

INFLUENCES ON PEOPLE'S CHOICE OF AYURVEDIC HEALING

A South African Case Study.

A research report submitted to the Department of Sociology at the University of the Witwatersrand, South Africa.

The report was submitted in fulfilment of the degree Master of Arts by Coursework and Research Report in Health Sociology.

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DECLARATION

I, Yajna Lalbahadur, declare that this research report, “The Influences Toward People’s Choice of Ayurveda: A South African Case Study” is my unaided work, apart from where it has been acknowledged by complete references. It is submitted as part of the requirements for the degree of Master of Arts in Health Sociology by Coursework and Research Report at the University of the Witwatersrand.

It has not been submitted for any other degree or examination at any other university.

Signed: _____ on _____

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Abstract

South Africa hosts a plural healthcare system that includes an allopathic sector and a complementary and alternative healthcare sector. This research report seeks to understand the motivations behind why people use the complementary system of Ayurveda, in South Africa and how they decide on its use through processes governing their decision making methods. The literature review summarises the key theoretical framework which moulded the study. The themes incorporated in the review include medicine's evolution, Ayurveda, medical pluralism and complementary and alternative medicine, the illness experience and help seeking behaviour, the sick role and its relation to help seeking behaviour, and the Health Belief Model.

The research was qualitative in nature and entailed semi structured interviews that were conducted with twenty seven Ayurveda users and three Ayurvedic doctors. The findings and analysis draw on the literature review, and when analysed, are developed into three coherent themes namely Ayurveda in South Africa (sets the scene of Ayurveda within the country), Reasons for using Ayurveda (the motivations behind people's help seeking behaviours toward the system), and the use of Ayurveda in relation to other healing systems. The research found that Ayurveda is currently undergoing resurgence in South African society and in the process links itself to the wider global context that Ayurveda has situated itself. We also discover that participant's decisions on the use of Ayurveda were decided upon through a multitude of factors and often Ayurveda was also utilised in many different situations rather than for a single case. Such interconnecting factors include their socialisation, lay referrals, interest in alternative systems, a sense of Indian pride and a cynical perception of Western medicine. Alternative or complementary system use was decided upon through factors that linked to people's access of the alternative services and its affordability. Decisions ultimately were made to use Ayurveda as a complementary system to allopathy.

Finally the conclusions of the study indicate that Ayurveda was transferred to South Africa, from India, through the country's system of indentured labour where knowledge of the practice was passed down along generations. The research also deduces that it is primarily the Indian race that uses Ayurveda in South Africa and as such the healing system is more prominent in Indian areas. In addition, Ayurveda was not found to be a viable health or healing option for the wider South African population for whom its affordability and accessibility pose barriers.

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CHAPTER 1: INTRODUCTION

South Africa is a racially and culturally diverse country; which also incorporates a pluralistic range of healing systems. Allopathic or Western medicine is not the sole provider of healthcare in the country (Gilbert, Selikow & Walker, 2010:85). Its multiculturalism presents itself as an interesting case for researching conceptions of tradition, health and healing. While diseases and illnesses may manifest itself physiologically within a person the interpretation, experience and treatment of that disease or ailment will differ immensely among the country's different ethnic and racial communities (Flint, 2008:18-19). Beliefs of what constitutes the body, health and wellness are influenced by one's subjective experiences, as well as the culture and historical period that they live in. As such, different communities have different means of understanding the body and illness and subsequently will have different approaches to healing and health, than just the allopathic system (Flint, 2008:19). Given that Ayurveda was founded in India, it is only appropriate that a background regarding how the practice spread to South Africa is provided.

Indians first arrived in South Africa in 1860 as indentured labourers to work the sugar fields along the coast. A second wave of Indian immigrants arrived in South Africa in the 1870s to "service" the Indian indentured communities. These passenger Indians were successful merchants however, they comprised only ten percent of the Indian immigrant population at that time (Flint, 2008:161). Indian approaches to health and healing were transferred from generation to generation and were reinforced through the continuous influx of new Indian immigrants, despite Indentured labour coming to an end in 1910. In reality, the use of household remedies and consultations with Hindu and Islamic spiritual healers were the most accessible and accepted forms of healing during that period (Flint, 2008:164). Very few Ayurveda practitioners survived from the period of indentured labour. Those that currently practice have either trained in India (the South African born doctors) or have emigrated from India. Therefore, professional Ayurveda has only more recently began restoring itself in South Africa (Flint, 2008:164). The historical erosion of Ayurvedic practitioners and, until recently, the declining use of Indian household remedies were the combined consequences of biomedical coercion employed by the indenture system; the refusal of the South African government to acknowledge Ayurvedic practitioners within Kwa-Zulu Natal throughout the late nineteenth and twentieth centuries; the influence and authority of Christianity on Indian converts; the sway of Western-style education; and the ever changing ideas regarding

modernity (Flint, 2008:166). Today, South Africa's Indian population is quite diverse. Thus the practice of therapeutics is quite varied (Flint, 2008:164). Currently, those that are classified under the racial group "Indian" still retain knowledge of traditional Indian household remedies and continued to consult with Hindu, Islamic and Ayurvedic spiritual and medical practitioners. This occurrence happens despite the history of indentured Indians, especially, being subjected to the "scrutiny and imposition of biomedicine." (Flint, 2008:164). However, the country has undergone changes and is more open to complementary and alternative systems of healing.

South Africa, in fact, is one of the few countries that have moved progressively toward integrating traditional and complementary medicine into the legislative environment for health consultants- despite taking several years for the formal recognition of complementary and alternative health practitioners (Gqaleni, Moodley, Kruger, Ntuli and McLeod, 2007:187,190). The Allied Health Professions Act allowed for ten varieties of complementary and alternative medicines to be registered, one of them being Ayurveda. These complementary and alternative healing modalities are controlled by the professional boards of the Allied Health Professions Council of South Africa (AHPCSA) (Gqaleni et al, 2007:191). Traditional healing coexists with allopathic medicine in South African society (Gilbert, Selikow & Walker, 2010:83). However, biomedicine is still perceived as the dominant system of healing in South African society- seen by the primary health care approach (Blaxter, 2010:12; Schneider, Barron and Fonn, 2007). Flint brings our attention to the difficulties that may arise when "medical pluralism is coerced through the dominance of one medical culture over another" (Flint, 2008:20). She uses South Africa as a prime example by stating that all medical concepts cannot be appropriately translatable, which may lead to the inappropriate treatment being given and frustrating situations for both the doctor and patient. Also, the treatment may be avoided or opposed if it does not tie in with the cultural logic of the patient (Flint, 2008:20). Accordingly, when a medical culture, for instance biomedicine, holds a hegemonic position in society and has the legal privilege to enforce certain decisions, other alternative health practitioners and their practices are sidelined and, as a result, face difficulty in gaining access to state resources and attaining rights to practice (Flint, 2008:20). In addition the South African state recognises and accepts biomedicine and thereby allocates, to a large extent, scientific resources which standardize

the system and puts it at an advantage over other alternative healing systems that do not benefit from such professionalisation and regulation (Flint, 2008:21).

Across the world, complementary and alternative remedies are gaining popularity (Gilbert, Selikow & Walker, 2010; Bendelow, 2009; Cant and Sharma, 1999). In America, for example, it was estimated that Americans, during the early 1990s, were spending \$14 billion on various forms of alternative health care but by 1997, this amount had increased to \$21 billion (McQuaide, 2005:287). And with special reference to Ayurveda there appears to a revivalist phenomenon of the healing practice. Its popularity has been growing steadily, especially in its country of origin, India. In India the number of Ayurvedic hospitals had increased from 252 during 1980 to 2253 in the year 2003 (Islam, 2009:139). So too, Ayurvedic pharmaceutical companies are expanding and increasing their exportations around the world. The past few decades has seen the massive increase in the number of Ayurvedic manufacturing companies (Islam, 2010). In 2002 a study concluded that between 80 and 90 percent of Ayurvedic products such as Ayurvedic medicines, food stabilizers, and health and beauty products were sold by Ayurveda shops, Ayurvedic clinics, supermarkets, beauty parlours, small shopkeepers, and medical representatives (Islam, 2010). This indicates the magnitude and popularity of smaller businesses that promote the system.

As already mentioned above, the systems of complementary and alternative medicine have gained recognition in South Africa, and Ayurveda (one such complementary system that exists in South Africa presently) is progressing along with it. This resurgence of Ayurveda prompted my research, which is a case study of the broader topic of complementary and alternative medicine in South Africa. Subsequently, my research question asks: *What influences people's choice of Ayurvedic healing practices in South Africa?*

There are five sub questions that guided my research which include:

- 1) What are patient's understandings of Ayurveda?
- 2) Why do patients choose Ayurveda over other alternative systems?
- 3) For what types of illness do patients seek Ayurvedic treatment?
- 4) Do patients only use Ayurveda or a combination of healing practices?
- 5) What role does Ayurveda play in South African healthcare?

In South Africa there are currently fourteen registered Ayurvedic doctors, however this number has increased from eight doctors last year (AHPCSA, 2010). This increase illustrates the growing popularity of Ayurveda.

Also, research into why people seek Ayurvedic treatment, in comparison or in addition to other forms of treatment, is important in order to gain a deeper understanding of people's beliefs and health behaviours. This may even influence discourse on how we understand health and possibly incorporating this knowledge into more public or wide-stream initiatives on health. Essential to note is that conceptions of health and illness have differed throughout history and differs between cultures (Blaxter, 2010:31). However, our understanding of health for the purposes of this report is derived from the World Health Organisation (WHO) which, in 1948, announced health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (Blaxter, 2010:19).

This research would form the basis on which more knowledge maybe generated in the realm of Ayurvedic medicine. Biomedicine occupies a privileged status, in contrast to other healing systems, and is the influential form of medicine that is recognised, funded and prioritised by the state (Sharma, 1992:28). As discussed by McDonnell, Lohan, Hyde & Porter (2009), new research interest into illness experiences challenge the dominance of biomedicine, especially its quest for a cure. Researching illness and health experiences and attitudes assist in transforming the philosophies of health which now stress patient centred approaches and holistic models of treatment and care. The seeking of alternative and complementary forms of healthcare allows us to see the influence of culture and may even shed light on more effective self-help and preventative strategies, as well as health promotion (Bendelow, 2009; Gilbert, Selikow & Walker, 2010). Also, it is important to see how social conditions may express themselves through an embodied experience of illness (Kleinman and Seeman, 2002:235). A doctor that is able to understand his patient's explanations and own understandings of illness may be able to even develop a better treatment for the patient (Kleinman and Seeman, 2002:237). Flint sustains this notion by stating that if health practitioners were more attentive to the ways in which various communities understand health and illness, then this could supplement them in developing more effective, culturally appropriate treatments for their patients (Flint, 2008:21).

In addition, while the country faces major problems in terms of overcrowding and long queues in hospitals and clinics, research into alternative medicine may be a possible avenue to refer patients to (McQuaide, 2005). Sharma reinforces this point by adding that in numerous post-colonial societies the existing primary health care systems and hospitals are insufficient and inadequate to cater to the needs of its population. Nonetheless, allopathic doctors still have access to benefits and resources that are generally denied to traditional sectors of healing (Sharma, 1992:28). We ought to be looking into the ideological and practical considerations which inform people's decisions about the types of treatment to seek (Sharma, 1992:30). By investigating individual decisions to use Ayurveda, and within a larger picture to use CAM healing practice, we may discover why complementary therapies are becoming increasingly popular, as well as learn about the cultural processes in which such help or health seeking behaviours are formed and transformed (Sharma, 1992:33).

CHAPTER 2: LITERATURE REVIEW

This chapter explores the relevant theory and research which has guided my research of Ayurveda, in the realm of complementary and alternative medicine (CAM). The several interrelated sections provide knowledge on how medicine has evolved and just how Ayurveda fits alongside the system. We also look more closely at what Ayurveda entails and how research conducted in India, with regard to Ayurveda, compliments my own study. Subsequent to identifying Ayurveda as complementary medicine, medical pluralism and CAM is discussed in greater detail. The illness experience and help seeking behaviour follows next and brings us to the processes of why and how people decide on the type of treatments to use for healing. After that, we examine Parson's sick role and how it forms the basis of help seeking behaviour. The final section on the health belief model accounts for people's help seeking behaviour. Together these topics shape my research and are relied heavily on in analysing the data collected during the study. The first section on medicine's evolution will now be discussed.

2.1 The Evolution of Medicine

As noted by Varma, all schemes of knowledge (whether rational or not) reflect on the causes of an event and "a method to appropriately use the event to their advantage." (Varma, 2006:3606) One may perceive disease as being as old as human kind, thus is the yearning to take care of the disease. Traditionally, humans were unaware of the knowledge of science but were quite perceptive of supernatural blessings (fruits and fish) and curses (in the form of disease), also commonly speculated to be the work of the "devil". Accordingly, they came up with an explanation for disease and often treatment was to "sate the evil spirit." (Varma, 2006:3606). Subsequently, the first stage of medicine was indeed the science of witchcraft and this phenomenon was one that lasted for quite a long period of time (still existing today) (Varma, 2006:3606).

As time progressed and human knowledge amplified, "the curse of the devil spirit as the cause of disease came under scrutiny." (Varma, 2006:3606) During this period Indian scientists formulated a new theory of disease which emphasised that disease was not a curse but rather an imbalance between three systems (Tridoshas), the respiratory, circulatory and digestive system (Varma, 2006:3606). Ayurveda in fact offered a physical, and not mythical

or supernatural, origin of disease. Ayurveda's fundamental achievement was that it established a materialist approach to disease (Varma, 2006:3606). Refer to the section below for more information on Ayurveda.

Turner suggests that notions around health and illness in traditional or pre-modern societies were tied in with beliefs around religion (2000:9). Medical concepts then were concerned with the health of the soul rather than the physical body. Religion, simply put, provided a system of beliefs to explain and even justify illness and suffering (Turner, 2000:10).

However, with the onset of modernization, health and illness became embedded within a scientific discourse and was reflected on in a more secular paradigm (Turner, 2000:10). In the late sixteenth and early seventeenth centuries Western societies underwent a scientific revolution which saw the rise of scientific professional medicine (Turner, 2000:12). Pre nineteenth century conceptions of health and normality had been favour of the notion of homeostasis or balance. However, such balance was between the mind, body and external environment. Ill health prevailed when this balance was disturbed (Blaxter, 2010:7). In the nineteenth century it was discovered that particular diseases could enter the body by specific microorganisms. This discovery transformed notions of the practice of medicine which, in turn, created the biomedical model of health (Blaxter, 2010:12). This model assumed four principles: the doctrine of specific aetiology- that all disease is caused by specific identifiable agents like germs and bacteria; the assumption of generic disease- that each disease has distinct universal features; ill health is a deviation from the normal; and is based on scientific neutrality- illnesses are the result of biological processes and are outside the control of the individual (Blaxter, 2010:12-14).

Nevertheless, the biomedical model was heavily critiqued for its limiting capacities as it failed to locate health and illness within the larger environment. It also failed to account for the experiences and subjective understandings of health for an individual (Blaxter, 2010:17-18). The social model is more holistic as it incorporates biological processes within a social context and perceives the individual as a whole and not a mere machine (Blaxter, 2010:17). The social model views health as a positive state and not merely an absence of disease (Blaxter, 2010:19). This model is crucial to understand people's use of Ayurveda. Today, however, modern medicine has incorporated multiple and interrelated causes of ill health into its discourse (Blaxter, 2010:15).

Modern Western societies have sustained the notion that health differences are biologically caused or that individual lifestyles have contributed to their illness or disease contraction (White, 2009:2). However, there is much consensus that disease is not only caused biologically (or through a specific entity), but is also induced socially (White, 2009:2; Conrad and Barker, 2010:69; Nettleton, 2008:35). A consequence of challenging biomedicine's scientific basis is to query its medical dominance or superiority in relation to other modes of healing. Ironically, however, medicine has challenged the basis of alternative medicines and forms of healing and has deemed them unscientific, and thus wrong (Nettleton, 2008:36). Yet despite the arrival and progression of biomedicine the lay healing practices, herbal remedies, folk medicine and other alternative healing systems from earlier periods have continued to flourish (Bendelow, 2009; Sharma, 1992; Gilbert, Selikow & Walker, 2010; Cant and Sharma, 1999).

While the medical model presumes diseases are universal and remain unaffected across time and context, a social constructionist position would stress how the experience and interpretation of illness is moulded by cultural social structures such as various social interactions, cultural traditions, changing bodies of knowledge and power relations (Conrad and Barker, 2010:67, 69). What is certain, however, is that illnesses have both biomedical and experiential components- and are not just reduced to biological explanations (Conrad and Barker, 2010:69-70).

2.2 Ayurveda

Ayurveda, when translated, means the “science of life” and is an ancient healing practice that is still practiced today. It is said to have stemmed over six thousand years ago (Varma, 2006:3607; AHPCSA, 2010). In India, the country where Ayurveda originated, Ayurveda introduced the notion that the cause of disease was not supernatural but rather physical. This led to an exploration for physical remedies from plants, animals and even the soil (Varma, 2006:3605). However, the experimentations which led to the discovery of remedies, thousands of years ago, did have its limits. Since Ayurvedic medicines are often mixtures of various substances, scientific confirmation of these medicines are sometimes difficult to obtain (Varma, 2006:3607).

The goal of Ayurvedic medicine is to unite and balance the mind, body and spirit which are believed to be strongly linked to all things in the universe (Brannon & Feist, 2000:192). This balance, according to Ayurvedic teachings will help prevent illness and will lead one to happiness and health. Principally, the main aim of Ayurvedic procedures is to cleanse the body of substances or impurities that can cause disease, thereby assisting in restoring the balance (NCCAM, 2009). This system of healing sustains the notion that all beings are derived from nature and are an essential part of the whole creation (AHPCSA, 2010).

Ayurveda aims to “optimize the body’s natural ability to eliminate any unwanted growth or invasion...” (Bendelow, 2009:108). By using natural and non-invasive methods, good health is attained gradually. “If we live in accordance with the laws of nature we will enjoy a healthy life, however if we do not align ourselves to these laws then disease, disharmony and unhealthy conditions set in” (AHPCSA, 2010). According to Ayurvedic philosophy, as cited by the National Centre for Complementary and Alternative Medicine (NCCAM), diseases develop when one is “out of harmony with the universe” and such interruptions could take on various forms such as physical, emotional, spiritual or a combination of these (NCCAM, 2009).

The ancient healing practices of Ayurveda are premised on the classification of people into one of the three main body types, also known as *Doshas*. The *Vata Dosha* combines space and air; the *Pita Dosha* combines fire and water; and the *Kapha Dosha* combines the elements of earth and water (NCCAM, 2009; AHPCSA, 2010). Ultimately, it provides a model whereby each individual has a unique makeup. Thus, treatment for the individual has to specifically address that makeup (AHPCSA, 2010). Ayurvedic philosophy claims that every being is unique through a combination of these *Doshas*, which controls and regulates every psychological and physiological process within them. A balanced state of *Tridosha* creates homeostasis within the physiology of a being and is the root of optimal health. When the balance of the *Tridosha* is disturbed diseases and illnesses may intrude on the person (AHPCSA, 2010). There are particular therapies and medicines for certain diseases and also for health promotion. The understanding that each individual is unique allows the practice to offer explanations as to why one individual may respond differently than another (AHPCSA, 2010). Through examinations, which include observations of bodily characteristics and enquiring about behaviour and lifestyles, Ayurvedic practitioners are able to diagnose patients. Treatment plans may even entail consultations with family members. The ultimate goal of Ayurvedic treatment is to remove impurities and to restore balance which may be achieved through changes in one’s diet and lifestyle. In fact, in order for the treatment to be

effective, all the etiological aspects upsetting the body must be addressed- whether if it is of physical, psychological, social, environmental or cosmological origin (NCCAM, 2009). Ayurveda incorporates a range of healing modalities and these span to include herbal medicine, surgery, psychology, detoxification, rejuvenation, lifestyle analysis, dietetics, spirituality, yoga, meditation, aromatherapy, astrology and relaxation (AHPCSA, 2010). Massage is another important aspect of Ayurveda, which acts as a means of pain relief and improves circulation (Brannon & Feist, 2010:192). Ayurvedic practitioners require their patients to be active participants as Ayurvedic treatment commonly requires lifestyle changes (NCCAM, 2009).

A study conducted by Glynn and Heymann in 1985 focused on factors that influenced patients in Sri Lanka in their choice between Ayurvedic and allopathic medicine. While the study is relatively out of date, notwithstanding that it was conducted in another country, it sheds light on the various structures that encourage people's health decisions and treatment. As noted by the authors, western medicine, in Sri Lanka during that period, was better supported than Ayurveda and was also perceived as more prestigious (Glynn and Heymann, 1985:470). Patients opted for Ayurveda when Western medicine had failed them. In fact, 90 % of the Ayurvedic patients interviewed (deemed "incurable" by western doctors) claimed that they could be restored to health by Ayurveda (Glynn and Heymann, 1985: 471). The doctor they interviewed believed that patients used Ayurveda because of "its long history, its lack of side effects, and its cheapness (Glynn and Heymann, 1985:471). Some patients objected to the utilisation of oil and the bitter taste of some drugs. The doctor believed that a reason for seeking western medicine was because of "its reputation for quick cures." (Glynn and Heymann, 1985:471) Varma confirms this by stating that in India, the marginalised masses "has little to choose between an allopathic and Ayurvedic doctor." (2006:3611). This is because an Ayurvedic practitioner is more available, creates better rapport with the patient and his family, and charges less than an allopathic doctor (Varma, 2006:3611).

According to Varma, Ayurvedic practitioners specialise in treating diseases that are "vague" or "non-existent" to mainstream medicine, like purifying blood, increasing libido, increasing strength or "freshening the mind". However, in all these cases the drugs almost always work. He states that patients with vague complaints are not content with advice against drug use, and doctors are always tempted to prescribe something (Varma, 2006:3608).

Another study conducted in Mysore, South India explored the use of Ayurvedic services and the effect of biomedicine on Ayurvedic practices (Nisula, 2006:207). The results showed that Ayurvedic medicine was a “health reserve” in the urban city Mysore-where allopathic medicine thrives and Ayurveda is rather a substitute healing system (Nisula, 2006:207). For most of the participants, of the study, biomedical treatment was the preference. Patients turned to Ayurveda usually when biomedicine had failed them (Nisula, 2006:207). On the subject of Ayurveda, it was found that health seeking behaviour was influenced by the lack of experience and knowledge on Ayurveda. When asked about the benefits of Ayurvedic treatment, the people of Mysore habitually answered that it did not have any side effects (Nisula, 2006:207). Quite interestingly, the Ayurvedic doctors that were interviewed stated that although they did not use them, they had to display different biomedical equipment in their practices. This was because of their patient’s expectations concerning the effectiveness of Ayurvedic treatment and therapy. “Successful treatment is often associated with a practitioner’s familiarity with technical devices.” (Nisula, 2006:208) However, even as patients expect the doctors to have such equipment and instruments, nearly all of them only consult an Ayurvedic doctor as a secondary resort (Nisula, 2006:208). Because these studies were conducted in India their findings are not generalisable to South Africa. However, due to Ayurveda’s resurgence and influences in India this information may, in fact, bring significant knowledge and awareness to a South African context if we are able to draw on and develop the initiatives that were employed in India.

2.3 Medical Pluralism and Complementary and Alternative Medicine

Gilbert, Selikow and Walker explain that medical and healthcare pluralism refers to the range of medical and healing systems that co-exist, although they are based on different worldviews and offer different explanations and treatment for illness (2010:82). There are two broad groups that exist namely allopathic (dominant in Western societies) and traditional/alternative/complementary medicine. South Africa sees the co-existence of these systems (Gilbert, Selikow & Walker, 2010:83). While the dominance of biomedicine, within the allopathic sector, persists it is frequently challenged by people actively seeking alternate modes of treatment (Gilbert, Selikow & Walker, 2010:83). The Allied Health Professions Council of South Africa (AHPCSA) is a legal health body that controls all allied health professions, including Ayurveda, Chinese Medicine and Acupuncture, Chiropractic,

Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb (AHPCSA, 2010).

Complementary or alternative medicine (CAM) is the term which comprises of the range of healthcare practices and systems, “which for a variety of cultural, social, economic or scientific reasons have not been adopted by conventional biomedicine.” (Bendelow, 2009:105) Due to medicine’s many flaws there has been a demand for new and affective modes of diagnosis and treatment (McQuaide, 2005; Bendelow, 2009; Cant and Sharma, 1999). These therapies, not included in mainstream medicine, have gained popularity since the 1980s and, subsequently, have challenged biomedical power (Bendelow, 2009; McQuaide, 2005). According to McQuaide the progression of alternative medicine informs us that, “elements of postmodern culture have arrived at the door of conventional medicine.” (McQuaide, 2005:289) Cant and Sharma further reinforce this notion as they affirm that even against the background of the pervasive public healthcare funding crisis governments have started to account for the possible role of alternative healthcare (1999:2). Complementary medicine is chiefly utilised by the “well-to-do- middle classes” (Sharma, 1992:18). People are hindered from using complementary medicine due to reasons often relating to its affordability or availability (Sharma, 1992:19). Also, this healing system is used by those who diagnosed with chronic, rather than acute, conditions; for those conditions that upset the happenings of daily life, rather than those conditions that are life threatening; and for those conditions that the allopathic system cannot cure like stress-related and psychosomatic problems, chronic pain, allergic conditions, and musculo-skeletal disorders (Sharma, 1992:24).

Reasons of Cancer patients to seek out CAM were an attempt to enhance the quality of life, to gain power over their lives, to reduce stress and strengthen their immune systems (Bendelow, 2009:111). Similarly, McQuaide notes some of the features of which alternative care includes, such as: greater personal involvement of the practitioner with the patient, more time spent with patients, better interpersonal skills like empathy, dealing with emotions, and better and more understandable explanations of patient’s individual situations (McQuaide, 2005:297). Further perceived advantages, by patients, were that this system of healing is less toxic than other forms of mainstream or conventional (biomedical) systems, as well as providing the patient a sense of self empowerment and control over the treatment (McQuaide, 2005:297). We now turn our attention toward the illness experience and health seeking behaviour which may alert us to why CAM is gaining such popularity.

2.4 The Illness Experience and Help and Health Seeking Behaviour

It is critical to attribute importance to the personal experience of illness as those people, whose lives are affected, to any degree by an illness, are often shoved into reductionist categories by medical practitioners and social scientists (Kleinman and Seeman, 2000:230). First person reports are ultimately a lush resource for understanding their illness and recovery processes (McElroy and Jezewski, 2000: 194). The experience of illness is not confined to only the body of the individual patient but rather extends to the wider household, family or social network. Kleinman and Kleinman assert that experience is “the outcome of cultural categories and social structures interacting with psychophysiological processes such that a mediating world is constituted.” (Kleinman and Seeman, 2000:234). Contextual factors are necessary to consider when accounting for variations in people’s illness experiences (McElroy and Jezewski, 2000:191). The illness experience is not solely restricted to the individual but rather is a product of interacting and interconnected domains, namely the individual (including the person’s health history, genetic disposition, age and sex); the micro-cultural (which is comprised of the person’s ethnicity, socio-economic status, culture, religion, gender, education level and household health management) and the macro-cultural (encompassing the environmental, economic and political structures) domain. These constraints and structures greatly impact on one’s health and illness. However, the factors of class, gender, ethnicity, educational level, age and social capital particularly impacts on one’s susceptibility to illness, access to various forms of health care and the probability of managing or resolving the health concern (McElroy and Jezewski, 2000:192). Culture for instance, a system of learned and collective norms, values and beliefs is an important component in how one defines and attains a state of health, maintains that level of health, and also in treating illness (McElroy and Jezewski, 2000:191).

The study of patient’s beliefs regarding illness, health and medical care allow us to understand different types of illness behaviour and lay referral, especially in instances where ‘non-compliant behaviour’ hinted at differences in patient’s and doctor’s perspectives (Williams and Popay, 2006:122). Illness narratives portray the illness and healing episodes of the ill and also of those who love the affected, through them. Illness is often located not solely within the individual but is also located in their broader social and cultural context- their explanations are sometimes in opposition to the ones offered by biomedicine (Kleinman and Seeman, 2000:237-238). Researching illness experiences and healing strategies allow us to adopt a perspective where we incorporate cultural and biographical realities when

analysing treatment strategies (Kleinman and Seeman, 2000:239). It also sheds light on people's help and health seeking behaviours.

Help seeking behaviour is the decision making process that guides individuals, when they experience ailing symptoms, to seek professional health care - in whatever form that may be (Gilbert, Selikow and Walker, 2010:13). Such decisions, pertaining to what type of health care should be used, are shaped by one's family, the values and their attitudes toward professional health care. Frequently, consultations with the individual's close circle of family, friends or neighbours is the first step in help seeking behaviour. This is also known as the lay referral system where the individual's decision to seek help, for his ailment is informed by his social network. Subsequent to this consultation process the individual may then decide on the appropriate healing system for his ailment (Gilbert, Selikow and Walker, 2010:13). Health seeking behaviour, on the other hand, concerns the actions taken by people, who already believe themselves to be healthy, to detect or avert perceived and probable diseases (Gilbert, Selikow and Walker, 2010:13).

2.5 The Sick Role as the Starting Point for Help Seeking Behaviour

Parsons developed the concept of the sick role which denotes a form of status role that a sick person may occupy for a period of time, during which he can recover from his illness (Parsons, 1975). For one to adhere to the social character assumed by the sick role three criteria must be filled. Firstly, the sick individual as well as others that reside within his social network must accept that being in that state of illness is not the sick person's fault and rather he is a victim of forces that he cannot control. Secondly, while already being blame free from contracting the illness the individual is also excused from his everyday obligations and expectations, for instance resting at home instead of attending to his job. Thirdly, it is expected that if the individual's condition is severe enough that he will seek help from some sort of institutionalised health service agency (Parsons, 1975:262). This help seeking behaviour, for those who find themselves in ill situations, requires that the individual acknowledges that his sick condition is undesirable, and that they will adopt every measure to increase his chance of recovery. If he is diagnosed with a chronic illness then it is expected that the person will resort to the same strategies, except in this case for the proper management of the condition (Parsons, 1975:262). If the individual had to experience cases

of acute illness then the person would adopt the status of the sick role for a temporary period of time. However, the individual must still do whatever is in his power to minimise his sickly duration (Parsons, 1975:270). McDonnell et al consider the sick role as a mechanism that explains how “society regulates illness behaviour through a system that makes explicit social expectations concerning individual behaviour.” (McDonnell et al, 2009:27). Parsons also points out that the individual assuming the sick role is not simply a passive object of manipulation or of their relevant treatment. In fact their acceptance to whatever treatment they are on is active participation of the sick individual (Parsons, 1975:270).

Parsons also argues that medicine is a mechanism of social control, or rather, “a major institution for controlling deviance in modern societies.” (White, 2009:8) Not surprisingly, doctors are the gatekeepers of the sick role. By diagnosing and certifying an illness doctors allow and endorse the sick role. This, in turn, has an impact on individual decisions to avoid social responsibilities like work (McDonnell et al, 2009:27). Sick role behaviour, the actions of people after a diagnosis (either from a health care practitioner or by means of a self diagnosis), entail activities that are oriented toward getting well (Brannon and Feist, 2000:59). Identifying an appropriate healer or system of healing, during particular cases of illness, entails a process of consultation with a span of people (including one’s friends and relatives) so that their eventual decision is heavily influenced by the sick person’s social networks (Sharma, 1992:30). In attempting to understand people’s help and health seeking behaviours more extensively we can make use of the health belief model.

2.6 The Health Belief Model

This social-psychological model presupposes that beliefs are significant influences when considering health-seeking behaviour (Brannon and Feist, 2000:48). It is premised on several ideas which together should predict health related activities. These include: firstly, the perceived susceptibility to the condition or illness (the individual’s assessment of his likelihood of getting a condition); secondly, the perceived severity of the condition (the individual’s assessment of how critical the condition is); the perceived benefits of health enhancing behaviours (the individual’s assessment of how his help seeking behaviour will reduce the risk or the impact of the condition); and finally, perceived barriers to health enhancing behaviours (the individual’s assessment of the various factors that could inhibit his

health seeking behaviour such as the cost and availability of treatment) (Brannon and Feist, 2000:48-49) . With regard to the research that was carried out the health belief model is useful in analysing and explaining the participant's help seeking behaviours and in their evaluations of which healing system to utilise. However, caution must be taken when making use of this model as its organisation is subject to criticism.

The individual centred nature of the model fails to account for the factors, apart from the person's beliefs, that influence health and help seeking behaviour. For instance, interpersonal processes (the lay referral system), institutional factors, community influences, religious and spiritual organisations and public policy also have an effect on health seeking and help seeking behaviours (Brannon and Feist, 2000:57). In addition, some health related behaviours have the capacity to develop into habits that they become habitual- and are ultimately beyond the individual decision making process (Brannon and Feist, 2000:57). The model also fails to consider that people (like children or some elderly folk) are sent to health care practitioners by someone else (guardians looking after them), and as such have a limited choice in seeking health care (Brannon and Feist, 2000:57). Moreover, while the model emphasizes the significance of direct and personal control of one's behavioural options it disregards structural barriers which may hinder an individual's decision, like their socio-economic status and their ability to afford the treatment (Brannon and Feist, 2000:57).

To summarize briefly, by tracing medicine's evolution we are able to see how the discourse and its dominance has adapted over time. Its hegemonic position endorsed various structures through which people were directed to seek biomedical help, during their course of illness. However, in our contemporary pluralistic environment, people practice their agency by seeking alternative modes of healing, for various reasons. Ayurveda is a system that falls in a complementary approach to healing. The illness experience and people's help and health seeking behaviour were important backdrops against which their decisions are made, pertaining to the type of treatment sought for their conditions. Also the use of social theory (Parsons and the health belief model) enables me to locate the practice of Ayurveda, and people's intentions to use Ayurveda, within a social context. Seeking out the patient's illness experiences eliminate reductionist categories and perceptions of the patients as well as allow us to determine why they may opt for Ayurveda.

CHAPTER 3: METHODOLOGY

3.1 Methodological Approach

Since my research required an analysis of the personal experiences and insight of the participants or interviewees that used Ayurveda, it took on a qualitative approach (Strauss and Corbin, 1990:17). This type of research was especially useful as it allowed me to understand the processes behind why people choose Ayurveda as a healing remedy in South Africa (Strauss and Corbin, 1990:18).

A qualitative approach in research in fact requires the researcher to encompass theoretical and social sensitivity, as well as being able to sustain an objective distance from participants yet also being able to simultaneously reflect and draw upon past experiences and theoretical knowledge. Qualitative research also entails perceptive observation, constant interpretation and worthy interactional skills (Strauss and Corbin, 1990:18). In actual fact, the research conducted incorporated all the above mentioned features. As noted by De Vaus, qualitative research embraces an interpretive approach to data which, in my study, focused on the participant's descriptions and explanations of the situations in which they acted (De Vaus, 2001:10). Ultimately this type of approach examined people and their actions within their context- South Africans that chose Ayurveda in relation or isolation to other healing practices. It also established the personal meanings that people brought to their various conditions and circumstances- the reasons behind why they sought and used Ayurveda (De Vaus, 2001:10).

My research was descriptive in nature as it sought to answer the "what is going on" question. Good description is essential in research as it sheds light on the character and features of society (De Vaus, 2001:1). It also allowed me to dispute the already held assumptions about people's health and help seeking behaviours, an important quality of exploratory research (DeVaus, 2001:2). For instance, investigating why people choose Ayurveda as a healing practice in the South African context. Punch contends that the goal of descriptive studies is to collect, organize and summarize information on the subject being studied (Punch, 2000:38). Thus, my research question was descriptive as it asked, "what influences people toward using Ayurveda?"

3.2 Research Instrument

Interviews were my principal means of obtaining primary data. This research instrument was designed to be semi-structured so that the conversation would flow naturally. Secondary data was also used in the form of local newspaper advertisements (refer to appendix.10), books and journal articles on the topic of Ayurveda (Babbie & Mouton, 2001:76)

Three pilot interviews were conducted in sum, before starting the research, to evaluate the efficacy and validity of my interview schedule. Two pilot interviews with Ayurveda users and one interview with an Ayurvedic doctor were conducted. An advantage of interviewing is that it allowed respondents to clarify terms and questions that they did not understand, as well as allowed me to reflect on the actual interviewing process and thereby revise and alter my approach to interviewing (Weiss, 1994:3). My first pilot interview, with an Ayurveda user, made me aware of the limitations of carrying out an interview in a busy public arena, a restaurant. While the location allowed me to establish rapport with the interviewee, by easing her into conversation over lunch, the interview itself was difficult to transcribe due to the additional and disruptive sounds captured on the recorder. As such, my second pilot interview, also with an Ayurveda user, was conducted in the home of that participant where it proved to be a quiet and more private environment where she could disclose her perceptions and illness experiences more freely. The third pilot interview, with an Ayurvedic doctor, made me aware of the need to familiarise myself, more thoroughly, with the questions on my interview schedule as the doctor seized my copy of the questions, before starting the interview, and proceeded to answer the questions on the schedule in a systematic order. However, since the schedule was a mere guide informing the topics of discussion I was able to prompt certain responses to ensure that the required data was obtained. The pilot interviews allowed me to reflect on the experiences, change my tactics and modify my interview questions. Upon analysing and making subsequent adjustments to the interview schedules (as I found out some of the pilot study participants did not fully understand some of the questions asked) I proceeded to conduct twenty seven interviews with Ayurveda users and three interviews with Ayurvedic doctors. The semi-structured interviews involved a list of issues to be addressed but also allowed for more flexibility regarding the sequence of questions asked (refer to the interview questions attached in appendix 2); and allowed the interviewees to speak more broadly, about the topic being discussed around Ayurveda use. This also entailed that the responses given were generally open-ended (which allowed for participants to provide better detail on points of interest) (Weiss, 1994:12-13, 48). My

interview schedules for Ayurveda users allowed for a range of topics to be discussed including their medical history, choices of treatment, access to treatment, nature of complaint; as well as captures important demographic information including race, religion, age and place of residence. The schedules for the doctor's interviews allowed me to obtain data around their levels of education, their training, affordability, and the nature of treatment. Additionally, ethnographic observation was done within the doctor's practices- noting the set up of their rooms and whether the interior hinted at cultural connotations (relating to Ayurvedic practice) or was a combination of both Allopathic practice and Ayurveda.

A tape recorder was used throughout the interviewing process to accurately capture the information given by the participants. Difficulty arose when trying to write and observe the participant simultaneously. However, the recorder was only be used after gaining consent from the participant (Weiss, 1994:53-54). The tape recorder ultimately allowed me to obtain a reliable version of the interview and gave me an opportunity to provide my undivided attention to the interviewee, as I would periodically note the participant's body language and facial expressions (Weiss, 1994:54).

The physical environment of where the interview shall occur is another important aspect to consider as the location may influence the interviewee (Greenstein, Roberts & Sitas, 2003:58). Mills suggests that one must be self reflexive about one's own society to witness it in its contextual surroundings (Mills, 1959:5-7). My research was conducted in Johannesburg as well as Durban, although the bulk of the study was completed in Durban. Upon searching on the internet it was found that Durban contained the highest number of registered Ayurvedic doctors which meant that there would be a large amount of Ayurveda users there as well (AHPCSA, 2010). Also, both Johannesburg and Durban are known to host Indian communities whom may opt for Ayurveda (Naidoo, 2011; Mukherji, 2011). 2.5% of the entire South African population is Indian/Asian. Of these 1,286,930 (the number of Indians/Asians comprising this 2.5%) people just 15% live in Gauteng while 80% of them reside in Kwa-Zulu Natal (South Africa.info, 2012). All the Ayurveda users that were interviewed either presently resided there or were formerly from Durban and all of them Indian which suggests that more of an Indian Durban Ayurvedic community exists rather than a South African one. The interviews were mainly carried out in their homes, or other places that were convenient for them.

3.3 Target Population

In first attracting current Ayurveda users to the research a message was sent on the mobile application *Wats App*, stating the nature of the research and reaching out to those contacts, within my social network (as *Wats App* connects those contacts with numbers already appearing on your phone), that used Ayurveda. Thereafter two participants, that had used Ayurveda, contacted me who were then used as parts of the pilot study. The phone number of an Ayurvedic doctor was found on the internet who I then contacted and interviewed, also as part of the pilot study. As a first step I approached a few Ayurvedic doctors in Durban and Johannesburg, that I had either already interviewed or had intended to interview, and an Ayurvedic clinic in Durban, with participant information sheets (refer to appendix 8), which they had agreed to hand out to their patients. These sheets offered the patients the opportunity to participate in the study and explained the nature of my research and what their participation would entail. If the Ayurveda users were interested in participating then they could have left their details with the doctors themselves. After a period of time (two months) I phoned the Ayurvedic clinic and the Ayurvedic doctors with the intention of collecting the forms. However, at that point they had not collected any details of willing participants. Due to the time constraints, posed by the deadline of the research, this method proved to be ineffective. This then lead me to follow the other sampling technique of snowballing, which at that time, proved to be a more helpful method. In due course the Ayurvedic clinic provided me with the contact details of two of their patients however; at that point I had to return to Johannesburg and thus could not carry out those interviews.

Participants were then approached through purposeful sampling whereby they were selected according to some characteristic, in my study it pertains to people who use Ayurveda. Purposeful sampling, however, may be flawed as it may not be representative of the wider population, due to the subjectivity of the researcher (Black, 1999). Also, the sampling technique of snowballing (through which people, that are relevant to the study, were identified by other people who knew them), was used (Punch, 2000:56). Unfortunately, I had encountered this limitation during my interviewing process. One participant, that was referred to me by another Ayurveda user that I had interviewed, did not in fact use Ayurveda, but rather believed her natural home remedies to be Ayurveda. This drawback was time consuming, not only in the time taken to conduct the interview but also with regard to finding another Ayurveda user. Thus the explicit flawed nature of snowballing became a reality in my study, however this shall be discussed further in the method limitations section below.

Also, being similar to purposeful sampling, there is no way of knowing whether the sample acquired through snowballing is representative of the wider population (Black, 1999). Ayurveda users that were interviewed had used the products or had undergone Ayurvedic treatment within a span of a year. Other Ayurvedic doctors were found on the internet and some were recommended by former Ayurvedic patients, however as we shall see in the limitations section below, I was unable to interview my target sum due to constant rescheduling and cancelling of interview appointments. Overall, since my study concerned patient decisions in opting for Ayurveda, my sample consisted of semi-structured interviews with twenty seven Ayurveda users (out of a total of thirty), and three interviews with Ayurvedic doctors (out of a total of five). I do realise that my research was context specific and therefore I am not able to generalize the findings to a wider context.

3.4 Data Analysis

Upon completing the interviews another crucial question was with regards to how the data was to be analysed (Punch, 2000). I used thematic content analysis, which allows for the descriptive management and presentation of qualitative information, to analyse my data (Anderson, 2007). The qualitative data I had collected from the research participants were converted to interview transcripts. There were two sets of transcripts – 27 belonged to the Ayurveda users and three came from the Ayurvedic practitioners. I worked through each transcript and assigned different codes, pertaining to specific characteristics to the text (Anderson, 2007). These codes were often allocated through the use of different colours to appropriate subject matter. Common topics that were coded (highlighted in appropriate colours) in the interview transcripts, for the Ayurveda patients, included identifying: the demographic information of the participants; their geographic locations (in relation to their accessibility of Ayurvedic and other CAM practitioners); their motives for using Ayurveda; whether they also used other healing systems; their inclination toward the ‘natural’ component in some CAM practices; their experiences and perceptions toward the different healing systems and their respective practitioners; and their perceptions and experiences with Western medicine. Common topics that were coded in the Ayurvedic practitioner’s transcripts included: details about their practices (how long they had been practicing Ayurveda, where they are situated, how many patients they see daily, who their patients are, the set up of the practice); the most frequent conditions that patients consult with them; the

types of remedies or treatments that they commonly prescribe; their relationship with their patients; the problems they face in the practices; and their views on Western medicine. Throughout the process of thematic content analysis I had to assume an objective stance to accurately portray the commonalities among the participants. My own thoughts and ideas about the various subject matters, at that point, were irrelevant to thematic content analysis, and would have biased the coding. Thus interpretation of the data, during assigning codes to the transcripts, was kept to a minimum (Anderson, 2007). Upon completion of coding the transcripts I had to analyse the actual data and convey it to the comprehensive themes found under the Findings and Analysis section of this research report. Together the data formed the themes of: Ayurveda in South Africa, Reasons for using Ayurveda, and the use of Ayurveda in relation to other Healing Systems.

3.5 Methods Limitations

While a qualitative approach does provide one with rich empirical data it does also have limitations (Neuman, 2000:196). With regard to my research I needed to be careful in picking out a suitable sample of participants as the data that was collected could be biased and inaccurate. Initially I struggled to get willing participants. The clinics and doctors that I had initially approached in an attempt to get participants turned out not to be a viable option. After a period of time (two months) I phoned the Ayurvedic clinic and the Ayurvedic doctors with the intention of collecting the forms. However, at that point they had not collected any details of willing participants. Due to the time constraints, posed by the deadline of the research, this method proved to be ineffective. This then led me to follow the other sampling technique of snowballing, which at that time, proved to be a more helpful method. In due course the Ayurvedic clinic provided me with the contact details of two of their patients however; at that point I had to return to Johannesburg and thus could not carry out those interviews. Moving between Johannesburg and Durban to conduct the interviews was also costly and I had to rely on others for transportation.

The sampling techniques that I used were purposeful and snowball sampling which also brought into question the degree of representivity of my participants (Black, 1999). Through snowballing and referral from a previous Ayurveda user, that I had interviewed, I had gotten into contact with another person that claimed to use Ayurveda, however, upon interviewing

her it became evident that she did not in fact use Ayurveda at all, but rather made use of her natural Indian home remedies (which she thought to be Ayurvedic medicine). Another interviewee (contacted through snowballing once more) was elderly (over the age of 80) and could not recall her experiences of using Ayurveda. Such encounters were time consuming and as a result I had to find other interviewees that did actually make use of and remembered the system.

I was very much aware that interviews are time-consuming, especially when a relationship of trust had to be established with participants disclosing information on sensitive matters like their dealings with Cancer. This relationship was critical for rich information to be extracted from the interviewee (Weiss, 1994:11). In a few cases I had to repeatedly meet with patients (due to time constraints, however, this strengthened the rapport between us). Carrying out the interviews was subjective to the availability of participants, a limited amount time to carry out the interviews, and a problem regarding access to resources- transportation was an issue as I had to make plans to travel around Durban (Weiss, 1994). Since the bulk of the interviewing was conducted in Durban I had to spend a reasonable amount of time in the city. Having contacts in both cities made finding participants easier. However, due to other academic commitments I was only able to start interviewing in the middle of November- which I had then completed by the middle of January. Frequently, interviews had to be rescheduled to accommodate the participants. So too, the festive season of December was a difficult period to conduct interviews as many interviewees were on holiday or were preoccupied. Also, difficulty arose in finding available Ayurvedic doctors as some of them were not in the country or were too busy running their own practices to set aside time for the research. Notwithstanding the fact that there are currently only fourteen registered Ayurvedic practitioners in the country and gaining access to them (via websites on the internet) was limited. In a few instances a few of the Ayurvedic clinics, which I had discovered in Durban, were either closed or were not operational, as the Ayurvedic practitioners were not, at that time, in the country .

A further barrier with qualitative research is that the information that is gathered is specific only to one context and therefore cannot be generalisable to the larger community or population (Neuman, 2000:196). Since my research looked at the reasons behind why South Africans use Ayurveda it cannot be generalised to another context. To be more even more critical, since the majority of my participants lived in Durban, I am uncertain whether the findings may even be generalisable to other localities within the country.

3.6 Ethics Appraisal

According to Wassenaar (2006) research ethics are important in order to protect the well-being of research participants. Fundamentally, research ethics are concerned with the maintenance of participant dignity, throughout all stages of the research. An ethical concern regarding social research included the autonomy and respect for people involved in the study. This involved informed consent and the assurance of confidentiality. To ensure this, participants were provided with the relevant information sheets and consent forms – refer to appendices 7 and 4 (Wassenaar, 2006:67). Participant information sheets, which provided information about the purpose of the research, its methods and possible advantages and disadvantages for participants were given out to prospective interviewees (both doctors and patients). The information sheet emphasized that participation in the research was purely voluntary and that participants were free to withdraw from the study at any time.

Subsequently, consent forms were also given to all interviewees before conducting the interview, which they were required to sign. Another consent form, asking permission to use a recorder, was also handed out to all participants. Also, I had explained to the interviewees that only I would hear the recording of the interview when I transcribed it and that only my supervisor and I would have access to the interview transcripts and notes taken during the interview. Since the research was qualitative in nature and generated in-depth, context specific data, I was aware that the participants had the right to anonymity and that the information obtained in research is confidential. Accordingly, in order to protect the identities of the participants, pseudonyms were given to all the interviewees (Wassenaar, 2006:67).

I realised that the participant's personal health beliefs, in some cases, were in contrast to my own so I was careful not to put forth my own biases during the interviewing process. This outlook was crucial and significant in my research as I relied on their information and experiences and I could not allow stereotypes to distract me from the process. Participants were aware of their obligations before the research began. However, they did have the option to withdraw from the study at any time if they so wished to (Wassenaar, 2006:72).

Subsequent to the completion of the research report, the results of the study will be stored for seven years in my home and will not be misused in any way (Punch, 2000:59).

Upon submitting an ethics proposal to the Human Research Ethics Committee (Non Medical) at Wits University, the research was granted ethics clearance on 24 October 2012 (Clearance certificate protocol number: H120917).

CHAPTER 4: FINDINGS AND ANALYSIS

4.1 Introduction

This chapter discusses the findings and analysis from a qualitative account of my research.

By situating Ayurveda within the context of the complementary and alternative healthcare system, it functions as the base for unravelling participants' motivations toward the Ayurvedic system. In this following section the evidence gathered will be unpacked thematically to allow us to understand exactly why and under what circumstances people use Ayurveda in South Africa. As discussed previously, under the Methodology chapter, semi-structured interviews were the primary means of obtaining the data that will be subsequently analysed. Three interrelated themes aid our understanding regarding the health seeking behaviour of people in South Africa in relation to Ayurveda.

The first theme, Ayurveda in South Africa, contextualises the healing practice within the country. The context and availability through which South Africans may access this system provides information regarding just how popular Ayurveda is and what some of the barriers may be to restricting its exposure. Durban, the site where the bulk of my interviews were conducted, was also the location where most of the Ayurvedic doctors in South Africa are situated. This finding suggests that it is also the location where a large number of Ayurveda users would live. Their clientele base is also primarily Indian. This theme explores how Ayurveda is gaining popularity in South Africa, aided by forms of advertising as well as the importation of Ayurvedic products to South Africa. This section discusses Ayurveda, its users and practitioners, within the context of South Africa.

While contextualising this complementary system as well participant's backgrounds are important, it is necessary to also establish just how people get into Ayurveda in the first place. This relates to the second theme of this chapter, Reasons for using Ayurveda. Topics discussed within the theme link to lay referrals; aspects of socialisation where many of the participants had learned about Ayurveda in their childhoods, where the use of natural remedies, containing similar ingredients to those used in Ayurvedic medicine, had been transferred through generations. We also look at the other factors that drive one toward Ayurveda such Indian nationalism - which speaks strongly to Indian lineage; spiritual guidance; advertising; and participant's interest in alternative healing systems. Within this section we also examine the circumstances under which people seek Ayurveda like the

iatrogenesis (damage caused by the medical system) associated with biomedicine, chronic ailments, cases pertaining to non-essential health issues like beautification; as a last resort; and as an alternative to a biomedical procedure like surgery.

The third theme, the use of Ayurveda and Other Alternatives explains the reasons behind why the participants seek out alternative therapy in the first place. Frequently, this is in relation to their disappointments with Western medicine, dissatisfaction with other alternatives, or pure interest in alternative medicine. It is in this theme that we explore why participants opt for Ayurveda as one of their options and what their experiences with the treatment have been. We also explore participant's health seeking behaviour in greater depth by analysing just how they decide on the type of treatments to use pertaining to various ailments. Quite often various combinations of therapies are used. The reasons behind Ayurveda usage are considered in greater depth which extended to it being a natural and faster working treatment than other alternatives, to form part of an Indian pride or Heritage, open advertising and expressions of its success, its claim to use only natural ingredients, and its claim to treat conditions without heavy dependency on medications. Within this section we also explore the reasons as to why patients would be deterred from using this therapy. Also, we find that Ayurveda is used primarily as a complementary system to western medicine, and mainly in attempts of chronic ailments. Within this theme we explore Ayurveda, in greater detail, and its relationship to Western Medicine by evaluating participant's standpoints toward allopathic medicine. While the allopathic system appears to be downplayed repeatedly, participants in fact still resort to it first. However, we find that people's use of Ayurveda and other alternatives actually challenge its hegemony through finding fault in it.

Following each theme, I present an interpretive description, explanation and evaluation of my data for each, respectively. Also, to ensure the anonymity of all the interviewees, pseudonyms will be used.

4.2 Ayurveda in South Africa

This theme contextualises Ayurveda within the context of South Africa. While Ayurveda gains popularity globally in South Africa it is gradually building momentum, as can be perceived by the small number of registered Ayurvedic doctors (currently 14) in the country (Gilbert, Selikow & Walker, 2010; Bendelow, 2009; Cant and Sharma, 1999; AHPCSA,

2010). As such the Ayurvedic doctor's availability and capacity to practice is limited to certain locations. So too, particular locations increase one's accessibility to various forms of health care. As we will see Ayurveda is more prominent in Durban (indicated by the number of doctors practicing there), in comparison to other parts of the country. While Ayurveda steadily begins to grow, through various forms of advertising; the opening of several Ayurvedic clinics; the importation of Ayurvedic medicines and products; the formulations of local Ayurvedic products; and the establishment of Ayurvedic companies in the country, there are still various barriers that oppose its success. This section explores Ayurveda within the South African context, investigates the circumstances under which Ayurveda thrives or fails to do so in South Africa, as well as provides a backdrop as to just who its clientele may be.

4.2.1 A Durban Ayurvedic Community

While the research incorporates the views of Johannesburg and Durban, the bulk of my research was conducted in Durban. Drawing on the Census conducted in 2011, Statistics South Africa notes that 2.5% of the entire South African population is Indian/Asian. Of these 1,286,930 (the number of Indians/Asians comprising this 2.5%) people just 15% live in Gauteng while 80% of them reside in Kwa-Zulu Natal (South Africa.info, 2012). All the Ayurveda users that were interviewed either presently resided there or were formerly from Durban and all of them Indian which suggests that more of an Indian Durban Ayurvedic community exists rather than a South African one.

South Africa's Indian population is quite diverse. Thus the practice of therapeutics is quite varied (Flint, 2008:164). Currently, those that are classified under the racial group "Indian" still retain knowledge of traditional Indian household remedies and continued to consult with Hindu, Islamic and Ayurvedic spiritual and medical practitioners. This occurrence happens despite the history of indentured Indians, especially, being subjected to the "scrutiny and imposition of biomedicine." (Flint, 2008:164). Indian approaches to health and healing were transferred from generation to generation and were reinforced through the continuous influx of new Indian immigrants, despite indentured labour coming to an end in 1910. In reality, the use of household remedies and consultations with Hindu and Islamic spiritual healers were the most accessible and accepted forms of healing during that period (Flint, 2008:164). Very few Ayurveda practitioners survived from the period of indentured labour. Those that

currently practice have either trained in India (the South African born doctors) or have emigrated from India. Therefore, professional Ayurveda has only more recently began restoring itself (Flint, 2008:164).

The historical erosion of Ayurvedic practitioners and, until recently, the declining use of Indian household remedies were the combined consequences of biomedical coercion employed by the indenture system; the refusal of the South African government to acknowledge Ayurvedic practitioners within Kwa-Zulu Natal throughout the late nineteenth and twentieth centuries; the influence and authority of Christianity on Indian converts; the sway of Western-style education; and the ever changing ideas regarding modernity (Flint, 2008:166).

The apartheid regime, which had enforced separatist laws and policies, coupled with biomedicine's dominance created an environment where healthcare was limited to the Black (including the Indian) population- especially that of an alternative nature (Gilbert, Selikow & Walker, 2010:83). Whatever healthcare was provided to them was of a biomedical nature and as such people's access to Ayurveda, for various reasons, were minimal. For instance as explained by Prem (age 76), a senior participant who formerly resided in Pietermaritzburg (also within the borders of Kwa-Zulu Natal), "...there were no such things as Ayurvedic medicines or people practicing that ... If you were in a serious condition you'd have to go to the nearest doctor". So too, another participant concurs with this by stating that there was no healthcare that was readily available in his community in Shallcross, a primarily Black and Indian district within Durban.

"You only had the local clinic. And that was basically it. And baby care. The mothers, the poor mothers used to take their babies there. That was in the township. I lived in Shell cross so the health care that you had to go to was the RK Khan hospital, which was very far away. You had to take a bus from Shell cross right to that place. My mother used it, that's it. We couldn't afford to go to the doctor." (Rajesh, age 54)

In certain instances, as this quote explains, alternative healthcare was unheard of. Furthermore, people could often not afford to travel the distance to get biomedical healthcare offered at hospitals. In such circumstances home remedies were sought, quite frequently containing similar, if not the same, ingredients of various Ayurvedic medications. This is especially true for the older participants (over the age of 60) where healthcare was seldom available in their youth, the only forms obtainable were Western or biomedical and at a

distance from them. As such, they mainly opted for home remedies when ill and only sought a doctor's help when the matter was critical. The younger participants were more familiar with western medicine however they mentioned not knowing of alternative practitioners within their areas, in their youth. While affordability and the availability of biomedical healthcare was previously a problem for some of the participants, all of them had a strong inclination toward natural home remedies. This sprung from their families' resourceful use of such remedies throughout their childhoods. We shall discuss this in greater detail under the theme of Reasons for Using Ayurveda, further in the report.

Currently, as mentioned above, Kwa-Zulu Natal hosts the largest Indian population which, as confirmed by Dr. Mahabir, Dr. Daya and Dr. Ramlall (Ayurvedic practitioners and participants in the study), is the race group that predominantly uses Ayurveda. Accordingly there were far more Ayurvedic doctors, various Ayurvedic clinics and Ayurvedic wellness centres present in Durban than they were in Johannesburg, or anywhere else around the country- determined by an internet search of Ayurvedic doctors in South Africa. This Vedic Vista website showed that there were five Ayurvedic localities in Durban, one in the Western Cape and two in Johannesburg (Vedic Vista, 2011). However, from the research conducted it was found that many clinics and wellness centres also exist around Durban, yet were not found on this website. A few Ayurvedic doctors however do move between Johannesburg and Durban to offer their services interchangeably, but for the majority of time they practice in Durban. In Gauteng there are only two registered doctors that practice Ayurveda (Vedic Vista, 2011). According to two Ayurveda users that lived in Johannesburg, they were not even aware of the doctor's existence. When the participants did decide on consulting with Ayurvedic doctors, they would do so only in Durban. According to the AHPCSA in 2012 there were eight registered Ayurvedic practitioners in South Africa. However, recent data indicates that there are now 14 registered doctors in South Africa at the present time (AHPCSA, 2013). This increase in registered Ayurvedic practitioners indicates the growing status and popularity of Ayurveda within the country. However whether people, that use the system, know of their practices is unknown.

According to Dr. Daya, a registered Ayurvedic doctor that practices in Johannesburg,

It's been tough recently... Though Ayurveda is recognised in South Africa, it's still approved a hundred percent by the government and we as

doctors, we cannot even advertise. You need to have advertising. So we can't advertise... how do you get patients ... it's a new profession.

So although being recognized and accepted in South Africa, by the government, the red tape and formalities around Ayurveda prohibits doctors from advertising their profession and getting on board with medical aid schemes, something which they believe will help their practices tremendously. According to Gqaleni et al Ayurveda had yet to receive a practice number which allows it to be recognised by medical aids (Gqaleni et al, 2007:191). This was documented in 2007 and over five years later the healing system is still in the same situation. The Board of Healthcare Funders is endorsed by the Council for Medical Schemes to issue practice code numbers to all health care professionals that seek reimbursement from medical aid schemes. Ayurveda is still not as yet permitted such practice numbers (Gqaleni et al, 2007:192). The quote above also expresses the difficulty that newly practising and registered Ayurvedic practitioners experience.

Two former Ayurvedic users that now reside in Johannesburg have stopped using Ayurveda or have found other alternatives to it because of their lack of knowledge of available and practicing doctors in the city. Only upon visiting Durban do they seek Ayurvedic treatment, if the need arises (Payal, age 20); Kajal, age 50). To further illustrate the state of Ayurveda in Johannesburg, as compared to Durban, Doctor Daya, practicing in Johannesburg, revealed that she only sees a maximum of between five and ten patients a week, those being her repeated patients, as there is no promotion of Ayurveda within the city. Ultimately people are not aware of it.

...the problems and challenges that we face are major problems and major challenges with Ayurveda. Like if I was a general doctor, a general medical doctor... my clinic here would've been full of patients. Firstly, one [reason] is that it's [Ayurveda] not accepted. Though they say Ayurveda is on the registrar... the government, but it is not totally accepted as a medicine... Now with the NHI coming we're still on the backload.

Accordingly from this statement, not only is Ayurveda marginalised in relation to biomedicine in South Africa, but it is less of a priority among the various medical and health councils. Dr. Mahabir, on the other hand, another Ayurvedic doctor that practices in Durban sees a minimum of eight patients a day. However, he too attracts patients through word of mouth. His frustration, and that of the other registered doctors too, is further fuelled by the flourishing practices of the "unqualified and unregistered" Ayurvedic doctors that advertise

freely in the local newspapers (Mahabir, 2012). These informal practices are also quite popular and freely available in Durban. During the research process I discovered that there were Ayurvedic clinics and Ayurvedic practitioners who are not formally registered but still exercised the techniques and approaches of Ayurveda. According to Gqaleni et al, there are doctors that are interested in CAM and make use of the remedies and philosophical approach but do not seek formal registration. As such, to a large extent CAM practice and expenditure “is probably occurring under the radar of official figures” (Gqaleni et al, 2007:192).

Upon searching for Ayurvedic doctors in Durban I came across one such “informal practitioner”, through the process of snowballing. However, this practitioner was not in Warwick Avenue. This “doctor” ran a small practice at the back of his home and although he was not registered nor had any qualifications in Ayurvedic practice, he referred to himself as an “alternate healer” that practiced a range of alternative therapies, including acupuncture. Although he admitted to not practising Ayurveda according to its philosophy he would nonetheless dispense various Ayurvedic remedies (or what he claimed to be Ayurvedic) to patients seeking his help. The prices of his treatments were relatively cheap in comparison to the other registered Ayurvedic doctors. This informal practitioner sold remedies for no more than R150 per bottle. Whereas, the consultation fees for the doctors that were interviewed ranged from R150 to R550 per hour of consultation, excluding the consumption of Ayurvedic medications that they would prescribe to their patients.

Two participants mentioned seeking Ayurvedic treatment upon listening to a programme on the system on the Durban radio station ¹*Hindvani*. The doctor that was featured on the show was a registered Ayurvedic practitioner who spoke about Ayurveda and went on to advertise his clinic, according to the interviewees. Thus while advertising is strictly prohibited (transgression of this rule may lead to a withdrawal of the doctor’s registration), certain practitioners have avoided such consequences (AHPCSA, 2010).

Numerous participants recalled hearing about Ayurveda through the North Indian channel *Zee TV*, found on the DSTV bouquet which was brought to South Africa in 1996 (Bizcommunity.com, 2010). Popular shows, according to the Ayurveda users, on Ayurveda and yoga piqued their interest in Ayurveda. And while no formal advertising appeared on the

¹ Hindvani is a local radio station in Durban that targets an Indian and Hindu audience (Hindvani, 2009).

channel their interest led them to seek Ayurvedic intervention for their respective illnesses, ailments and aesthetic concerns. Ayurveda is not only promoted on the air or on the television, but is also frequently marketed through print media. Local newspapers in Durban advertise Ayurvedic clinics and also offer advice from Ayurvedic practitioners (refer to appendix 10).

4.2.2 The Supply and Range of Ayurvedic Medicines and Products

While Ayurvedic doctors may be less abundant in various areas of South Africa their products are easily found in various Indian spice and prayer shops around Johannesburg and Durban. During the early twentieth century Indian muthi shops (containing a range of traditional medicines containing Indian remedies and ingredients, sometimes in combination with African traditional medicines) were common throughout the streets of Natal. These shops could offer patent medicines, Ayurvedic medicines, and various Dutch medicines (Flint, 2008:170). These muthi shops would run similarly to biomedical chemists in South Africa by selling their range of remedies, as well as “occasionally offering unofficial diagnoses” (Flint, 2008:170). During this period Indians continued to have medicinal herbs from the subcontinent (India) by growing them in their gardens or buying it from Indian shopkeepers (Flint, 2008:165). At the end of 1997 fifteen Indian muthi shops resided in the Warwick Avenue area in Durban.

In South Africa currently some Ayurvedic practitioners manufacture their own Ayurvedic products in the country, whereas others import them directly from India.

According to Dr. Mahabir India provides cheap labour which is needed for the production of his Ayurvedic products therefore he manufactures some of his own products in India and imports it to South Africa periodically. However, his practice contains a room where he is able to manufacture a few simple products himself. Another Ayurvedic doctor in Johannesburg, Dr. Daya, is able to formulate her own Ayurvedic medicines as she stems from a background in chemistry. The demand for Ayurvedic medicines and products is such that doctors are able to both import and formulate their own creations. Islam (2010) affirms that the commodification of Ayurvedic products in India occurred when big Ayurvedic drug companies portrayed Ayurveda as a symbol of Indian civilization, with revivalist insight.

Ayurveda is not solely restricted to health matters, but rather extends to beautification or aesthetic realm as well. Well established Ayurvedic companies (Himalaya, for example), according to Dr. Ramlall who also works for the Himalaya company, make huge profits each year through their manufacturing of daily grooming items like facial masks, shampoos, toothpastes, fairness and anti mark creams to name a few. Very often the purchasing of these products are not for medical or health needs but rather for concerns with regard to what is considered to be beautiful, for instance slimness and a fair skin colour. According to Islam (2010) the human body, due to global commodification, becomes part of a health and beauty industry where beauty is subsequently a central element of a healthy life. In essence Ayurvedic products have been endorsed as such elements which supplement the maintenance of beauty and health. And while such products are obtainable from an Ayurvedic doctor they are markedly cheaper from other avenues. The popularity of Himalaya products is escalating (according to Dr. Ramlall) as shops promoting their goods are found throughout South Africa. In Durban, for instance, there is a Himalaya counter within an established shopping mall. However, this company relies heavily on the importation of Ayurvedic goods from India, rather than manufacture them locally.

4.2.3 Section Conclusion

To conclude Ayurveda is more prominent in Indian communities within South Africa, or rather where a large number of Indians dwell. More specifically, it's more prevalent in Durban, in comparison to other cities. The increase in the small number of registered Ayurvedic practitioners illustrates the systems progression. However, there are also an unknown number of unregistered practitioners around the city whose practices are successful enough to compete with the fully qualified Ayurvedic doctors. Despite the expansion of Ayurveda, its advancement is prone to barriers around its official procedure. The fact that the system is not as yet viable for practice numbers illustrates its static position regarding official regulations and medical boards. The numerous Ayurvedic products available on the local markets are generally imported from India, creating a global market; however, local doctors partake in their own formulations and manufacturing of the goods and medicines as well. And while advertising is frowned upon weekly articles on Ayurvedic plants and medicines, found in local papers and seen on Indian channels on DSTV, coupled with people's general

mistrust of Western medicine only fuels its popularity (Islam, 2010). This then leads us onto the next section which explores people's reasons for actually using Ayurveda.

4.3 Reasons for Using Ayurveda

This section, drawing from the research, looks at the motivations behind people's use of Ayurveda and their experiences of it in South Africa. There are various reasons as to why people are attracted to Ayurveda, which include: testimonials from others; one's upbringing; a sense of Indian nationalism; spiritual encouragement toward the system; (discussed in detail in the previous section); advertising and the peaked interest in trying alternative systems. These ultimately incorporate the bulk of the section. Also, while it is important to provide a backdrop illustrating the reasons that people use Ayurveda it is also necessary to determine the situations and circumstances under which people decide to use Ayurveda. These include their apparent perceptions on allopathic medicine's iatrogenic effects, their diagnoses of chronic illnesses, in pertaining to non essential health issues such as beauty, their use of Ayurveda as a last resort for illness, and as an alternative to Western procedures. In the following section we explore exactly what influences Indian South Africans toward Ayurveda and under what circumstances that they do so.

4.3.1 Driving Factors behind the Use of Ayurveda

As the heading suggests, this sub section examines the various influences and factors that persuade people to use Ayurveda. These factors consisted of lay referrals through expressions of success with the treatment, being socialised toward an inclination for natural products, a sense of Indian pride, encouragement from spiritual organisations, advertising in newspapers, the radio and on Television, and an interest in alternative systems. These factors did not act in isolation when compelling individuals toward Ayurveda. Rather, various combinations and the interplay of these factors resulted in treatment persuasion toward Ayurveda.

Table 1: Factors Influencing Health Seeking Behaviour of Ayurveda users toward Ayurveda

Factors influencing people's choice of Ayurveda	Number of Ayurveda users
Recommendations from others/ success stories	19
Primary socialisation (natural products)	13
Indian Pride	7
Encouragement from spiritual organisation	7
Advertising	4
Interest in alternative systems	3

N= 27, more than one choice was permitted (Ayurveda users only)

This table illustrates the various factors and elements which pushed people in the direction of Ayurveda. In total 27 Ayurveda users were interviewed. However, as explained above, the participants opted for Ayurveda through a combination of factors. For instance a participant that was socialised into using Indian remedies could also have heard positive testimonials from another user which prompted him to seek Ayurvedic help. Participants were influenced not only by one factor, but rather a range of different factors. As such the table portrays the amount of users that fell into each category, out of a total of 27 users. As evident in the table recommendations or testimonials from others was the main influence of their health seeking behaviours, followed by primary socialisation, the encouragement from a spiritual organisation and a sense of Indian nationalism or pride. Advertisements and a peaked interest in alternative systems were less common factors influencing such behaviour. We discuss each factor in greater detail below.

4.3.1.1 Testimonials and Recommendations from other Users

When asked whether they were content with the treatment they obtained or with products they had used, in most cases (24 out of the 27 participants) the participants were fully satisfied with Ayurveda, always expressing positive feedback. They're own positive experiences along with inspirational stories they had received from others, further persuaded them to return to Ayurveda. And they, as well, said repeatedly that they would recommend it to anyone. However, these patients had first sought the help of Western medicine. Some used them as complementary systems- we shall discuss this point further in the next section, Ayurveda in relation to other healing systems. More incentive was stimulated by the positive

stories of patients (sent home to deal with their conditions as Western doctors could not offer them a cure or useful remedy) that had not just been cured by Ayurvedic medicine, but had a serious lifestyle change which positively impacted on their health. As outlined by the table above, recommendations from others comprised the highest number (19) of people that chose Ayurveda through it. In situations pertaining to life and death, surgery, and the failure of other healing systems (especially allopathic medicine) to treat an illness or condition leave people and families in a state where they do not know where to turn for help. Through positive feedback from others numerous participants opted for Ayurveda as an alternative avenue for their conditions. This decision is influenced by the lay referral system where the individual's decision to seek help, for his ailment is informed by his social network (Gilbert, Selikow and Walker, 2010:13). In turn most of the cases other Ayurvedic patients also have recommended it to others. According to interviewee Kareena, a female participant (age 48),

It's [the experience with Ayurveda] been positive all the way, you know, despite the taste and the cost I would recommend it to anybody... By listening to the positive feedback of other patients will make you want to further your treatment and carry on... If you find an improvement, that will encourage you to go back. I'm sure in a lot people's lives it has value because of feeling good. And because I know I met a lot of patients with eczema problems ... The one lady was covered with eczema from head to toe and she said to me she went for the first treatment... it helped her like 70%-80%. So she still had a bit of eczema left on her arms so she said that encouraged her to come back a year later for another detox and to continue with it so that the eczema improves in her hands as well. So she didn't mind going through that process because it worked for her.

Hearing about the satisfactory results of Ayurvedic treatment is a useful incentive to influence people toward the system, however, actually seeing the progress of other patients further reinforces the individual's perception of the system and their own attitude toward their treatment. Moreover, these testimonials were not solely in the form of spoken praise toward Ayurveda. Sometimes it came in the form of written words that the interviewees found in inspirational books. Reena, a female Ayurvedic patient (age 62) diagnosed with leukaemia (Cancer of the blood) 17 years ago speaks of her experience of when she first turned toward Ayurveda. She uses Ayurveda as a complementary healing system and in fact uses Ayurvedic medicines to combat the toxins that is caused by the chemotherapy

Well I know the defects and ill effects of allopathy and I said no, it's going to be a long process, I rather go more herbal. And I started to read,

and I read some of Deepak Chopra's² books... I'm an avid reader... And I buy very inspirational books... Even when I go to India.... and I've read a lot of success stories of Ayurveda and homeopathy and I decided to try it. And in time I feel I'm being guided toward these products.

Cancer patients often seek out CAM to better manage their chronic condition. However, given the sometimes taxing process that a patient must endure when diagnosed with Cancer (undergoing chemotherapy, being susceptible to depression, enduring negative side effects associated with the biomedical treatment for cancer, being in a painful and stressful situation, the disruption of daily life within a family) being familiar with inspirational stories gives hope to the ill patient (Brannon and Feist, 2000:303-306). Having a “fighting spirit” helps Cancer patients prolong their lives whereas a despondent attitude may result in a shorter life span of the patient. This optimistic attitude is partly the result of testimonials and positive success stories (Brannon and Feist, 2000:289).

A noteworthy point about the power of the testimonial, in written form, is that it does not have to come from within the patient's immediate social network, through the process of lay referral. However, those making the positive statements about the treatments preferably have some degree of status in order to have an impact of the individual's illness behaviour or help seeking behaviour.

4.3.1.2 Primary Socialisation toward the 'Natural'

A large number of participants (13 out of the 27) had been moulded into their respective health and help seeking behaviours through the process of primary socialisation (Giddens, 2001: 28). Various norms and beliefs regarding health behaviours and approved remedies were brewed in the home environment where participants had close ties with their grandparents or parents, whom promoted such methods. While affordability and the availability of biomedical healthcare was a problem for some of the participants, all of them had a strong inclination toward natural home remedies. This sprung from their families' resourceful use of such remedies throughout their childhoods. The family, as a primary institution plays a fundamental role in the socialisation process. Social upbringing entails the

²Deepak Chopra is a famous alternative health practitioner that incorporates Ayurveda into this regimen on wellbeing (The Chopra Centre, 2012)

teaching and learning of certain behaviours, norms and values of the particular community or culture (Giddens, 2001: 28). To be more specific it was during the participant's primary socialisation that they learnt the uses and versatility of natural home remedies (often containing ginger and turmeric powder), frequently passed on from generation to generation. This tradition of opting for natural home remedies first, in spouts of illness, continues to be passed on to the children of the participants entailing a continuing trend for the use of natural substances. Participant Kajal (a female Ayurveda user, age 49) who has a strong inclination for natural remedies states, "Like even for my child... well he's grown up, I would... if he starts getting sick or if there's symptoms I would rather give him something natural before actually taking him to a doctor."

While Ayurvedic doctors were not previously available in South Africa, a lot of the participants claimed that their usage of natural home remedies, in itself, was Ayurveda. This tradition originated from the period during which indentured labour was prominent in the country. Indian approaches to health were passed down between family members, through the generations and such approaches were continuously reinforced through the influx of new Indian immigrants that entered South Africa thereafter (Flint, 2008:164). Even during the mid twentieth and twenty first centuries Indian South Africans preserved and used several remedies that were originally from India (Flint, 2008:165). Participants, in this study that used Ayurveda, felt that because some of their remedies had common ingredients of Ayurvedic medicine, they believed that the remedy then was, in fact, Ayurvedic. This type of thinking appears to have a sense of Indian lineage where knowledge of Indian remedies have been passed on through generations and have been interpreted to be Ayurvedic remedies.

The younger participants (in their mid twenties), although having knowledge of alternative healing systems, were also more familiar with western medicine. However, they mentioned not knowing of alternative practitioners within their areas, in their youth. Although the younger participants expressed their fondness of natural remedies quite often their first resort, during illnesses, were medical doctors. For the older participants alternative healthcare was seldom available in their youth (the only forms obtainable were western and at a distance from them). As such, they mainly opted for home remedies when ill and only sought a doctor's help when the matter was critical (when the remedies failed and the child got severely worse). Interviewee Sheela (female, age 52) mentioned that her parents would,

take us to doctors and GPs when there was a condition like an injury. In my case, I was hit with a scissor that went into my head, so in that case I saw a doctor. I also had Rheumatism when I was nine or ten years old and I went to a doctor...and maybe sometimes for flues and colds when they just got too much and the temperatures were high and so on...then we'd visit the doctor.

However, in cases where her flues were milder she would opt for natural home remedies. The participants were able to cite the benefits of their home remedies (often praising its natural composition) and habitually seek them first when ill. However, many also use their remedies in tandem with prescription Western medicine.

4.3.1.3 Indian Nationalism

While some (7 out of 27 participants that used Ayurveda) felt that the use of Ayurveda was in part of building a strong Indian heritage, others felt that their use of Ayurveda was not for that reason. However, those that felt such a heritage had close ties to India and either sought treatment in the country, or plan to do so in the near future. Reasons given were that they had already received successful treatment from the India born doctors and wish to obtain further results; to experience the clinics in India and see whether they differ from the ones in South Africa; to try detoxification programmes that “add ten years to one’s life” (Rajesh, male Ayurveda user, age 51); and to determine whether their experience in India will yield better results than those obtained in South Africa. Those that had visited Indian clinics had enthusiastically expressed their experiences, claiming that the medicines and products were far cheaper there than in South Africa. A few participants would stock up on Ayurvedic products, on their trips to India, that would enhance their immune systems. Interestingly, despite some of the doctors in South Africa coming from Kerala, some participants felt that their treatment in India would be much better as they would be more ‘serious about it’. Asha (female Ayurveda user, age 52) strongly states,

I think we're so influenced by Western culture and we, who're supposed to be coming from the east, have moved so far away from our own. We're supposed to be the first going to eastern medicine, but we don't. And I think if we lived in India then it'd be a different situation. Because there I think ... all the pharmacies are Ayurveda. Everywhere you turn it's only Ayurveda medication. And that's what they live and they survive

It appears as though South Africa, despite hosting a plural healthcare system, is still very biomedically oriented. India, on the other hand, seems to the participants to encompass a culture of Ayurvedic healing which is desired by many users.

4.3.1.4 Encouragement from Spiritual Organisations

While religion, always Hinduism, was important to all interviewees it was predominantly their spiritual path that led them to use Ayurveda, or other natural medicine. According to the interviewees, books written by spiritual masters or leaders spoke of the benefits of using these products and were often promoted in certain spiritual centres. This is clear of the power of a religious institution to impact on people's choices. In Asha's (age 52) case both she and her doctor had the same spiritual master which made it easier for her to relate to him. And since the doctor held an office position that time, in their organization he would frequently give talks about the properties of Ayurveda and made it relate to every aspect of their lives. In many instances the interviewees were quite fond of the Ayurvedic doctors. They were deemed to be very compassionate, caring and would go a little bit beyond just seeing them as a doctor.

4.3.1.5 Advertising

This factor was covered in greater detail in the section above so we shall briefly elaborate on it. The weekly articles on Ayurvedic plants and medicines, found in local papers in Durban and seen on Indian channels on DSTV, coupled with people's general mistrust of western medicine only fuels its popularity. The natural element (largely boasted about in advertisements) found in Ayurvedic medicine is greatly appealing for people who do not want biomedical toxins and side effects. The various avenues of the media attract prospective patients, although as the research suggest, not in vast numbers. Out of the 27 patients only four had heard of Ayurveda through an advertisement - either seen in the newspaper, announced over the radio, or seen on an Indian channel, *ZEE TV*.

4.3.1.6 Interest in Alternative Systems

Participants also opted for Ayurveda as another alternative in the list of alternative healing systems, particularly those that had a more natural composition and were perceived to have no side effects. Three participants who chose Ayurveda for this specific reason were also familiar with other alternative systems like homeopathy, reflexology and acupuncture. However, these participants had also come about the system via other routes such as being socialised into the natural realm of Indian home remedies, hearing success stories of former users, and through encouragement from their spiritual organisations. As Shiela (a female Ayurveda user, age 55) states,

I just believe that, when it is natural, it works for me and my body and therefore I would use the natural way. I also kind of seek alternative help and therapies in terms of dealing with my emotional and mental stresses and issues. I have found that psychologists...have not been able to assist me with my difficulties...So there are various [alternative] processes that I've used that have helped me...I think the healing for me has to do with my spiritual growth, it's my emotional healing, my physical healing, my mental healing. It's all of my healing and that's what I get from alternative therapies.

The decision to use any form of alternative or complementary medicine goes beyond the need for relief from physical discomfort and pain brought on by the person's illness. CAM use is also additionally decided upon through its connection to holism, the mind-body-spiritual connectedness, energy flow and cooperative healing (Stratton and McGivern-Snofsky, 2008:128). For those three Ayurveda users that had a strong interest in alternative therapies, after they had first tried one form of alternative treatment and upon deciding that the alternative system of healing was better suited for their needs (in contrast to the allopathic system), they decided to try other forms of alternative therapy. Such decisions were part of attempts in trying to determine what the best type of therapy would be for any particular ailment or condition for them or because their peaked interest in alternative therapies kept persuading them to discover new therapies that they had yet to try. To develop this point further I shall once again refer to Sheela, quoted above who first tried natural alternative therapies (in the form of Aromatherapy) when she could not fall pregnant. Subsequent to falling pregnant she adhered to alternative treatments and therapies which have included aroma therapy, reflexology, iridology, Ayurveda, and other person centred therapies which include *The Secret* and *The Journey* to help her with emotional difficulties. To further explain why people choose and have faith in alternative therapies Sheela explains,

I trust it [alternative therapies] because it is in alignment with my biological being. I trust it because it is in alignment with nature. I think it's in alignment with, how can I explain it, with the universe and what I want, in terms of just being one with nature and the universe...and that works for me

This factor will be discussed further in the following section, the use of Ayurveda in relation to other Healing Systems.

4.3.2 Situations Alluring People toward Ayurveda

Within this section we analyse the various situations and circumstances for which people turn to Ayurveda, as a complementary system. Such situations arise when people have a distrust of Western medicine, are diagnosed with chronic ailments, as part of their beautification procedures, when they are diagnosed with life threatening conditions, or if they seek an alternative to western procedures. Once again participants used Ayurveda for a multitude of situations.

Table 2: Instances in which people opt for Ayurveda

Situations that encourage Ayurveda use	Number of Ayurveda users
Perceived side effects of western medicine	19
Chronic Ailments	16
Beautification	8
As a last resort	5
Seek alternative to western procedure (surgery)	4

N=27, more than one choice was permitted (Ayurveda users only)

This table represents the various cases where people in South Africa may decide on Ayurveda. As mentioned above there are numerous instances where participants in this study felt the need to use Ayurveda, and often did not use it for just one issue or condition only. In some instances participants would use Ayurveda to remedy their chronic illness, yet at the same time use certain beauty products. Noticeably, the perceived iatrogenic effects of allopathic medicine deterred the Ayurveda users from using the Western system and instead they opt for the more naturally portrayed and side-effects free system of Ayurveda. Chronic or lifelong illnesses were the second highest reason for obtaining Ayurvedic healthcare. Buying Ayurvedic beauty products were common among female participants. While

Ayurveda is frequently used as a complementary health system to allopathic medicine there are also life or death circumstances where people seek its treatments, as a final attempt to prolong one's lifespan or to seek an alternative to an allopathic procedure, like surgery. We will discuss each of the circumstances, outlined in the table above, for which participants chose Ayurveda.

4.3.2.1 Perceived Side Effects of Western Medicine

A large number of the participants that used Ayurveda in the research (19) chose Ayurveda based on the iatrogenic or side effects of Western medicine, as well as any inefficiencies that they perceived allopathic medicine to have. According to Neetha (an avid female Ayurveda user, age 47) when questioned about her response in the incident of an accident where Western medicine may be the only option for immediate treatment,

I really worry about that [being in an accident] because I'm scared to go to the hospital and stay because they take out the wrong parts ... Now it's like they're reading the charts wrong. Like in Phoenix hospitals, Mahatma Gandhi hospital you hear the stories like where they're supposed to operate on the left leg they operate on the right leg, you know. Is that scary or what? ...I'm scared of Western medicine because I see so much of side effects and now there's this trend, you know... People as young as 20 or 30 are going for pressure tablets and sugar tablets. And I don't want to be like that. They get a whole packet of medication and stuff. How many can you take for the day? And then my mother in law was living with me. She gets running stomach because of taking too many tablets, or she gets constipated... So I don't want to rely on medication like that.

This fear of being dependant on allopathic medication resonated among other participants as well. Reena (female Ayurveda user, age 62), for instance described her late siblings as being "pill poppers" who were over reliant on allopathic drugs and attributes their early deaths to that. Since she is already on chemotherapy for her cancer, she aspires to avoid unnecessary side effects and toxins which she believes comes from Western medicine. Kamal (male Ayurveda user, age 27), despite using the Western medical system primarily for his ailments, and resorting to alternative remedies as a secondary option, was wary of the side effects found in allopathic medications. As a precautionary measure he would read the inner pamphlets, found within the packaging of allopathic medications, which listed the potential side effects

that were associated with the medication. However, Western medicine remains his primary avenue of healing.

4.3.2.2 Chronic Ailments

Quite often Ayurveda is a complementary source to those that are ailed with chronic conditions. Chronic conditions are lingering and result in death after a protracted period of illness (Brannon and Feist, 2000:295). Participant's perceptions were such that they feared the effects of being on lifelong allopathic medication. They opted towards an alternative which had a lower level of toxicity in its composition and that did not have side effects. Reena (female Ayurveda user, age 62) diagnosed with leukaemia 17 years ago speaks of her experience when she first turned toward Ayurveda. She uses Ayurveda as a complementary healing system and in fact uses Ayurvedic medicines to combat the toxins that are produced by the chemotherapy,

I take Levec [Western medication] for the chemo itself and I take Liv 52 which is an Ayurvedic alternative to combat the toxins that's caused by the Levec, I have that twice a day, and I have Trifilla which is a herbal medicine that also removes the toxins from the tissues because as you know all allopathic medicine eventually harms the body...I know the defects and ill effects of allopathy and I said no, it's going to be a long process I rather go more herbal. And I feel very positive about it. I feel these are not overnight, like scientists finding some cure for you. And in curing one thing they damage something else. But Ayurveda is a wholesome sort of treatment.

She goes on to say that the

Benefits are it doesn't build up toxicity in your body, which is the normal that allopathic medicine does. If you're taking something for the kidney it damages your liver, if you're taking something for your liver it damages your kidney. And our tissues itself gets filled with a lot of toxic things. You always have to detox and things like that. But Ayurveda doesn't have that. You know you can go with a very clean mind that this thing won't harm you in any way. And this is why I'm taking it

Reasons of Cancer patients to seek out CAM were an attempt to enhance the quality of life, to gain power over their lives, to reduce stress and strengthen their immune systems (Bendelow, 2009:111). For those users, in this study, diagnosed with chronic disorders the prevention or

combating of side effects and toxins, contained within allopathic medicine, was incentive enough to use Ayurveda. For a diagram on the treatment decision making process for people that are diagnosed with chronic conditions, refer to figure 2 below.

4.3.2.3 Beautification

As we have seen earlier Ayurveda also goes beyond the scope of just treating ill health. Its range of products spanned to include that of beauty products. Participants, in the study that used Ayurveda, again stated to like its natural element, instead of the many chemicals found in Western products, and claimed to see positive effects from it. Products like masks, shampoo, beauty pills, and fairness creams popped up as popular Ayurvedic beauty products used. Also these products are readily available from the same shops selling other Ayurvedic products, and being much cheaper than popular Western ones. Some participants stated that these masks could also be made of household items which were readily available to them and they were subsequently in favour of these products. All participants that used such products were pleased with the results. According to Islam (2010) there has been an increase in female oriented Ayurvedic natural products in modern Indian societies that embodies beauty concerns. When participants compared it to Western brands they expressed that the Western products were too expensive and did not have the desired effects on their skin, some even broke out in pimples, something they were initially trying to get rid of. This is especially true of female participant Diya (age 21) who stated,

I'm no fan of Western products because of my past [bad side effects after being prescribed treatment by the dermatologist] ... Now regarding my skin type, it's sensitive, so as I tried different [Western] products, they did not agree with my skin due to its sensitivity and um I think certain products had alcohol in it and it just did not agree with my skin. As I mentioned, for the exfoliator, though I did use it daily, it wore out my skin and made my skin feel raw...

The expansion of Ayurvedic cosmetic industries has meant that people consume these products for beauty purposes rather than health concerns. Ultimately Ayurvedic awareness has now created new ideals of what should be considered to be beautiful, for instance the range of fairness creams that equate beauty with whiteness (Islam, 2010). From the research that was carried out it seemed that participants first sought Ayurvedic help in assistance of a health problem and were later introduced to the beauty treatments. Diya, cited above was the only participant, however, that used Ayurveda primarily for beautification purposes.

4.3.2.4 Ayurveda as a resort of desperation

We have already discussed the relevant literature with regard to why people may seek complementary and alternative systems. To list a few reasons we may include attempts to enhance their quality of life, better manage their illness situations, avoid the iatrogenic effects of biomedicine, and seeking the system according to cultural beliefs and lay referral networks. (Bendelow, 2009; McQuaide, 2005; Cant and Sharma, 1999; Gilbert, Selikow & Walker, 2010). However, at times it is also sought after to make a person's death more comfortable, as found in the study. Female interviewee Asha (age 52), turned toward Ayurveda when her husband was diagnosed with cancer at a late stage.

But it [Ayurveda] wasn't something that interested me, but suddenly when we got to the point when Rocky [her husband] got very sick [Cancer], and we realised that the doctor said there's no more hope. And that's when you start grasping at straws and start looking for anything that's going to help and if you know that it's something that's incurable you want to get some kind of quality life to the patient

She went on to list the various therapies they had tried and mentioned,

It's more to do with relaxing rather than give him more medication...because it's pain management at the end of the day and all those things were actually supplementing the actual medication because we got to a point where Rocky was on Morphine. So that was his pain killer and even that wasn't working, it wasn't helping because the pain was so severe and there was nothing much they could do. And um that's when we got into Ayurveda... We started it [the Ayurvedic treatment] very late...We were grasping at any help, at that time. Looking for anything that would give him any comfort from that pain

It becomes clear that with the diagnosis of a fatal condition that people will try any remedy in attempts of offering palliative care to their loved ones.

4.3.2.5 Ayurveda as an Alternative to an Unwanted Allopathic Procedure

Its continuous advancement and development of new technologies to tackle forms of illness and disease has allowed Western biomedicine to retain its hegemonic position, through which people are frequently directed to seek biomedical help, during their course of illness (Blaxter, 2010). However, people constantly challenge biomedicine's dominance in their search for alternative remedies. Many people are moving away from this Western treatment due to their disappointing results with it, side effects, controlling persona, cost, and somewhat disappointing ability to fully cure patients without harming them (Gilbert, Selikow & Walker,

2010). Four participants opted for Ayurveda in an attempt to avoid Western treatments and procedures. Female participant Kajal (age 59) opted for Ayurveda 15 years ago after being medically diagnosed with endometriosis, a painful lifelong condition with no cure where the tissue, that normally lines a woman's uterus, grows outside her uterus (Mayoclinic.com, 2013). Since the pain was unbearable and required lifelong treatment (the removal of her womb) there remained a chance for the endometriosis to return. This procedure where her womb was to be removed was something which she was unprepared to do, therefore she sought alternative help. This sense of reasoning is in line with the literature whereby patients opted for Ayurveda when western medicine had failed them and where they were deemed "incurable" by Western doctors (Glynn and Heymann, 1985: 471). Where Western medicine falls short Ayurveda offers to treat successfully and without the daily dosage of pills (Pills were part of the allopathic prescription to remedy her disorder). Participants in the study did not want to be on medication for the rest of their lives. Ayurveda offered them an alternative to this, a natural one. For instance, in the case of Payal (diagnosed with polycystic ovarian syndrome³) biomedicine asks the patient to be on a contraceptive pill all her life- something the patient was not keen on due to the side effects of the pill. Ayurveda on the other hand, assisted with a detoxification treatment and massages, and medication for a week solved the problem.

4.3.3 Section Conclusion

To conclude there are various structural factors which influenced the participant's decision to use Ayurveda. Frequently, participant's decisions were not restricted to a sole category but rather came from a multitude of other factors. Participants used Ayurveda through interconnected systems such as their social upbringing, lay referrals, negative perceptions of Western medicine and a peaked interest in alternative systems, and a sense of Indian pride. We also discussed the various circumstances under which people may choose Ayurveda. These circumstances were not limited to single events. Rather, participants would use Ayurveda for one ailment, and upon receiving satisfactory results, would use Ayurveda

³Polycystic ovarian syndrome is a chronic condition where cysts form along the outer edge of the ovaries and impact on a woman's chances of falling pregnant (Mayo Clinic.com, 2013).

again for other purposes. The following section discusses Ayurveda in relation to other alternative systems.

4.4 The Use of Ayurveda and its Relationship to Other Healing Systems

This section explores the relationship between participant's uses and combinations of various alternative healing systems, in addition to Ayurveda. Through analysing just how participants select their preferred choice of treatments we delve further into understanding their health seeking behaviours. Frequently we find that various combinations of therapies are used to treat or respond to ailments. Within this section we also explore why Ayurveda is used as an option in relation to (allopathic and other alternative) healing practices as well as determining the reasons why patients may be discouraged from using Ayurvedic therapy, and rather opt for another healing system in its place.

4.4.1 Processes Establishing Healing System(s) Suitability

As a general rule participants, in the study, felt that they had been let down by allopathic medicine often sought the help of alternative medicine, and not just that of Ayurveda. Participants had tried a variety of resources in attempts to heal themselves and these spanned through Reiki, Reflexology, Acupuncture, various Massages, Yoga, Homeopathy, Aromatherapy, Faith Healing and Prayer. Although, none of the participants ever sought the help of African traditional healers despite the severity of their situations- which always prompted them to “grasp at straws”, according to Asha (age 52) (whose late husband was diagnosed with Cancer and subsequently looked for alternative treatments to prolong his life as well as offer him comfort before his death). Some of the participants used a number of alternatives because of their interest in alternative treatments, while others opted for other avenues when they were not satisfied with their previous attempts. However, while all participants preferred natural medicine to the ‘toxic’ Western medicine (stated by several participants), in certain instances allopathy was their first response to ailments. So too the availability of doctors is a further downfall and is an influential factor when determining which health system to seek. While they may be more Ayurvedic doctors in Durban, in Johannesburg they are less so. Former Ayurvedic patients now living in Johannesburg do not seek Ayurvedic treatment as they do not know of any Ayurvedic doctors that practice within

the city. However, as was discussed in relation to the Ayurvedic scene in South Africa, this uninformed conception is partly due to the doctor's inability to advertise their practices, or due to the doctors being far out of their proximity. As such they return to allopathic methods or other alternatives that they had been familiar with.

Table 3: Usage of different or combined healthcare systems

Western primarily, Ayurveda secondary	Ayurveda primarily, Western secondary	Other [non Ayurvedic] Alternatives primarily	Complementary (Alternatives + Western)	Total
3	2	8	14	27

N=27 (Ayurveda users only)

Table 3 illustrates which systems of healing participants use and opt for in their initial response to ailments. Strongly noted is that the majority of participants adopt a complementary approach to healing where their methods include a combination of both allopathic and alternative (always natural) medicine. A fraction of the participants opted for Western medicine as the primary source of healing (three participants) or Ayurvedic medicine (two participants). Some participants preferred Ayurveda over the other alternative forms because it gave them better results and was a quicker working treatment than the others, yet not as quick as Western medicine. Islam (2009) confirms this finding by asserting that Ayurvedic treatment aims for long term cures without instant relief from the symptoms. Allopathic treatment, on the other hand, provides immediate relief through its prescription of strong medicines (Islam, 2009). In comparison to other alternative systems used by participants some claimed that Ayurveda was preferred due to its fast working nature and its 'natural composition' that has no side effects. There are several ways through which participants decide on their choice of healing system, depending on the type of illness that they are faced with, as illustrated by the following diagrams.

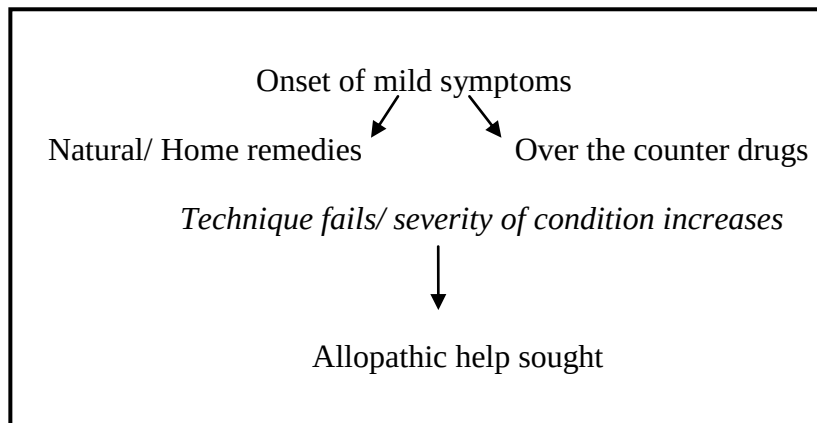


Figure 1: Treatment deciding process for mild ailments/acute conditions

The figure above represents the process for which the appropriate help seeking behaviour is determined for Ayurveda users in the study, relating to common or mild cases of illness such as flu. When the individual experiences mild symptoms of illness she/he will either decide on the use of natural or home remedies, or will immediately decide on easily accessible over the counter drugs. If however, for both options, the attempts at self healing fails or the severity of the condition intensifies (for example a persisting fever) then professional medical help is sought. This decision making process can be related to Parson's concept of the sick role which denotes a form of status role that a sick person may occupy for a period of time, during which he can recover from his illness (Parsons, 1975). Ultimately, the sick role is the starting point for illness and help seeking behaviour for the Ayurveda users in this study. By assuming the status of the sick role participants embark on a decision making process regarding their treatment options, and is expected to do whatever is in his power to minimise his sickly duration (Parsons, 1975:270). As depicted in figure 1 which illustrates the participant's treatment deciding process for cases of acute illness, the person may only assume the sick role for a temporary period of time. However, during this period the person is not simply a passive object of manipulation but rather is an active participant in deciding on the type of healing system to use, as well as adhering to the treatment (Parsons, 1975:270).

The health belief model is also useful in explaining participants' health and help seeking behaviours. It is premised on several ideas which together should predict health related activities. These include: firstly, the perceived susceptibility to the condition or illness (the individual's assessment of his likelihood of getting a condition may impact on his decision to seek biomedical screening tests); secondly, the perceived severity of the condition (the individual's assessment of how critical the condition is allows the participants to determine

which healing system to utilise. Quite often participants would jump between health systems depending on the severity of their conditions. For milder cases they would use alternative remedies and for more severe cases they would resort to allopathy; the perceived benefits of health enhancing behaviours (the individual's assessment of how his help seeking behaviour will reduce the risk or the impact of the condition); and finally, perceived barriers to health enhancing behaviours (the individual's assessment of the various factors that could inhibit his health seeking behaviour such as the cost and availability of treatment – the high costs of Ayurvedic therapy meant that participants could not adhere to the treatment) (Brannon and Feist, 2000:48-49) .

For example, Prem (male Ayurveda user, age 76) initially mentioned using natural remedies first, however, as the interview progressed we learn that he also uses Western medicine to treat himself if his condition worsens,

Well if it's a headache or so I might take a common headache powder or pill... And if it's sinusitis I'll try going to the chemist and get my sinusitis medicine..., or some inhaling salts that you put in hot water. But if it becomes too severe then we have to go to the doctor.

Similarly 21 year old Suneetha (female Ayurveda user) mentioned that “if I have a cold I do a lot of steaming with aromatherapy oils and stuff, and again ginger milk for colds and everything”. However, she also consults with Western doctors “to get treated for colds and flues and other medical things that you can't be cured with natural remedies. If it's serious stuff and you have to see medical attention.” In addition, allopathic attention is the primary response to clinical urgencies that require immediate medical care, such as being in an accident or requiring surgery. All the respondents concurred that they would seek allopathic help if they were in such situations, although some did say so reluctantly. When asked about her reaction if she were to be in an accident Neetha (age 47) responded, “... honestly I hope to God, you know, that I won't be in a situation where I or my family will be forced to go in for something [to the hospital]”, due to a fear of the perceived negligence and iatrogenic effects that she may encounter.

In the previous section we discussed the reasons and circumstances which motivated people toward Ayurveda. The diagnosis of chronic illnesses greatly influenced people in their use of Ayurveda. The following diagram illustrates the deciding process (of which healing system to use) when participants are first diagnosed with a chronic illness. If a person is diagnosed with a chronic illness then it is expected that the person will resort to the same strategies of help

seeking behaviour, except in this case of chronic illnesses it would be for the proper management of the condition (Parsons, 1975:262).

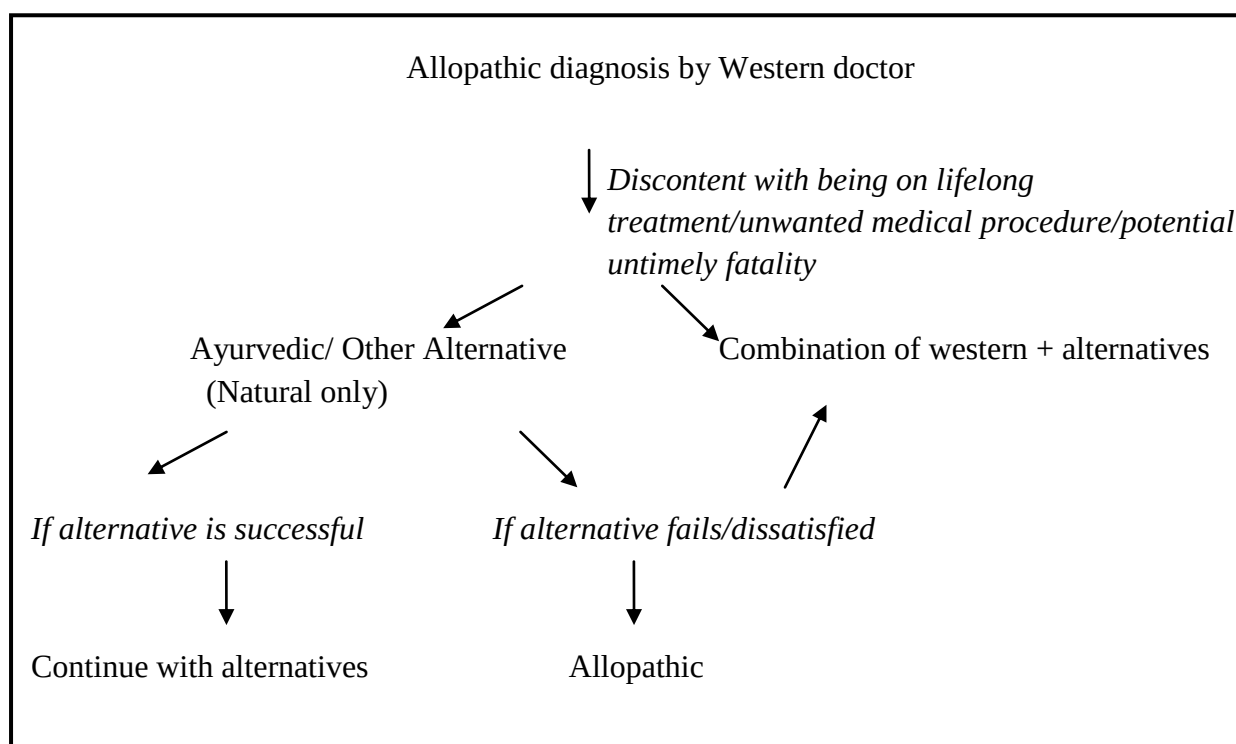


Figure 2: Treatment deciding process for people diagnosed with chronic conditions

For those 16 participants who were either diagnosed or had to support a family member who was diagnosed with a chronic ailment, the diagnosis was done by an allopathic doctor. Sick role behaviour, the actions of people after a diagnosis (either from a health care practitioner or by means of a self diagnosis), entail activities that are oriented toward getting well (Brannon and Feist, 2000:59). Parsons asserts that medicine's role as a major institution is to control deviance in societies. This deviance is in the form of illness (White, 2009:8). However, due to the lifelong and life-shortening nature of chronic illnesses and disorders as well as, in some instances, the disapproval of an unwanted medical procedure (to rectify the disorder), or discontent with perceived side effects from allopathic medicine, patients in the study would either seek purely Ayurvedic/alternative treatments or would treat their conditions through a combination of allopathic and alternative remedies (use a complementary system of healing). Identifying an appropriate healer or system of healing, during particular cases of illness, entails a process of consultation with a span of people (including one's friends and relatives) so that their eventual decision is heftily influenced by the sick person's social networks (Sharma, 1992:30). As was already explained in the

literature review one's experience of illness, their access to various forms of health care and their probability of managing or resolving the health concern is greatly impacted on by factors like their class, educational level, age, social capital and gender (McElroy and Jezewski, 2000:192). As shown by the participants in the study their class position determined their ability to afford Ayurvedic treatment, however, the costs of the therapy were often too high and thus many participants had stopped the treatment. So too, the availability of support from their social networks headed them in the direction of Ayurveda through lay referrals. Participant's ages and genetic disposition to disease were other factors impacting on their illness experiences. If the alternative therapy provided satisfactory results to the patients in the study then they would continue with the alternatives, if the affordability of the treatment was not a concern (we will discuss this in greater detail below). However, if the alternative therapies, on its own, failed to provide relief from the condition, or if the patients were dissatisfied with its inability to completely remedy the patient's concerns then she/he would then turn back toward allopathic medicine or would continue seeking other complementary systems combining Western medicine with a natural alternative system.

Kareena (age 48), close to being diagnosed with osteopenia⁴ (according to her doctor), also suffered from neck and shoulder problems. She illustrates this point,

I went to modern medicine first then I tried the Ayurvedic. And then when I went for I bone density... of course in Ayurveda I don't think they do things like a bone density [test]... When I used to go for the Ayurvedic treatment it helped on an everyday basis but over time. You could see yourself like getting better each day, little by little. It did help but I had to go back to modern medicine because of the bone density... There's certain procedures that you have to go for which the Ayurvedic treatment won't give you, that alternate medicine won't help you with. So you have to go back to modern medicine to have all your x-rays and things done.

She goes on to say that a part of her treatment included massages that did help her condition. Although, the Ayurvedic treatment was also restricting in its limited capacity to conduct various blood tests, operations and scans- procedures easily accessible at western medical centres. So too, because of its chronic nature she couldn't keep going for those massages because they were expensive. She then turned back toward allopathic medicine and seeks

⁴Osteopenia is a chronic condition where one has weak bones (Harvard Health Publications, 2003).

help from her biokineticist which is covered by medical aid- something more financially viable for her.

We now turn our attention to Ayurveda in relation to allopathic medicine.

4.4.2 Ayurveda's Binary Healing System: Western Medicine

Its continuous advancement and development of new technologies to tackle forms of illness and disease has allowed western biomedicine to retain its hegemonic position, through which people are frequently directed to seek biomedical help, during their course of illness.

However, people constantly challenge biomedicine's dominance in their search for alternative remedies. People tend to move away from Western treatment due to their disappointing results with it, side effects, controlling persona, cost, and somewhat disappointing ability to fully cure patients without harming them (Bendelow, 2009).

However, according to the research, a number of people still have high regard for Western medicine, which further prompts them toward its use, even if it is in shared capacity with Ayurveda. As stated by Asha (female Ayurveda user, age 52),

Western medicine is always advancing um there's always changes... I think we're always going to use it as a first call. I think when you start getting more serious ailments and whatever you're going to go because you want immediate relief and you want, you know, something to be cured quickly... Modern medicine I think it's here to stay so well like I said it more easily available, covered by medical aid

In some instances more value was placed onto Western medicine than Ayurveda, whereby if Ayurveda did not produce optimum results then the patient would write it off completely and return to Western medicine, despite being initially unhappy with its methods. For instance, Trisha (age 55, female Ayurveda user) who was socialised into the use of Western medicine opted for Ayurveda due to a reluctance of being on the contraceptive pill, during her youth, on a lifelong basis (due to the side effects of weight gain), for her polycystic ovarian syndrome. Where Western medicine falls short Ayurveda offers to treat successfully and without the daily dosage of pills. Participants were aware of biomedicine's ability to medicalise conditions and did not want to be on medication for the rest of their lives. However if the condition were to return she would once again refer to allopathic doctors, thereby discrediting Ayurveda. Also, Trisha explained that going on the contraceptive pill

when she was younger would have been more convenient for her as she would also have been sexually active. Thus Western medicine would serve a dual role in regulating her menstruation as well as preventing unwanted pregnancies.

Even though Ayurveda boasts impressive degrees of success and positive stories the affordability of using such a system is an issue that troubled many of the patients interviewed in the study, and as a result pushed them back toward Western medicine. Cost would have to be the biggest factor when deterring patients from seeking Ayurvedic help. The poor cannot afford treatment yet from what is said it can help with almost any condition. Some patients (depending on the doctors they visit) not only have to pay a consultation fee but also the costs pertaining to massages and any additional medication prescribed. Quite often they could not continue with Ayurvedic treatment because of the costs involved. According to the Ayurvedic doctors that were interviewed, their consultation fees range from R350- R550. Also Ayurveda is not covered by medical aid schemes (due to the system stalled progress of acquiring practice numbers that would allow them to claim from medical aid companies), which all of them were on, and it only was an additional cost to them (Gqaleni et al, 2007:192). According to Sheela (age 54),

That's a problem, I fight that battle all the time, if someone could give me the choice of having that on my medical aid, I would not be sick and err, I keep telling the practitioners- what is happening about them being on medical aid- so that I can use my medical aid appropriately, but they don't seem to be winning with that and I tend to be despondent and depressed about the fact that I cannot use my medical aid for those [Ayurvedic] treatments.

Another interviewee states that he stopped taking Ayurvedic mediation, which was helping him, because he is now on another medicine which is covered by medical aid (Prem, age 76). Evidently, users of medical would prefer to adhere to alternative treatment but their restrictions posed by their policies deter them from doing so.

In South Africa only a fraction of the population, 16%, is covered by medical aid, notably the middle and upper classes (Schneider, Barron and Fonn, 2007:361). Even those that are covered by medical aids often cannot afford additional health or medical costs, and the use of a complementary or alternative therapy may be viewed as an additional cost as many of the participants that started using Ayurveda had to stop the treatment after a period of time due to their inability to afford continuous treatment. In essence if it were only these classes that

could afford Ayurvedic treatment it does not appear to be a feasible resource for the general population of South Africa. So if affordability is a problem for the general population then people would rather opt for help within a cheaper, or cost free, public health facility.

4.4.3 Section Conclusion

In conclusion we have analysed the relationship between Ayurveda and other systems of healing in the plural healthcare scene of South Africa. We have enquired into the processes through which participants decide on their choice of treatments and found that Ayurveda is in fact used as a complementary system to western medicine, or as an alternative along with other natural healing systems. Participants would choose Ayurveda over other alternatives based on its ability to work faster than other alternative medicine, yet not as fast as Western medicine. Also, affordability and access to the system was another point to consider for participants. Since the system is not covered by medical aid participants could only afford to use it for a certain period of time before switching back to the Western mode of healing. In other words, while the Ayurvedic route had much to offer its costly service means that it is not a feasible system for the poor masses of the country. This factor pushes former patients back toward allopathy when they are unable to afford it.

CHAPTER 5: CONCLUSION

Through analysing the perceptions and experiences of Ayurveda users in South Africa, this study examined the various structures and factors that influenced their help and health seeking behaviour toward this complementary healing system. By studying the people and their experiences on complementary and alternative medicine use, with particular attention to the system of Ayurveda, we become more accustomed to the ways and processes that people go through in order to choose the certain practitioners and therapies. This is especially useful in trying to understand why Ayurveda is undergoing resurgence and what about it has drawn people to this system, in the context of South Africa. Drawing on the relevant literature and past research, together with twenty seven semi structured interviews with Ayurveda users and three semi structured interviews with Ayurvedic doctors, I was able to describe the Ayurvedic scene in South Africa and make certain deductions about people's help seeking behaviours.

The country's history of indentured labour brought Indian immigrants to South Africa, and along with them their traditional healing practices and Ayurvedic remedies. Despite biomedical imposition on Indians they retained their traditional methods of healing and passed these on through each generation. With regard to Ayurveda within a South African context currently, it is noteworthy that the practice is better known in Indian areas around the country, especially in Durban which hosts the largest Indian population in South Africa. As such it was primarily Indians that used Ayurveda, although fewer people from other race groups did use Ayurveda.

While South Africa is becoming more accustomed to complementary and alternative systems, seen by the creation of the Alternative Health Professions Council of South Africa and the Allied Health Professionals Act, there are still various barriers which hinders the progression of Ayurveda in South Africa such as its pending status on acquiring practice numbers for which they will be on board with medical aid schemes, and awaiting proper regulation of Ayurveda. After a period of five years there has still been no progression toward acquiring these practice codes which hints at the prevailing dominance of the biomedical system in the country. However, paradoxically the fact that people even seek and use alternative and complementary healing systems suggests that they, in the process, actually challenge biomedicine's dominance. Within the country there also exist an unknown number of unregistered Ayurvedic practitioners which are successful enough to compete with the fully qualified Ayurvedic doctors. The various Ayurvedic products found within the doctor's

practices and within Indian spice and prayer shops are generally imported from India, creating a global market; however, local doctors partake in their own formulations and manufacturing of the goods as well. Ayurveda's popularity within South Africa can also be seen by the assorted range of mechanisms through which it advertises itself. All of the above mentioned factors contribute toward Ayurveda's revival, not just in South Africa but globally as well.

In analysing why people choose Ayurveda we can conclude that there are various structural factors which influence their decision to use the healing system. Their decisions were the outcome of multiple interacting factors, rather than a single reason. Participants used Ayurveda based on decisions resulting from a process of interconnecting systems such as their social upbringing, lay referrals, negative perceptions of western medicine and a peaked interest in alternative systems, and a sense of Indian pride. The various circumstances under which people chose Ayurveda were not limited to single events. Rather, participants would use Ayurveda for one ailment, and upon receiving satisfactory results, would use Ayurveda again for other purposes.

Finally, we examined the relationship between Ayurveda and other systems of healing in the plural healthcare scene of South Africa whereby we investigated the processes that they used to decide on a healing option. Affordability and access to the system were points to consider for participants. We also came to the conclusion that the system, as it stands, is not a viable option for the general population of South Africans (the working class) who cannot afford to use it. Even those participants that were on Ayurvedic treatment had to eventually abandon it due to their inability to pay for the costly consultations and medications. This was an additional cost for the participants as it was not covered by medical aids.

APPENDIX 1: Interviewee Profiles

Ayurveda Users

Name	Age	Gender	Use of different/ combined health care systems
Kajal	49	Female	Alternative systems primarily
Kareena	48	Female	Western+Alternative systems
Rita	55	Female	Western+Alternative systems
Diya	21	Female	Alternative systems primarily
Asha	52	Female	Western+Alternative systems
Reena	62	Female	Western+Alternative systems
Rajesh	51	Male	Western+Alternative systems
Prem	76	Male	Western+Alternative systems
Priya	69	Female	Ayurveda primarily
Rishi	77	Male	Western+Alternative systems
Shanti	67	Female	Western+Alternative systems
Vinodh	54	Male	Alternative systems primarily
Suneetha	22	Female	Alternative systems primarily
Kamal	27	Male	Western system primarily
Sheela	55	Female	Alternative systems primarily
Prashani	52	Female	Western+Alternative systems
Rajan	48	Male	Alternative systems primarily
Nadia	53	Female	Western+Alternative systems
Prakash	82	Male	Western system primarily
Sunaina	60	Female	Alternative systems primarily
Trisha	55	Female	Western+Alternative systems
Sudhir	56	Male	Western+Alternative systems
Neetha	47	Female	Ayurveda primarily
Payal	22	Female	Western+Alternative systems
Bhavini	51	Female	Western+Alternative systems
Verusha	55	Female	Alternative systems primarily
Dheepa	73	Female	Western system primarily

N=27

Interviewee Profiles – Ayurvedic Doctors

Name	Registered/Non registered practitioner	Location of Practice
Dr. Mahabir	Registered	Durban
Dr. Daya	Registered	Johannesburg
Dr. Ramlall	Non-registered	Durban

N=3

Appendix 2

Interview Schedule for Ayurvedic Patients

Age: Race: Occupation: Religion: Place of Residence:

1. Where did you grow up? Did you know your grandparents?
2. When growing up and you were sick, how did your parents take care of you? Self remedies? What type of healthcare did they use? Did you go to doctors? Did your grandparents recommend anything?
3. Does your family have a history of illnesses? What remedies did they use?
4. What does good health mean to you?
5. Do you have any medical or health conditions? What are your main health concerns?
6. When you're sick, what healing methods do you use?
7. Growing up, what healthcare was available in your community? Did you know of any Ayurvedic doctors?
8. Have you ever used other forms of healing such as Ayurveda, Chinese acupuncture, reflexology, faith healing? Why/why not? When did you use such methods?
9. Why do you trust it?
10. For how long and how often do you use Ayurveda?
11. When do you use Ayurveda?
12. What are the benefits and limitations of using Ayurveda?
13. What are the benefits and limitations of going to an Ayurvedic doctor?
14. How close or far is the nearest Ayurvedic doctor to you?
15. How would you describe the doctor?
16. Is religion important to you? What does your religion recommend for healing?

17. What do you think about western medicine?
18. Do you consult with western doctors often/ at all? How would you describe the doctor?
19. What are the benefits and limitations of western medicine?
20. In your opinion, which healing system is better?
21. How do you decide what to take to whom?

Appendix 3

Interview Schedule for Ayurvedic Doctors

Age: Race: Occupation: Religion: Place of Practice:

1. Could you summarize Ayurvedic medicine for me? How do you understand Ayurveda? What are its key components? How does it help people?
2. What influenced you to study Ayurveda? Where did you study? Did you have additional training?
3. How long have you practiced Ayurveda?
4. How many other Ayurvedic doctors do you now in Gauteng?
5. How many patients do you see in a week? What do they come for? (top ten things)
6. Do you know if they consult with you first, or seek alternative treatment?
7. What types of remedies are often prescribed?
8. Why do you think patients use Ayurveda?
9. Do your patients expect that you use biomedical equipment, like stethoscopes?
10. How would you describe your relationships with the patients?
11. What are the problems and challenges you face in your practice?
12. What do you recommend or do if you cannot treat a condition? Do you refer patients? Under what conditions?
13. What do you think of Western medicine?

Appendix 4

Interviewee Consent form

Project Title: What Influence People to use Ayurveda in South African

Please proceed to sign the consent form below if you are willing to participate in the study and thus have noted and accepted the requirements below.

I _____ hereby confirm that:

I have been briefed on the research that Yajna Lalbahadur is conducting on the influences behind people using Ayurveda.

- I understand what participation in this research project entails,
- I understand that my participation is voluntary and that I will remain anonymous,
- I understand that I do not have to answer any questions that I am uncomfortable with,
- I understand that I have the right to withdraw my participation in the research at any time I choose, and
- I understand that any information I share will be held in the strictest confidence by the researcher.

Signed _____ on _____

Appendix 5

Voice Recording Consent Form

I AGREE to allow my participation in the interview to be recorded using an audio recording device.

I understand that this device is being used to accurately record what I say during my participation in this study and will later be transcribed and used in the final research report.

I understand that all information recorded will be treated with utmost confidentiality.

Date

Participant Name

Participant Signature

Appendix 6

Ayurvedic Doctor Information Sheet

Dear Doctor

My name is Yajna Lalbahadur, a Health Sociology Masters student at the University of the Witwatersrand. I am conducting research in seeking to understand the motivation behind people using Ayurveda in South Africa. I am interested in your views on the matter. I would greatly appreciate an opportunity to interview you and some of your patients regarding my study.

Your involvement in this study is voluntary and there shall be no reward for participating or penalty for not partaking. Your participation will be in the form of an interview of approximately an hour, which will be at a scheduled time and place that is suitable for you. A recorder will be used during the duration of the interview; however, you will not be obliged to answer any questions that you are uncomfortable with. You also have the option to withdraw from the study at any stage that you wish to.

With regard to your patients, I kindly ask if you could help me recruit some participants for the research. If it is possible I would like to leave information sheets with your secretary to be handed out to them. If they would like to participate they could fill in their details and I could pick up the sheets at a later date and contact them. Should your patients choose to participate I will give them further details as well as a consent form to sign.

All data collected through the interview will be considered with the strictest confidentiality possible. Only my research supervisor and I will have access to the interview transcripts and written notes taken during the interview. You will also remain anonymous as my report will only use pseudonyms. The results for the research will be converted into a research report and will be submitted to the university as a requirement for my Sociology major. If you would like a printed or an electronic copy of my final research report can be sent to you.

If you have any questions or concerns regarding the study please feel free to contact me or my supervisor, David Dickinson- details provided below.

Yours Sincerely,

Yajna Lalbahadur

Cell: 0721845642

Email: yajnal@gmail.com

Research Supervisor: David Dickinson

Tel: 011-7174438

Email: David.Dickinson@wits.ac.za

Appendix 7

Participant Information Sheet

Hello,

My name is Yajna Lalbahadur, a Health Sociology Masters student at the University of the Witwatersrand, and I am conducting research on why people In South Africa use Ayurvedic medicine. I kindly request your participation in my research seeking to understand the motivation behind people using Ayurveda. I would greatly appreciate an opportunity to interview you regarding my study.

Please note that your involvement in this study is voluntary and there shall be no reward for participating or penalty for not partaking. Your participation will be in the form of an interview of approximately between forty minutes to an hour, which will be at a scheduled time and place that is suitable for you. You will not be obliged to answer any questions that you are uncomfortable with. You also have the option to withdraw from the study at any stage that you wish to.

All data collected through the interview will be considered with the strictest confidentiality possible. Only my research supervisor and I will have access to the interview transcripts. You will remain anonymous as my report will only use pseudonyms.

The results for the research will be converted into a research report and will be submitted to the university as a requirement for my Sociology major. If you would like an electronic copy of my final research report can be sent to you.

If you have any questions or concerns regarding the study please feel free to contact me or my supervisor, David Dickinson- details provided below.

Yours Sincerely,

Yajna Lalbahadur

Cell: 0721845642

Email: yajnal@gmail.com

Research Supervisor: David Dickinson

Tel: 011-7174438

Email: David.Dickinson@wits.ac.za

Appendix 8

Participant Recruitment Letter

Dear Ayurvedic User,

My name is Yajna Lalbahadur, a Health Sociology Masters student at the University of the Witwatersrand, and I am conducting research on why people in South Africa use Ayurvedic medicine. I kindly request your participation in my research seeking to understand the motivation behind people using Ayurveda. I would greatly appreciate an opportunity to interview you regarding my study.

Please note that your involvement in this study is voluntary and there shall be no reward for participating or penalty for not partaking. Your participation will be in the form of an interview of approximately an hour, which will be at a scheduled time and place that is suitable for you. You will not be obliged to answer any questions that you are uncomfortable with. You also have the option to withdraw from the study at any stage that you wish to.

All data collected through the interview will be considered with the strictest confidentiality possible. Only my research supervisor and I will have access to the interview transcripts. You will remain anonymous as my report will only use pseudonyms.

The results for the research will be converted into a research report and will be submitted to the university as a requirement for my Sociology major. If you would like an electronic copy of my final research report can be sent to you.

If you would like to participate in the study please fill in your details below and leave the sheet with the secretary. I will pick the form up at a later stage and contact you. Alternatively, you could contact me directly. I have provided my details below.

If you have any questions or concerns regarding the study please feel free to contact me or my supervisor, David Dickinson.

Yours Sincerely,

Yajna Lalbahadur

Cell: 0721845642

Email: yajnal@gmail.com

Research Supervisor: David Dickinson

Tel: 011-7174438

Email: David.Dickinson@wits.ac.za

Ayurveda User Contact Details

Name: _____

Contact Number: _____

Email Address: _____

Appendix 9

⁵List of Registered Ayurveda Practitioners in South Africa

Registration #	Last name	Title	First name	Modality
A10751	Babu	Dr	Ramani	AYURVEDA PRACTITIONER
A10914	Bangalore Rajanna	Dr	Naveen	AYURVEDA PRACTITIONER
A10747	Daya	Dr	Dhirejlall	AYURVEDA PRACTITIONER
A02631	Garg	Dr	Ram	AYURVEDA PRACTITIONER
A02457	Govender	Dr	Thirpathi	AYURVEDA PRACTITIONER
A10938	Jain	Dr	Sujnana	AYURVEDA PRACTITIONER
A11167	Mani	Dr	Anitha	AYURVEDA PRACTITIONER
A06443	Mittal	Dr	Vijay	AYURVEDA PRACTITIONER
A05255	Naiker	Dr	Vasanthi	AYURVEDA PRACTITIONER
A10438	Premrajh	Dr	Diksha	AYURVEDA PRACTITIONER
A10956	Rama	Dr	Harshada	AYURVEDA PRACTITIONER
A10099	Reddy	Dr	Eeswari	AYURVEDA PRACTITIONER
A10789	Shetty	Dr	Nithin	AYURVEDA PRACTITIONER
A11166	Venkatesan	Dr	Sandhya	AYURVEDA PRACTITIONER

⁵Retrieved from the Allied Health Professions Council South Africa (2010).
http://www.ahpcsa.co.za/pdf_files/practitioners/2013/Ayurveda%20Practitioner.pdf

Appendix 10



KERALA AYURVEDIC CENTRE

You Get Better Naturally...

OUR MOST SUCCESSFUL TREATMENTS

- Psoriasis, Eczema, Hyper-pigmentation etc
- Arthritis, Gout, Spondylosis, Jointpains, Frozen shoulders, Backpains, Sciatica, Slip-Disc, Chronic
- Headaches, Migraines, Sleeplessness, Paralysis, Asthma, Sinusitis, High Cholesterol, Piles, Fistula & Fissures, Gastritis & Ulcers
- Gynecological Disorders
- Treatment for male sexual Dysfunctions

THE KAC ADVANTAGE:

The clinic with full-time qualified resident doctors from India
The clinic with a complete pharmacy of authentic ayurvedic medicines approved by the medicine council of South Africa.
The clinic treated more than 10 000 patients successfully in 4 years.



All medicines at KAC are free of any animal products.

OPEN ON SUNDAYS 15 Steel Road, Stamfordhill, Durban **FREE CONSULTATION**
Tel: 031 303 7200 / 031 303 7216 | www.keralaayurvediccentre.com
KAC - The No. 1 Ayurveda Clinic in South Africa

TESTIMONIAL

I suffered with Obesity, Diabetes, High B.P, Cholesterol, Sinus & Eczema. I underwent a full body detox programme at KAC after which I lost 10kgs, my blood sugar & B.P dropped without any medicine. I have no dry cough & I sleep well.

Thanks to KAC
Mr Jesva Naidoo
Shelly Beach



The natural health care...

Sai kerala

Ayurvedic Therapy Center

Arthritis / Spondylosis / Staped-Joint / Piles / Head Neck Pain / Rheuma / Gout / Sciatica / Back Pain / Chronic Pains / Frozen Shoulders / Migraine / Paralysis / Gastritis / Ulcers / Hyperpigmentation / Psoriasis / Diabetes / Blood Pressure / Cholesterol

Herbal Massage / Full Body Massage / Sirodhara / Pancha Karma / Kerala Sirodhara / Full Body Massage / Massage with Pain Relief

AYURVEDIC DOCTOR CONSULTATION AVAILABLE

We are offering 20% discount on all general treatments. 30% discount on all treatments for chronic like Arthritis, Psoriasis etc. 40% discount on all programs like Sirodhara, Kerala Sirodhara etc. With 100% satisfaction guarantee.

We provide a complete Ayurvedic treatment and also a complete Ayurvedic diet plan.

Address: 15 Steel Road, Stamfordhill, Durban. Tel: 031 303 7200 / 031 303 7216. Email: info@saiayurvedic.co.za

Advertisements found in Durban newspapers *The Herald* (2012), and *The Sunday Times* (2012) respectively

24 April 2012

LEARN ABOUT AYURVEDA PART 88

Haritaki (Terminalia chebula)

Haritaki is termed as the mother of human beings due to its health benefits. Haritaki is one of the Three Fruits in Triphala.

HEALTH BENEFITS AND USES:

- Deepana- Haritaki ignites the digestive fire making even micro nutrients available to the body.
- Medhya- Haritaki is a very good nerve tonic.
- Rasayani- Haritaki Rejuvenates the body.
- Chakshushya- Haritaki is a tonic for eyes.
- Vayasa sthapana- Means it delays aging process.
- Hrudya- Cardiac tonic.
- Anulomana- Means it is having the property to digest the undigested food materials (Removable wastes of gastric system) and expel them out of the body.
- Haritaki maintains the balance of all the three Doshas. When taken with Rock salt it pacifies the aggravated Kapha, with sugar the Pitta and with butter the Vata.
- Haritaki increases the frequency of stools and so comprises the property of evacuating the bowel completely. Thus helping out in constipation.
- Works as an excellent cardiac tonic bringing about the strengthening of the cardiac muscles.
- This is used as a major constituent of a Rasayana known as Triphala so it is known to impart properties as preventing aging and imparting longevity, immunity and resistance to the body against diseases.
- Haritaki is also useful in respiratory disorders as bronchial asthma, and tuberculosis etc.
- Traditionally, the fruit is made into a paste and is used in healing wounds. The decoction is used as washing material and the powder form is used for dusting to enhance the healing process.
- Haritaki is mixed with ghee (clarified butter) and is applied in bleeding piles and external piles.
- Infusion prepared from Haritaki is used as gargle in mouth ulcers, dental problems, sore throat, and bleeding & ulceration of gums.
- Haritaki is also very effective in treating Cholesterol.
- Haritaki powder is mixed with honey and given as an expectorant for bad coughs and colds. It is said to clear the 'Channels'. Haritaki is also administered with honey for boosting

immunity.

-The plant is used in the preparation of many Ayurveda formulations for infectious diseases such as chronic ulcers, leucorrhoea, pyorrhea and various types of fungal infections of the skin.

-Consumption of 3 gm. powder of Haritaki with ghee clears biliary colic.

-Piles could be cured by consuming powder of Haritaki.

-Haritaki should be sparingly used in the lean individuals, severe debility, while fasting, mental depression, and imbalanced Pitta conditions and in pregnancy.

-Long term use of Haritaki helps gain weight in emaciated people and helps lose weight in obese people.

SOME IMPORTANT FORMULATION OF HARITAKI:

- Triphala churna.
- Abhayamodaka.
- Abhayarista.
- Abhayamodaka.
- Chitraka Haritaki.
- Agastya Haritaki.
- Danti Haritaki.
- Pathyadi curma.
- Pathyadi kvatha.
- Vyaghri haritaki.
- Gandharva haritaki etc.

Dosage: 3 - 4 grams of powder once a day.

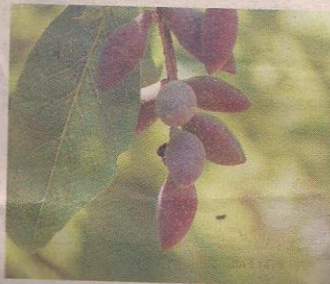
Dr.Nithin Shetty,

Phone: 031 502 3554

Cell: 0781959797.

Suite 39, Mountedgecombe Plaza, Opposite White house.

drnithinshetty@gmail.com



Article on a plant used in Ayurvedic formulations found in Durban newspaper **The Star**(2012)

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