International case study three (Irritable Bowel Syndrome and Ayurvedic treatment)

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Marut, Kerala, India

Marut is a 30-year-old Indian man who, in the spring of 2012, decided to seek further help for Irritable Bowel Syndrome (ISB), his longstanding health problem. He was familiar with Ayurveda medicine, and had made some use of it in the past, but never before had he received an ‘in house treatment’, where longer term treatments and dietary adjustments are prescribed and applied.

Marut had previous experiences with allopathic medicine in a hospital in Kerala, when he was given the drug Amitriptyline. However, it was administered without him being informed that Amitriptyline was an antidepressant drug. He also subsequently learnt from doctors that ISB is a psychosomatic disease and has no complete cure in the allopathic system. The ways to treat ISB include adjustments to diet, an intake of different medicines, and controlling stress. We can assume that the psychosomatic nature and stress were the justification for prescribing Amitriptyline for Marut.

The reason Marut chose Ayurveda treatment was because Ayurveda is based on the body and mind working in holistic combination, and he thought the mind-body link would be useful in his case considering the stress factors in the physical manifestations of ISB. Marut emphasises the point that “they do not try to cure one problem, but try to help with the overall functioning of the body”.

He was prescribed a ten-day treatment for general wellbeing. As he briefly describes it: “They gave me a five-set treatment called Panchkarma. Also there was a strict diet control along with various oil massages. Panch means five and Karma means actions or processes. Panchkarma is a set of five types of treatment procedures to detoxify the body, to balance the body energies named Vata (wind), Pitha (bile) and Kapha (phlegm).”

Marut further explains that the treatment was given by trained, government approved Panchkarma practitioners, with the guidance of the (Ayurveda) doctor. The medicines used were homemade from herbs available in Kerala. He chose the location and the place because of the way the medicines are produced. He says that in Ayurveda, small-scale production is more effective than industrially produced medicines: “as the prepared amounts are small, the storage times are not long and you can get medicine without preservatives or chemicals being mixed with it.”

The five set of therapies are:

- Vamana (medicated emesis);
- Virechana (medicated purgation);
- Basti (medicated enema);
- Nasya (medication through the nasal passages);
- Raktamokshana (blood letting).
The regime Marut was administered included the first four therapies: Vamana – a medicated emesis, Virechana – a medicated purgation; Basti – a medicated enema; and Nasya - medication through the nasal route. The last one, Raktamokshana was not given as it was not needed for his problems.

Marut also describes the other elements of the regimen:

“For also there was a steam bath, oil massage, and the pouring of medicated water on to the body. It was tiring during the treatment, and this made me get a very good sleep pattern. Also I was able to do light yoga with the practitioners there, though heavy exercises were not allowed. The same number of days of the treatment I had to give for resting so that the body would come back to normality.”

His was given vegetarian meals, which were prepared at the Ayurveda hospital. The diet mostly consisted of rice dishes, dal, different vegetables and butter milk. Tea, alcohol or any other such substances were not allowed.

The regime at the hospital proved beneficial for Marut, as he explains the effect of the treatments: “I could see the change immediately, as my body was letting all the impurities out. My treatment was in April, and now it is almost six months, and I do not remember having any physical problems in this period, except minor headache or cold.”

However, following the return to his everyday life, Marut notes that although he tried to follow the same diet, he could only continue it for a month. But according to the advice given to him, he avoids fried food and heavy spices.

Questions and reading

1. Do you have personal experience of using alternative therapies? What reasons did you have for seeking those treatments, and how did you find out about them?
2. Marut’s example tells us that the Ayurvedic treatments coexist with allopathic medicine in India and are government approved. What is the status of alternative therapies in the UK and elsewhere in Europe?
3. What are the main differences between allopathic medicine and alternative therapies?


- discuss the different types of iatrogenesis, to which Illich refers. Can you think of examples that would support Illich’s critique?
- what is meant by ‘medicalization of life’? Consider your everyday life and how you and those around you approach eating, drinking (water, fizzy or alcoholic drinks), hygiene and exercise (for example).
During data collection for an ethnographic study in an NHS Direct call centre, the nurses related their observations, with reference to some calls, that callers had scant knowledge of how to deal with *simple* health problems. The nurses saw that as a sign of growing reliance on professional advice, which arguably we could juxtapose with a disruption of ‘everyday’ care remedies and management being passed on in families (Weir 2001, personal communication):

1. Would you agree with the nurses’ observation, and what explanations might there be for it?
2. Compare the professional and lay methods of dealing with minor illnesses;
3. Are these developments universal?


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- *The Journal of Alternative and Complementary Medicine: Research on Paradigm, Practice, and Policy* is the premier peer-reviewed journal of scientific work for healthcare professionals, practitioners, and scientists seeking to evaluate and integrate Complementary and Alternative Medicine (CAM) into mainstream practice. The Journal delivers original research that directly impacts patient care therapies, protocols, and strategies, ultimately improving the quality of healing.

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**Abstract**

**Background**

There has been a marked increase in the use of complementary and alternative medicine (CAM) in the UK population in recent years. Surveys of doctors’ perspectives on CAM have identified a variety of views and potential information needs. While these are useful for describing the proportions of doctors who hold particular attitudes towards CAM, they are less helpful for understanding why. In addition, while the views of non-academic doctors have begun to be studied, the perspective and rationales of academic doctors remains under-researched. It seems important to investigate the views of those with a research-orientation, given the emphasis on
the need for more scientific evidence in recent debates on CAM.

Methods

This exploratory study used qualitative methods to explore academic doctors' views of CAM and the rationales they provided for their views. A purposeful sampling strategy was used to identify doctors with a dual clinical and academic role in the Bristol area, with an anticipated variety of views on CAM. Semi-structured interviews were conducted with nine doctors. The data were analysed thematically, drawing on the Framework Approach.

The doctors expressed a spectrum of views on CAM, falling into three broad groups: the enthusiasts, the sceptics and the undecided. Scepticism or uncertainty about the value of CAM was prominent, except among those practising a form of CAM. A variety of rationales underpinned their perspectives on CAM, a key recurring rationale being their perspective on the scientific evidence base. The main themes arising included: the role of doctors' professional experiences of conventional medicine and CAM in shaping their attitudes towards CAM, doctor-patient communication about CAM and patient disclosure, whether there is a need for training and education in CAM for doctors, a hierarchy of acceptability of CAM and the nature of evidence, and the role of CAM within the NHS.

Conclusion

Despite the caution or scepticism towards CAM expressed by doctors in this study, more open doctor-patient communication about CAM may enable doctors' potential concerns about CAM to be addressed, or at least enhance their knowledge of what treatments or therapies their patients are using. Offering CAM to patients may serve to enhance patients' treatment choices and even increase doctors' fulfilment in their practice. However, given the recurring concerns about lack of scientific evidence expressed by the doctors in this study, perceptions of the evidence base may remain a significant barrier to greater integration of CAM within the NHS.

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**Questions**

1. Are there alternative therapies that your own GP might suggest, or practice?;
2. If you cast your mind back to Hermann's case study, what were the therapies he sought out and found helpful?;
3. What is your conclusion on the relationship between allopathic and alternative medicines?