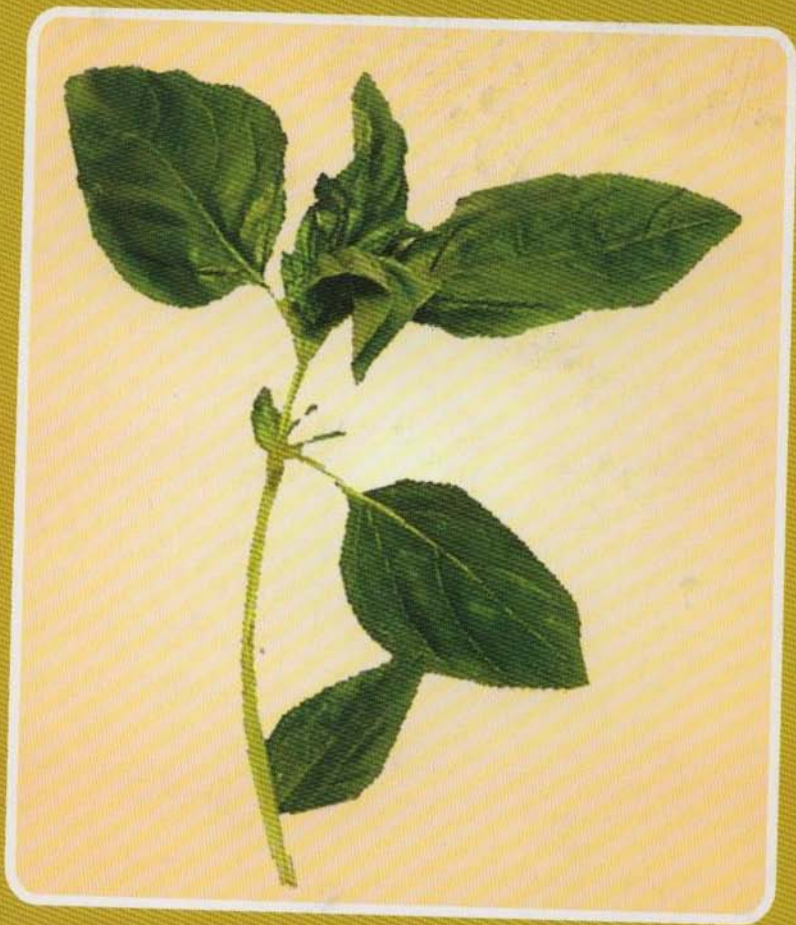


Ayurveda for the Poor

An action research document on
efficacy of Herbal Medicines

Sushanta Singh



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Eco-friendly Medicines from Ayurveda

People's Institute for Development and Training (PIDT) has been working for holistic development of people with special focus on the poor of Madhupur Block of Deoghar District of Jharkhand. One of its interventions has been on the issue of health and use of Ayurveda and its development.

Herbal medicinal plants have been the main source of medicines in most of the countries of the world. In Tropical countries with good rainfall and warm climate large variety of plants and herbs grow. Rich plant diversity has given rise to wide knowledge base for curative properties of these plants. In an unbroken tradition of use of these medicines the knowledge has been growing.

Herbal medicines in India and Greece have been used in a systematic way and the knowledge of medicines has been passed on to generations of practitioners and theoreticians. With the spread of Buddhism in China and Central Asia the medicine system also spread. Some of the medicinal plants are referred to by various nomenclatures such as "ethnic¹ medicine" "tribal² medicine" "home remedies" etc. Various communities in different parts of the world have also used animal body parts for medicines. Knowledge of curative properties of minerals and chemicals such as sulphur, gold, mercury and alcohol, have been used by Ayurveda. The onslaught of organized multinational companies and medical giants has shaken the confidence of the people in many cultures in their own remedies.

Herbal medicinal knowledge is on a decline due to loss of biodiversity through deforestation and lack of public interest in the face of high voltage publicity of big corporations against indigenous curative systems and consequent enactment of regressive laws against indigenous systems.

Lokshala Ayurvedic center for research and cure

Ayurvedic and Homeopathic Dispensaries at PIDT Lokshala, Jagdishpur were set up over a decade back to provide treatment to the poor. Most of the patients of the dispensaries are poor tribals, other backward classes and minorities. The area has no other modern health-related facilities within miles. Most of the villages have no roads, hence no transport facilities. Even the bullock carts were not used in the area. If a patient got critically ill he had to be carried on a hammock to the hospital.

¹Ethnic meant non-Christian

²Tribals were referred to as savages until recently

Homeopathic and Ayurvedic dispensaries have been set up for general health and curing chronic diseases locally. The dispensaries are providing medicine and general health care on a regular basis. The cost of treatment being low and efficacy of the medicines dispensed to patients being high, many people prefer to be treated in PIDT dispensaries than the government health centers.

PIDT maintains an ambulance service for people who need services of a hospital in emergencies. The ambulance service is maintained day and night.

Ayurveda

Ayurveda is a Sanskrit word which means Ayur = life Veda = Knowledge and is an important system of medicine in the region known as South Asia which at one time was referred to as Greater India. The composite culture of India developed and added on to the system from the various peoples that lived in the region. The boundaries of India as they stand today are not a proper guide to the culture of a much larger regional unit that gave birth to various schools of thoughts and ideas and covered a very large area from East to West up to the China sea and was not contained by the Himalayas nor by the seas that bound South of India.

Ayurveda is a living system of science of healing and healthy living. Some parts of the health system such as the yoga and meditation have become popular all over the world. Ayurveda has prospered through the ages and survives today in countless countries and villages in Greater India. An analytical approach to the Ayurveda shows it as an integrated system of health and cure that takes into account systems of medicine, physiology and psychology. Ayurveda as a science had spread from the 6th century BC to Tibet, China, Mongolia, Korea and Sri Lanka and carried over by the Buddhist monks traveling to those lands. The system has been added on and made suitable for these regions to suit specific conditions in somewhat the same way as the modern medicines are progressing.

Often there is an effort to delink tribal medicine from Ayurveda. However, this is based on a lack of knowledge of both the tribal medicine and Ayurveda. Ayurveda has developed together over thousands of years in collaboration with the tribal medicine. Our preference for Ayurveda is because of the fact that it has been well tested and recorded in oral and written traditions. There is mention of learning of the Brahmins from the tribal communities in ancient Ayurvedic literature.

To understand the science of Indian medicine one would have to necessarily refer to the Vedas. There are four Vedas, namely, Rigveda, Yajurveda, Samaveda and Atharvaveda. Amongst these, the Atharvaveda mainly deals with different facets

of health. Ayurveda is a system of cure or of medicine. It provides a guidance to the life and it's forces. It provides a direction for healthy living which is now being increasingly reforming the western medicine system by additions of prescriptions for lifestyles. Ayurveda was a part of the system of healthy life which incorporated in it Yoga, Pranayam, surgery and physiotherapy to provide healthy life to people.

As far as the medicines in Ayurveda are concerned they have been based mainly on herbs, but the system also used mineral and metals such as sulphur, mercury, gold etc. Some medicines also had animal origin. According to 'Department of Ayurveda, Yoga and Naturopathy, Unani Siddha and Homoeopathy (AYUSH)' of the Union Ministry of Health and Family Welfare (MoHFW), ayurvedic drugs use about 2,500 ingredients of plant origin, 150 of mineral origin and 75 of animal origin. For cure of certain common ailments such as the cough and cold household remedies are often more effective than medical formulation and syrups.

Based on the principle of herbs as the main source of medicine for both Homeopathic and Ayurveda we have used both the systems as environmentally sound. Thus we have used both the systems for our curative work in the rural areas of Jharkhand now well over a decade. Both the systems have an added advantage of being easily available and cheap and some plants with curative value can also be grown in village home gardens for personal use.

Demystification of medicine

This small paper is not to be a treatise on Ayurveda, but on how and why this was introduced as an important component of development of the poor in rural areas need to be made explicit. Medicine is often a very mystifying product. A tiny bit of something unknown gives one relief from pain or suffering. To mystify further, often enough modern medicine men imitate the behaviour of the shamans Ojhas. They imitate people in power to demand submission and thus avoid explaining causes of the ailment or the cure.

It is often small causes created by poverty or lack of knowledge such as malnutrition or lack of hygiene. This is one way of exploitation of the poor. Removal of these causes is well within the capacities of the people. Thus demystification of the ailments and their cure will strengthen their knowledge and bring back faith in the herbs that are often grown within their own compounds.

While providing the treatment explanation of the causes and way of cure is made to the patients coming to Lokshala Ayurvedic Clinic.

Ill health is one of the aspects of poverty that has not been addressed sufficiently. It has become an important tool for intensifying poverty of the people. The backward places have little or no medical support for the people. The government has also allowed the quacks to practice medicine. These people administer medicines that they are not qualified to prescribe. They mint money from the people and sometimes take things in barter for the fees and medicines. Needless to say that the medicines supplied by them are often spurious and the fees are over valued in barter. The poor pay high costs as there are no medicine shops around. Thus, poor suffer financial losses and they are not cured.

The people in the rural areas prefer Ayurvedic medicines as they are compatible with their culture over many millennia and they recognise the importance of the many of the herbs used in these medicines. They themselves are aware of the efficacy of some of the plants, hence it is less mystifying as compared to the allopathic medicines.

An important aspect of our work is to remove superstition and incomprehension about things that affect people. Incomprehensiveness of the modern medicine is accentuated by the doctors who gain from the mystification of the disease or of simple ailments. Medicines are expensive, since there is no indication of how much will actually be spent on the disease. It has often been abandoned half way through treatment.

Originally the herbal medicines came out of experience of way of living and as known remedies have served the purpose of medicine. Thus medicine was once part of everyday knowledge of households, but some of this knowledge is already lost and others are on decline due to lack of usage.

Cultural revival is one of our major objectives. To fulfill this objective many different programmes have been taken up. One of these objectives is revival of Herbal medicinal plants and their use to generate interest as also by curing people during ailments and diseases.

Another objective is to identify unrecorded plants and their curative purposes.

Our Ayurvedic dispensary

PIDT Lokshala Ayurvedic clinic has one doctor in attendance on all days, but the local holiday. There is also a consulting Ayurvedic practitioner available in the clinic for two days. The treatment in the clinic is very cheap. While most of the patients are poor, there also are many patients who come from long distances spending

good money on travel. The clinic has made a name by curing many patients.

We will give in following pages the statistical evidence from our records of patients. The purpose of this exercise is to remove many doubts of the skeptics. PIDT Lokshala as the campus is known, has an environment development programme. As part of this activity many medicinal plants are being grown within the campus and in farmers' fields. An account of these activities has been given in this paper. Also given below is a list of diseases treated over the last five years of which five most common diseases treated have been analysed and given below.

List of diseases treated 2000-2005

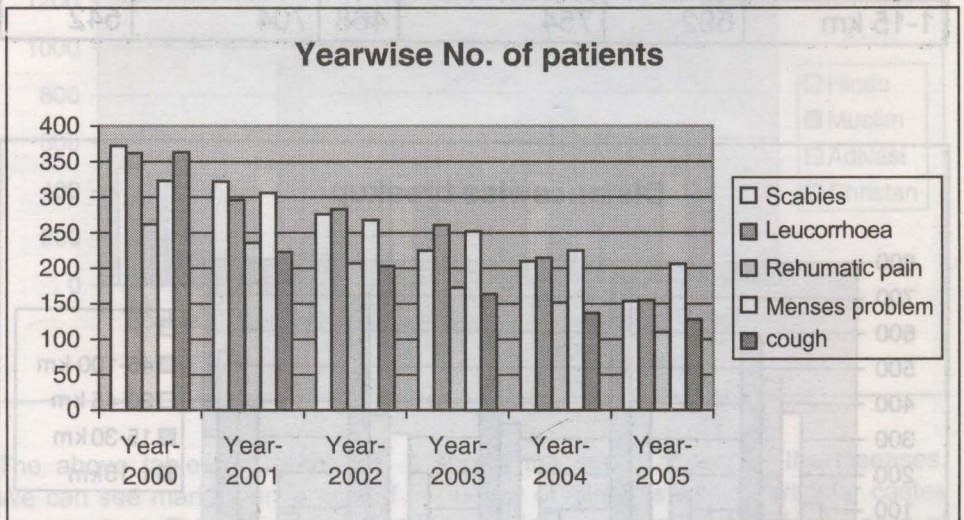
1	Chronic cough	41	Loss of memory
2	Respiratory troubles	42	Bleeding from nose
3	Infection of urinary tract	43	Bleeding from urinary passage
4	Constipation	44	Swelling of gland
5	Asthma	45	Hookworm
6	Acidity	46	Bacillary dysentery
7	Hyperacidity	47	Dyspepsia
8	Burning sensation of the body	48	Phosphaturia
9	Excessive thirst	49	Rheumatism
10	Vomiting	50	Spermatorrhoea
11	Hiccups	51	Bleeding piles
12	Bronchitis	52	Inflamed tonsil
13	Haematemesis	53	Headache
14	Piles	54	Menstruation disorder
15	Indigestion	55	Dysmenorrhoea
16	Spleen disorder	56	High blood pressure
17	Liver disorder	57	Low blood pressure
18	Loss of appetite	58	Obesity
19	Heart problem	59	Lumbago
20	General weakness	60	Infertility
21	Palpitation	61	Haemorrhage
22	Mental disorder	62	Rickets

23	Forgetfulness	63	Piorrhoea
24	Insomania	64	Eczema
25	Swelling of the face	65	Ulcers
26	Irritable temper of the child	66	Scabies
27	Leucorrhoea	67	Carbuncles
28	Urine disorder	68	Lyphilis
29	Nerve disorders	69	Gonorrhoea
30	Sleeplessness	70	Sexual disorder
31	Spitting blood with cough	71	Night blindness
32	Chest pain	72	Eye running
33	Diarrhoea	73	Ear running
34	Phthisis	74	Epilepsy
35	Gastric	75	Tumors
36	Inflammation of urethra	76	Sciatica
37	Intestine's colic	77	Hair disorder
38	Anaemia	78	Dendrite
39	Abnormal breast milk	79	Stone of gall bladder
40	Ringworm	80	Kidney stone

Efficacy analyses of Ayurvedic treatment

Table and graph no. 1

Yearwise no. of patients						
	Year-2000	Year-2001	Year-2002	Year-2003	Year-2004	Year-2005
Scabies	372	322	276	225	210	154
Leucorrhoea	362	296	283	261	215	155
Rehumatic pain	262	236	207	173	152	110
Menses Problem	323	306	268	252	225	206
Cough	363	223	203	164	137	128



In the above chart and graph we have compared the number of patients that have been coming to the dispensary with five ailments.

These are common ailments in which flow of patients is larger in the dispensary than more complicated diseases where incidence of patients is fewer and hence less pronounced in analysis of efficacy.

Another table and graph that we present will show the actual growth in total number of patients visiting the dispensary. Thus we may conclude that actual decline of the ailments as above is a result of the treatment through Ayurvedic drugs that were used.

The patients' faith in the Ayurvedic drugs used for the ailments is so much that people from as far away as 100 km have been visiting the dispensary.

Table and graph no. 2

Distancewise breakup					
	Scabies	Leucorrhoea	VAT	Menses problem	Cough
45-100 km	120	141	91	201	85
30-45 km	376	269	239	311	204
15-30 km	471	408	342	364	387
1-15 km	592	754	468	704	542

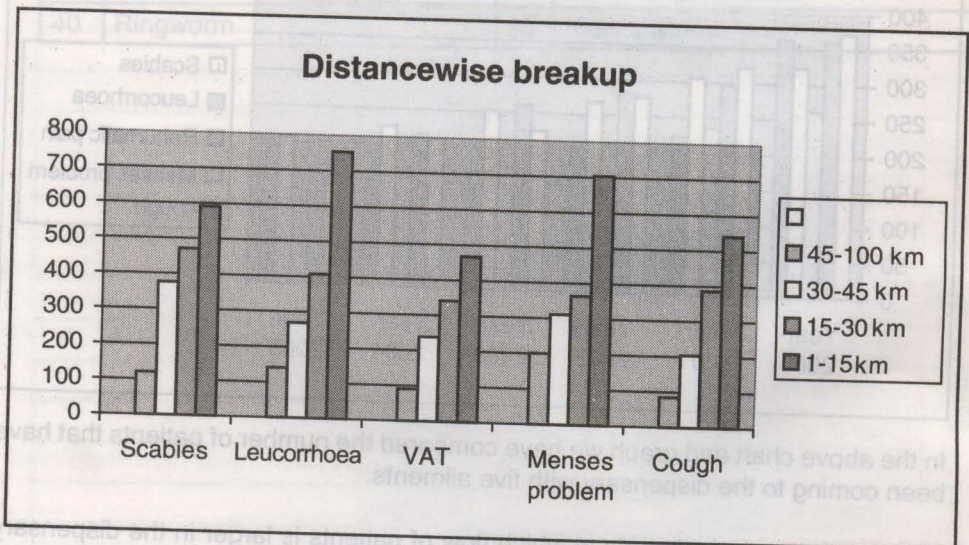
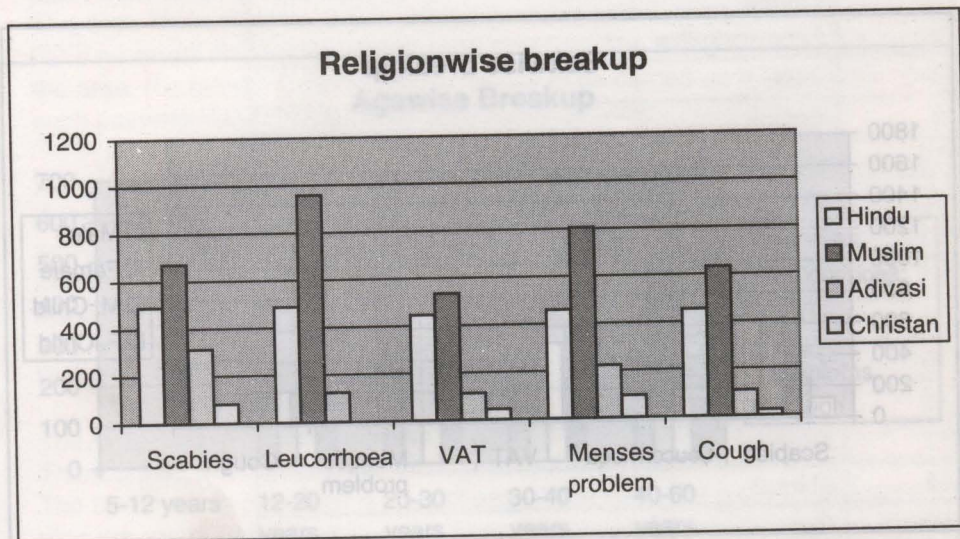


Table and graph no. 3

Religionwise breakup					
	Scabies	Leucorrhoea	VAT	Menses problem	Cough
Hindu	491	488	446	459	453
Muslim	672	959	535	805	632
Adivasi	314	125	114	222	109
Christian	82	-	45	94	24



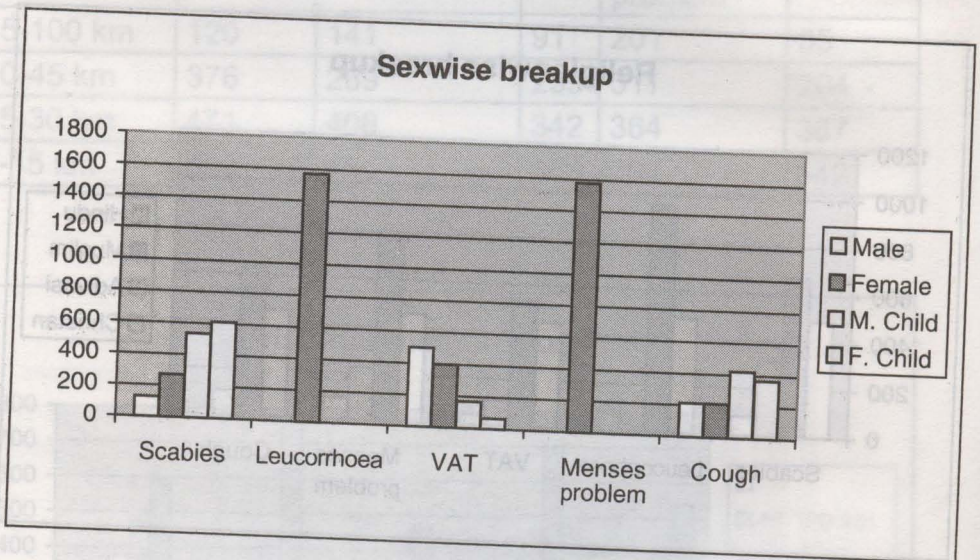
The above table and graph no. 3 shows the social aspect of the diseases. We can see marked uniformity of frequency of ailments within particular castes are constant. This may be attributed to social conditions and preferred style of living habits and not to poverty. By poverty standards all of them are at an almost equal level Thus, social habits must be studied further before a sound inference can be made.

Growing herbal medicinal plants in the villages

Herbal medicinal plants are grown in the Lokashala garden and are multiplied for

Table and graph no. 4

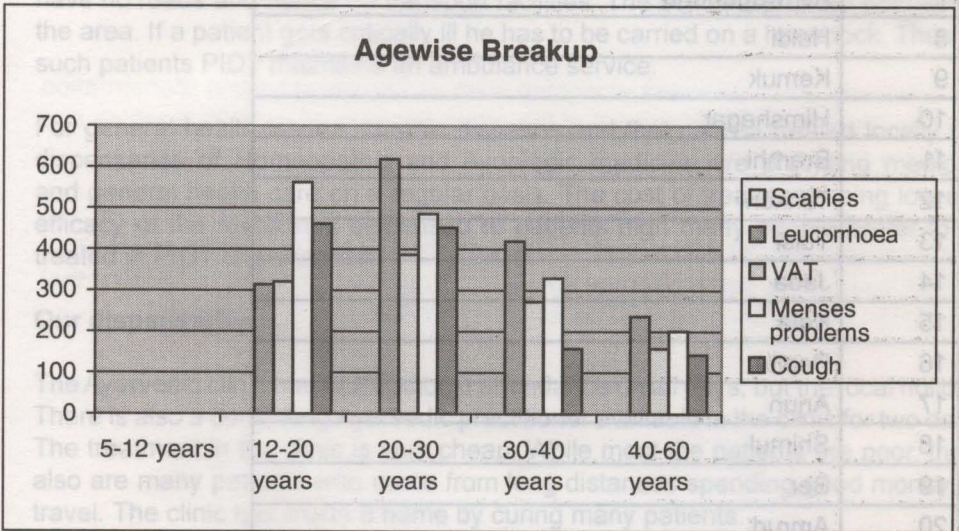
Sexwise breakup					
	Scabies	Leucorrhoea	VAT	Menses problem	Cough
Male	129	--	502	--	214
Female	272	1572	399	1580	214
M. Child	536	--	171	--	424
F. child	612	--	68	--	369



The table and graph 4 shows that there are much uniformity in frequency in common ailments, but the two diseases Leucorrhoea and Menstruation problem.

Table and graph no. 5

Agewise breakup					
	Scabies	Leucorrhoea	VAT	Menses problem	Cough
5-12 years	--	--	--	--	--
12-20 years	--	314	321	563	462
20-30 years	--	619	387	486	453
30-40 years	--	420	273	330	159
40-60 years	--	237	159	201	144



The above table and graph show age-related frequency of the incidences of ailments. Our figures here when related to the lack of ailments in the age group incidences of ailments indicate that families prefer Homeopathic treatment for children below the age of 12.

Growing herbal medicinal plants in the villages

Herbal medicinal plants are grown in the Lokashala garden and are multiplied for

use and distribution from their nursery and distributed to the farmers for planting in the watershed areas as well as in their private gardens for a small fee to ensure their plantation. There are two hundred varieties of plants in stock at the centre.

Medicinal plants distributed to villagers

Sl. No.	Name of the plants (Local Name)
1	Kalmegh
2	Harjara
3	Ghritakumari
4	Kapash
5	Genda
6	Pudina
7	Ashwagandha
8	Haldi
9	Kemuk
10	Himshagar
11	Bramhi
12	Tankuni
13	Tulsi
14	Jaba
15	Kela
16	Papita
17	Arjun
18	Shimul
19	Ber
20	Amrud
21	Sisham
22	Jetropa
23	Gandhaprasarini
24	Lankasij
25	Tetul

Many of these plants are now grown in the villages are used for treatment.

Ayurveda for the Poor

Dispensary at PIDT Lokshala

People's Institute for Development and Training (PIDT) has been working for the holistic development of the people with special focus on the poor people. In 10 Panchayats of Madhupur Block of Deoghar District in Jharkhand, one of the interventions has been on the issue of health.

Ayurvedic and Homeopathic dispensaries had been set up about a decade earlier to provide treatment to the poor. Most of the patients of these dispensaries are poor from tribal community or other backward classes and minorities of the area. The area has no other health-related facilities within miles. Most of the villages have no roads and hence no transport facilities. The bullock carts are not used in the area. If a patient gets critically ill he has to be carried on a hammock. Thus for such patients PIDT maintains an ambulance service.

For general health issues, chronic diseases and that can be treated locally two dispensaries of Homeopathic and Ayurvedic medicine are providing medicine and general health care on a regular basis. The cost of treatment being low and efficacy of the medicines dispensed to patients high many people prefer to be treated in PIDT dispensaries.

Our dispensaries

The Ayurvedic clinic has one doctor in attendance on all days, but the local holiday. There is also a consulting Ayurvedic practitioner available in the clinic for two days. The treatment in the clinic is very cheap. While most the patients are poor, there also are many patients who come from long distances spending good money on travel. The clinic has made a name by curing many patients.

PIDT Lokshala as the campus is known has an environment development programme. As part of this activity many medicinal plants are being grown within the campus and in farmers' fields.

The diseases are caused mainly because of malnutrition, age and conditions of hygiene. However the modern medicines have very little curative properties for these diseases and are expensive. Some of the medicines are also harmful. The most harmful amongst them that are positively habit forming are cough syrups.

There are scores of formulations that contain too much sugar and sleep-inducing drugs. In Ayurvedic medicine relief is simple and can be made at home by ingredients always available in village homes.

It is noticeable that there is a gradual decline amongst the patients in the diseases studied. This may have happened by the treatment, but perhaps alternative life style that has been advised to the patients. This is also related to cleaning up of drinking water wells and general improvement in the incomes that have lead to bettering nutritional status of the people. PIDT is involved in all these aspects of peoples' lives. Therefore, though the area is insulated from many other interventions general health improvement can not be attributed only to one factor.

The patients visiting the dispensary are highest from the 1-15 km distance from the dispensary. The diseases being simple people prefer to be treated locally. But the patients are visiting the dispensary from as far away places as 100 km. This has happened because of the good name that the dispensary has earned for itself.

The incidence of the diseases of women such as Leucorrhoea and Menstruation are high. They also suffer from all of the other diseases of women. Scabies and cough are frequent amongst the children.

The health condition of the women from the age of 12 to 49 years is acute, but many of them suffer till they are of 60 years of age. People do not live much more than the age of sixty years. Women above that age group prefer to suffer after that than trudge the distance from home to the dispensary.

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