Working in two systems

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discuss their experiences seeking treatment for their child

Being interested in the possibility and implications of a different knowledge system, one of us ***(Anuradha Veeravalli)*** had read parts of ***Carakasamhita,*** an Ayurvedic text, in translation. Its understanding of health, disease, treatment and pharmacopia was fundamentally different. For instance, longevity was defined as that length of time during which one could continue to do one's ***dharma.*** This was in contrast to Allopathy's understanding that life should be prolonged at any cost whatever the damage to the patient (that one is pathologically defined as alive even if only as a vegetable) and to the community (both family and professional resources being commissioned for the purpose), provided there exist the technology and the medicine, and the finance to do so. Ayurveda seemed therefore to have a more sensible and complete understanding of the health of an individual and of treatment.

The real question as to what one could and would do with this understanding arose when our daughter Dhriti was diagnosed as having epilepsy. The existence of Allopathy's infrastructure for immediate medical attention, and the fact that we were already in regular touch with a paediatrician, made it necessary for us to go ahead with Allopathy initially. Within this system it was necessary to get a second opinion. But alongside this, our inclination was to investigate the possibility of depending more and more on Ayurveda.

The second opinion

There were two reasons we decided to ask for a second opinion. Firstly, there is a general understanding that doctors are usually complacent about their diagnosis and treatment. They are not always forthcoming about the medication's side effects except for the most obvious or commonly known ones. Depending only on a single doctor then would not give us a clear idea of the possibilities of a different diagnosis, a different treatment and course of action. If we could have a discussion between two doctors — even if they were only talking independently to us and not to each other — it would give us a better picture of the gaps in information, the weaknesses and the strengths of each doctor and the pros and the cons of one course of action as against the other. Secondly, the more specific reason was that it was believed that epilepsy fell within the purview of neurology and not paediatrics. In both these cases we met with controversy and disagreement.

Contrary to common belief, and what Allopaths profess, the objective methods of testing and diagnosis did not bring about agreement about either diagnosis or treatment. The first controversy that came up was when we felt neither the paediatrician nor the neurologist understood the scope of their respective specialisations (and communicated with each other accordingly). The paediatrician read the tests as showing either demyelination or delayed myelination. He was more inclined to the latter and felt that there was not much cause for concern; he expected the growth to be complete and the problem to set itself right in the normal process of growing up.

The neurologist on the other hand, diagnosed the problem as possibly medial temporal sclerosis. The paediatrician, who was conservative (not old-fashioned) in his approach and also willing to give more time to clinical examination, recommended Eptoin. The neurologist recommended Tegretol and immediately asked us to switch treatment as per his advice. Since for routine problems we had to be in touch with the paediatrician, and because we were already under his care, we requested the neurologist to discuss the case with our paediatrician. But there was no discussion. The neurologist merely restated his position to the paediatrician.

This disagreement was not a reflection of either's assessment of the other's personal competence but of their professional competence. For example, reading the MRI or EEG of a growing child was different from reading those of an adult, according to the paediatrician; the variation in the MRIs and EEGs of normal children can be quite large and it is only extensive clinical experience in paediatrics that prepares you for understanding this. Therefore, neurologists who specialise in paediatrics are less equipped to read the MRI scans of children, and usually read too much into what otherwise could be characterised as normal variation.

This we understood to be one of the pitfalls of over-specialisation. Apart from this, our impression was that the concerns of the paediatrician were larger and therefore more long-term than just gaining control of the immediate. neurological problem.

To enable us to make a decision, we had meanwhile met a third doctor, a neurologist, who would be able to give us time, an independent view as a friend and a professional, and who seemed more open to the possibility of using alternative medicine. What we seemed to have been looking for and missing was the dying (or shall we say 'dead'?) profession of the family/general physician, an informed and concerned mediator between patient and specialist.

Why we chose Ayurveda

The lack of consensus on the diagnosis

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amongst the Allopaths; the fear of side effects; and the understanding from our knowledge of Ayurveda as a system — that its treatment was more positively in the direction of creating a healthy body rather . than merely suppressing illness, of its understanding of the use of nutrition in treatment therefore, and not merely of medication — all these considerations made us think of consulting Ayurvedic doctors. The Allopaths had set the range of possibilities between something which would pass as the child grew up and something which could be degenerative (delayed myelination to demyelination), and were not willing to commit themselves. But what they did agree on was that if it was degenerative, Allopathy did not have much to offer. Thus, Ayurveda was an option to be explored.

But there were two angles, as it were, to this decision. First, even if it meant more trouble, physical, emotional and financial, we would rather trust our daughter to Ayurvedic medicine because in the long run it would have less harmful effects, unlike Eptoin, Gardenal or Tegretol, which would have a bad impact on the general health of the child for life — an impact that Allopathy would count as a small price to pay for having dealt with the main problem. So, while for ourselves we may have taken the uncomplicated route with Allopathy and risked the side effects, we could not take the same chances with our child. Secondly, our intellectual convictions and committment were with Ayurveda, in its understanding of the human body and treatment as well as the style of life which emphasised discipline and restraint in every aspect of one's life.

Although Ayurveda has, apparently, no objective forms of testing, the two Ayurvedic practitioners we met, independently, agreed on the prognosis (that the problem was not degenerative), on the diet (that food intake should be restricted and fat content should be cut down drastically), and on the duration of treatment. They said that there could be ups and downs but were emphatic that it was not a permanent condition and certainly not degenerative. The diet recommended here was diametrically opposed to the one recommended by the Allopaths, whose view was that since myelin is a fatty covering, to speed up myelination, a high fat diet would be useful. The Ayurvedic doctors were of the view that the main problem lay with her liver, that Dhriti was not able to assimilate fat, and that increasing the fat content in her diet would further overload her already weak liver, aggravate the problem and cause more seizures. Sure enough, once we started her on the Ayurvedic diet, we found, on more than one occasion, that any slight deviation could result in seizures. (But the Allopaths rejected this as merely coincidence and not indicative of any causal relationship.)

No easy choices

The main problem here was that the Ayurvedic doctors were not available on the phone. Besides, there was no infrastructure like nursing or emergency care available; the family had to fill in for these services. Their understanding of what could be called an emergency was also different. The Ayurvedic doctors were willing to let Dhriti go through an hour-long seizure while the Allopaths would want to intervene and stop it after fifteen minutes as they felt that prolonged seizures could lead to brain damage. Secondly, since the Ayurvedic doctors were not interested in merely suppressing symptoms, the occurrence of a seizure was not taken as a sign that the treatment was ineffectual or that the dosages of the medicines had to be increased. We were told quite clearly at the beginning of the treatment that we could expect a few more unconscious seizures. However, we did panic and take her for emergency care to the hospital and our paediatrician's response was to recommend that we increase the dosage of Eptoin and/or add a more powerful drug. All this did not make our choice pleasant or easy.

The Ayurvedic doctor predicted the course of the disease quite accurately and told us when the unconscious seizures would stop and also when the myelination was complete. After the last seizure he also told us that the nature of the ailment had changed and that we could expect more frequent minor twitchings in the left hand and leg which would last only a couple of minutes. Again, this was found to be the case. After about four seizure-free months, and after according to him the myelination was complete, he advised us to reduce the dosage of Eptoin after consulting our paediatrician.

Comparing two systems

Now, when we started the Ayurvedic treatment, we had tried to get the support of our paediatrician. While he did not stop us or drop us, he did not feel it would do any good either.The Allopath does not consider the possibility of there being a different system of medicine, with a different understanding of health, disease and treatment, and a different time frame of reference. A failure of an Ayurvedic doctor is put down immediately to the system of medicine: that it cannot deliver. Successes are taken to be arbitrary or due to other factors. While the failures of an Allopath are due to the callousness of the doctors, or lack of facilities but not due to the system of medicine.

The Allopath showed no curiosity about Ayurveda, even when predictions by Ayurvedic doctors seemed right. One may argue that every doctor doesn't have the time or inclination for research and experiment and that patients are not often willing to lend themselves to experimentation. However, as a group they do not seize any opportunity that comes their way.

In a country rich with alternative traditions, some serious consideration should be given to Ayurveda. Research should be done taking into account of the entire perspective of Ayurveda, not merely to appropriate its drugs for Allopathic use. The onus for this lies more with the Allopathic system because it has the infrastructure, though it cannot happen without the co-operation and interest of the Ayurvedic doctor as well.