



MISLEADING ADVERTISEMENTS AND SELF-MEDICATION IN AYURVEDA: A SAMHITOKTA PERSPECTIVE ON PHARMACOVIGILANCE

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ABSTRACT

The modern practice of Ayurveda is facing a severe threat from the growing trend of misleading advertisements and unsupervised self-medication. Today, many people believe that herbal remedies are entirely harmless, but this idea goes against the core teachings of our ancient texts. This paper explores the critical intersection of classical Ayurvedic principles and the modern concept of pharmacovigilance through the lens of classical Ayurvedic wisdom. We begin by looking at the classical definition of *Bheshaja* (medicine), which mandates the restoration of health (*Prakritisthapana*) without causing new problems or adverse effects, the study highlights how commercial over-the-counter remedies frequently violate this fundamental standard. When patients buy heavily advertised over-the-counter drugs and treat themselves, they disrupt the *Chikitsa Chatushpada* by taking on the role of the *Vaidya*. Furthermore, this study breaks the persisting public myth that Ayurvedic medicines are universally safe and devoid of side effects, evaluates how ancient safety guidelines are still completely relevant today. We discuss how improperly used medicines can turn into *Visha*, leading to conditions like *Gara Visha* and *Viruddha Aushadha* by warning even nectar can act as deadly poisons. Through the analytical lens of *Tantrayukti* – specifically utilizing *Atidesha* and *Arthapatti* – the study logically extends ancient safety guidelines to modern drug protocols. Ultimately, proposing practical, *Shashtra* based solutions, including rigorous adverse event reporting via *Ayush Suraksha*, strict enforcement of the Drugs and Magic Remedies Act, and most importantly establish a culture of "*Siddhanta-Vigilance*" to protect the health of our society and preserve the scientific dignity of Ayurvedic practice.

KEYWORDS: Self medication, Misleading advertisements, *Chikitsa Chatushpada*, *Tantrayukti*, *Siddhanta-vigilance*

INTRODUCTION

Background

The World Health Organization has defined Pharmacovigilance as the "science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other possible drug-related problems".¹

If we look at the state of Ayurvedic therapeutics today, it is clear that we are dealing with a critical challenge that threatens the very core of its clinical practice from dual menace of misleading advertisements and the resulting surge in dangerous habit of self-medication. The classical definition of self-medication is "the taking of drugs, herbs or home remedies on one's own initiative, or on the advice of another person, without consulting a doctor".²

Many people think that pharmacovigilance is the practice of monitoring drug safety is a modern idea that we imported from Western medicine. However, this is simply not true. Its foundational principles are actually deeply embedded within the ancient wisdom of the Ayurvedic Samhitas. To really understand how medicines are being misused today, we first need to ask a basic question: what exactly is a medicine?

Definition of Bheshaja

Our Acharyas clearly established that, a drug qualifies as *Bheshaja* only if it successfully restores health without

causing any adverse effects. *Acharya Charaka* listed synonyms for medicine that points to its ultimate purpose, *Prakritisthapana*, or bringing the body back to its normal, balanced state.³ Furthermore, *Charaka* established an absolute gold standard to help us reject fake or mis advertised drugs, stating that the best medicine is that which cures the disease, and the best physician is one who relieves patients from their suffering.⁴

Unfortunately, the market today is flooded with over-the-counter herbal remedies pushed by misleading advertisements. These so-called "miracle drugs" often fail to restore health and instead cause Adverse Drug Reactions (ADRs). Because they cause harm rather than healing, they completely violate our classical definition of *Bheshaja*. Giving medicine to a patient requires careful *Yojana*. We have to plan the treatment by looking at the *Dosha*, *Dushya*, *Bala*, *Kala*, *Desha*, *Satmya*, and *Matra*. Commercial ads completely ignore this. They promise universal cures without caring about the *Dosha-Dushya* relationship or the uniqueness of the patient. This directly contradicts the *Shastric* rule that a *Bheshaja* must be tailored to the individual using a *Vaidya's Yukti* (rational application).

Objective: This study aims to bridge these classical guidelines with modern drug safety requirements.



MATERIALS AND METHODS

Study Design

A literary study.

Source of Data

Primary data were obtained from the Charaka Samhita,

Method of Collection

References were collected based on: the epistemological tools provided in our Samhitas.

Analytical Framework

Our ancient texts gave us *Tantrayukti*, which are methodological tools used to analyze, interpret, and apply Ayurvedic knowledge correctly.⁵ These tools make sure that we apply therapeutic principles with proper logic and common sense. We can use two specific tools to look at modern drug safety:

- *Atidesha*: This tool allows us to extend established classical principles to related modern situations. For example, the strict regulatory caution our texts apply to complex Panchakarma procedures should naturally be applied to monitor the herbal formulations sold in markets today.
- *Arthapatti*: This tool helps us understand the logical, unwritten implications in the *Samhitas*. If intensive procedures like *Vamana* and *Virechana* need strict clinical supervision, then by *Arthapatti*, it logically implies that even milder herbal therapies need a doctor's oversight.

RESULTS AND DISCUSSION

1.1 Disruption of *Chikitsa Chatushpada*

Effective Ayurvedic treatment relies on the systemic coordination of the *Chikitsa Chatushpada* (the four pillars of treatment): the *Vaidya* (physician), *Dravya* (drug), *Upasthata* (attendant), and *Atura* (patient).⁶ Among these four limbs, the physician is recognized as the most critical. When a person Self-medicates, this entire foundational framework collapses because the unqualified patient tries to assume the role of the physician.

1.2 The Rise of the Modern *Chadmachara Vaidya*

Acharya Charaka specifically warned society about pseudo-physicians, categorizing them into *Chadmachara* (Fake), *Siddhasadhita* (Feigned), and *Jivitabhisara* (Genuine).⁷

- A *Chadmachara Vaidya* is defined as one who pretends to be a physician merely by showing off medical instruments, books, medicines, and observational tricks, but actually knows nothing about the science.
- Today In the pharmacovigilance context, these fake physicians are not only individuals on the street, they exist as corporate entities utilizing misleading advertisements, attractive packaging, and fake testimonials to pose as healers and promote self-medication.
- Furthermore, classical texts warn against Siddha-Sadhita individuals who guarantee therapeutic success without any diagnostic reasoning or Shastric foundation, leading to highly unsafe practices. Modern advertisements do the exact same thing; they guarantee results without ever examining the patient. Practicing without truly understanding the *Shastra* is called *Anadhighata Shastra*,

and it always leads to wrong drug choices, wrong doses, and a misunderstanding of the disease itself.

1.3 Breaking the Myth of Universal Safety

A primary reason of irrational self-medication is the dangerous public myth that Ayurvedic medicines are entirely safe and have zero side effects. This misconception was explicitly shattered by Acharya Charaka thousands of years ago:

- An unknown or misunderstood drug is as fatal as poison, fire, a weapon, or a thunderbolt. But a properly understood drug acts like nectar.⁸
- Even a deadly poison can transform into an excellent medicine if administered with *Yukti* (a rational method). On the other hand, an excellent medicine can act as a deadly poison if it is administered improperly. Even *Amrita* (nectar) can behave as *Visha* (poison) when consumed in an inappropriate physiological condition, context, or quantity.⁹

The concept of safety in Ayurvedic pharmacology teaches that even naturally occurring substances are not automatically safe just because they are natural, their safety depends entirely on proper preparation, dosage, and indication.

1.4 Toxicological Outcomes of Self-Medication

When patients self-medicate, ignoring these rules, they face the real harm resulting in therapeutic failure and adverse events.

- Heavy Metal Toxicity & Organ Damage: Hepatic and renal issues arising from improperly purified *Bhasmas* or general self-medication serve as clinical proof of *Bheshajam duryuktam* (improperly used medicines).
- *Gara Visha*: The unsupervised intake of multiple herbal formulations, especially alongside modern pharmaceuticals, can produce cumulative toxic effects known as *Gara Visha*, which results from subtle and slow toxic accumulation.
- *Viruddha Aushadha/Ahara*: Improper combinations of medicines (*Viruddha Aushadha*) and mixing wrong foods (*Viruddha Ahara*) can generate incompatible biochemical interactions, resulting in pathological accumulation and chronic metabolic problems.

1.5 The Necessity of *Purusha Purusha Vikshya*

Ayurveda fundamentally opposes the "One Size Fits All" approach utilized by commercial advertisements. The foundational principle of *Purusha Purusha Vikshya* which means that a physician must examine each individual patient to determine how to administer treatments according to *Prakriti* (Nature of individual), *Desha* (habitat/region) and *Kala* (season/time).¹⁰ Modern social media and television ads try to sell universal remedies for conditions like arthritis, obesity, and diabetes. However, without assessing the individual's *Koshta*, *Agni*, *Satmya*, and *Prakriti*, these heavily marketed drugs will invariably act as harmful substances, causing serious ADRs. Acharya Sushruta's famous principle, '*Yasya deshasya yo jantustajjatantat tasya bheshajam*', reminds us that the best medicine for a person is often linked to their biological adaptation and local environmental compatibility.¹¹



1.6 Proposed Solutions and Institutional Pharmacovigilance

To effectively fight the dangers of self-medication and misleading advertisements, we need to take systemic solutions backed by fundamental Samhita principles:

- **Active Reporting:** Practitioners and scholars must actively use Ayush Suraksha platform to document and report ADRs to the Pharmacovigilance Program for ASU & H Drugs.
- **Legal Enforcement:** Massive awareness must be created among the public regarding the GAMA (Grievances Against Misleading Advertisements) portal and the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954. Advertisements claiming "magical cures" must be systematically reported immediately. Recently Supreme Court has ordered stricter action against misleading medical advertisements and brought stringent regulations and reforms.¹²
- **Public Education Campaigns:** *Vaidyas* must drive initiatives to break the 'No side effect' myth and educate the public on the classical principle of "*Yogadapi visham teekshnam*", ensuring patients understand that Ayurvedic herbs are highly potent and absolutely require a physician's *Yukti*. Patients must be taught that a medicine that cured a neighbour's ailment could be actively harmful to them due to differing *Prakriti* and *Dosha* dominance.
- **Evidence-Based Standards:** Regulatory frameworks must prioritize indications determined by *Rogibala* (disease strength) and *Rogibala* (patient strength) rather than symptom-based commercial marketing.

Ayurveda also explains about the concept of *Shuddha Chikitsa* which serves as natural pharmacovigilance framework. It shows Ayurvedic therapeutic is how much sophisticated in understanding treatment safety, preventing vigilance and treating iatrogenic diseases, closely resembling the modern pharmacovigilance.¹³

The findings of this paper show us that we cannot treat Ayurveda as a collection of harmless home remedies. Our medicines are powerful, and they require great care and respect.

CONCLUSION

Ayurvedic pharmacology is not an outside concept; it is profoundly rooted in *Siddhanta*—the fundamental principles articulated in the classical Samhitas. These principles guide every aspect of therapeutic intervention, from how we diagnose, determine doses to therapeutic monitoring. Neglecting these guidelines results into even well-known medicines ineffective or harmful. Therefore, modern pharmacovigilance in Ayurveda has to be more than just filling out forms when a patient gets rash and must evolve beyond merely monitoring adverse reactions. It must initiate "*Siddhanta-Vigilance*"—a conscious, unwavering commitment to preserving the methodological and intellectual integrity of clinical practice. We must ensure that medicines are only prescribed after proper examination and with total respect for the patient's individuality. These fake, misleading ads are a direct threat to the safety of our patients and credibility of

Ayurveda. Addressing this unethical behavior and Stopping them is not just a legal duty; it is our scholarly responsibility. By reviving the use of *Yukti* and *Purusham Purusham Vikshya*, and by boldly calling out the modern *Chadmachara* practices, we can protect the health of our society and uphold the true dignity of our ancient science.

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