

Relevance of the Teachings of *Shrimada Bhagavad Gita* for Prevention and Control of Noncommunicable Diseases in the 21st Century

AJ Singh¹, Pravin Kumar Tripathi², Ruchi Arun³

¹Department of Community Medicine & School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh, India

²Department of Neurosurgery, Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly, Uttar Pradesh, India

³Department of Community Medicine, Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly, Uttar Pradesh, India

Corresponding author

Amarjeet Singh

E-mail ID: dramarjeet56@gmail.com



Submission: 22.11.2023

Acceptance: 20.06.2024

Publication: 30.06.2023

https://www.doi.org/10.56136/BVMJ/2024_00282

Since antiquity, all civilizations had their own ideal ways of healthy living, with diet and physical exercise guidelines. The role of the self-healing capacity of the body was also highlighted⁽¹⁾. This is more relevant in the 21st Century, where Noncommunicable Diseases (NCDs) like diabetes, hypertension, Cardiovascular Diseases (CVDs), stroke and cancer, are on the rise with high mortality rates. Globally, adherence to any NCD-related advice on a healthy lifestyle, especially the diet, is less than 50%. Most people think adherence to it will make their lives miserable because it means eating tasteless food. They lack the requisite willpower to make healthy lifestyle changes. For example, even though therapy reduces the risk of stroke and Myocardial Infarction (MI), the majority of hypertension patients are nonadherent. In India, only 10-25% of hypertension patients have controlled blood pressure⁽²⁻⁷⁾.

Reasons for poor medication adherence include prescription of costly long-term drug regimens and fear of side effects. Patients may not understand the importance of taking a medicine daily to reduce the risk of complications. They may discontinue medicines when they think the problem has been resolved without symptoms. Inadequate doctor-patient communication also accounts for 55% of nonadherence. To resolve this, the patients themselves must take the initiative through their active involvement in the medical decision-making process. Their education is the key intervention required from the health care providers.

The *Bhagavad Gita* also exhorts people to make efforts to solve problems in their routine lives. These teachings are also helpful for health maintenance^(8,9).

For example, it says, "Let a man lift himself by himself; let him not degrade himself; for he is his friend, and he himself is his enemy. Teachers, scriptures, temples, etc., are all guides only, and the actual achievement depends on the seeker's ability to overcome his misunderstandings."

Focus on the individual is also ingrained in the salutogenic concept, wherein the proposed 'sense of coherence' is highlighted as a strong determinant of positive health through

successful coping by individuals built upon three facets:

- i. Comprehensibility: Whatever happens to people, they can make sense of it.
- ii. Manageability: People realize that things can be handled by the resources available.
- iii. Meaningfulness: People recognize that these challenges are worthy of investment and engagement. They respond to problems and challenges and overcome them.

Here, the individual must make an effort through mental strength and coherent thinking to find ways to achieve good health⁽¹⁰⁾. Parsons' sick role model also has a focus on the individual, where the patients have two rights (exemption from performing 'normal' social roles; care by others until recovery) and two obligations (seeking medical help to get well; adherence with the advice given)⁽¹¹⁾.

In chronic diseases, self-discipline is paramount since recovery is never complete. Doctors prescribe a regimen of medications, diets, and/or exercise and is expected to be followed throughout life. This disorganizes the patient's routine.

Gita also elaborates on the root cause of our indiscrete behavior and about the proper diet and sleep, which in a modern context are linked to diseases like CVD.

"... Yoga is not possible for him, who eats too much, or for him who does not eat at all; or for him who sleeps too much, or for him who is always awake. O Arjuna..... Yoga puts an end to all sorrows for him who is moderate in food, recreation, exertion at work, sleep, and wakefulness."

"*Sattvic* persons like the food which increases vitality, supplies energy, enhances strength to resist temptations from the sense objects, provides health, augments joy, and inward cheerfulness. *Rajasic* men desire bitter, sour, hot, spicy energy food to fulfill their uncontrolled passions. Ultimately, it leads to a life full of pain, grief, and disease. Stale, tasteless, putrid, rotten, refuse, and impure food is liked by the *Tamasic* people, jeopardizing their self-control. They practically live in sleep and have neither any goal nor higher purpose in life,

nor any nobility in action. Their discriminatory capacity gets blunted, and they get deluded”^(12,13).

In *Mahabharata*, Arjuna admits defeat even before the war started when he told Lord Krishna, “I shall not fight.” In the modern context, when any NCD-related advice on a healthy lifestyle is given, patients may first decide to give up on the challenge, unable to face it. This could happen due to denial or the inability to accept what we need to do. It could also be due to our fear of failure or perhaps just a lack of self-belief. Doubt is a common phenomenon. We constantly question our simple acts. Hence, it is important for the healthcare provider to build a relationship of trust and pacify the patients for their own benefit to resolve the issue of poor medication adherence.

Krishna displays this trust-building phenomenon when he tells Arjuna, “Renounce all kinds of religions and come to my refuge; I will save you from all kinds of sins. Don't panic! Do your duty to the best of your ability, O Arjuna, with your mind attached to the Lord, abandoning worry and selfish attachment to the results and remaining calm in both, success and failure. Selfless service is a yogic practice that brings peace and equanimity of mind.”

In order to deal with stressful situations, actions are supported by Lord Krishna, than grief or depression. He said, “Get up with a determination to fight, O Arjuna. Do not let your attachment be to inaction. Always stir yourself a bit; get rid of any temporary feelings of inertia. Without action, there is no life.”

Lord Krishna endorses knowledge and action, however supports action. This concept is exact in health also. We have equipped ourselves with knowledge about NCDs, also available on Google. But we should not limit ourselves to mere knowledge. It is more successful to enact and fight with the disease. Doctors will advise on investigations, nonpharmacological therapy, drug treatment, or surgery. Adherence to it is the obligation of the sick people.

Lord Krishna forcefully informs maintaining physical health. This can be achieved through exercise and activity and: “Do your allotted work; for action is superior to inaction. Even the bare maintenance of the body would not be possible if you remain inactive.” This is true for NCDs also. However, patients should be mentally strong and prepared for the change in their routine.

Gita also says change is possible. All beings change, however the Spirit does not. The body is also temporal and changeable. Hence, we need not be consumed by it... When it asks for rest, give it rest; when it needs activity, give it activity; simply respond to its needs with awareness, love, and care.

But any change takes work. It should be within the range of normality, as the *Bhagavad Gita* also indicates the importance of the 'normal curve' concept, which states that most (95%) of the members of a community will oscillate within the 'normal' range of expected behavior because of the 'mass inertia', i.e., our 'comfort zone'⁽¹⁰⁾.

Krishna says,” Focus on feeling centered, focus on finding balance, and you will enter a state of optimum energy once again.” Too much of anything deviates from the center, from the core that holds us together and makes life more effortless.

Lord Krishna's lessons to Arjuna emphasized that all wars first exist in the mind. Thus, appealing in the mind is the first utmost step to winning on the battleground as well as in factual life.

“But, when we get up to fight, we must first get ready to conquer the mind because it will play games... It will make us imagine negative outcomes, and put imaginary obstacles on our path. We may get tempted to make excuses rather than act...” Arjuna said, “Because the mind is very unsteady, turbulent, powerful, and obstinate, O Krishna, I think restraining the mind is as difficult as restraining the wind.”

Lord Krishna expounded more on the mind, intellect, and the senses. “The mind is pulled back by the senses but pushed forward by the intellect. The mind, which constantly thinks about the sense of objects and moves only in pursuit of such objects, destroys altogether the discriminatory faculty in man. Therefore, O Mighty Arjuna, his wisdom is steady; his senses are completely restrained from their objects. At his will, he can withdraw the senses from their objects and enter communion with the Self.”

The mind becomes an enemy when we let our thoughts overpower us into inaction.

Lord Krishna also restrains Arjuna against erroneous anger. In the context of NCD diagnosis, blame and anger are natural reactions. But, these feelings do not serve any purpose and are inoperable. Anger vagues the reasoning capabilities and prevents making the correct decisions. Anger against compliance to treatment, lifestyle modification, regular monitoring of blood pressure and glucose levels, or healthcare providers; weakens the patient from the correct path.

“He who is not attached to anything neither rejoices nor is vexed when he obtains good or evil - his wisdom is firmly fixed.” The objectivity of the external world and ability to face life challenges with a balanced mind should be acting together. By staying detached from the outcome, we remain in control of our minds and the situation at hand.


Thus, in a generic sense, *Gita's* teachings, like eternal Truth, are quite relevant for preventing and controlling NCDs. Even for a good connection with the patients, the healthcare providers may use quotes from *Gita*. Its real-life example was experienced by the 3rd author (RA) after she attended a few sessions of the Shrimada *Bhagavad Gita* discourse on her hospital campus. She changed her daily routine and abandoned nonvegetarian food intake. She witnessed a dramatic change for the better in her blood pressure readings and serum cholesterol levels, as well as in her peace of mind (a sense of restlessness).

Conflict of Interest: The corresponding author is Chief editor of BVMJ.

Source of Support: Nil

Copyright © 2024 Bharati Vidyapeeth Medical Journal (BVMJ). This is an open access article, it is free for all to read, download, copy, distribute, adapt and permitted to reuse under Creative Commons Attribution Non - CommercialShareAlike: CC BY-NC-SABY 4.0 license.

ORCID

Amarjeet Singh  0000-0003-0978-0907

Authors' Contribution

AJS: Conceptualization, Drafting and revising the article; PKT: Conceptualized the idea through regular sessions on Shrimad Bhagwad Geeta in Bareilly and Jabalpur groups; RA: gave the relevant feedback, which helped in drafting the article, She contributed by revising it critically for important intellectual content (she regularly attends the sessions).

References

- Goel S. Contextualization of Salutogenesis Concept vis a vis Other Theories of Health. In. Singh AJ (Editor), Goel S, Senjam SS, Goel S (Co-ed). *Mantras for Healthy Lifestyle – A Salutogenic Approach*. New Delhi, Century Publications, 2012.
- Atiim GA, Elliott SJ. The Global Epidemiologic Transition: Noncommunicable Diseases and Emerging Health Risk of Allergic Disease in Sub-Saharan Africa. *Health Educ Behav*. 2016 Apr;43(1 Suppl):37S-55S
- Mackay J, Mensah GA. *The Atlas of heart disease and stroke*. Geneva: World Health Organization; 2004.
- Gupta R. Trends in hypertension epidemiology in India. *J Hum Hypertens*. 2004 Feb;18(2):73–78.
- Patel SA, Winkel M, Ali MK, Narayan KM, Mehta NK. Cardiovascular mortality associated with 5 leading risk factors: national and state preventable fractions estimated from survey data. *Ann Intern Med*. 2015 Aug 18;163(4):245-53.
- Hypertension Study Group. Prevalence, awareness, treatment and control of hypertension among the elderly in Bangladesh and India: a multicentre study. *Bull World Health Organ* 2001;79(6):490–500.
- Adisa R, Ilesanmi OA, Fakeye TO. Treatment adherence and blood pressure outcome among hypertensive out-patients in two tertiary hospitals in Sokoto, Northwestern Nigeria: *BMC Cardiovasc Disord*. 2020 Feb 6;20(1):68
- Srimad Bhagvad Gita. Gorakhpur: Gita Press; 2009.
- Bhagvad Gita As It Is. Los Angeles California, USA: Bhaktivedanta Book Trust International; 1972. Grace Bhaktivedanta Swami Prabhupada HD.
- Singh AJ. Singh AJ, Goel S and Kathiresan J (Ed.). *Health Promotion: Need for Public Health Activism Vol I*, Germany LAP LAMBERT Academic Publishing, 2013.
- Varul MZ. Talcott Parsons, the sick role and chronic illness. *Body & Society*. 2010 Jun;16(2):72-94.
- Kalra B, Agrawal N, Unnikrishnan A. Nutrition and the Bhagavad Gita. *J Med Nutr Nutraceuticals*. 2013 Jan 1;2(1):3-3.
- Kalra S, Jindal S. Nutrition, metabolism, endocrinology, and the Bhagavad Gita. *J Med Nutr Nutraceuticals*. 2014 Jan 1;3(1):19–20.