Letter from Iran

INDIAN AYURVEDA, IRANIAN TRADITIONAL MEDICINE AND THE ORIGIN OF THE FOUR ELEMENTS PHILOSOPHY

Ayurveda, a Sanskrit word meaning ‘the knowledge for long life’, is one of the main types of alternative medicine and a well-known system of traditional medicine native to India. Health and disease in Ayurvedic medicine depend on an equilibrium of the five elements of ‘earth’, ‘water’, ‘fire’, ‘air’ and ‘sky’—supposedly, the building blocks of the whole universe including the human body. According to Ayurveda, it is the balance of these fundamental elements and the different types of energies originating from them—the so-called humours—that make one healthy. Anything disturbing this equilibrium would result in disease. Intertwined with religious beliefs, the therapeutic approach in Ayurvedic medicine is holistic with the emphasis on maintaining or restoring the homeostasis of the internal milieu in a healthy equilibrium rather than treatment of a single illness. Ayurveda mostly uses plant-based medicine. Some of these herbs may contain toxic substances such as lead, which may cause deleterious effects.  

Ayurveda is astonishingly similar to Iranian traditional medicine. Like Ayurveda, Iranian traditional medicine is also based on an equilibrium of humours, temperaments, holistic approaches and the use of herbal medicine. The only difference is that while Ayurveda is based on five elements, Iranian traditional medicine is founded on four—all Ayurvedic elements except the ‘sky’. The principles of Ayurvedic and Iranian traditional medicine in fact have so much in common that they seem to be singing from the same hymn book. The earliest literature on Ayurveda dates back to the Vedic age in India (c. 1700–1100 BCE). The texts on Ayurveda, in Sanskrit, are remarkably similar to manuscripts written in Old Iranian, a part of which describes Iranian traditional medicine. This linguistic resemblance suggests that we have common ancestors—the Aryans.

Almost 2000 BCE, Aryans started migrating from their homeland in Euro-Asian Steppe, a vast land extending from the Ural River on the West to the Tian Shan mountain range on the East, to the southern lands—the Iran plateau. Some of them stayed in present-day Iran while others continued their journey and settled in present-day Pakistan and India. This migration happened before the development of Ayurveda during the Vedic period. Considering
the remarkable similarity of the two schools of traditional medicine, I believe that the Aryans knew about the four fundamental elements. Their descendants who settled in India later tried to improve this school of medicine by adding the fifth element—the 'sky'. However, Iranians and Indians were not the only descendants of the Aryans; there was a third group of Aryans who neither stayed in Iran nor went to India; they went to Europe. In fact, most Indians, Iranians and Europeans are cousins and, no surprise, their languages belong to the Indo-European language family.6

Empedocles (c. 490–430 BCE), a citizen of Agrigentum (a Greek colony), is best known for his theory of the four fundamental elements—'earth', 'water', 'fire' and 'air'. Later, Aristotle (384–322 BCE) added a fifth element to Empedocles' proposed elements, namely 'aether', a word which in Homeric Greek means 'pure, fresh air' or 'clear sky'—very similar to the Ayurvedic fifth element, the 'sky'. The very similar concepts on basic elements proposed by these philosophers and the chronology of events would cast a shadow on our belief that whether the philosophy of four elements really originates from Greece. Could it be possible that the third group of Aryans who presumably knew the four elements, spread the word in Europe? For several centuries BCE, Greece was one of the most important trade centres. Is it not reasonable to think that many people from different parts of other countries, say India, travelled and probably brought manuscripts on Ayurveda to Greece, since it is very unlikely that Aristotle added exactly the same fifth element to the system of four elements using the exact Greek equivalent word of 'aether' for the 'sky' in Ayurveda—a word that had been used by Indians at least 700 years before? This proposed scenario is against all that we have so far been taught, but who knows? Considering the chronology of events, this might be the true version!

Conflict of Interest: None declared

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Letter from Bristol

WHEN PATIENTS CANNOT CONSENT TO TREATMENT

Making treatment decisions with patients is a core component of clinical practice. Clinicians have a duty to ensure that informed consent has been obtained, but confusion arises when the patient does not have the capacity to consent to these decisions. Such situations can pose challenging ethical and medico-legal dilemmas. Here, we highlight selected principles of the Mental Capacity Act of England and Wales, 2005,1 specifically those that may offer a

Types of consent

Consent can be express or implied, oral or written. Express written consent usually involves the patient signing a consent form. Implied consent is one which is inferred from a patient’s action; for example, a patient who holds his/her arm out for an injection. The term ‘valid consent’ is frequently used in this context. In England and Wales, in order to be able to give valid context, the patient must be competent, that is, over 16 years of age (as opposed to Indian law where this age is 18 years).2 have the mental capacity to consent to the particular treatment, must have been explained the nature and purpose of the treatment and understood the information given and, most importantly, have given the consent voluntarily.

The right to refuse to consent

The right to autonomy prevails even where the decision may clearly compromise health or even lead to the death of the patient, something which medical practitioners may find hard to come to terms with. Nevertheless, any intervention carried without the person’s consent can amount to a criminal offence and may violate certain human rights enshrined in the European Convention on Human Rights, 1950.4

A brief background of capacity

The right of capable adults to determine what shall be done to their bodies is a fundamental civil right, which is recognized and protected by law in the UK and elsewhere. In UK law, a capable adult ‘has an absolute right to choose whether to consent to treatment, to refuse it or to choose one rather than another treatment being offered’.1 This right exists whether the reasons for making the choice is ‘rational, irrational, unknown or even non-existent’.1 In the Indian Constitution, this concept is embodied within the right to life and personal liberty.2

Implied consent is the concept that is most often discussed in medical literature. This concept is based on the assumption that a patient is able to grant consent for the treatment. In the UK, this is often implied when a patient is unconscious, or is under the influence of alcohol or drugs, or is in a state of shock. In these situations, a doctor may be able to treat a patient without their consent, provided that the treatment is necessary to save their life or prevent serious harm. However, in these situations, the doctor must act as if the patient is not able to give consent, and must take steps to inform the patient’s next of kin or legal representative about the treatment that has been given.