



To the One God and its myriad human representatives especially the living Teacher, beloved Vaidya Vasant D. Lad and all practitioners of Ayurveda

National Ayurvedic Medical Association

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AN OVERVIEW OF HEALTH CARE ISSUES OF PARTICULAR CONCERN TO WOMEN LIVING IN THE WEST TODAY

Let us examine from birth to death some important passages in health care influencing the female population today. Birth itself as the first transition to human experience is already subject to vulnerabilities or doshic influences. If the mother has enjoyed access to suitable food, shelter and emotional comforts during her gestation, the child's prospects for feeling well received are good. If however, traumas, toxicities or deprivations occur, the pregnancy may be compromised (deha prakruti).

The acculturation process of females begins within the first year of life. She may be referred to in the family in comparison with brothers, suggesting gender delineations of possible long-term influence. Her reproductive choices are now being programmed for later manifestation. As a pre-schooler, she is vulnerable to neglect, malnutrition and trauma. Her caregivers may not be trustworthy, her food may not be organically grown and she may have exposure to communicable diseases. When she attends school, she may be exposed to a concept of beauty and a structure of competition, developing defensive life strategies according to her 'manas prakruti'. The default strategy for vata is often humor, for pitta is often aggressiveness and for kapha is often avoidance. In the west, she has typically no access to Vedic learning or even to a global spiritual education. If she learns Ayurveda and Yoga at this elementary age, she may develop life skills and competencies to strengthen her actualization potential.

When at menarche she begins her reproductive life with the onset of the first menstruation, she may already be sexually aware. If she is offered birth control pills, tampons or anti-depressant drugs, her young body will later bear these footprints. Her teenage years may be characterized by mixed messages of academic achievements, sexual exploration/exploitation and spiritual/moral deceptions. Poverty may influence her choices and beliefs. She may have moved from her childhood home. She is required to find her way in these different life experiences with more or less support from the public health care system, community and family. Her health care issues often involve fertility management, nutrition/digestion and spiritual anguish. All of these issues are competently addressed by Ayurvedic medicine.

A woman in her twenties is under pressure to work for her livelihood in addition to bearing children. She may be expected to continue to work during her menses, leading to hormonal and reproductive complications in later decades. The food supply she chooses may be dominant in packaged and stale substances, creating a slow poisonous effect to all her tissue levels. By now in life, she has been subject to physical violence by at least one partner. She will typically have multiple intimate partners and be subject to sexually transmitted diseases.

In her thirties, the woman is now frequently a mother facing divorce, which influences her social and economic status. If she remarries, her new blended family faces psychological adaptations that may or may not become successful. Her children are approaching the teenage years while her parenting skills and education may be inadequate to meet the challenges of today's cultural exposures. Her health care needs remain primarily reproductive management, nutritional knowledge and psycho-spiritual counseling. Career change is common during this decade. So is exhaustion.

In her forties, a woman is now often facing early menopause and hormonal imbalance. She has perhaps compromised her body and mind by the use of preserved foods, synthetic hormones, anti-depressant drugs and various accepted practices of irregular daily routine, etc. She now seeks professional dietary and hormonal advice. A recent study showed that 70% of the health care dollar in the U.S. is spent on alternative consultation and management. If the provider has not studied Ayurveda in sufficient depth, then the patient's holistic program may not be as comprehensive as an Ayurvedist would suggest. Her access to in-depth Ayurvedic counsel is rare.

In her fifties, at last she begins to feel an empowerment of age. She is now looking ahead to grandparenting and often parent care, which she offers according to her awareness and acculturation. Her health care requirements now focus on nutritional education and psycho-spiritual counsel for stress management. One woman in four is now diagnosed with breast cancer, the cause of which was seeded years prior from combined wrong food choices, the use of bra wires, aluminum-based deodorants, repressed grief from unresolved emotional traumas, etc. This epidemic can be addressed from the known causes and cures explained in traditional holistic medicine.

In her sixties she will be considering retirement from livelihood, but may still be required for childcare. Now she can consider taking up education and activities missed earlier in life, She is likely to have some arthritic symptoms, diabetic syndrome, overweight, cardiac and/or cancer concerns. Nowadays, women are equal to men in death statistics by heart attack. She is often out of the physical dangers of assault of her twenties and thirties, but nutrition, lifestyle management and psycho-spiritual counseling remain her biggest health care needs.

Now in their seventies, many women face physical weakness and psychological disempowerment. There may be loneliness, isolation, disrespect or abuse by family members and/or caregivers. The result of previous decades' lifestyle is now often difficult to change. She may be subject to poverty. If she was able to enjoy Ayurvedic senior care, she would receive massage, balanced meals and joyful company, helping her to fulfill her life purpose of self-realization.

In her eighties, she is statistically facing her death process. If she has practised yoga, meditation, tai chi, healthy nutrition and clarity of relationships, she may feel contentment and acceptance at this time. If she has accumulated heavy metals into her nervous system, she may suffer from dementia. If she has cardiac symptoms, she will likely be involved in a physician/hospital interface. If she remains in a hospital setting, her death process may be influenced by respiratory monitors, morphine and defibrillation procedures. Her health care needs remain appropriate nutrition, including right medicines (Ayurveda describes a right medicine as that which removes the disease without causing harm) and psycho-spiritual counseling.

If she lives to her nineties, she comes closer to her potential lifespan in Kali Yuga of about one hundred years. Her previous lifestyle is now paying dividends. She has a storehouse of experience to share with the younger generation, but who is listening? Her health care needs remain suitable nutrition and psycho-spiritual counseling.

All these modern issues are poetically addressed by the ancient Ayurvedic scriptures and teachings. By continuing to dedicate to in-depth Ayurvedic education and practice, we can serve the well being of our families, communities and countries. Women favored by Vedic education can help bring positive change for current and future generations through honoring a personal affinity, whether in Obstetrics/Gynecology, Pediatrics, Family Practice, Internal Medicine, Revitalization, etc.

Education is the foundation of clinical communication and I encourage each of you to continue to follow your hearts in Vedic education and its eventual specialization.

Jaisri M. Lambert, Ayurvedic Consultant.
604-290-8201 (c); 408-378-2880 (vm) www.ayurveda-seminars.com