



Integrating Ayurveda Western Medicine and Ayurveda

by Eric Grasser, MD

The deep wisdom of Ayurveda has been penetrating the Western world with ever increasing momentum in my lifetime. This rising interest is evidenced by the increasing number of schools and programs teaching Ayurveda's principles. Newly educated students, however, are challenged by the nebulous clinical landscape that affects the practical application of this knowledge.

Unity Medicine was founded in 2011 to honor my experience in contemporary medicine and combine it with my love and respect for the ancient wisdom of Ayurveda. In short time, we have successfully incorporated the practice of Ayurveda into the framework of a traditional allopathic family practice. The model for the practice was created after careful exploration and consideration of issues such as legal, marketing and promotion, scheduling, office management, and human resources. Legally, we needed the practice to be in compliance with laws governing contracts that I, as a medical doctor, have with the patients' insurance companies, the coverage provided by my professional liability insurance ("malpractice"), the liability of me and the business for the actions of the Ayurveda practitioner(s), and the laws governing the practice of Ayurveda by the Ayurveda practitioner(s). After such consideration, the practice was set up as a "split" practice, where medical insurance is billed for management of western disease and health maintenance/preventive care, and Ayurveda consultations and treatments are billed as "out of pocket" expenses for the patient/client.

By setting up the practice in this way, it has allowed for a successful application of an Ayurveda approach to healing. Face-to-face time between primary doctor and patient has been compromised greatly in the last several decades due to an evolving interplay among the dominant forces in what is now a lucrative industry. My success in recruiting patients to Ayurveda has been driven in part by the patients' frustration with the current system.

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To elaborate, the provision of Ayurveda services by an MD is legally and contractually allowable during Western medical visits covered by insurance (in other words, there is no stipulation that a Western MD cannot use Ayurveda in his or her evaluation and management of disease), but for practical purposes is not attainable due to time, and thus financial, constraints. In plain language, as I tell patients, the insurance companies do not effectively reimburse for an integrative approach to your health, since such an approach requires thorough questioning, visual observation, exami-

nation, consideration of pathological processes, and application and explanation of treatment plans. In Ayurveda, this encompasses *trividha pariksha*, *samprāpti*, and *chikitsā*.

Because of the rates of reimbursement determined by the insurance companies, the average family or internal medicine doctor must see over 20 patients per day. Anything less cannot sustain the overhead costs of running the business. It is no surprise that patients of our health care system are frustrated, confused, feel as though their concerns are not heard, and ultimately become sicker and sicker. The data on increasing rates of chronic diseases such as diabetes, cardiovascular disease, obesity, and auto-immune disease is beyond the scope of this article, but it is extremely alarming. Furthermore, the medical system in America has evolved to the huge monetary advantage of the "big players" in the industry, namely the pharmaceutical companies, medical technology companies, insurance companies, large hospital groups, and health maintenance organizations. These players benefit from a patient who is sick far more than one who is healthy. I get paid more by insurance companies when the patient's medical problems and management are more complex (read: more drugs, tests, and referrals to specialists), based upon highly complex coding and billing algorithms that are honestly too complex for even a pitta mind to comprehend. I tell my patients, "I get paid more

the sicker I make you look.” We do not have a healthcare system in America, we have a disease-care system.

Having said that, what I tell patients is that my Western medical practice is always informed by my knowledge of Ayurveda, Yoga, Functional Medicine, and other holistic healing systems. This may mean that I suggest neti, turmeric-salt-water gargles, and an herbal tincture instead of decongestants and antihistamines for a cold. The former takes no more of their precious 15 minute appointment than the latter, works better, and is what most of my patients prefer. However, if they want the best opportunity to walk the path to optimal health, heal from disease, and learn to live in harmony with nature, we offer it through Ayurveda. Here, while Ayurveda is an alternative to the frustration with the current system, it results in an integration of systems, since I treat the patient through the lens of both traditions. This is how I practice Integrative Medicine. In the Ayurveda room, the language of vata, pitta, and kapha becomes secondary.

To strengthen the allure of Ayurveda, we have decorated the office with Ayurveda posters, prominently displayed educational information about Ayurveda, and menus of services (consultations, traditional oil treatments, marma therapy, etc). Our larger consultation room (we call it the Ayurveda room) has a couch, plants, jars of herbs, and books on Ayurveda. We frequently hear from patients that it is the nicest doctor’s exam room they have ever seen. If they didn’t already know this is an integrative practice, we may find them looking around the room wondering, “what’s up with this place?” We have also conducted workshops and held the first New Mexico Ayurveda Expo to showcase the many ways in which New Mexico practitioners have integrated Ayurveda into their practice.

Returning to legal issues, it must be pointed out that the contracts I have signed with insurance companies stipulate that it is a member benefit to receive “evaluation and management” of disease. So as not to violate these contracts, the patients must be informed that Ayurveda services are not intended to evaluate, diagnose, mitigate, treat, or cure Western illness. Thus when I provide an Ay-

urveda consultation, I do so under the umbrella of constitutional balancing, and when I document my treatment plans, I use the language of *samprāpti*, *doshas*, *subdoshas*, *dhātus*, *srotāmsi*, *agni*, *āma*, and the like. Keeping my consultations in the language of Ayurveda, I am clearly providing services that are considered “non-covered” per the terms of my contracts with the patients’ insurance companies. When my Ayurveda practitioner(s) provide consultations, I take advantage of the New Mexico Unlicensed Health Care Practice Act, which protects the practice of Ayurveda, since it is an unlicensed here. Several other states now have such laws on the books.

Since Ayurveda is still relatively unknown to most of the patients and community members whom I am recruiting to the Ayurveda side of my practice, I have learned to use myriad other methods to explain and promote Ayurveda. These have included website development, social media, workshops and lectures, educating the members and staff of the other medical practices in my cooperative and the community, and having educational materials readily available.

So far, our integrative practice has been extremely well received. Patients who have only seen me in

my insurance-based, Western practice take comfort in knowing of my diverse educational background, holistic approach, hesitancy to prescribe too many pharmaceuticals, and critical evaluation of what has become the standard of care in Western medical practice in this region of the world. To many of them, the flavor of my “alternative” practice is irrelevant, just knowing that I have a diverse background gives them an increased comfort level. Those who have chosen Ayurveda consultation or treatments have benefitted from a format that allows for evaluation of the root cause of illness and the application of lifestyle modification, and, perhaps most importantly, gives the patient a paradigm with which to understand their unique nature

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and how this influences their health and relationship with the world around them.

My vision for the future is to use the principles of Ayurveda to modify the practice of Western Medicine to make it more patient-centered and holistic. I strive to practice “upstream” medicine. I want to remember the four pillars of therapy of which Ayurveda speaks: not only the doctor and the patient, but also the caregiver and the medicine; and, in a broader sense, the community. I am strongly interested in the crossroads between the ancient holistic science of Ayurveda and the modern holistic science of Functional Medicine, which I see as the single most inspiring field in modern scientific medicine. I look forward to continuing to provide what we call at Unity Medicine “Contemporary Care with Ancient Wisdom,” and I welcome many of you to join me. 

About the Author

Eric Grasser, MD is the founder and medical director of Unity Medicine - Integrative Medicine & Ayurveda, based in Santa Fe, New Mexico. A graduate of Stanford University, Dartmouth Medical School, and the University of New Mexico Family Practice Residency, he certified in the Ayurvedic Studies Program, levels one and two, and the Gurukula Program with Dr. Lad in Pune, India. He is a Clinical Assistant Professor at the University of New Mexico. Dr. Grasser is also an Active Teacher In Family Medicine as recognized by the American Academy of Family Physicians. He is Board Certified by the American Board of Family Medicine. To learn more, visit www.drgrasser.com and [facebook.com/unitymedicine](https://www.facebook.com/unitymedicine).

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