choice or no other options?", *Indian Journal of Medical Ethics* I(3): 138-141.

Sigerist, Henry E.

1951. *A History of Medicine: Primitive and Archaic Medicine,* Volume 1. New York: Oxford University Press.

Sikkink, L.

2009. *Medical Anthropology in Applied Perspective*. Colorado: Western State College.

Smanla, T. & Mehta, S.

2023. "Amchi system in Ladakh: Challenges in the new world". In S. Reddy, B. Subedi, & N. Guite (eds.). *Ethnomedicine and Tribal Healing Practices in India: Challenges and Possibilities of Recognition and Integration* (p.167). Singapore: Springer Nature Pte. Ltd.

Spencer, D.M.

1941. *Disease, Religion and Society in the Fiji Islands (Monograph of the Ethnological Society).* New York: F.J. Augustin.

Subedi, B.

2023. "Ethnomedicines in question : The case of Tharu healers and healing practices". In S. Reddy, B. Subedi, & N. Guite (eds.). *Ethnomedicine and Tribal Healing Practices in India: Challenges and Possibilities of Recognition and Integration,* (pp.205-220). Singapore: Springer Nature Pte. Ltd.

Wangmo, D., Kumari, R., Jha, N. K. & Sinha, A. K.

2023. "Health care systems among Broq-pa tribe". In S. Reddy, B. Subedi, & N. Guite (eds.). *Ethnomedicine and Tribal Healing Practices in India: Challenges and Possibilities of Recognition and Integration,* (pp. 186-187). Singapore: Springer Nature Pte. Ltd.

World Health Organization

2002. *Traditional Medicine Strategy 2002-2005*. Geneva: World Health Organization.

Worth, T.

2023. *Ayurveda: Does it really work?*https://www.webmd.com/balance/ayurvedic-treatments.

Received: 15th Aug 2024 **Revised:** 15th Nov 2024 **Accepted:** 02nd Jan 2025