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HIV/AIDS: Ayurvedic Medicine's Impact on India's Social Stigma

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Introduction:

HIV/AIDS is a global epidemic that has been significantly reducing populations for decades. This incurable illness has surpassed our realm of scientific knowledge and is profoundly impacting societies in every aspect. India, the second most populated country in the world, has an estimated population of 2.4 million who have been tested HIV positive. (UNAIDS 2010) India's first cases were prevalent among "sex workers" or prostitutes that were abundant in the more urbanized areas of India. Furthermore, cases began to emerge from all sectors of society; injecting drug users, homosexual men, heterosexual couples, schoolteachers, etc. This illness has affected every foundation of society, but importantly, the social structure. HIV/AIDS is merely perceived as "someone else's problem". (UNDP 2006) Not only is this stigma destroying the foundations of society, but it is slowly deteriorating India's culture. Culture is best described as a medium in which a society's behaviors and characteristics originate from. An important component of Indian culture deals with two different models of healthcare; Ayurvedic medicine, and westernized medicine. Ayurvedic medicine deals with the complete restoration of an individual's health, including mental ailments that arise from stigmatization. Taking this notion into further perspective, we can start to understand how Ayurvedic medicine influences and even impacts India's stigma.

Ayurvedic medicine or the science of life is a very ancient form of treatment that has existed in India through volumes of scriptures and generations for thousands of years. The term "Ayurvedic" derives from "ayur" which means life and "veda" which means knowledge. (NCCAM 2005) This form of medicine is integrated to establish a balance with one's body, mind, and spirit. (NCCAM 2005) Furthermore, the sense of purpose with this form of medicine

is to cleanse the body from any present symptoms and to establish equilibrium with oneself. A few key concepts this idea revolves around is the notion of interconnectedness, constitution, and life forces or doshas. (NCCAM 2005) Interconnectedness deals with the relationships amongst people, their understanding of health, their understanding of illness, and their understanding on curative actions. (NCCAM 2005) Constitution deals with the specific beliefs people have with their body and what the likelihood is of acquiring disease. (NCCAM 2005) The life forces are substantiated by five elements; earth, water, fire, air, and ether. (ACH 2005) In addition, there are three vital forces that combine these elements; vata dosha (air and ether), pitta dosha (fire), and kapha dosha (earth and water). (Karthikeyan 2000) The dosha refers to the state of well-being that result from the integration of mind and body. The “vata” is said to rule mental stability, the “pitta” is said to rule the digestion and accumulation of foods to ideas, and the “kapha” is said to be responsible for cohesion and weight. (Karthikeyan 2000) Given that ayurvedic medicine has existed for generations, it has been prevalent in other societies as well including the Egyptians, Greeks, and Romans. (Karthikeyan 2000)

Around 1500 B.C., Ayurvedic medicine was branched into two main schools; Atreya and Dhanvantari. Atreya dealt with the school of physicians and Dhanvantari dealt with the school of surgeons. (Karthikeyan 2000) In terms of texts, there were three major textbooks that were included; Charaka Samhita, Susruta Samhita, and Astanga Hridaya. (Karthikeyan 2000) These textbooks have been modified and written by the earliest practitioners of Ayurvedic medicine. It is said that in the first chapter of the Charaka Samhita, a sage went to heaven to learn the knowledge that encompasses Ayurvedic medicine and he was then returned to earth to spread that knowledge to others. (ACH 2005)

This holistic approach to medicine has created its own view on many diseases, namely HIV/AIDS. (ACH 2005) According to Ayurvedic medicine, one of the three doshas block the flow of blood and causes the deterioration of lymph nodes, hemoglobin in blood, muscle tissue, fat tissue, bone marrow, and vital reproductive features in humans. (ACH 2005) In comparative terms with the symptomology of Westernized medicine, you can see a correlation in which the symptoms include prolonged fever, insomnia, and loss of appetite, loss of weight, diarrhea, and fatigue. (ACH 2005) In terms of treatment, an Ayurvedic practitioner would first determine the patient's life forces by asking about diet, behavior, lifestyle practices, and recent illnesses. Subsequently, they would observe physical characteristics and check the patient's stool, urine sample, speech, and voice to gather enough information to make an interpretation. (NCCAM 2005) The next step after detecting any incongruity would be to start making a plan of attack. A process called "panchakarma" is intended to cleanse the body from "ama" which refers to any undigested food that sticks to tissue mostly in the digestive tract. Common remedies used to eliminate "ama" are enemas, massage, herbal oils, and nasal spray. (NCCAM 2005) Once a treatment has been offered, the practitioner would suggest methods in which to reduce symptoms. Some methods include, increase of physical exercise, meditation, massage, laying in the sun, and making adjustments in diet. (NCCAM 2005) In addition, patients may take herbs, proteins, minerals, and vitamins to supplement the process of restoring balance. (NCCAM 2005) There are over 600 herbal formulas and 250 single plant drugs that are included in the "pharmacy" of Ayurvedic medicine. (NCCAM 2005) The final step, which completes the definition of Ayurvedic medicine, is the notion of mental nurturing and spiritual healing. Practitioners recommend avoiding situations that cause anxiety or stress, and emphasizing the importance of meditation. (NCCAM 2005)

For a student wishing to seek entry into medical school in the United States, you will need to complete four years of undergraduate studies, four years of medical school, and relatively three to four years of a residency at different hospitals. Additionally, the student must also pass a board certifying exam to be able to practice medicine. In comparative terms, students who wish to enter the practice of Ayurveda must complete an undergraduate degree to receive their Bachelor of Ayurvedic Medicine and Surgery (BAMS). (NCCAM 2005) To pursue a doctorate degree, students must finish additional years to receive a Doctorate of Ayurvedic Medicine and Surgery (DAMS). (NCCAM 2005) In addition, there are about 150 undergraduate colleges in India, with 30 colleges for post graduate years.

Ayurvedic medicine can be viewed as a form of holistic treatment that seeks to reestablish harmony and peace within an individual. Some may argue that this is a more humanistic and empathetic approach in medicine. Given this outlook, could this form of medicine potentially ameliorate the stigma attached to many diseases, namely HIV/AIDS? As India being one of the most culturally diverse and complex societies, HIV/AIDS has started becoming a coming plague that not only is reducing India's population as well as many parts of the world, but it has created a social stigmatization. Stigmatization is the idea of a type of attribute one possesses that is deeply discrediting that reduces a person in our minds from a whole and usual person to a discounted, tainted one. (Goffman 1963) Stigma itself can be caused by a multitude of factors. Physical symptoms of HIV/AIDS include, diarrhea, insomnia, loss of appetite, depression, gastrointestinal upset, and many more common symptoms. (WHO 2011) Because HIV/AIDS often constitute physical symptoms that are visible to others, it would lead others to a stigmatization of the body.

This social stigma of HIV/AIDS is also fueled by the individual's preconceptions of self-blame, fear of discrimination, and harassment. Consequently, Indian culture beholds cultural taboos that restrict and forbid the talk of anything pertaining to HIV/AIDS. An excerpt taken from a female student in Mumbai reveals the extent of influence cultural taboos have against the subject of HIV/AIDS, "When I discussed with my mother about having an AIDS education program, she said, 'if you learn and come talk about it in the neighborhood, they will kick you.' She feels that we should not talk about it." (ActionAid 2003) Many HIV positive victims are openly discriminated against in the community as well. They face severed relationships, denial of share in property, blocked access to meet spouses or children, physical isolation at home, blocked areas to public areas such as restrooms, and even in some cases they are denied funeral rites before they pass away. (UNAIDS 2001) In a short excerpt from an HIV positive victim named Sundari, she reveals the extent of damage that this social stigma has brought upon her:

"Sundari was not told of her husband's disease by her family. When the doctor explained to her what the disease was, she was very worried. She was her husband's sole caregiver, and he had recently developed skin lesions and suffered from diarrhea and vomiting. Both she and her son were also found to be HIV positive. After her husband's death she was abandoned by her parents-in-law. 'After my husband's death, my mother-in-law and sister-in-law stopped talking to me. I was not allowed inside the kitchen. One day she asked me to go on a pilgrimage. My father accompanied me and my son. After we returned I found my mother-in-law had vacated the house.'" (UNAIDS 2001)

In many cases of HIV positive victims, there is a high predominance of men who contract the virus, which leads to the fact that it was the husband's wife who was the caregiver. (UNAIDS 2001) Subsequently, many wives took their own initiative and had decided to leave their infected husbands. (UNAIDS 2001) An HIV positive man quotes, "My wife just left me when she came to know of my disease. She said, 'You have this disease, living with you will be a trouble. 'She is frightened and I also know that she is very angry with me for my behavior. "(UNAIDS 2001) Another HIV positive man who is still living with his wife describes his experience, "My wife has taken this disease very much to heart. She keeps my plate, glass, soap, towel, and brush all separate. She doesn't come near me. Sometimes she makes sarcastic remarks and says, 'Bad deeds produce bad results. If we do what we shouldn't do, we should get what we shouldn't get.' These words hurt a lot." (UNAIDS 2001) As you can see, this stigma is incredibly demoralizing and has a permanent impact on the victim.

Furthermore, stigma has found its way into workplaces as well with victims facing: removal of job, forced resignation, poor access to social facilities, withdrawal of health insurance benefits, and labeling. (UNAIDS 2001) Many HIV positive victims hold a fear of social discrimination in the workplace and are more likely to keep their status secret. (UNAIDS 2001) One employee describes his experience around the workplace, "Those staff members who know about me, talk about it. They point out at me and say, 'Look, he is the one with AIDS.' There has been some difference in the way they behave towards me now-keep distance from me and remain aloof. I don't share my tiffin box with them now. I don't feel like coming into work. I remain absent for 10-15 days and then I lose wages." (UNAIDS 2001) An HIV positive 38-year old conductor in a Mumbai transportation company describes his experience of his health slowly deteriorating, his prolonged absence at work, and his forceful resignation. (UNAIDS 2001)

According to his story, the bus company offered him two options; to resign or to face a forced dismissal because of accumulated absences. (UNAIDS 2001) One account that summarizes the outcome of this social stigma is from an HIV positive 28-year old:

“I have seen people around me change. Earlier when my health was okay my family was supportive, but now I have recurrent bouts of fever, diarrhea, and I can see that everyone is fed up. My step mother is very caring, but now I guess she is too tired. My toilet is separate-nobody comes to clean it, nobody cleans my room or even looks into it, my younger brother dares to answer me back. I have no faith left in relations with doctors and friends. I can see distances created between us. I feel their indifference and avoidance of me. Before I was struggling bravely with my problem, but now I have no will to fight anymore. It’s like I have lost my trust to AIDS. “(UNAIDS 2001)

Collectively, you can begin to see a pattern of these accounts, which reveal how damaging this social stigma is on an individual’s life. However, this stigma has not only made its presence in communities and workplaces, but it has also found its way into hospital institutions.

A 2006 study found that 25% of people living with HIV in India had been denied medical treatment on the basis of being HIV-positive. (UNDP 2006)A report revealed key findings in hospitals that showed the condescending, moralistic, and judgmental attitudes among staff that label and segregate patients. (Horizons 2006) In addition, other forms of hospital discrimination include: early discharge from hospital, mandatory testing for HIV before surgery and during pregnancy, and even physical isolations in the ward. (UNAIDS 2001) It seems almost illogical, because many HIV positive patients seek a form of treatment in a hospital and to be

discriminated against in such an institution designed to treat the sick and ill, causes more suffering and dysfunction in the community. Another issue regarding poor treatment in hospitals deals with miscommunication between a doctor or caregiver and the patient. An HIV positive barber recalls, “The doctor told me to go and get a blood test done. He didn’t tell me what it was. He just wrote on a piece of paper and asked to get the result.” (UNAIDS 2001) Another case from an HIV positive victim describes his financial experience while getting blood tests, “My blood report was not clear, so the doctor sent it to a private hospital. They charged Rs. 800. Doctor said this report will finally tell. The testing hospital said it would cost Rs. 1500 if you want the report in two days, otherwise wait 10-15 days. So I preferred to wait.” (UNAIDS 2001) Furthermore, there have even been reported cases of HIV positive patients that have had their information publicized to family members, which caused even more stigma towards this disease. (UNAIDS 2001) Some victims even avoid interactions with doctors or hospitals in fear of this stigma, which proves to be even more detrimental to their health. Surprisingly, many doctors in parts of India are a leading factor in this stigmatization. Some doctors argue that, “When a person does something wrong, he will be naturally looked down upon. There is nothing wrong with that.” (UNAIDS 2001) For example, in Bangalore, doctors argue that HIV positive people have bad habits of visiting prostitutes, smoking and drinking, and display a level of promiscuity and immoral behavior. (UNAIDS 2001) All of these accounts have been based around the idea of a biomedical model of medicine. Ayurvedic medicine focuses on reestablishing that “inner harmony” that is believed to be lost. Could it be possible for this idea of “inner harmony” to diffuse over India’s social stigma?

As one of the world’s oldest medical systems, Ayurvedic medicine has played a significant role in treating patients from HIV/AIDS. In the beginning, the patient is given tonics

and rejuvenators to increase immunity levels. (Shanthakumar 2000) Select herbal elements that are given are, Ajamamsa Rasayanam which is from cow's milk, ghee, and an extract of goat's meat. (Shanthakumar 2000) Next, medicines with purified mercury are given over a six month period. (Shanthakumar 2000) If there are signs of any recovery, elimination techniques are then applied through means of enemas, purgation, and emesis. (Shanthakumar 2000) From that point, if there are still signs of potential recovery, the blood is then purified with medications. (Shanthakumar 2000) The patient is then bathed two to three times a day followed by sandalwood applications to the body for the purpose of warming the blood to potentially detract the virus. (Shanthakumar 2000) What is important to understand about these remedies is that it does not kill the virus itself, but it increases an individual's lifespan. In retrospect, these remedies have been well documented and act in accordance towards some favorable results in many studies. According to a study published in the Bombay Hospital Journal, 55 patients were given Ayurvedic treatment for HIV/AIDS from April of 1999 to November of 2004. (Mundewadi 2005) These patients were given eleven different herbal treatments that was taken with water after meals. (Mundewadi 2005) Importantly, patients were given therapeutic counseling to provide a level of mind relaxation to further complete the full Ayurvedic treatment. (Mundewadi 2005) The results of this study produced a conclusive improvement in CD4 counts from the initial treatment. (Mundewadi 2005) A very important factor in this specific study is the whole idea of therapeutic counseling, which contributes to the patient's overall state of health. Based off the stories told by many HIV positive victims, you can fully understand the nature of their suffering and what they experience waking up every day. Looking into a more narrow perspective of this provision of therapeutic counseling, we can start to establish a connection

between this method of counseling and the stigmatization of HIV. Could the full treatment of Ayurvedic medicine potentially alleviate the social stigma among HIV positive victims?

Taking the components of Ayurvedic medicine and applying that to the overall stigma found in India is solution that can better the lives of thousands of victims. Ayurvedic medicine is a model of treatment that focuses on a more holistic form of treatment which encompasses the physical and mental difficulties found in HIV positive patients. This treatment takes a humanistic and moral approach of understanding the patient, providing full coverage of the patient's symptomology, and focusing on reestablishing the balance of the three doshas or vital forces. The goal of Ayurvedic is to form a unity among the body, mind, and spirit. In doing so, Ayurvedic medicine aims to place strong emphasis on this idea of "mental nurturing" and "spiritual cleansing". (Embodiworks 2012) HIV positive patients in India are harassed, discriminated against, denied funeral rites, socially labeled, and are looked down upon in society. By providing spiritual cleansing and spiritual nurturing to the patient, not only are their physical ailments being taken care of, but their mental state of health is also affected in a positive way. It wouldn't be too far of a stretch to imagine the mental difficulties that accompany HIV positive patients as they face stigmatization. Through Ayurvedic treatment, the purpose is to reestablish that inner harmony that HIV positive patients have lost. Ayurvedic medicine is an entity that can drastically improve an HIV positive patient's life. By reestablishing that inner harmony, HIV positive patients can better themselves and not worry about being stigmatized. They can further push away the societal boundaries that restrict them because of being HIV positive. Collectively, Ayurvedic medicine can significantly impact HIV positive patients in India and provide a better quality of life.

In conclusion of this paper, what is important to extract is the whole idea of taking Ayurvedic medicine and applying it towards the stigma of HIV/AIDS. By means of improving the lives of thousands of HIV sufferers in India, this stigma should begin to decline. If a patient is provided with mental nurturing and spiritual cleansing, then the constant worries of stigma should decrease. If stigma starts to decline, HIV/AIDS patients in India will begin to rely on the benefits of Ayurvedic medicine. It is said that an estimated 80% of the population in India use the treatment in accordance with Westernized medicine. (Embodiworks 2012) In regards to the future, Ayurvedic medicine will continue to serve the HIV population of India and perhaps one day, eliminate the stigma that is deteriorating India's diverse society.

“HIV does not make people dangerous to know, so you can shake their hands and give them a hug: Heaven knows they need it.”

-Princess Diana

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