



THERAPEUTIC PATIENT EDUCATION: LESSONS FROM AYURVEDA –THE QUADRUPLE OF ATREYA

Modern medicine recognized the disease of diabetes mellitus about 3 centuries ago ,but the real breakthrough in its management came about less than a 100 years ago, when insulin was discovered ,and 50 years ago ,when oral hypoglycemics began to be used.¹

The pioneers of diabetology realized early on, however, that no management strategy could be successful if based on drugs alone. The active participation of the patient was an essential prerequisite for successful therapy.² Gradually a patient centered approach came into existence (and acceptance).Most centres all over the world now accept the need for diabetes awareness and diabetes education amongst the community and individual patients. This concept has crystallized into the term “therapeutic” patient education (TPE) .This implies that educating the diabetic person to achieve empowerment has a positive therapeutic effect on the health of the patient.

EXISTING DOGMAS

However, there are still many parts of the world, where a patient –centered approach is considered superfluous and impractical. Some doctors find it difficult to accept the role of a facilitator, rather than a preeminent position. They resent having to hand over the oars of treatment to the patient, whom they feel is unqualified and incompetent.

Others feel that their authority and respect will be eroded if they accept a patient -centred scheme of management .Team – based therapy, utilizing the services of diabetes educators ,dieticians and exercise physiologists , is seen as a threat to the physician’s superiority(and in some cases ,commercial survival).

Health professionals in resource - limited and economically –challenged countries argue that their patients are not “educated” enough to be ‘empowered’ with diabetes education, are not “rich” enough to afford education facilities, or do not have the “time” to undergo therapeutic education.

Physicians in many parts of Asia trained in a strict disciplinarian manner, which gives complete respect and authority to the teacher, and does not allow questioning (for fear of being thought rude), cannot accept a change in this system.

To others ,the concept of ‘democratic’ diabetes management ,giving an informed choice to the patient ,using a team of health care professionals rather than a single doctor ,and allowing ‘dissent’ or freedom of choice ,is anathema.



In India, many physicians quote the ancient scriptures to assert the absolute power of the treating doctor, and expect the patient to conform quietly.

THE AYURVEDA

In reality, neither is diabetes a modern disease, nor is therapeutic patient education a modern concept.

Ayurveda, which means the science of life, is an ancient science of India, which is thought to be eternal, because nobody knows when it was not there.³ One of the important figures in ancient Ayurveda is Atreya, the disciple of Bharadwaja, who brought Ayurveda to terrestrial level³. Atreya formulated the school of medicine circa 100 B.C, and his opinions and concepts are elaborated in a text known as the Caraka Samhita.

The ayurvedic physicians recognized diabetes, and diabetes mellitus very well. Their text lists 20 types of diabetes (prameha) including syndromes equivalent to modern type 1 and type 2 diabetes, and suggests various herbal remedies.

THE QUADRUPLE OF ATREYA⁴

The treatise Sutrasthana mentions four essential parts of a successful treatment regime, known as The Quadruple of Atreya. The four components necessary to treat diabetes, or any other disease, are

1. The Physician.
2. Drugs.
3. The Patient.
4. Attendants. [= Family = nurses]

Just as successful cooking requires utensils, fuel /fire, food items and a cook, successful medicine requires all the above four. Similarly, the potter has to coordinate earth/clay, water and his wheel to create good pottery.

And just as a strong table needs four equally stable legs to stand, all four components of the quadruple of Atreya have to be equally effective. A chain is just as strong as its weakest link, and diabetes practice cannot be stronger than the weakest link of the quadruple.

Thus the concept of team work, patient education and diabetes awareness was propounded over 3000 years ago. The physician represents today's diabetologist or endocrinologist, while the patient stands for an educated, empowered person with diabetes in equal partnership with his doctor.

Drugs imply the good quality and wide variety of tablets and injections, available to us today, to be used judiciously for the management of diabetes and its complications. The word 'attendant' encompasses



trained nurses, committed counselors and other health care professionals. It also includes supportive community and motivated family members who provide a congenial environment to help the person with diabetes live a full life.

Atreya mentions four attributes which are necessary for each component of the quadruple.

1. The Physician
 - a. Excellence in theoretical knowledge.
 - b. Extensive practical experience.
 - c. Dexterity.
 - d. Cleanliness.
2. Drugs
 - a. Abundance.
 - b. Effectivity.
 - c. Various pharmaceutical forms [= a wide variety]
 - d. Normal [= correct] composition.
3. The Patient
 - a. Memory.
 - b. Obedience.
 - c. Fearlessness.[= confidence]
 - d. Providing all information about the disorder.
4. Attendants
 - a. Knowledge of attendance [nursing, etc.]
 - b. Dexterity.
 - c. Loyalty.
 - d. Cleanliness.

A good doctor should have good command over the theory and practice, or the science and art of diabetology. He should be quick and efficient in using effective, easily available drugs in judicious doses and combinations.

The patient should cooperate by giving a complete history, hiding no facts, and concurring with the planned therapeutic regime.



To achieve this, both need active support from ‘attendants’, who include paramedical staff and family members. These people, who should be knowledgeable, efficient and ‘loyal’, provide therapeutic patient education this helps the patient fight (and win) his or her daily battle against diabetes.

CONCLUSION

Ayurveda has given us a beautiful concept, the Quadruple of Atreya, which we can use to convince patients and their family members to play an active role in managing diabetes.

Ayurveda commands immense respect not only in South and South East Asia, but in other parts of the globe as well. It thus becomes a good platform from which one can motivate doctors and other health professionals to begin empowering their patients, to introduce the team based, patient centered methods of management, and to start therapeutic patient education programmes.

REFERENCES

1. Tattersall RB .The history of diabetes mellitus In: Pickup JC, Williams G, Eds: Textbook of Diabetes 1.Massachusetts: Blackwell, 2003 .p1.1 -1.22.
2. Wallymahmed ME .The changing role of the diabetes specialist nurse. In : Pickup JC, Williams G,eds :Textbook of Diabetes 2 .Massachusetts :Blackwell ,2003 p 71.1 – 71.9
3. Sharma P, Ed Caraka-Samhita .Varanasi: Chaukhamba Orientalia. Vol I p.v-viii.
4. Sharma P,ed .Caraka Samhita .Varanasi : Chaukhamba Orientalia Vol I .Sutrasthana .ChIX (3-10) p.62 -64.

ABOUT THE AUTHORS

Dr .Bharti Kalra, MBBS, MD Cert Diab, is a gynaecologist and diabetologist working at Bharti Hospital ,Karnal in Haryana northern India Her interests are pregnancy –related diabetes and diabetic foot.

Dr. Sanjay Kalra, BSc, MBBS, MD, DM, is an endocrinologist working in the same centre. His chief interest is in the field of therapeutic patient education and soft skills in diabetes.

Bharti Hospital is an endocrine centre which provides customized training in diabetes for doctors and diabetes educator.

For more information write to bhartihospital@rediffmail.com