ARTICLE

Ethics as a Modality Affecting Health and Healthcare Practice: Revealing the Real Strengths of Traditional Healthcare

SANJEEV RASTOGI* AND PRIYANKA CHAUDHARI†

Abstract

Ethics has been considered as socially accepted codes of interpersonal behaviour that helps maintain a healthy relationship between individuals and their surroundings. Historically, ethics has remained largely confined to the religious ambit; contemporarily it is presumed that despite their absolute moral values, they do not fit into practical applications to the real world. For hard-core science and for subjects that are based absolutely on observational evidence, it is hard to imagine that the practice of ethics might also have a link to health or healthcare. In conventional medical practice, ethics has been variously applied to medical practice and medical research, but it was never presumed that ethics could also be utilised as a potent tool to build a pro-health interior milieu within the individual who practises it. On the contrary, traditional medicine the world over has unfailingly used ethics as a method to achieve positive health, at the same time warning of various undesired consequences if such practices are not observed. Ayurveda, the traditional healthcare system from the Orient epitomises the practice of ethics at the core of a healthcare ideology. Ayurveda

* Associate Professor, Department of Pancha Karma, State Ayurvedic College and Hospital, Lucknow University, India and Director, National Academy of Ayurveda, New Delhi (rastogisanjeev@rediffmail.com).
† Rishi Kul Govt. Ayurvedic College, Haridwar, India.
Health and Ethics

Health impacts of practising ethics have been poorly understood so far. This is primarily due to the intangibility of ethics and the difficulty of understanding it in a clear scientific sense, as well as the complexity associated with translating such health impacts into biological language. Compared to the positive impacts of practising ethics, the negative impacts of not practising ethics are better understood. As indirect evidence, these negative impacts can help to solve the mystery of understanding ethics and its impacts upon human health.

People who practise ethics are found to have a better stress management mechanism reflected through corresponding biochemical changes in the body in reference to stress-related hormones in the body. Such impacts are not limited to gross biochemical changes leading to improved physiology but are far deeper and affect the up-and-down regulation of corresponding sets of genes responsible for related biochemical changes in the body. It would be rewarding to examine the bioethical components of traditional healthcare philosophy in general and of Ayurveda in particular, which is one of the most ancient yet living ethical healthcare traditions practised in the world.

Bioethics: Learning from Ayurveda

The Ayurvedic conceptualisation of ethics is not limited to its application in medicine but is extended to almost every sphere of individual and societal life. In Ayurvedic medical practice, ethics is extended to various aspects such as teaching, practice and research. The concept of ethics in Ayurveda is therefore aptly called bioethics—ethics that involves every domain of life. Such ethical principles permeate Ayurvedic classics. Given its importance, it is obvious that without understanding and following these principles, it is impossible to benefit from Ayurveda as a student, practitioner, researcher or patient.

Reflecting the principle of “First do no harm”, which is universally accepted in contemporary medical practice, Ayurveda makes the grounds for a much wider application of such a principle, going further than the physician to include anyone involved in healthcare or beyond. Ayurveda is known for its consideration of human beings in contextual harmony with nature. It is for
this reason that Ayurveda considers the universe as a composite matrix of organisms interconnected by gross and subtle activities. It is for this reason too that Ayurveda considers animals and plants as important cohabitants of earth and asks for a vigilant use of them in personal healthcare. Ayurveda therefore presents a unique concept of cross-cultural tolerance where this cultural identity reaches beyond inter-genic and inter-specific boundaries. It advocates a unique blend of healthcare practice where bioethics, sustainability and tolerance are actually learned through practice and not through preaching.

Primary Objective of Ayurveda: Hedonic versus Eudaimonic Happiness

Charaka Samhita, one of the most celebrated ancient texts of Ayurveda, defines the objective of Ayurveda as:

\[ \text{Hitahitam Sukham Dukham, Ayustasya hitahitam}\]
\[ \text{Manam cha tatra yatroktam, Ayurveda sah ucchyate} \]

There are four types of life: hitayu or the life good to self and to others; abhitayu, the life good to self but not to others; sukhayu, the pleasurable life; and dukhayu or the miserable life. Ayurveda strongly advocates that life should be lived as hitayu or in a way productive to oneself as well as to others. The other types of lives, be it abhitayu, sukhayu or dukhayu, are not the primary intention of Ayurveda as they are limited to the individual and are not concerned with society. Obviously, as an ethical principle, Ayurveda promotes the concept of ‘growing together’ towards a collective upliftment. What makes hitayu the most ideal way of life has been the subject of recent scientific research. Hitayu is the Ayurvedic transliteration of eudaimonia. Contrary to the hedonic happiness-seeking pleasure in subjective experiences, a eudaimonist philosophy supports the idea that happiness occurs when individuals perform personally expressive behaviours during meaningful goal pursuits.\(^2\) The Ayurvedic proposition of sukhayu is a clear demonstration of what is meant by hedonic happiness. Sukhayu seeks individual happiness through subjective pleasures and materials. This might make one happy momentarily but this happiness is transient and soon fades. Hitayu, on the contrary, seeks happiness in worthy acts and deeds that make one feel pride and increase self-worth by helping others. It is revealing that both these pleasure-seeking acts, sukhayu and hitayu, act differently on the human physiology. Most surprisingly, such acts have biological impacts deeper than what we understand. There are genetic implications to the healthy outcomes of such acts. One landmark study identified the molecular mechanisms underlying...
the prospective health benefits associated with psychological well-being. The leukocyte basal gene expression profiles of a few healthy adults who were assessed for hedonic and eudaimonic well-being, as well as potentially confounded negative psychological and behavioural factors were analysed. Hedonic and eudaimonic well-being in the study showed similar affective correlates but highly divergent transcriptome profiles. Peripheral blood mononuclear cells from people with high levels of hedonic well-being showed up-regulated expression of a stress-related conserved transcriptional response to adversity (CTRA), involving increased expression of pro-inflammatory genes and decreased expression of genes involved in antibody synthesis and type I IFN response. In contrast, high levels of eudaimonic well-being were associated with CTRA down-regulation. Promoter-based bioinformatics implicated distinct patterns of transcription factor activity in structuring the observed differences in gene expression associated with eudaimonic well-being (reduced NF-κB and AP-1 signaling and increased IRF and STAT signaling). Transcript origin analysis identified monocytes, plasmacytoid dendritic cells and B lymphocytes as primary cellular mediators of these dynamics. The finding that hedonic and eudaimonic well-being engage distinct gene regulatory programmes despite their similar effects on total well-being and depressive symptoms implies that the human genome may be more sensitive to qualitative variations in well-being than are our conscious affective experiences. This study became the first clear scientific evidence showing the role of following certain ethical principles in life as a means to promote positive health.

**Practising Bioethics at an Individual Level**

Ayurveda goes beyond the theoretical conceptualisation of bioethics and identifies various ethical acts purported to boost self-esteem and worth. Ayurveda proposes that carrying out these acts can actually prevent diseases from occurring. Table 1 shows a list of some qualities and acts that can render the practitioner disease-free for the whole of his life.

One can see that most of the acts described in the list are about voiding suppressed feelings or maintaining high individual morality. Acts of giving in kind or in respect to others are listed as it gives a sense of happiness and self-worth. Maintaining high morality is always linked with high praise for oneself and eventually turns out to be the biggest source of satisfaction and happiness to those who practise it despite the difficulty of maintaining such practice. It is only now that science echoes what Ayurveda has been preaching for thousands of years—that it is not merely worldly happiness that bestows optimal health; self-worth is the pivot.
In a similar vein, in its definition of health, Ayurveda affirms that good health is dependent not only on the physical harmony between biological components and their activities, but also “prasannatmendriya manah” (a happy combination of soul, perceptions and mind).\(^4\) In another interesting study carried out in 2008, Steger et al. revealed that the happiness radiating from a eudiamonic act actually lasts till the following day or sometimes even days after the actual act is carried out.\(^5\) This is the reason practising such activities on a daily basis, as described in Ayurveda, paves the way for lasting happiness and worthiness in life, leading eventually to optimal health.

### Distinction between Suppressible and Non-Suppressible Urges

Besides eudiamonic acts, there are other indirect ways of practising ethics to render a life healthy. Even as we carry out eudiamonic acts, there are a few acts that are contrary to this. Ayurveda considers these acts as part of abitayu—acts that cause trouble to society. Eventually they also harm the one who performs them. Ayurveda vividly describes urges that are to be avoided as well as those that should be suppressed in order to promote health, involving an improper utilisation of mind, speech and physical body. There are specific descriptions for each of these suppressible urges.

In the category of suppressible mental urges, Ayurveda includes greed (Lobha), grief (Shoka), fear (Bhaya), anger (Krodha), ego (maana), shamelessness, jealousy and excessive attachment (Nairlaajyershyatiraaganaama) as the principle mental...
urges that should be suppressed. It is noteworthy that the avoidance of greed in medical research is the main reason for the inclusion of a conflict of interest declaration when conducting a medical research. Suppressible verbal acts include: harsh words, excessive talking, use of bad words and revealing the secrets of others. Interestingly, refraining from revealing secrets has been the major objective behind the principle of confidentiality in medical research. As for suppressible physical acts, these include: excess physical activity, torture, theft and physical harm to others.

In addition to suppressible urges, Ayurveda also elaborates on certain routine codes of conduct to ensure a healthy life. These are ethical principles of life, listed as follows: Do not tell a lie, steal, indulge in fighting, act sinfully, act sinfully toward one who has acted sinfully, reveal the secrets of others, and keep the company of bad people. Again we see that behaviour codes such as not lying and keeping the secrets of others are actually applied in medical research.

Volunteering, which is defined as an act of free will that benefits others (individuals, groups, the environment) outside of, or in addition to, support given to close family members has also been identified as a health and survival promoter. In a recent meta-analysis and systematic review of 40 volunteering studies, it was found that volunteering has favourable effects on depression, life satisfaction and well-being. Meta-analysis of five cohort studies found volunteers to be at a lower risk of mortality (risk ratio: 0.78; 95% CI: 0.66, 0.90). Although there was insufficient evidence to demonstrate a consistent influence of volunteering type or intensity on outcomes, observational evidence suggests that volunteering may benefit mental health and survival. A few robustly designed researches to guide the development of volunteering as a public health promotion intervention are therefore highly recommended.

Volunteering has been advocated by the United Nations, and American and European governments as a way to engage people in their local communities and improve social capital, with the potential for public health benefits such as improved well-being and decreased health inequalities. Furthermore, the US Corporation for National and Community Service Strategic Plan for 2011–2015 focuses on increasing the impact of national service on community needs, supporting volunteers’ well-being, and prioritising the recruitment and engagement of under-represented populations. It is revealing that such acts are elaborated upon under the category of achara rasayana in Ayurveda and are said to have rejuvenating and longevity-promoting effects, rasayana being the group of drugs in Ayurveda promoted for their anti-aging, health-promoting and rejuvenating effects.
Optimism versus Pessimism: Ethical Constructs of Well-Being

Optimism has always been considered a better way to live as it allows one to cope with various stresses that cannot be immediately rectified. Again because of its intangibility, the cognitive complexity leading to a specific mindset and its corresponding reactions upon the body has not been deciphered by science. Ayurveda classifies the mental state into: avara (lower setting of tolerance), pravara (higher setting of tolerance) and madhyama (moderate setting of tolerance). Pravara satva people are found to be optimistic and hence have better pain tolerance and stress endurance. A few recent studies have shed light on how optimists and pessimists handle stress. Results show that cortisol levels tend to be more stable in those with more positive attitudes. One study, recently published in the American Psychological Association’s Health Psychology journal, tracked 135 older adults by collecting their saliva samples five times a day to monitor the salivary cortisol levels. Participants were asked to report on the level of stress they perceived in their day-to-day lives, and their self-identification as being optimists or pessimists. It was observed that pessimists had a higher stress baseline than optimists and also had trouble regulating their system when they go through particularly stressful situations. On days when the stress experience was higher than average, pessimists’ stress response became much more elevated, and it was difficult to bring it to normal levels. Optimists, on the contrary, were protected in these circumstances by a relatively smaller increase in cortisol.8

Ethics in Medical Practice and Research: Essentials of Ethical Medical Practice

Ayurveda also vividly elaborates on the ethics associated with clinical practice. It identifies four essential components of treatment to ensure a successful intervention. Furthermore it proposes a level of desired qualities for all the components to ensure the success of the therapy.

The physician is considered as the principal component of the four components required to perform a therapy. A physician is required to have the following qualities: thorough knowledge of the subject (Shrute paryavaadatavam), good practical experience (Bahusuh dritsata karmata), expertise in practical works (Daakshyama) and cleanliness both at the physical and mental levels (Shuchi). These are the principal qualities desirable in a researcher or practitioner willing to conduct medical research or practise Ayurveda as a profession. It is interesting
to see that besides subjective and objective knowledge of the subject, a physician is also required to be mentally and physically clean. Ayurveda adds that physicians should also possess the following qualities: knowledge (vidya), analytical capacity (Vitark), planning of hypotheses and experimentations (Vigyan), memory (Smriti), eagerness (Tatparata) and ability to put thoughts into action (Kriya). These qualities are said to be essential for medical practice as well as for research. In addition to these qualities, Ayurveda describes the professional attitude required for a physician. This encompasses: friendliness (Maitri), sympathy with patients (Karunyam aarteshu), attentiveness to treat treatable conditions (Shakye Priti) and non-indulgence in conditions that are untreatable (Upekshanam prakritistheshu bhuteshu).

Ayurveda also explains the quality of drugs used in therapy. They should be: abundant (bahuta), effective and of good quality (tatra yogyatvam), able to be consumed in many ways (Aneka vidbi kalpana) and having all its pharmacological properties intact at the time of its actual use, that is, not expired (Sampaccheti). Interestingly all these qualities may well be considered as what is expected of drugs intervention in medical research.

The nursing professional engaged in treatment/research is also mentioned in Ayurveda. Qualities desired in the nursing professional are: knowledge of nursing (Upcharagyata), expertise in nursing (daakshyam), sympathy towards the sick (Anuraagashcha bhartari) and cleanliness of the mind and body (Shaucham). It is obvious that these are the same requisite qualities for the nursing professional engaged in medical research or practice today.

Ayurveda details the desired qualities for the patient: ability to relate the history of the disease and the treatment (Smriti), to follow instructions (Nirdesh kaaritvam), to accept all the medications (Abhirutvam) and to detail the present complaints (gyapakatvam cha rogaanam). It is quite obvious that these qualities are nothing but the essentials of inclusion criteria for patients enrolled in any research or treatment protocol.

**Conclusion**

Ethics is the principal motivating factor in Ayurveda and is reflected throughout its ancient texts. Ayurveda is concerned with bioethics beyond simply the ethics pertaining to medical practice or research. It links ethics with well-being and hence promotes it as a perpetual source of health and disease prevention. Recent scientific research has started endorsing such simple life principles as stated in Ayurveda for a quality eudiamonic life. It is revealing a scientific basis for the Ayurvedic conceptualisation of *acahara rasayana* and its link to longevity.
has been found. These principles have a deeper impact on health than what one might imagine. Extending ethics into the context of desired qualities of the four components of a treatment plan—physician, drug, nurse and patient—Ayurveda presents the ethical qualities required to ensure a successful and ethics-oriented research or treatment plan. Thus we see that the principles of ethics are extensively described in traditional medical practices. It is time to revive these concepts and bring them back into mainstream medicine to tap into their hidden capacity as a potential method of intervention to acquire positive health and to build a better society.

Notes