

Health Care from The Perspective of Ayurveda

O Cuidado com a Saúde na Perspectiva do Ayurveda

El Cuidado de la Salud en la Perspectiva del Ayurveda

RESUMO

A atenção integral à saúde rege as práticas de promoção, prevenção e recuperação da saúde de diferentes medicinas tradicionais, complementares e integrativas, considerando as particularidades dos seus sistemas teórico-filosóficos e as suas experiências culturais. Compreende-se as medicinas tradicionais, complementares e integrativas como uma via de acesso a cuidados de modo complementar ao sistema convencional de saúde, contribuindo com ações para prevenir doenças e promover saúde, particularmente, ante condições de vulnerabilidade socioeconômica. Este relato de experiência apresenta um caso acompanhado pelas autoras como terapeutas ayurvédicas comprometidas em mobilizar uma revisão de hábitos, rotinas e estilo de vida em prol do bem-estar e da saúde integral na perspectiva da atenção psicossocial. Os resultados indicam que a medicina tradicional ayurveda se constitui como eficaz no auxílio da identificação dos sintomas, no restabelecimento do bem-estar geral e na prevenção de doenças física e mental ao serem integradas rotinas de auto-observação, autocuidado e revisão de hábitos e estilo de vida.

DESCRIPTORES: Medicina tradicional Ayurveda. Atenção Psicossocial à Saúde. Estilo de Vida.

SUMMARY

The integral attention to health governs the practices of promotion, prevention, and recovery of health from different traditional, complementary, and integrative medicines, considering the particularities of their theoretical-philosophical systems and their cultural experiences. Traditional, complementary, and integrative medicines are understood as an access path to care in a complementary manner to the conventional health system, contributing through actions to prevent diseases and promote health, particularly in the face of socioeconomic vulnerability conditions. This experience report presents a case followed by the authors as Ayurvedic therapists committed to mobilizing a review of habits, routines, and lifestyle for the sake of well-being and integral health from the perspective of psychosocial care. The results indicate that traditional Ayurveda medicine is effective in assisting the identification of symptoms, restoring overall well-being, and preventing physical and mental illnesses by integrating routines of self-observation, self-care, and habits and lifestyle review.

DESCRIPTORS: Traditional Ayurvedic Medicine. Psychosocial Health Care. Lifestyle.

RESUMEN

La atención integral a la salud rige las prácticas de promoción, prevención y recuperación de la salud de diferentes medicinas tradicionales, complementarias e integrativas, considerando las particularidades de sus sistemas teórico-filosóficos y sus experiencias culturales. Se entiende que las medicinas tradicionales, complementarias e integrativas son una vía de acceso a cuidados de manera complementaria al sistema convencional de salud, contribuyendo con acciones para prevenir enfermedades y promover la salud, particularmente ante condiciones de vulnerabilidad socioeconómica. Este relato de experiencia presenta un caso acompañado por las autoras como terapeutas ayurvédicas comprometidas en movilizar una revisión de hábitos, rutinas y estilo de vida en pro del bienestar y la salud integral desde la perspectiva de la atención psicossocial. Los resultados indican que la medicina tradicional ayurvédica se constituye como eficaz en la ayuda a la identificación de los síntomas, en el restablecimiento del bienestar general y en la prevención de enfermedades físicas y mentales al integrarse rutinas de autoobservación, autocuidado y revisión de hábitos y estilo de vida.

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INTRODUCTION

The expansion of the concept of health, as envisaged by the World Health Organization (WHO, 1946) ⁽¹⁾ as "a state of complete physical, mental and social well-being and not merely the absence of infection or infirmity", has made it possible to expand health care actions beyond practices centered on the biomedical model, enabling the rescue and encouragement of traditional health care practices, such as traditional, complementary and integrative medicine (TCIM). It should be noted that in many countries, given the conditions of socio-economic vulnerability and difficulties in accessing health services, TCIM is a relevant tool (WHO, 2013) ⁽²⁾. constituting an important resource for Psychosocial Health Care, prioritizing health care within the community.

In Brazil, based on the WHO guidelines and on items I and II of the sole paragraph of art. 87 of the Federal Constitution, the National Policy for Integrative and Complementary Health Practices (PNPIC) was published (Brasil, 2017) ⁽³⁾. which aims to incorporate and implement Integrative and Complementary Practices within the scope of the Unified Health System (SUS), adding to health promotion, prevention and

recovery actions, within the scope of primary care; in addition to contributing to increasing resolubility in the health system, encouraging the development of innovative health care alternatives that contribute to the sustainable and regenerative development of communities, with the involvement of users, managers and workers who collaborate in actions to make health policies effective.

Integrative and Complementary Practices (ICPs) promote comprehensive care in physical, emotional, mental and social aspects, emphasizing self-responsibility and autonomy in care. Currently, through the SUS, PICS can be incorporated into all levels of the Health Care Network, with a special focus on Primary Care, with the service being provided in a comprehensive and free manner, including 29 modalities of integrative practices, including Ayurveda among the traditional medicinal ones (Brazil, 2017) ⁽⁴⁾.

Ayurveda comprises a system of orally transmitted knowledge that was systematically organized around the 5th century BC in the Eastern world, specifically in the territory of India, making it one of the oldest medicines in the world (Frawley, 2018; Ninivaggi, 2015) ⁽⁵⁾ ⁽⁶⁾. The word 'Ayurveda' in Sanskrit can be translated as "the science of life or the

science of longevity" (Frawley, 2018; Ninivaggi, 2015) ⁽⁵⁾ ⁽⁶⁾.

Modern medicine, advanced in many relevant aspects, is predominantly centered on disease. Ayurveda, on the other hand, adopts a patient-centered approach (Frawley, 2018; Carneiro, 2009) ⁽⁵⁾ ⁽⁷⁾. emphasizing general homeostasis (Ninivaggi, 2015, p.164) ⁽⁶⁾. Care is aimed at eliminating accumulated biotoxins (ama), correcting the digestive fire (agni), strengthening immunity (ojas) and stabilizing the mind (manas). This holistic strategy, which is fundamentally clinical and empirical in its application, supports the body's intrinsic healing mechanisms, as well as improving overall quality of life - a vital dimension that is often neglected in the treatment of the symptoms presented by the person in the case studied. It should be noted that Traditional Ayurvedic Medicine comprises a system of prevention and health promotion based on attention to daily life habits and correlation with the rhythms of nature. It should be noted that, in this report, the term "integrative medicine" is used as a coordinated approach that aims to combine evidence from conventional and complementary medicine.

The aim of this research is to present an experience report on the follow-up of Ananda (fictitious

name) based on this traditional medicine, providing strategies for general well-being, with an emphasis on mental health. The specific objectives are: to share knowledge about the practice of Ayurveda; to identify how the recommendations of this medicine contribute to the quality of mental health and well-being; to reflect on psychosocial care from the perspective of this medicine with the potential to mobilize a lifestyle review; and to describe the lifestyle changes reported by the study participant in relation to Ayurvedic guidelines and their impact on her general well-being.

METHOD

This study adopted a qualitative methodology, with a case study design, characterized by the inclusion of subjectivity in the very act of investigating - of the researchers and the person being researched; and by a comprehensive view of the phenomenon being researched, highlighting its circumscription alongside other phenomena - social, cultural and economic (Cresswell, 1988)⁽⁸⁾. To illustrate this process, we will present one⁽¹⁾ case of monitoring a person with symptoms of illness impacting on their physical and mental health. The result obtained was structured into three axes of discussion to enable the presentation of the information: the constitution of the participant's illness from the perspective of Ayurveda; Mental Health and psychosocial care from the perspective of traditional Ayurvedic medicine; and an integrative synthesis including the patient's report of improved well-being.

RESULTS AND DISCUSSION

Case presentation

Ananda (fictitious name) is a 36-year-old married woman with no children. She was born in the Brazilian state of Pará, but has lived in the

capital, Brasília, since the first year of her life. Ananda currently works as a university lecturer, in irregular shifts, sometimes in the morning, sometimes in the afternoon and sometimes in the evening. Ananda says that her work is stressful, because in addition to the hours she works at the university, she also takes activities home; and stressful, because of the urgency of the deadlines for responses to the university, managers and students. Because of her work routine, she reports that her sleep is irregular. She also points out that she eats without pre-established times and places and generally gets her food from snack bars and restaurants. Ananda says she has good urine elimination, but her stool elimination is irregular and she doesn't evacuate for up to three days, and her sweat is excessive and fetid. She also reported feeling unwell, tired, anxious, difficulty planning her daily activities, memory lapses, mood swings and continuous stress for at least three years. She recounted that she had been treated unsuccessfully by conventional medicine for heartburn and reflux, which had been with her since childhood. The culmination was repeated episodes of nausea and vomiting after everyday meals, which had been occurring for at least 3 months. Before seeking Ayurvedic-based care, she had already tried conventional treatment, but faced with the discomfort of symptoms that had persisted for years, she realized the need to look for treatment alternatives based on a more holistic view of how the body works. In addition, she established, as a criterion of choice, a follow-up dissociated from allopathic recommendations, focused on changes in habits that could provide her with an improvement in symptoms and implement restorative and preventive actions in favor of her health and integral well-being.

The constitution of disease from

the perspective of Traditional Ayurvedic Medicine

Ayurveda understands that "the state of health is a condition of order, while the state of illness is a condition of organic disorder" (Ninivaggi, 2015, p. 164; Carneiro, 2009, p. 119)^{(6) (7)} and that, naturally, within the human body there is a constant interaction between order and disorder. In view of this, one of the premises of this medicine is to assess individual constitutions and circumstances in order to better investigate and understand signs of disorder or imbalance in an organism. A state of health in order is characterized by the balance of the digestive fire, the harmony of the vital principles called vata, pitta and kapha, the quantitative and qualitative balance of the excreta (urine, faeces and sweat), and the proper functioning of the sense organs, establishing harmony between body, mind and consciousness. (Ninivaggi, 2015, p. 164; Carneiro, 2009)^{(6) (7)}. When there is imbalance and disharmony in these processes, the process of illness begins.

According to Ayurveda, Ananda's case illustrates the stages of imbalance, also known as the stages of illness, or the process of becoming ill (Ninivaggi, 2015, p. 181; Carneiro, 2009)^{(6) (7)}. Named first in Sanskrit and then in an approximate translation, the stages of the illness process are: 1st) sanchaya - stage of accumulation; 2nd) prakopa - stage of aggravation; 3rd) prasara - stage of overflow; 4th) sthana-samshraya - stage of relocation; 5th) vyakti - stage of manifestation; and 6th) bheda - stage of diversification/clearance or complication (Ninivaggi, 2015; Lad, 2007)^{(6) (9)}

An analysis of the case shows that Ananda had been unbalanced for a long time, and that the first stage, 'accumulation', had long since passed. Considering that no action was taken to re-establish the balance, the

illness process evolved into a second stage, 'worsening'. This second stage is characterized by marked discomfort, evidenced in Ananda's case by irregular eliminations, excessive and fetid sweating, nausea and vomiting. Since there has been no previous attention and remedial action, the condition progresses to the third stage, of 'dissemination', not restricted to the place of origin, resulting in 'overflow' to other parts, in this case manifesting effects in places such as the stomach, intestines and mental aspects. The fourth stage is 'relocation', with an analysis of the effects on the different parts of the body, as well as on the mind. The fifth stage of 'manifestation' is when a specific pathology sets in that can even be diagnosed by conventional methods, such as reflux and heartburn, as well as psychological and emotional symptoms. And finally, the 'complication' stage, when the pathological process continues to evolve. In Ananda's case, this was evidenced by a diversification of symptoms manifested in various parts of the body and in mental health, amplifying the feeling of discomfort and malaise. It should be noted that the description of the case is not necessarily based on a chronological linear correspondence, but on the patient's reports and taking into account current aggravating factors such as work, lifestyle, diet and pre-existing imbalances.

Mental Health from the Perspective of Psychosocial Care and Traditional Ayurvedic Medicine

With regard to mental health, considering that disharmony and imbalances give rise to the processes of illness, it should be emphasized that imbalances of the mind involve actions that act against nature, *prajnaparadha*, which is basically the inappropriate use of discernment or wisdom, leading to actions that are harmful to the body and mind (Lad,

p. 9). 9).⁽⁹⁾ This understanding is linked to the vital mental principles, called *sattva*, *rajas* and *tamas*, which have repercussions on daily actions, relationships, social interactions, as well as diet and lifestyle. Simply put, *sattva* relates to harmony and balance for the psychological and physical aspects. *Rajas* refers to movement, the dissipation of energy and the loss of vitality. And *tamas* relates to inertia, ignorance and dullness (Lad; Costa; Cunha and Kurjee, n.d.)⁽⁹⁾ ⁽¹⁰⁾. Ayurveda provides for four pillars that should become daily routines to promote and sustain health and well-being linked to the vital principle of *sattva*: 1st) care with food; 2nd) care with the sleep routine; 3rd) care with physical activities that provide movement to the body; and 4th) care with self-knowledge practices, through the promotion of self-revision and reflection on behavior patterns, mood and emotional states and interpersonal relationships.

It should be noted that one of the premises of Ayurvedic treatment is that the individual should seek to exercise the autonomy to continuously and progressively implement in all aspects of their life the logic of transforming *tamas* into *rajas*, and *rajas* into *sattva*, in a balanced way aimed at maintaining physical and mental health, as well as social relationships. In Ananda's case, by adhering to the premises of Ayurveda as a path of treatment, she initially had to recognize the need to revise her habits, from her sleep schedule to her choice of food, physical activity and interpersonal relationships that nourished her well-being.

In practice, Ayurveda's treatment principles are in line with those of physical and mental health care, from the perspective of Psychosocial Care, as it involves the person being linked to a care network that can promote a relationship of continuous monitoring and care (Nóbrega; Silva; Sena,

2016)⁽¹¹⁾ This involves prioritizing the consumption of seasonal foods, which are fresher and grown in their region, avoiding ultra-processed foods; including self-care routines appropriate to the seasons; sleep quality; observation of the person's physical and mental health condition; physical activities and interpersonal interaction, preferably in their social and community context.

This understanding repositions the community as a social place for integral, mental and physical health care, as a place where good choices can be made (*sattva*), such as natural, appropriate and locally grown foods; exercising preventive and continuous care actions, including regular participation in the various activities offered by the Basic Health Unit (BHU) of reference; prioritizing natural care obtained in one's own home or neighborhood in the face of less complex health discomforts; establishing physical and social activities in the community space.

Integrative summary

Patient Ananda reports that she has progressively incorporated ayurvedic guidelines into her daily life. Initially, she organized herself to prepare her meals, prioritizing seasonal foods; observing the temperature and season of the year when choosing food; consuming preparations made on the same day; including condiments to aid digestion; and buying food from local shops and fairs so that she knew where the food came from. Another aspect incorporated was establishing periods and routines for meals, work, physical activity, sleep and social and family interaction. Although they may seem like simple habits and routines, Ananda points out that it was only after understanding the process of constituting imbalances and the processes of illness based on Ayurveda that she made the personal effort to take the decision to revise her hab-

its and daily routine, which, after being increased and maintained, culminated in an improvement in her overall physical and emotional state of health.

CONCLUSION

The purpose of this experience report was to present the general principles of Ayurveda in a broader way, without the commitment to delve into this medicine through the classic texts, as this would go beyond the scope of this report. Even so, this study allows us to broaden our understanding of Traditional Ayurvedic Medicine and some of the strategies that enhance well-being

and quality of life recommended by this medicine, such as daily routines, with attention to sleep, physical activity, food that is appropriate for each person, taking into account the time of day, season and method of preparation, which encourage awareness of lifestyle and the possibility of desirable changes in favor of personal and social well-being.

In line with comprehensive health care practices from the perspective of psychosocial care, Ayurveda provides a holistic view of how the body works and the patterns of illness, and prioritizes the person's autonomy in the search for care alternatives and resources, initially within their home and community, es-

pecially when the first signs of an illness process appear.

In modern society, taking on more natural routines and self-observation to improve health and longevity can be challenging, as it requires changes in habits, lifestyle, activities and interpersonal relationships that continually prioritize physical and mental self-care. In this context, disseminating and deepening the knowledge of MCTI in various social spaces, especially in Primary Health Care (PHC) and the Psychosocial Care Network (RAPS), is a scientific and social responsibility to enable a healthier life for an increasing portion of the population.

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