

Review



Health Education and Counseling to enhance the Self-Health Care; A Review of Ayurveda & Modern medical perspectives

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ABSTRACT:

Background: Health education is a ongoing, dynamic, complex and planned teaching-learning process throughout the lifespan and in different settings that is carried out many situations through health professional and client partnership to facilitate and empower the person to promote/initiate lifestyle-related behavioural changes that promote positive health status outcomes. Counselling term covers work with individuals and with relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem-solving. During *Prevedic*, *Vedic* period document evidences are having many health educations in Ayurveda were conducted previously. A group of outstanding great rishis gathered together 5,000 years ago on the slopes of the Himalayan Mountains. and discussed the occurrence of great diseases that had arisen and how to deal with them. **Objective:** To study was the health education and Counselling in Ayurveda & Modern medicine. **Method: Search strategy:** Literature search of published full research articles in PubMed, Science Direct, Scopus, and J-Gate databases between 2020 January to 2025 January reporting the health education and Counselling in Ayurveda & Modern medicine was designed based on the PRISMA (Preferred Reporting Items for Systematic reviews) statement guidelines. A comprehensive search of concepts in health education and counselling included using from Ayurveda & Yoga classics . As well as other screens were focused to 'The barriers of health education and Counselling in Ayurveda & Modern medicine'. **Results:** Research Health education & counselling Ayurveda & Modern medicine are empowered towards providing individuals with the knowledge to make decisions about their health issues and well-being. Ayurveda was a more holistic view and considering the mind, body & spirit on "Swastha" which is health of individuals, while modern medicine focused more emphasising on diagnosing & treating the body. **Conclusion:** Both systems offer unique strengths in health education and counselling, and integrating them can provide a more comprehensive approach to healthcare.

KEYWORDS: Ayurveda, Counselling, Education, Health, Prevention.

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1. INTRODUCTION

Health is defined as balance of Physical, Mental, Social and Spiritual wellbeing according to the world health organization. Every person can lead a healthy life by following the certain rules and regulations mentioned by the Ayurveda as well as modern medicine, Health education is a continuous, dynamic, complex and planned teaching-learning process throughout the lifespan and in different settings that is implemented through an equitable and negotiated client and health professional 'partnership' to facilitate and empower the person to promote/initiate lifestyle-related behavioural changes that promote positive health status outcomes. Health education takes into account individuals'/groups' internal and external factors that influence their health status through potentially improving their knowledge, skills, attitudes and beliefs in relation to their health-related needs and behaviour, within a positive health paradigm. [1] The activity of a trained person listening to someone who has a problem and giving them advice on how to deal with it. [2] Further 'counseling' term covers work with individuals and with relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem-solving. The task of counseling is to give the 'client' an opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully. [3] A group of outstanding great rishis gathered together 5,000 years ago on the slopes of the Himalayan Mountains. The rishis discussed the occurrence of great diseases that had arisen and how to deal with them. Among them Bharadvaja was selected as their emissary, he went into the forest in search of Indra. Indra taught him the knowledge of Ayurveda in its entirety. Upon returning, Bharadvaja taught the science of Ayurveda to the many rishis and sages who awaited his return in the Himalayas. The rishis eagerly absorbed the great wisdom, and then returned to their communities to share the knowledge with others. [4]

2. OBJECTIVES

- i. Study the Health education and counseling in Ayurveda & Modern medicine
- ii. Study the importance of Health education and counseling

3. METHODOLOGY

Concepts of Health education and counseling in Ayurveda & Modern medicine were explored in this review.

Search Strategy: A comprehensive search of previously published research articles was conducted in PubMed, Science Direct, Scopus, and J-Gate databases for studies published between 2020 January to 2025 January. Using Boolean operator ('AND' 'OR' 'NOT' the keywords used in combination to search for articles included Health education and counseling Other filters were selected as the limit to Ayurveda & Modern medicine).

Eligibility criteria are based on the title, abstract, Full paper, objectives, inclusion criteria, exclusion criteria, Information sources, Included studies, Synthesis of results, Discussion, Conclusion

i. Inclusion Criteria: All the published full research papers within the period of 2020, January to 2025 January, written in English, reviewed articles published in peer review & reputed journals on Health education and counseling in Ayurveda & Modern medicine were included.

ii. Exclusion Criteria: Other than English, research articles were written in a variety of other languages, Research papers published before the year 2020, journals with no full text available, case reports, case series, and clinical trials were all eliminated

The primary outcome was concepts of Health education and counseling in Ayurveda & Modern medicine and secondary outcome was important and effect of Health education and counseling.

4. RESULTS & DISCUSSION:

1) Ayurveda concepts

i. Health Education of *Dinacharya* (Daily routine)

Ancient Ayurveda texts like Charak Samhita (Sutrastana, Sushruta Samhita (Chikitsa Sthana), Astanga Samgraha (Sutrastana), Astangahridya (Sutrastana) were mentioned Dinacharya as 1. *Prataha (Brahma Muhurta)-Utthana* (~waking 45 min before the sunrise) 2. *Shauchavidhi* -Malotsarga (~urination and feces): 3. *Danta-dhavana* (~brushing teeth) 4. *Jihva-nirlekhana* (~Clearing the tongue) 5. *Anjana* (~collyrium) 6. *Nasya* (~Nasal drops) 7. *Gandusha* (~Oil Pulling) 8. *Dhumapana* (medicated smoke) 9. *Vyayama* (physical activity). 10. Snana (Bath) 11. *Bhojana* (~food related rules) 12. *Nidra* (~sleeping related rules). Dinacharya (Daily regimen) which describes the routine to be followed by a healthy individual for maintaining the health. Dinacharya starts from rising from bed in the morning up to going to sleep at Night. Dinacharya i.e. "practice of daily routine" has been described as the correct sequence of routine one should follow to get a healthy long life. *Dinacharya* when followed as per the rules leads to balance in *Tridosha* (i.e. vata, pitta, kapha) and in this way directly affect the biological clock & Circadian rhythms of body. A well-practiced *Dinacharya* results in good balance between *Tryoupstambha* which synchronize with *Dhatupaka* & *Dhatu poshan* and in formation of Oja which is the main component behind *Vyadhikshamatva* (immunity) in Ayurved. So the proper follow of *Dinacharya* Cure the Disease and Protect from Disease. [05]

ii. Health education of *Rathree charya* (Night Regimen)

Ratricharya is an important concept which was first mentioned in Ayurvedic classical literature. It has been mentioned in *Ashtanga Hridaya (Sutrastana)*, *Ashtanga Sangraha (Sutrastana)*, *Bhava Prakasha (Purvakanda)*. The major regimen of *Ratricharya* consists of *Ahara*, *Nidra* and Good Sexual life or Complete Abstinence (Maithuna). To achieve the better health/positive health and prevent diseases one has to practice the principles mentioned in *Swasthavritta* like the concept of *Ratricharya*. Night is an

important part of our life, meant for taking a break from our activities, a time for mental and physical rest, to reactivate, rejuvenate and refresh ourselves for the next day's activities. *Ratricharya*, a concept explained in Ayurveda explains the activities which are to be done and avoided during nighttime. [06]

iii. Health education of *Ritucharya* (Seasonal Regimen)

Ayurveda is a science that mainly focuses on health promotion and disease prevention. According to the classical text *Charaka Samhita (Sutrastana)*, *Ashtanga Hridaya (Sutrastana)*, *Ashtanga Samgraha (Sutrastana)*, *Susrutha Samhita (Sutrastana)* mentions '*ritucharya*'. Among the climate changes two '*ayana*' periods, each made up of three '*ritus*', '*shishira*', '*vasanta*', and '*grishma*' are considered *uttarayan* and '*varsha*', '*sharada*', and '*hemanta*' are in *dakshinayan*. '*Ritu*' (season), has affected noticeable and different effects on the human body and environment, each season in the 'Ayurveda' has different health patterns to observe. In 'Ayurveda' mentioned different health rules such as different food and behaviors associated with different times of the year. '*Ritu*' means season and '*charya*' means regimen or discipline. '*Ritucharya*' (seasonal routine, which is defined as the lifestyle and diet adherents to health and health issues in accordance to a specific season to maintain the balancing of hormonal levels. '*Uttarayana*' (*adan kal*), or the ascent of the sun, that is northern movement of the sun. During this period, the sun and the wind are powerful, and the environment severely hot and dry, which may cause dryness in the body and thus reduce '*bala*' or immunity. '*Dakshinayana*' refers to the descent of the sun that is movement of the sun in the southern direction. During this time, the winds are cool, and the moon is greater than the sun. The strength of men increases during this time. The ancient sages laid down the seasonal regimen with the analytical reasoning for obtaining *Swastha*, and for the prevention of diseases. The classical texts were mentioned

the basis for determining the 'dos' and 'don'ts' of the regimen—*Ritucharya*. [07]

iv. Health education of *Vega dharana* (Suppression of natural urge)

Diseases are produced by initiation of natural urges forcefully and suppression of the same by forcefully. In these *Adharaneeya Vegas* that is urges not to be suppressed forcefully are given extra importance in Ayurveda texts, since these are causative factors for several diseases. Ayurveda classics which are mentioned. According to *Charaka samhita Adharaniya Vegas* are of 13 types and *Ashthang Hridaya* has added *Kasa Vega* and it comes to 14 *Adharneeya Vegas* are mentioned as 1. *Mutra Vega* (Urge of micturition), 2. *Puresha Vega* (Urge of defecation).3. *Retas Vega* (Urge of ejaculation). 4. *Apanavayu Vega* (Urge to flatus.) 5. *Vamana Vega* (Urge of vomiting.)6. *Kshvathu Vega* (Urge of sneezing.) 7. *Udgara Vega* (Urge of belching.) 8. *Jrumbha Vega* (Urge of yawning). 9. *Kshudha Vega* (Urge of hunger) 10. *Pipasa Vega* (Urge of thirst.)11. *Baspha Vega* (Urge of lacrimation.) 12. *Shrama Janya Shwasa Vega* (Urge of breath on exertion.) 13. *Nidra Vega* (Urge of sleeping.) 14. *Kasa Vega* (Urge of cough). [08] In this reference the concept of *dharaniya vega* is very important. Some urges have been said to be sustainable means urges should be controlled. [09] *Dharaniya Vegas* mentioned in the Ayurvedic classics are as *Lobha* (~greed), *Shoka*(~grief), *Bhaya*(~fear), *Krodha* (anger), *Maana* (~selfadmiration),*Nirlajja*(~shamelessness), *Ershya* (~envy), *Atiraga* (~too much of attachment) and *Abhidhya*(~malice). In the present competitive world due to increased personal stress, individuals are more prone to mental ailments than physical disorder. As human is a social animal he should be physically and mentally devoid of affliction to maintain a good relationship within himself and with other individual in the society. To attain this one can, adhere to the practice of *Vega.Dharana* The main abode of

Vega.Dharana is *Manas*. *Manas* is responsible for the perception of knowledge. [10]

v. Health education of *Sadvritta* (Code of conduct)

This has been described under *sadvritta* of *Caraka Samhitha* (*Sutrastana*), *Vagbhata* (*Ashtanga hridayam*(*Sutrastana*), *Ashtanga sangraha*(*Sutrastana*).Above mentioned classics had given list of various codes of righteous acts and benefits which if followed leads to conquer over senses and leads to healthy living with clinical applications. *Sadvritta* is essential to maintain the physical and mental health. It is said that *Arogya* can be attained through controlled *indriyas*, some instructions are mentioned for maintenance of mental health. ethical instructions are given grossly on ba-sis of *Kayika*, *Vachika*, *Manasika* actions and the instructions have been enumerated on this basis. Some instructions have been described which maintains the equilibrium stage of *doshas* which were related to food, food habits, social contacts, sleep, behaviour with females, method to study etc. [11]

Impact of *Sadvritta* on Immunity and Health

The behavioral and ethical components of life will have direct impact on the health of an individual. It is now known that our thoughts cannot only create or change our mood, but they can actually change our bio- chemistry. We also know that they affect how we see ourselves and the world around us. Ayurveda highlighted the importance of harmony between *Sharirika* and *Manasika Doshas*, illustrating their inter relationship in maintaining an individual's health and immunity. Hence the code of conduct and behaviour has a direct effect on our mind and it can affect the mental health. There are evidences available on Mind-Body- Immune System interaction which states that the person will have good immunity with positive attitude attained by proper conduct and behaviour. Many researchers are looking forward to know its effects in classics learning and conditioning the development of the immune system and immune modulating effect of personality and life style. In the future, research will

likely be extended into many new areas including psychotherapy, illness prevention and healing etc. [12]

2) Health education in Yoga Authentic

Patanjali yoga sutra- *Sadhanapada* and Hatayoga praddepika mentioned that Yama and Niyama as follows. Yama and Self-purification- The first step of Eight-Fold Yoga is Yama. Regarding Yama, it is said in the '*Sadhanapada*' of the "Yoga Sutras"- '*Ahimsasatyasteyabrahamcharyaparigrahayama*'- That means *Ahimsa* (~Nonviolence), *Satya* (~Truthfulness), *Asteya* (~Non-stealing), *Brahmacharya* (~Moderation of the senses) and *Aparigraha* (~non-greed). These five sadhanas together are called *Yama*. The second part of Yoga is *Niyama*. It is the observance of positive duties through internal discipline which absolve the self-attitude and self-thinking. *Niyama* is strongly and directly associated with our daily life i.e., from morning to night. It is stated in the *Sadhanapada* of 'Yoga Sutra'-"*Shauch-Santosh-Tapah-Svadyayesvarapranidhanani Niyamah.*". *Niyamas* recommend *tapas* (self-discipline, rigor), *swadhyaya* (self-study, efforts to increase one's understanding and knowledge), *shaucha* (cleanliness of body, mind & spirit), *Santosh* (contentment), and *Ishwara-pranidhan*(~devotiontoGod). The *Niyamas* recommend five behaviours and approaches to be cultivated at the individual levels The *Yamas* are about moving beyond personal benefits, inculcating a mindset which was deep-rooted moral living. [13]

3) Health education in Modern concepts

According to Alma-Ata Declaration definition of health education as a process aimed at encouraging people to want to be healthy to know how to stay healthy, to do what they can individually and collectively to maintain health, and to seek help when needed. Every individual and community needs proper health education. In this process by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of health. Aims and objectives of education are a) to encourage

people to adopt and sustain health promoting life style and practices. b) Encourage individuals to make use of well health services. c) Provide updated knowledge; improve skills, and attitudes toward rational decision-making to solve their own problems, and d) individuals and community self-confidence and participation to achieve health development. Role of health care providers should be providing opportunities for people to learn how to identify health related problems, make health and health related information easily accessible to the community, indicate to the people alternative solutions for solving the health and health related problems. There are four well-known approaches to health education as i) regulatory approach(Government intervention by regulations),ii)service approach(Providing health services to people at their doorsteps that people would use them to improve their own health, iii)health education approach (e.g.: behaviour is more easily controlled or developed in young population then adults) iv)primary healthcare approach (This is radically new approach starting from the people with their full participation and active involvement in the planning and delivery of health services based on principles of primary health care. Models of the health education are i) Medical model -knowledge transfer to achieve behavioural changes and recognition and treatment of diseases. ii)Motivation model (Interpersonal communication (friends, kinship groups and technical persons) to support to take decisions. iii)Social interventional model (group support in helping reaching the decisions. Contents of health education: are Human biology, Nutrition, Hygiene, Family health, Disease prevention and control, mental health, Prevention of accidents and use of health services. Principal of health education are credibility, interest, participation, motivation, comprehension, reinforcement, learning by doing, known to unknown, setting an example, good human relation, feedback and leaders.

Practice of health education

Health communication is divided into three approaches: Individual approach, Group approach and Mass approach, Individual approach are personal contact, home visit and Personal letters. Group approaches are lectures, demonstrations discussion methods (group discussion, panel discussion, symposium, workshop, conference, seminars and role play. Mass approach is Television, radio, newspapers printed materials, direct mailing, posters, health exhibition social media and internet. [14]

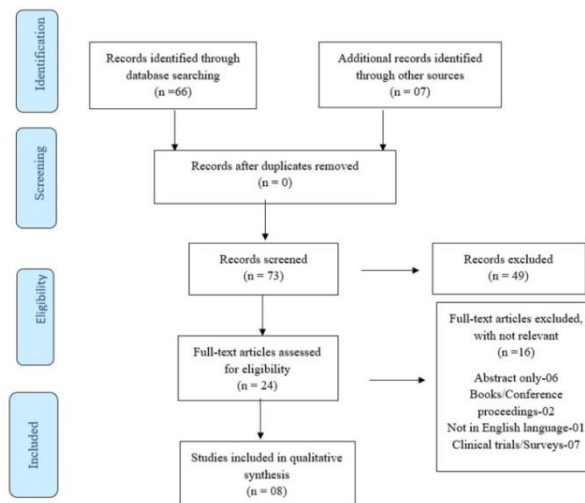


Figure 1. PRISMA 2020 flow diagram.

Table 1. Health education and Counseling in Modern medicine

| Serial No | Author | Year | Title | Health education and Counseling methods |
|-----------|--|------|--|---|
| 1. | Shankar Prinja et al, | 2024 | The state of primary health care in south Asia | Telemedicine, digitized point-of-care testing, disease surveillance and monitoring, supply chain management, e-prescriptions, decision support systems, and artificial intelligence, have been deployed in the region to bridge the gaps in PHC service delivery. [15] |
| 2. | Brandon A. Kohrt et al | 2020 | Why we heal: The evolution of psychological healing and implications for global mental health | Shared cultural symbols and explanatory models, group-based delivery, health promotion—schools’ programs, Training of home-based skill trainers for health education. [16] |
| 3. | Kaaren Mathias et al | 2022 | Exploring Community Mental Health Systems – A Participatory Health Needs and Assets Assessment in the Yamuna Valley, North India | Community assets such as trusted village-based traditional healers and government health workers. [17] |
| 4. | Tony V. Pham, Rishav Koirala, Brandon A. Kohrt | 2020 | Satisfaction in the Soul: Common Factors Theory Applied to Traditional Healers in Rural Nepal | Traditional healing includes practices that rely upon spiritual, magical, or religious explanations for disease and distress through the use of physical symbols, narratives, and behaviours (Dow 1986) that are transmitted across generations and can be traced to practices preceding the introduction of biomedicine in communities. [18] |
| 5. | Tony V Pham et al | 2021 | Reassessing the Mental Health Treatment Gap: What Happens | Mental health services collaborated with a religio-philosophical healing system. [19] |

| | | | | |
|----|-----------------------|------|--|--|
| | | | if We Include the Impact of Traditional Healing on Mental Illness? | |
| 6. | Sujata Sapkota et al | 2020 | Diabetes-Related Healthcare Services in Nepal—A Qualitative Exploration of Healthcare Professionals’ Opinions | Health Care Providers work in collaboration with patients and their families to provide an integrated care focused on patient needs and to ensure that the patient receives pertinent information, counseling and support throughout the disease. [20] |
| 7. | Kasper Mikkonen et al | 2024 | Learning Outcomes of e-Learning in Psychotherapy Training and Comparison With Conventional Training Methods: Systematic Review | e-Learning seems to have good potential to enhance psychotherapy training by increasing access, scalability, and cost-effectiveness while maintaining quality in terms of learning outcomes. [21] |
| 8. | Waseem Sajjad et al | 2023 | Why Pakistani Women Do Not Use Intrauterine Contraceptive Devices: A Systematic Review of Barriers and Misconceptions | This review highlights facts which are affect to health education as knowledge gaps, motivation deficits, cultural and religious beliefs, limited access, and communication barriers. [22] |

a. Importance of health education and Counseling

The discipline of Health Education likes a wide range of pursuable integration considering that the fundamental objective is to encourage health and prevent diseases. Within the scope of Health Education, Instruction on hygiene, reproductive health, immunity and nutrition, is pivotal in the self-care training of community members and is a foundation of the frontline in addressing global health. [23] The spirit of health education lies in the training of individuals in the self-care of not only personal health but also that of the community health. This is a process of community empowerment in understanding the relationship between individual with health, lifestyle, physical and social environment.

b. Barriers of health education and Counseling

The active transfer of knowledge and skills is crucial and essential to Health Education. Knowledge and skills should enable the individuals to identify reason, make decisive actions, and solve health-related issues at hand. [24] As per

barriers to health education and counseling, these may include diseases such as mental disorders e.g.,: dementia, Physical disabilities, common issues of language, culture, and social believes. Other barriers may include a lack of privacy, schooling, reading skills, economy and disinterest. [25]

6. CONCLUSION

Health-oriented education is not a novelty. Health education and counseling concept was commenced in antient era. With positive changes of individuals and community are manifest in the attitudes and behaviours in relation to global health. Health education in Ayurveda included *Dinacharya* (Daily routine), *Rathree charya* (Night Regimen), *Ritucharya* (Seasonal Regimen), *Vega dharana* (Suppression of natural urge) *Sadvritta* (Code of conduct) Ayurveda Authentic. Further explains the activities which are to be done and avoided during day time, night time, seasons as well as good conducts for physical and mental health. Ayurveda focuses on a more comprehensive method by including the mind, body and spirit. Spiritual wellbeing was mentioned in Yoga

Authentic. Modern medicine treats the disease through clinical diagnosis but use modern technology for health education & counseling. Both systems demonstrated strengths in health education and counseling. In modern aim is to empower individuals to be dynamic and educated about their health and wellness. Their combination would resolve the gaps and offer a more comprehensive approach for health of individual and community.

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Reviewing & editing: SKM , AAB

Approval of final manuscript: All authors

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