

## **An Abstract of Johan Beaurain's Research Proposal for a Masters Degree in Education.**

### **Thesis Title:**

**An exploration of the effect of a learning programme based on Ayurveda on learners' views of health and well-being'.**

This research will find out how lifeskills learning sessions on a holistic view of health like the self-healing philosophy that is based on the Ayurvedic approach; influences, changes, informs and promotes the way the learners' (grade seven to nine) think about their own health and well-being but particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS<sup>1</sup>.

In South Africa (historically and today) there has been an attempt by a section of society to inculcate a belief amongst the general public that health should be viewed as the absence of diseases as diagnosed by 'allopathic' diagnostic methods in accordance to 'pathogenic' infections. The allopathic approach that I refer to here is an orthodox medical practice that promotes the treatment of 'diseases' by drugs. 'Pathogenic' means the method used by orthodox medical practitioners to diagnose 'disease' in accordance with a somewhat prominent organism (pathogen) that they claim to be present in the body of the affected person. They then usually argue the presence of this pathogen to be the main cause of an 'ill condition', which they then usually describe as a 'disease'. In the absence of a prominent organism the condition itself then usually becomes the 'disease'. Public opinion then started to shape itself accordingly. Educational institutions seem to have comfortably adjusted themselves to this approach towards health.

This approach has created a problem because 'Health' is not merely the absence of 'diseases'.

Health, according to WHO, is a 'state of complete physical, mental and social well-being and not merely the absence of diseases. It is a positive concept emphasizing social and personal resources as well as physical capabilities (Ottawa Charter, WHO, 1986:?)

In Africa the concept or cause of disease and therefore the aim of healing focuses on three aspects: spiritual aspects, physical conditions (including physical and social factors), and psychological processes. (Department of Health-draft of Health Promotion Policy, 2003:?)

The above definitions indicate the importance of establishing a system of natural health based on a holistic approach towards health in our schools as part of the basic health education system of the country. This research will therefore attempt to answer the question: Can a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference in learners' thinking about their own health and well being, particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS?

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<sup>1</sup> Deliberate incorrect use of the term HIV/AIDS instead of using the terminology HIV and AIDS in order to emphasise that I am in this instance referring to the concept as it is currently being propagated by mainstream views in the country.

I will do this by way of a pilot study in which I develop and implement a few learning sessions on Ayurveda. The differences in learners' thinking will be measured with a questionnaire to be completed before and after the complete set of learning sessions

**Key Words:** 1. Health Promotion. 2. Self-healing. 3. Ayurveda. 4. Life Orientation 5. Lifeskills Education. 6. Disease 7. HIV and AIDS 8. Health Promoting Schools. 9. A holistic approach to health within a system of natural health. 10. Health Education.

# RESEARCH PROPOSAL

## 1. Thesis Title:

**An exploration of the effect of a learning programme based on Ayurveda on learners' views of health and well-being.**

This research will find out how lifeskills learning sessions on a holistic view of health like the self-healing modality based on the Ayurvedic approach influences, changes, informs and promotes the way the learners' (grade seven to nine) think about their own health and well-being' but particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS<sup>2</sup>.

## 2. Key Words:

1. Health Promotion. 2. Self-healing. 3. Ayurveda. 4. Life Orientation 5. Lifeskills Education. 6. Disease 7. HIV and AIDS 8. Health Promoting Schools. 9. A holistic approach to health within a system of natural health. 10. Health Education.

## Some definitions of Key Words:

**Health promotion** is a process of enabling people to increase control over, and improve their health (Ottawa Charter, WHO, 1986). This includes increasing control over the determinants of health. It is about helping people to gain and maintain good health through promoting a combination of educational and environmental supports which influence people's actions and living conditions. (Department of Health, April 2003 draft of Health Promotion Policy)

**Self – Healing** is a philosophy that asks every individual to take responsibility for his or her own daily living. Individuals are asked to take actions through their diet, their relationships, their occupations, their numerous responsibilities, and their daily life as a whole. This will be aimed at prevention, self-healing, wholeness, and growth toward knowing and understanding the Creation (Cosmic Consciousness). An example of such a philosophy is the method of Self - Healing as promoted by Ayurveda. Ayurveda is the ancient healing of India.

**Ayurveda** is a Sanskrit word that derives its meaning from two roots – ayur meaning 'life' or 'daily living', and veda meaning 'knowledge' or 'science'. It emphasises that we are a microcosm of the universal macrocosm. Therefore we need to live in a way that respects and honours our bodies and our environment in order to maintain health and wellbeing. The purpose of Ayurveda and yoga is to help the individual to achieve longevity, rejuvenation and self-realisation. Combrink, (2001:30)

In the above draft policy on Health Promotion the Department of Health defines **Lifeskills** Education as:

Lifeskills are the abilities that help an individual to meet the challenges of everyday life. The primary aim of lifeskills education is to develop knowledge, attitudes, values and skills needed to empower people to deal with the demands and challenges of everyday situations and to promote and protect their own health and well being.

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<sup>2</sup> Deliberate incorrect use of the term HIV/AIDS instead of using the terminology HIV and AIDS in order to emphasise that I am in this instance referring to the concept as it is currently being propagated by mainstream views in South Africa.

**Health Education** is only one component of health promotion. But the term health education is usually used very broadly in a manner that will usually also take into consideration some of the more comprehensive principles of health promotion. Health Education is already an accepted part of the school curriculum in many different countries throughout the world. The World Health Organisation (WHO, 1951) has also emphasised the importance of health education. During the 1970's and 1980's the World Health Organisation also produced reports related to the health of children and youth (Tones & Tilford, 2001). Schoolteachers in all parts of the world have the responsibility to provide health education to learners. Green and Kreuter (1991) have pointed out that educators and health workers may have competing priorities. The aims of the health workers whom are usually focusing on health as being free of disease are different from the aims of teachers. Teachers usually focus closely on an educational outcome that is in line with learners gaining knowledge and developing skills. Whilst health workers would focus on trying to change the behaviour of the people they are working with. Green & Kreuter suggested that school health personnel whom are involved with health promotion needs to be sensitive to these differences particularly as they play an important role in designing or presenting the curriculum. But the problem is that many educators simply feel so overwhelmed with the need to get learners to pass exams that they usually resist prioritising broader health goals beyond the type of health education that would argue that 'health is equal to being free of disease'. The aims and focus of this thesis will make an attempt to develop methods in which we could possibly deal with this pertinent problem that is also the reality in South Africa.

There are many different interpretations of the terms health illness and disease. Gilbert, Selikow and Walker gave their interpretations of these terms in an introductory reader for health professionals:

Although the terms '**disease**', '**illness**' and '**sickness**' are used interchangeably in everyday language to describe what is perceived to be a state of 'lack of health', we would like to make a distinction between them in order to demonstrate their different meanings.

The term '**disease**' is used to refer to '**objective**' conditions in which the internal functioning of the body as a biological organism is impaired (caused by various factors like presence of bacteria, virus etc.). It is something only '**licensed health professionals**' can diagnose and treat. '**Illness**' can be taken to mean the **experience** of the disease, and therefore it relates to a way of being for the **individual**. It is a **subjective** phenomenon in which individuals perceive themselves as not feeling well.

While '**disease**' is a **physical** concept linked mainly to the body, and '**illness**' is a **psychological** concept linked to the individual, '**sickness**' is a sociological concept, and as such linked to society. '**Sickness**' can be defined as a social condition that applies to people who are deemed by others to be ill or diseased. When a person is defined as being unhealthy, his or her social identity shifts to that of a 'sick person', and this may alter his/her behaviour (e.g. they stop going to work).

The terms, 'disease, illness and sickness', are often used interchangeably on the assumption that they 'normally' occur together. Someone is 'ill' because he has a 'disease', he modifies his behaviour (e.g. doesn't go to work) and is defined as 'sick'. However, it is possible for a person to have a 'disease' like cancer or HIV/AIDS which has not been diagnosed. The person, therefore, does not know about it, doesn't feel 'ill' because there are no symptoms and is not 'sick', since behaviour has not been modified. On the other hand, a person losing a job might feel ill without having a disease. Since 'sickness' is a social concept it is possible to have a disease without having been defined by society as being sick. An example is a person diagnosed with HIV, who does not tell anybody and continues to fulfill all his social obligations (e.g. goes to work) without behavioral changes. (Gilbert, Selikow and Walker, 1996:8)

Those authors who look at the cause of disease as originating from a specific aetiology (or origin) such as a virus, parasite or bacterium (infection/s) were once described as the biomedical model. Harding (1990:?) described the biomedical model as those who view health and disease through the microscope and who then offers technical solutions to what are to a large extent social problems.

People have different perceptions of how we should view disease, but I think that we can also look at disease as a humanly constructed perception, the bio-medical concept of disease that Harding were referring to is the one where some would say:

It is something only 'licensed' health professionals can diagnose and treat. (Gilbert, Selikow and Walker, 1996:8)

I think that if we want to understand the concept of 'disease' better we will have to go back into history to look at how the concept of 'disease' was constructed by society, which grouping/s in society was responsible for the construction of the concept 'disease', who benefits financially as a result of the way in which the concept 'disease' was constructed. We also need to investigate if those who benefit financially as a result of the way in which the concept of disease was constructed will receive greater financial benefit if there is a stigma attached to the 'disease' that they have defined. We also need to make these investigations in relation to the way in which HIV/AIDS was defined as a disease.

Vasant Lad describes how Ayurveda views the concept known as '**disease**'. He explains that disease develops within the body as a result of an imbalance that occurs in one or more of the doshas of the body. When the imbalance/s are then not corrected, disease will develop during a process that he outlined by describing the details related to six different stages: 1. Accumulation 2. Aggravation 3. Spread 4. Deposition or infiltration. 5. Manifestation. 6. Cellular deformity leading to structural distortion. In summary Lad then defines disease as:

Imbalance is disorder and disorder is disease. Lad, (2002:39)

**HIV** was originally defined as the **Human Immunodeficiency Virus**, and **AIDS** as an **Acquired Immunodeficiency Syndrome**. The above definitions will not be sufficient to convey the understanding of these two terms, as it will be referred to in this thesis. Fortunately in order to give better understanding to these terms in the current day era described as 'AIDS Speak', Maggiore (2000:79) made available a new list of definitions in her book "What if everything you thought you knew about AIDS was wrong?" These definitions are listed below:

Understanding AIDS Speak: A Guide to Language in the Age of HIV

**AIDS:** Popularly referred to as a disease, AIDS is actually a new name for 29 previously known and relatively common health conditions when these conditions appear in someone who has tested HIV positive. For example, a person who tests HIV positive and has herpes is classified as having AIDS, while a person with herpes who tests HIV negative has herpes, not AIDS. All 29 health conditions categorized as AIDS occur in people who test HIV negative, and none are exclusive to those who test HIV positive. "AIDS" is not a disease, just as "hardware" is not a tool— both are categories that are used to group certain items.

**AIDS Education/AIDS Awareness:** Presentation of popular beliefs, unsubstantiated claims and unfounded projections regarding HIV and AIDS which excludes all or most of the factual information contained in this book.

**AIDS Epidemic:** An epidemic is generally defined as an outbreak of a contagious disease that spreads rapidly, grows quickly and is widely prevalent. Since 1981, AIDS has remained almost exclusively confined to the original risk groups, has not spread rapidly among risk group members, and is not widely prevalent anywhere in the world. For example, 99.5% of people living on the African continent, an area often described as being devastated by AIDS, do not have AIDS.

**AIDS Infected:** A misleading, incongruous phrase popularized by the media to describe people with a positive result on a nonspecific test for antibodies thought to be associated with HIV. There is no such thing as an "AIDS infection."

**AIDS-Related:** Any troublesome health condition that is not included in the official definition of AIDS, yet is attributed to AIDS, but only in a person who has tested HIV positive. For example, Arthur Ashe is reported to have died of "AIDS-related pneumonia," a pneumonia that is not an AIDS-defining illness.<sup>3</sup> Most AIDS-related conditions are caused by AIDS treatments, as in AIDS-related anemia, and are treated with other AIDS drugs. Some, like AIDS-related gum disease, or gingivitis, are problems commonly found in the general population.

**AIDS Test:** What is popularly known as an "AIDS test" is actually a test for antibodies generated to act against HIV yet HIV tests are not able to specifically identify antibodies to HIV. Viral antibodies alone cannot cause and do not predict illness. HIV antibody tests are nonspecific, highly cross-reactive and do not detect HIV (actual virus). There is no test to diagnose AIDS.

**AIDS Vaccine Program:** A multi-billion dollar research effort to create a vaccine against AIDS that will cause a person to produce antibodies to HIV. All vaccines work by artificially stimulating production of antibodies which then serve as protection from a specific disease. Researchers say that the antibodies to HIV elicited by a vaccine will protect people from AIDS even though naturally occurring HIV antibodies are considered an indicator of current or impending illness. As participants in AIDS vaccine trials become HIV positive after vaccination, researchers have discovered that there is no way of distinguishing the HIV antibodies induced by the vaccine from naturally occurring HIV antibodies. A recent article in the journal *Lancet* reported on this dilemma:

Researchers attempting to determine who was HIV positive due to vaccination found that viral load tests commonly used by AIDS doctors to diagnose HIV infection were "unsuitable for diagnostic screening" when positive samples from one lab were found to be negative at another.<sup>4</sup> The problem of distinguishing people who have been immunized against HIV from those with naturally acquired HIV antibodies is described in the report as "increasingly complicated, raising critical questions for the conduct of all HIV vaccine trials."

**AIDS Virus:** A popular name for HIV, a retrovirus with no cell-killing mechanisms that has not been found in the fresh, uncultured plasma of AIDS patients or in persons diagnosed as HIV positive.

**Antivirals/Antiretrovirals:** Chemotherapy drug compounds designed to terminate forming DNA chains. None of the many drugs commonly referred to as antivirals or antiretrovirals possess any direct or specific mechanisms for targeting virus. Actual antiviral drugs do not exist, as medical science has never produced a drug that can cure a viral infection.

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<sup>3</sup> POZ Magazine July 1992

<sup>4</sup> Schwartz D, et al 1997 *Extensive Evaluation of a Seronegative Participant in an HIV-1 Vaccine Trial as a Result of False-Positive PCR*, *Lancet* Vol 350 No 9073 p256

**At Risk:** According to AIDS organizations, the media and government advertising campaigns, everyone is at risk for AIDS although for nearly two decades, over 90% of American AIDS cases are confined to groups with well-known risk factors not shared by the general American population. As early as 1987, the CDC acknowledged that "most people are at zilcho or very low risk" and that the chance of acquiring HIV from a one-time unprotected heterosexual encounter with someone not in a high risk group is one in seven million, which is smaller than the risk of ever being struck by lightning.<sup>5</sup> As reported in The Wall Street journal, government health officials decided in 1988 to portray AIDS as an "equal opportunity scourge" because market research indicated that such a claim would "mobilize support for public funding" and "generate compassion for victims."

**Chronic and Manageable:** The new goal of conventional AIDS science, as in "the new drugs could make AIDS a chronic and manageable condition."

**Compassionate Use/Expanded Access:** Making experimental, unproven, or previously banned drugs available for use outside of experimental trials. For example, thalidomide, a drug banned in the 1960s for causing severe birth defects was recently released for compassionate use as a treatment for AIDS wasting, a condition known to be caused by other AIDS drugs.

**Compliance:** Strictly adhering to an intricate and complex program of AIDS drugs as if ones life depended on it.

**Early Intervention:** Pharmaceutical treatment of illness before illness occurs, also known as prophylaxis. Presumption of illness and prediction of future illness in persons who test HIV positive are based on highly biased statistical data and surrogate markers rather than on individual clinical health status. Early intervention often produces the dire health consequences it is used to prevent. Synonymous with "aggressive treatment," "hitting early and hard" and "being smart about HIV"

**Early Intervention Specialists/Treatment Advisors/Treatment Advocates;** Functionaries of AIDS organizations who promote pharmaceuticals, often to the exclusion of alternative treatments and approaches to living. Many AIDS organizations do not allow people serving in this capacity to mention information on healthful living without drug intervention.

**Failing Drug Therapy:** Describes a person who is unable to tolerate the side effects of AIDS drugs, or for whom the drugs produce no beneficial results; as in "John failed Crixivan." According to this cruel paradigm, drugs do not fail, people do.

**Fast-Tracking/Fast-Track Approval:** Releasing pharmaceutical treatments for general and lifelong use before long-term results are known and before safety and efficacy have been established. Many adverse effects of protease inhibitors—sexual dysfunction, diabetes, physical deformities, liver failure, and death—were discovered only after fast-track release. Fast-tracking is regarded as one of the major accomplishments of AIDS activism.

**Fatal:** Describes conditions, circumstances or events that have produced death or are destined inevitably to cause death.<sup>6</sup> According to the World Health Organization, 95% of people worldwide described as "having HIV" actually live in health despite promotions of HIV as a 100% fatal virus.<sup>7</sup>

**Fighting AIDS:** Funding AIDS.

**Full-Blown AIDS:** Testing HIV positive and meeting the criteria for an AIDS diagnosis by having any official AIDS-defining condition ranging from a simple yeast infection to terminal cancer, as in "Mary has

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<sup>5</sup> Wall Street Journal May 1 1996

<sup>6</sup> American Heritage Dictionary Second College Edition Houghton Mifflin Company, Boston p492

<sup>7</sup> Documentary film HIV=AIDS: *Fact or Fraud* Starvision Productions Denver CO 1997; CNN Website *Massive Trial of AIDS Vaccine to Begin in Thailand* February 10 1999 8:27 pm EST

full-blown AIDS." Since January of 1993, a diagnosis of full-blown AIDS does not require that a person have any illness.

**HIV Positive:** Used to describe someone who has tested positive for antibodies presumed to have been produced in response to HIV. A diagnosis of HIV positive does not refer to actual infection with HIV and may vary depending on where one lives. Popularly considered synonymous with a death sentence. People who test positive may be charged with felony offenses for having sexual relations, and may lose custody of their children for their healthcare choices.

**In Denial:** Anyone who questions the HIV hypothesis. Most often applied to HIV positives who refuse pharmaceutical treatment and choose to live.

**Infected:** See HIV Positive.

**Informed Choices:** What people who test HIV positive are said to make after being provided with information through AIDS organizations and drug company-sponsored seminars that exclude the facts found in this book.

**Inhumane/Unethical:** The use of unmedicated placebo controls in studies that test proposed AIDS treatment drugs. Until recently, the placebo control was regarded as a necessary procedure that provided a scientific basis for evaluation of drug treatments and enabled more accurate assessments of drug efficacy.

**Long-Term Survivor:** A person who tests HIV positive and remains alive for more than three to five years. Differs from a long-term non-progressor in that a long-term survivor need only be alive and not necessarily in good health. Many long-term survivors live with drug side effects such as chronic diarrhea and nausea, wasting, anemia or neuropathy.

**Mutation:** A popular notion used to explain why the effects of AIDS drugs are nonexistent or short-lived. This idea presumes that HIV develops into mutant strains that resist drug therapy although there is no scientific evidence to substantiate such a notion, and evidence for drug-resistant HIV viruses has not been published in the medical literature.

**99% Accuracy:** Alleged accuracy of HIV antibody tests which do not specifically identify antibodies to HIV, that cross-react with many non-HIV antibodies, that are not standardized and have not been verified against virus isolation in people who test positive.

**Non-Progressors:** People who test HIV positive, take no AIDS treatments and enjoy good health. Many scientists hypothesize that such people are infected with a less virulent strain of HIV, or imagine that they possess a unique gene that protects them from developing AIDS. Scientists have speculated that African-Americans do not possess this unidentified gene.<sup>8</sup> A portion of the multi-billion dollar AIDS research effort is directed to a search for the presumed gene.

**Otherwise Healthy:** Most commonly used to describe chronic users of recreational and pharmaceutical drugs, people chronically exposed to numerous infectious microbes, the malnourished, hemophiliacs and transfusion recipients, and impoverished residents of developing nations who develop symptoms of immune deficiency diseases, but only if they also test HIV positive. Also used to describe people who test HIV positive and have no health problems. See Non-Progressors.

**Resistance:** What AIDS patients are said to develop when AIDS drugs fail to produce benefits or when temporary effects cease entirely. Benefits of drug treatments generally have no relation to actual health and are instead determined by certain blood test results known as surrogate markers. See Mutation.

**Side Effects:** The direct unwanted or unintended results of treatment with

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<sup>8</sup> Altman L. Inherited Factor May Play Role in Risk of AIDS New York Times May 10 1987



pharmaceuticals or other substances.

**Surrogate Markers:** In AIDS, the laboratory tests that measure T cells or purport to quantify "viral load." Surrogate markers have replaced actual health as measures of actual health. The efficacy of AIDS drugs is determined by changes in surrogate markers that do not correlate with actual health.

**Viral Load:** A hypothetical notion that HIV reproduces as many as one billion times daily, and that the quantities of HIV produced every day kill off the enormous number of T cells produced every day, causing the immune destruction associated with AIDS. The concept of viral load does not explain how HIV actually kills T cells, why the billions of "virus" it finds are not detectable by any means normally used to detect virus, or why significant quantities of HIV cannot be isolated from the fresh, uncultured plasma of people who test HIV positive or who have illnesses defined as AIDS.

**Viral Load Test:** The name given to a laboratory test which does not measure or identify HIV (actual virus) and is prohibited for use by the FDA for confirming the presence of HIV or diagnosing viral infection. This test is commonly used to diagnose HIV infection and serves as a basis for prescribing medication that includes toxic, experimental chemicals to symptomless HIV positives, pregnant women, infants and children.

**Wasting Syndrome:** An AIDS condition that is characterized by atrophy of body mass and involuntary weight loss. Almost every AIDS drug from Bactrim to protease inhibitors causes chronic diarrhea resulting in weight loss; AZT and other nucleoside analogs known as antivirals are acknowledged to cause deterioration of muscle mass. Many persons with an HIV positive diagnosis take combinations of such drugs on a regular, ongoing basis. (Maggiore, 2000:79)

### **3. The Aims of the Research**

#### **3.1. The Theme (the broad topic)**

The 'Life Orientation' section in The Revised National Curriculum Statement Grades R-9 (Schools) Policy for Outcomes Based Education (OBE) requires an outcome for 'Health Promotion' that will ensure that:

The learner will be able to make informed decisions regarding personal, community and environmental health. (Department of Education, 2002:40)

The education department already supports a model (that is also supported by the World Health Organisation (WHO); that encourages the creation of 'Health Promoting Schools' to address a whole range of problems experienced by schools.

WHO (1993:1) defines a health promoting school as one that 'aims at achieving healthy lifestyles for the total school population by developing supportive environments conducive to the promotion of health. According to the Department of Education in South Africa, a health promoting school is 'a place where all members of the learning community work together to provide learners with integrated and positive experiences and structures which promote and protect their well-being. This includes both the formal and informal curricula in health (including physical, social and emotional health), the development of health promoting policies, the creation of a safe and healthy environment, the provision of appropriate support services, and the involvement of the family and wider community in efforts to promote well-being. (Department of Health, draft of Health Promotion Policy, 2003:?)

This research will fit into the broad theme of "Health Promoting Schools". But Health Promoting Schools can also fit into an even broader theme that is "A Holistic Approach to Health." Lazarus described this as:

A holistic approach to health which incorporates the spiritual, physical, psychological, social and environmental dimensions (mind, body, spirit, nature). (Lazarus, 2004:46)

In the opinion of Tones and Tilford (2001:244) teachers in health promoting schools will have to develop a good understanding of the holistic nature of health promoting schools if they were to succeed. It was said that this holistic understanding will have to start from their initial training and must then also continue with in service training at later stages. It was also emphasised that health promotion strives to reduce health inequalities and this will need the ability to identify the social determinants of health including poverty. Tones and Tilford also emphasised the importance of developing strong links with the community through the development of health promoting schools. They also expressed the need to reach children who for a variety of reasons are excluded from education. They said that Health promoting schools have the potential to make a significant impact on the health and education of children and youth.

### **3.2. The topic as an aspect of the broad theme.**

This search for how lifeskills learning sessions on a holistic approach towards health like the self-healing modality called Ayurveda influences, changes, informs and promotes the way the learners' (grade seven to nine) think about their own health and well-being particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS, will be forming a smaller aspect of the bigger theme that will remain Health Promoting Schools.

### **3.3. The specific focus on an issue within that topic.**

The specific aim will be to explore methods that could help learners' to develop a more holistic view of health with an emphasis on learning sessions focusing on Ayurveda (as a form of self-healing) with the aid of a learning programme pitched at the general education and training band in terms of the National Qualifications Framework for outcomes-based education.

This research will attempt to answer the question: Can the development of a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference on learners' thinking about their own health and well being, particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS?

## **4. Rationale/Background.**

Conditions of poverty where entire communities still lack access to the basic amenities that could ensure 'health promotion' still dominate in the Western Cape. It will therefore make sense to link the contents of a curriculum model on health promotion to the problems experienced by communities in the Western Cape Province of South Africa. The modernisation that was introduced together with the arrival of the industrial revolution and globalisation, unfortunately also resulted in large clusters of people having to live in very dense conditions without adequate services to ensure healthy conditions.

But it is not only the poor living conditions that are impacting negatively on the health of the people. The dangerous toxins in the polluted air that we breath and the high levels of toxins in the processed food that we eat do also impact upon our health. Even our drinking water is riddled with chemicals that were used to try and clean it. When we get sick as a result of this lifestyle, we are likely to be doctored with medicines that usually also contain dangerously high levels of toxins. Unfortunately this research cannot address all these problems simultaneously. This research will therefore focus only on a very small aspect of the bigger health problem.

I am of the opinion that as South Africans we need to use our available resources very wisely to improve the health of South Africans. We can do so by developing a policy that will promote a system of natural health that will increase life expectancy. Life expectancy not only in terms of prolonging the duration of our life, allowing us to accumulate many years in life, but also in terms of the quality of our life. For South Africans to create a system of natural health will mean that we might need to adopt a system of pursuing health by prioritising simplicity of food intake and simplicity of life style. In this instance the so-called progress of increasingly complex, processed foods and products must be turned around to ensure that simplicity will again become our main goal when we pursue health.

I suspect that in reality the public mind, as well as the culture that exists in organisations and educational institutions in South Africa, are not yet ready to implement the above approach. We will probably have to develop a groundswell of opinion before such a system can be implemented across all spheres of society. I believe that by pursuing my current studies, it will provide me with the space to continue developing myself in a direction that will in time allow me to play a role in supporting the necessary 'Educational Support Services' to bring about changes to the limited health education system in South Africa.

Education support services in South Africa include various health (physical and psychological), social, and learning support services provided by a variety of professionals and other role players from within and outside of the Department of Education. In the Department of Education's White Paper 6 on building a inclusive education and training system (2001), the need for an integrated, community-based system to support teaching and learning in schools and other educations institutions is promoted and is currently being implemented. (Department of Health, draft of Health Promotion Policy, 2003:?)

## **5. The Theoretical Framework of the Research.**

Our formal health system in South Africa tends to promote the philosophy that argues that the orthodox medical approach as practiced by allopathic medical practitioners should be the mainstream approach towards health. This distorted organisational imbalance is probably lending extraordinary powers to allopathic medicine. Within this context the questionable mainstream perceptions and organisational structures around the concept HIV/AIDS were able to take shape. But the concept of HIV/AIDS is just a small part of the bigger system that forms the backbone of the bio-medical approach. An illustration of this present health system in South Africa can be seen in Addendum A.

To overcome this structural imbalance that currently gives a wrong reflection of the structural hierarchy of modalities that should form the framework for health, we might need a system of natural health that is based on a holistic approach to health, as the mainstream approach towards health in South Africa.

From the illustration in Addendum B, it can be seen that this research will fit into the broad theme of “Health Promoting Schools”. But Health Promoting Schools can also fit into an even broader theme that is “A Holistic Approach to Health.” Lazarus described this as:

A holistic approach to health which incorporates the spiritual, physical, psychological, social and environmental dimensions (mind, body, spirit, nature). (Lazarus, 2004:46)

I am therefore of the opinion that we need a system of natural health that is based on a holistic approach to health to be the main umbrella structure in health. Too often this very logical umbrella structure that should determine the hierarchy of modalities within health gets distorted. This is most probably happening as a result of the dominant economic power base of the allopathic approach towards health. These distortions are now leading to a situation where we will find an Ayurvedic theorist called Lokhendra Singh (Nepal) arguing for instance in the following manner (in his research abstract) about the Integration of Traditional and Orthodox Medical Systems:

This research will explore the potential for traditional forms of medicine to be integrated into orthodox (modern) medical delivery systems, in order to improve the delivery of health services in developing nations. Nepal will be used as a case study, with comparative data obtained from India and China. The outcomes of this research may have applications in many developing nations, including those of Asia, Africa and South America. In addition, indigenous medical systems can offer a rich source of information for alternative treatments in developed countries. The Fulbright Program is sponsored by the Bureau of Educational and Cultural Affairs of the US Department of State. © Copyright Council for International Exchange of Scholars 3007 Tilden Street NW Suite 5L Washington DC 20008-3009 Phone: 202.686.4000 Fax: 202.362.3442 [cieswebmaster@cies.iie.org](mailto:cieswebmaster@cies.iie.org)

In my opinion if the way in which Lokhendra Singh argues above gains more support, it will continue to contribute towards perpetuating the dominance of the allopathic approach towards health promotion. Sometimes it is necessary to negotiate with forces that are somehow in a more powerful position in order to bring about change. But if the resulting change (that admittedly might be temporarily useful for one or few individuals on a personal level) will be holding the larger majority back rather than allowing them to move forward, we should not regard it as a useful intervention process for the larger majority. An integration process like the one that Lokhendra Singh seems to be participating in, where attempts are made to integrate holistic concepts into something that cannot be seen as holistic, will most probably also require the participants to compromise their principles in order to perform a complementary role to orthodox (biomedical systems). I believe that if integration processes were to be structured correctly these so-called orthodox or biomedical delivery systems should assume its rightful place on a far lower hierarchical level. I would prefer the so-called orthodox or biomedical systems to be placed at a level where it can be monitored by the same principles that should monitor a system of natural health that is based on a holistic approach towards health.

Vasant Lad (1998:01) outlines the relationship of Ayurveda with other healing systems very clearly. Vasant Lad describes Ayurveda as the mother of all healing systems. Lad also argues that the main branches of medicine as it is practised today has come from the eight principle branches of Ayurveda that is paediatrics, gynaecology and obstetrics, ophthalmology, geriatrics, otolaryngology, toxicology, general medicine, and surgery. According to Lad his own approach towards health is based on the approach that ancient literature reveals. Much of this literature originates from the geographical area of the historical India (India and Pakistan), and the socio-cultural systems that existed there during that period. Lad says:

About three thousand years ago (around 900 B.C.), the long oral tradition of Ayurveda took new form when the great scholars-Chakra, Sushruta, and Vagbhata-wrote down the principles of this ancient wisdom. Their textbooks are still used by students, practitioners, and teachers in Ayurvedic medical schools and colleges throughout India. (Lad, 1998:01)

Vasant Lad describes his interpretation of how Ayurveda views health:

According to Ayurveda, health is a perfect state of balance among the body's three fundamental energies, or doshas (vata, pitta, kapha) and an equally vital balance among body mind, and the soul or consciousness.

Ayurveda is a profound science of living that encompasses the whole of life and relates the life of the individual to the life of the universe. It is a holistic system of healing in the truest sense. Body mind and consciousness are in constant interaction and relationship with other people and the environment. In working to create health, Ayurveda takes into consideration these different levels of life and their interconnectedness. (Lad, 1998:01)

The process of industrialisation in South Africa has caused large numbers of people to congregate in big cities like Cape Town. This makes it difficult for us to return to the principles of 'Natural Health' that the ancient Ayurvedic text advocates. If we want to establish such a system of natural health in South Africa it will mean that we will need to adopt a system of pursuing health by prioritising simplicity of food intake and simplicity of life style. In order to create a system of natural health the so-called progress of increasingly complex, processed foods and products will have to be turned around to ensure that simplicity will again become our main goal when we pursue health. The difficulties that we will be facing in pursuing these goals does not mean that we need to accept the highly commercialised form of health that some sections of the education system perpetuate as 'the mainstream form of health'. The predominant lifestyle of South Africans, consuming increasingly complex and processed foods and medicines, is most probably not healthy for us in any way. It remains an urgent question in my mind whether sufficient monitoring and control systems are in place to prevent a situation in our current system of "health care" where the public can easily get exposed to a continues barrage of extremely toxic medicines in dosages so dangerously high that it could very easily become harmful to their health.

Ody said that the sixteenth-century herbalist Paracelcus once pointed out:

All Nature is like one single apothecary's shop, covered only with the roof of heaven.....(Ody, 1995:134)

However according to Ody, Paracelcus also pointed out:

In all things there is a poison and there is nothing without poison – it depends only upon the dose whether a poison is a poison or not.....

The explorations in this research will thus move from the premises that:

- The ancient text of Ayurveda is holistic in its approach.
- It would simply not be feasible to integrate such a holistic system into the much narrower allopathic approach of orthodox practitioners.
- Therefore the orthodox medical systems should rather be seen as an alternative form of medicine to the life science known as Ayurveda.
- Every individual should be encouraged to take charge of his or her own health, by practicing self - healing rather than to allow orthodox medical practitioners to take control of individuals health within a system known as ‘health care’.

## **6. The Research Problem/ Research Hypothesis.**

In South Africa (historically and today) there has been an attempt by a section of society to inculcate a belief amongst the general public that health should be viewed as the absence of diseases as diagnosed by ‘allopathic’ diagnostic methods in accordance to ‘pathogenic’ infections. The allopathic approach that I refer to here is an orthodox medical practice that promotes the treatment of ‘diseases’ by drugs. Whilst ‘Pathogenic’ means the method used by orthodox medical practitioners to diagnose ‘disease’ in accordance to a somewhat prominent organism (pathogen) that they claim to be present in the body of the affected person. They then usually argue the presence of this pathogen to be the main cause of an ‘ill condition’, which they then usually describe as a ‘disease’. In the absence of a prominent organism the condition itself then usually becomes the ‘disease’. Public opinion then started to shape itself accordingly. Educational institutions seem to have comfortably adjusted themselves to this approach towards health. This perception of how we should look at health from a perspective of “the absence of diseases’ is reflected in the Revised National Curriculum Statement. In the section on Life Orientation for Grades R-9 (Schools) the following points are amongst those points categorised under Assessment Standards for Grades seven, eight and nine. The following points that appear on page forty and forty-one of this policy document all contain the word or the concept disease/s.

Grade 7

- Describes strategies for living with diseases, including HIV/AIDS.

Grade 8

- Critically analyses the causes of common diseases in relation to socio-economic and environmental factors.
- Describes what a healthy lifestyle is in own personal situation, as a way to prevent disease.

Grade 9

- Critically evaluates resources on health information, health services and a range of treatment options, including HIV/AIDS. (Department of Education, 2002:40-41)

Admittedly some of these outcomes are phrased in a manner that demonstrates some understanding of the dilemma we are facing. Two of these points for instance use the word critical, which could possibly be interpreted as to say that we do not necessarily have to acknowledge the orthodox meaning of the terms ‘health’ and ‘disease’. The second point even mentions very directly that we should look at the causes of diseases in relation to socio economic and environmental factors. But this approach still presents a problem, because ‘Health’ should not be viewed as merely the absence of ‘diseases’.

Health, according to WHO, is a ‘state of complete physical, mental and social well-being and not merely the absence of diseases. It is a positive concept emphasizing social and personal resources as well as physical capabilities (Ottawa Charter, WHO, 1986).

In Africa the concept or cause of disease and therefore the aim of healing focuses on three aspects: spiritual aspects, physical conditions (including physical and social factors), and psychological processes. (Department of Health, draft of Health Promotion Policy, 2003:?)

The following statements are some of the shifts in the learner’s views on health that the exposure to the learning sessions of the intended research could possibly encourage:

<b>Problematic “non-health promoting” perceptions.</b>	<b>Ayurvedic view</b>
Health is the absence of diseases.	According to Ayurveda, health is a perfect state of balance among the body’s three fundamental energies, or doshas (vata, pitta, kapha) and an equally vital balance among body mind, and the soul or consciousness. Ayurveda is a profound science of living that encompasses the whole of life and relates the life of the individual to the life of the universe. It is a holistic system of healing in the truest sense. Body mind and consciousness are in constant interaction and relationship with other people and the environment. In working to create health, Ayurveda takes into consideration these different levels of life and their interconnectedness. (Lad, 1998:01)
Infections will develop into a disease.	The process of disease begins as a result of a disturbance in the balance of the doshas. Such disturbance/s can be caused by various factors such as diet, weather, seasons, emotions etc. Such a disturbance will then cause an accumulation of one or more of the doshas in their respective sites: e.g. vata in the colon, pitta in the intestines, and kapha in the stomach.
The existence of HIV was proven scientifically.	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science. But also that philosophy science and religion should not be separated.

<b>Problematic “non-health promoting” perceptions.</b>	<b>Ayurvedic view</b>
For some diseases the body is unable to produce antibodies.	The wise person understands that the normal rhythm and quality of the processes of health (normal functioning of the doshas) and disease (abnormal movement of the doshas) can be reestablished by changing diet and lifestyle and avoiding the etiological factors that cause disease.
HIV tests are 99% accurate.	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science.
HIV is the cause of AIDS	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science.
HIV is sexually transferable	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science.
Medicine and drugs is absolutely essential for maintaining good health.	Dr. Chowdhury said Ayurveda, which was a 'science with a soul', was being recklessly commercialised and, in the process, its soul and philosophy were being killed. "In Ayurveda, the philosophy is more important than the herbs and drugs used for treatment," he said.
The presence of antibodies is indicative of a disease called HIV/AIDS.	The presence or the absence of anti-bodies is not important indicators of disease or health. The key is awareness. The more you are alert to know your mind, body, and emotions are reacting to changing circumstances; the more you are aware of your constitution and the moment to moment choices you can make to maintain health, the less opportunity you create for becoming sick. (Lad 1998:42)
We should allow medical doctors to manage our health.	We should know how to practice self-healing. A practitioner should only be consulted when a disease has managed to develop to an advanced stage whilst the affected person was unable to restore balance.
We should allow medical doctors to manage our health.	We should know how to practice self-healing. A practitioner should only be consulted when a disease has managed to develop to an advanced stage whilst the affected person was unable to restore balance.

Before the commencement of the learning sessions on Ayurveda: (Possible conclusions after completion of the questionnaire)

- Learners' were under the impression that health should be viewed as the absence of diseases.
- Learners' were under the impression that they should allow a health practitioner to be in charge of their health.
- Learners had very little or no idea about how they should take charge of their own health.



- Learners were under the impression that HIV exists, HIV tests are valid, HIV is the cause of AIDS, and HIV is sexually transferable.

By completion of the learning sessions on Ayurveda: (Possible Outcomes)

- Learners were aware of the fact that health could be viewed as a perfect state of balance among the body's three fundamental energies, or doshas (vata, pitta, kapha) and an equally vital balance among body mind, and the soul or consciousness.
- Learners were determined to take charge of their own health by practising self-healing.
- Learners had a very good idea about how they could take charge of their own health.
- Learners started showing some doubts about their previous impression that; HIV can exist in the fresh plasma, HIV tests are valid, HIV is the cause of AIDS, and HIV is sexually transferable.

## **7. Research Methodology.**

I believe that the above research could best be conducted if I could focus on methods that advance the development of Health Promoting Schools. My intention is to plan and prepare for the implementation of a few learning sessions to be taught as part of a module on 'self-healing' within the Life Orientation learning area. These learning sessions will then be tried out as a pilot project at a school that wishes to develop the concept of health promoting schools. The success of the study can then be measured in terms of how effective it is in assisting/achieving the objective that was set for health in the curriculum, by conducting a pre-learning session and a post-learning sessions evaluation.

The data for this research will come from the learners' themselves. An overview of the research design appears in Addendum C.

The main points regarding the methodology can be summarised as follows:

- The participants will be comprised of grade nine learners in one class.
- The grade 9 learners' will complete a questionnaire to establish how they think about their own health and well-being. Learners' will therefore have to complete the same questionnaire in the classroom firstly before commencement of the first learning session, and then also after the completion of the whole set of learning sessions.
- The questionnaire will be phrased to accommodate a combination of qualitative and/or quantitative research data. This includes being expected to exercise a choice by choosing to agree or to disagree on a particular statement. There is also a third option for in case the learner is unsure of the correct answer. Learners' will also be expected to explain in their own words the reasoning for the choice that they exercised. An example of questions that could be included in the questionnaire is in Addendum E to this proposal.
- The questionnaires will be translated into Xhosa and Afrikaans (if appropriate). By allowing learners to complete the interview in their mother tongue, it will ensure that learners' will understand the question correctly before they attempt to

- answer the question. The explanation that every learner will be expected to supply after exercising his or her choice, will serve as a form of verification as to the reliability and accuracy of the choice that he/she exercised.
- The learning materials relating to the intervention programme will also have to be translated into Xhosa and Afrikaans (If appropriate). That will ensure that all learners will have an equal opportunity to be influenced by the learning materials.
  - The learning sessions will be conducted in a manner that will allow for interpretation into Xhosa and Afrikaans (if appropriate) of most of the communications that will take place during the learning sessions.
  - It will be incorrect to try to influence the outcome of the research by coaching the learners' in line with the evaluation that will be conducted at the end of the learning sessions. The learning sessions will be taught by the Life-orientation teacher who should ideally not have a personal interest in the outcome nor be aware of the nature of the evaluation questions.
  - The results of the data collected will be analysed by:
    - Making a quantitative and qualitative comparison of the pre and post responses to the questionnaire for every individual learner. The changes and shifts in their thinking will be analysed and discussed.
    - Grouping the reasons given for exercising the specified choices into categories that are more or less similar.
    - Comparing the shifts that took place between the pre and post learning session results by way of a qualitative comparison.
    - Representing the data collected in a Microsoft Excel "Chart Wizard" representation.

### **8. 3.6. Ethical Aspects.**

Permission to conduct the research will be obtained from:

1. Faculty Research Committee/Higher Degree Committee in the Education Faculty of the University of Western Cape.
2. Department of Education for the Western Cape Province of South Africa.
3. The School Governing body of the school where I will conduct the research.
4. The relevant school staff as well as the learners' and the parents of the learners'.

This seeking of permission include the completion of consent forms. Letters was drafted to start the process of seeking permission. Examples of these letters appears in Addendums to this chapter.

## **9. Chapter Outline.**

### **Chapter 1: Introduction**

### **Chapter 2: Theoretical framework/ literature review**

#### **2.2.The HIV/AIDS education that learners receive in South African Schools is problematic because it is based on a HIV/AIDS hypothesis that is questionable.**

- 2.2.1. Can a virus called HIV be isolated in the fresh red plasma of an infected person?
- 2.2.2. Can we regard the tests that are used to diagnose people as HIV seropositive as scientifically validated tests?
- 2.2.3. Was the hypothesis that assumed that HIV is the cause of AIDS ever confirmed in subsequent experiments?
- 2.2.4. What about the assumption that HIV is sexually transferable?

### **2.3. A short summary of why HIV/AIDS education can be seen as problematic:**

- 2.3.1. It creates an environment of fear and indoctrination in our academic institutions and schools.
- 2.3.2. It adds support to the view that sees an infection as equal to a disease.
- 2.3.3. It adds support to the view that sees health as the absence of disease.
- 2.3.4. It clutters the curriculum with inaccurate information.
- 2.3.5. HIV/AIDS education does not lend itself out to the empowerment of communities.

### **2.4. How could we possibly address the problems?**

- 2.4.1. An improved learning approach with holistic modalities like Ayurveda as a basis.
- 2.4.2. Increased awareness regarding the absence of knowledge amongst learners.
- 2.4.3. Identifying the changes that will have to be reconciled with ancient healing systems like Ayurveda?
- 2.4.4. Developing some focus on the reasons for the nutritional deficiencies in our food.
- 2.4.5. Highlighting the need to be on guard against being poisoned by toxins.

### **2.5. A closer look at the bigger picture.**

- 2.5.1. Overview of South African Health System
- 2.5.2. A system of natural health that is based on a holistic approach towards health.
- 2.5.3. Integrated Health.
- 2.5.4. Health Promotion.
- 2.5.5. Health Promoting Schools.
- 2.5.6. Health Education.

### **2.6. Conclusion**

## **Chapter 3: Research design and methodology**

Whilst chapter two will focus on the theoretical framework that I employed to establish the boundaries of my research and to account for the debates in literature around the topic, in the methodology chapter I will reflect on the methods that I will use to conduct the research. I will look at the research approach, the research design, and more

specifically on the methodology of pre and post testing that I will use as a method to collect the data. I will also look at the complications that I might experience when the intended method are used practically within the context of my specific research aims.

I am planning to structure the discussion in this chapter under the following headings:

- 3.2. Research Aims
  - 3.2.1. The Theme (the broad topic)
  - 3.2.2. The topic as an aspect of the broad theme.
  - 3.2.3. The specific focus on an issue within that topic.
- 3.3. Research Approach
  - 3.3.1. Planning
  - 3.3.2. Implementation
  - 3.3.3. Evaluating
- 3.4. Research Design
  - 3.4.1. Overview of Research Design
  - 3.4.2. Description of sample
  - 3.4.3. Pre-learning evaluation
  - 3.4.4. Learning sessions
  - 3.4.5. Post-learning evaluation
  - 3.4.6. Validity of the research results
  - 3.4.7. Quality of the educator
- 3.5. Data Processing - analysis method and framework
- 3.6. Ethical Aspects

The issues to be covered in the theoretical chapter are summarised in a framework. This framework is then represented in a table that links the problematic perceptions that I suspect the research will reveal, with the suspected views held by learners, how it contrasts with the Ayurvedic views. The questionnaire statements that will evaluate these perceptions are also listed together with the outline of the learning sessions that will be used during the intervention. The contents of the learning sessions will be aimed at correcting these problematic perceptions. A draft of this table appears in Addendum G.

#### **Chapter 4: Research findings and analysis**

#### **Chapter 5: Conclusion and recommendations**

#### **10. Time Frame of Research - One Year.**

<b>Main phases of research project</b>	<b>Dates</b>
Development of research proposal in conjunction with my supervisor.	January to September 2004
Preparatory work for the implementation of the pilot study: <u>A. Reviewing the relevant published literature:</u> 1. This will also include background documentation from the Departments of Education and Health. 2. A brief review of the current materials used in Life Skills and Health	September 2004 - January 2005

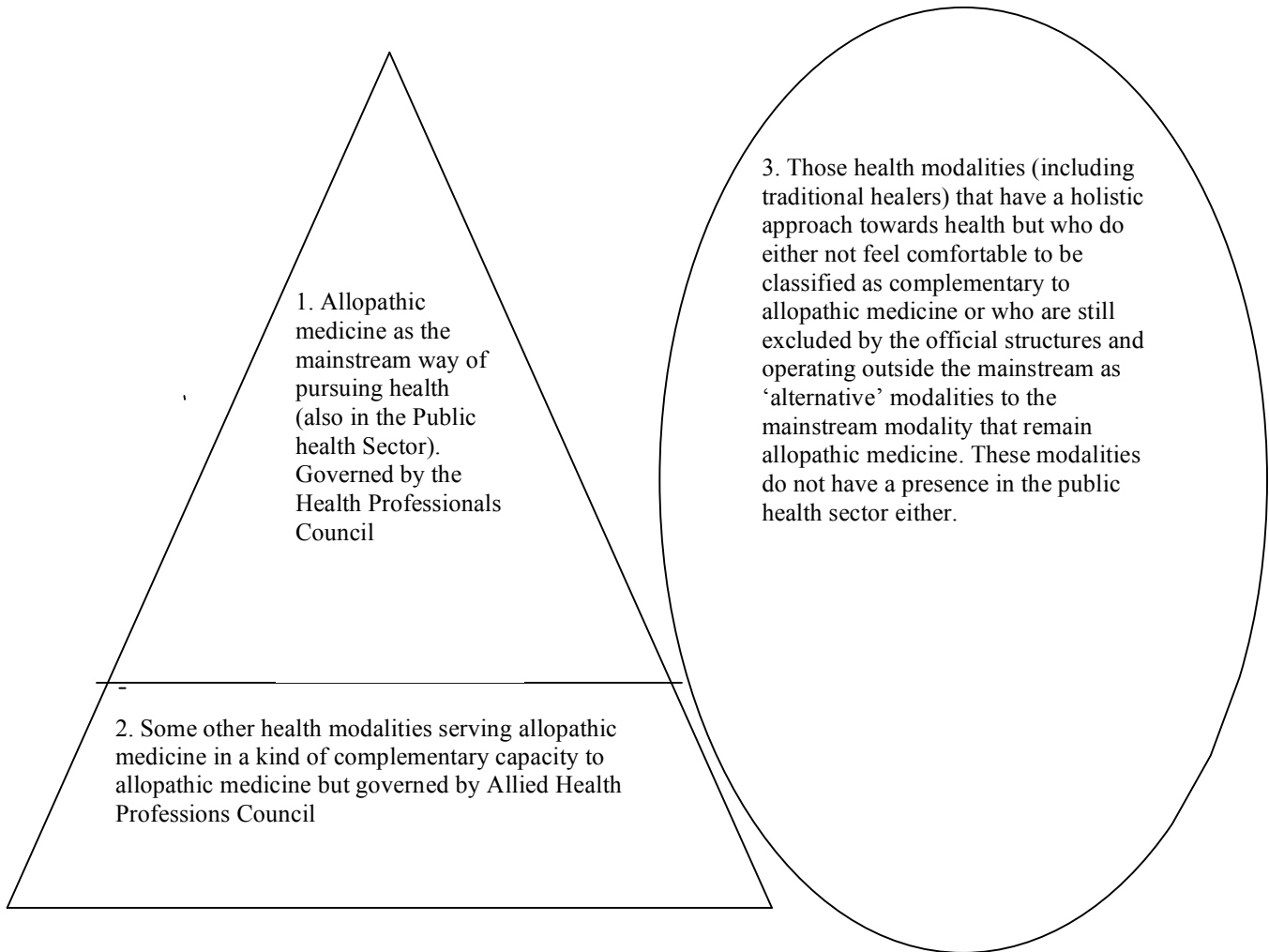
<b>Main phases of research project</b>	<b>Dates</b>
Promotion/Health Promoting Schools especially in so far as they relate to the concepts of HIV and AIDS, self-healing etc. 3. Literature related to the aims and objectives of the thesis. <u>B. Designing research tools:</u> 1. Development of questionnaire to be completed by learners' before and after conducting the learning sessions on Ayurveda as a form of self-healing that promotes a holistic view of health. 2. Preparation of learning sessions and outcomes-based assessments for pilot study.	
Implementation of the pilot study	February 2005 - June 2005
Structuring and analysing the data collected during the research	July 2005 - August 2005
Writing up the thesis	September 2005 - November 2005

## 11. Bibliography

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5. Maggiore C. (2000:79) What if everything you thought you knew about AIDS was wrong?
6. Martin Combrinck (2001:30), SA Journal of Natural Medicine Issue 2)
7. National Research Foundation, (2002:29), Mission Statement of the NRF's Research Support Agency on Indigenous Knowledge Systems.
8. Penelope Ody (1995:134) Home Remedies, Dorling Kindersley.
9. WHO, 1986, Ottawa Charter.

## Addendum A

### The Current Health System in South Africa

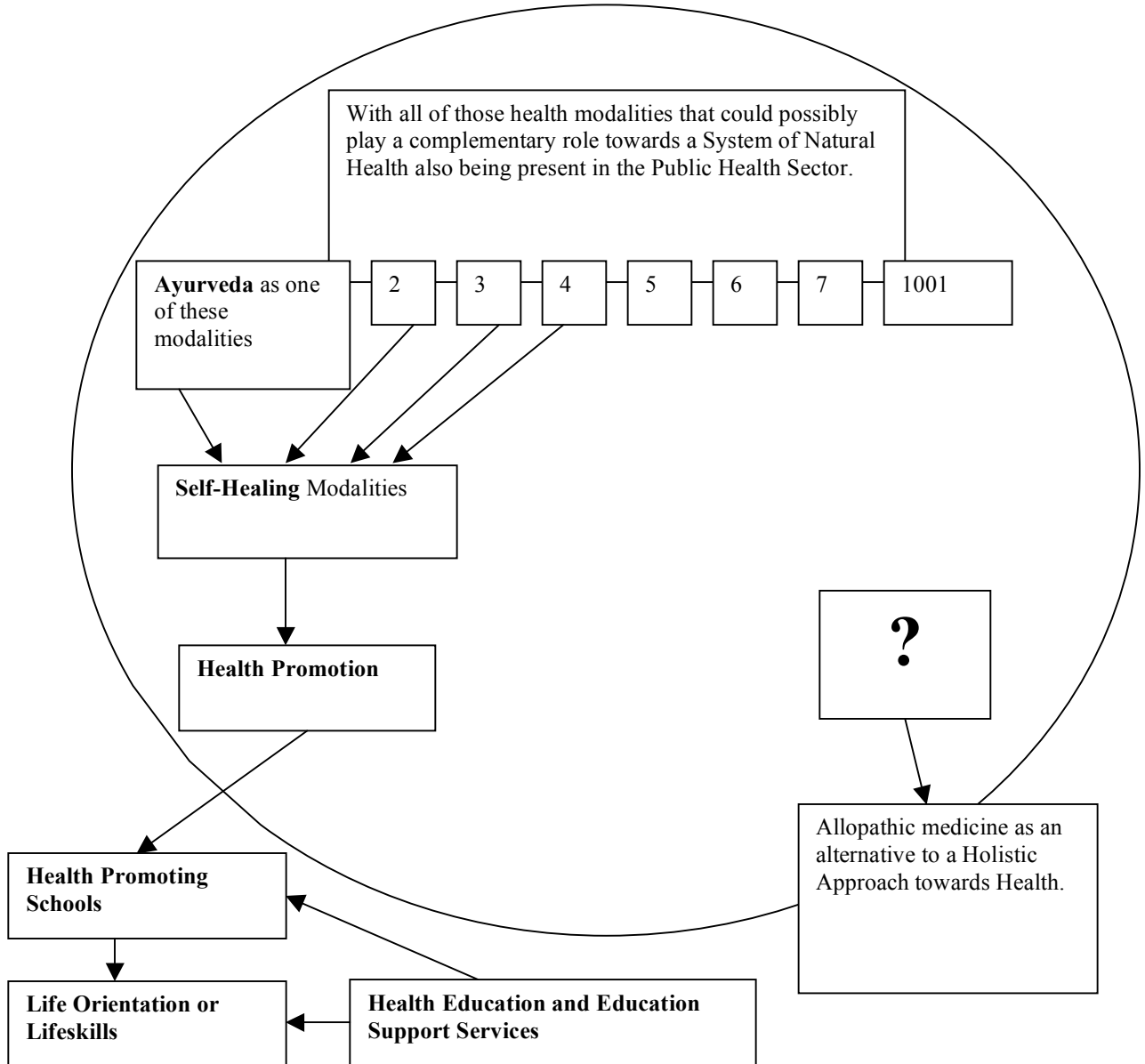


**Addendum B**

**An illustration of the theoretical framework with the relevant position of all the key words under:**

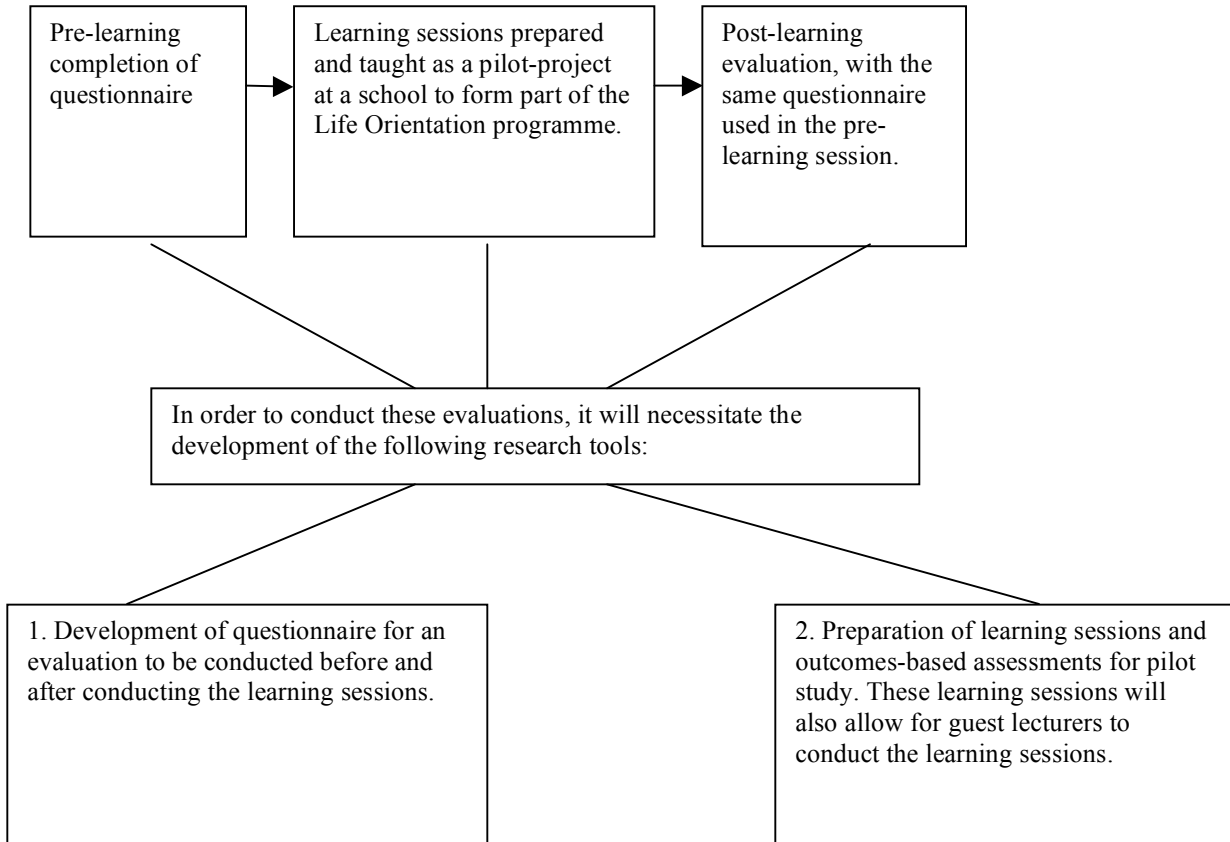
**Health**

**A proposed system of natural health  
in the Public Health Sector that is  
based on a Holistic Approach towards  
Health**



**Addendum C:**

**Overview of Research Design**





## Appendices D

From: Johan Beaurain  
23 Lower Collingwood Road  
Observatory  
7925

26 October 2004

To: The Chairperson  
Higher Degrees Committee  
Education Faculty  
University of the Western Cape

For Attention: Ms V. Koopman

Dear Professor Kallaway

Re: Application for Ethical Approval by the Ethics Committee of the Education Faculty

As previously outlined in my research proposal, I am planning to conduct research at a public school within the area of the Western Cape Education Department (WCED). The purpose of this letter is to request the ethical approval of your committee for this research.

My research will take place within the Life-Orientation learning area. The specific aim of the research will be to explore methods that could help learners' to develop a more holistic view of health with an emphasis on learning sessions focusing on Ayurveda (as a form of self-healing) with the aid of a learning programme pitched at the general education and training band in terms of the National Qualifications Framework.

This research will attempt to answer the question: Can the development of a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference in learners' thinking about their own health and well being, particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS<sup>9</sup>?

I will do this by way of a pilot study in which I develop and implement a few learning sessions on Ayurveda. The differences in learners' thinking will be measured with a questionnaire to be completed before and after the complete set of learning sessions.

---

<sup>9</sup> Deliberate incorrect use of the term HIV/AIDS instead of using the terminology HIV and AIDS in order to emphasise that I am in this instance referring to the concept as it is currently being propagated by mainstream views in the country.

I was advised by Professor Lazarus to prepare the following set of documents for the considerations of the Higher Degrees Committee:

Document	Index
A draft copy of my application for ethical approval to the Western Cape Education Department (WCED).	Page 3 to Page 14
A copy of the draft letter to the principal of the school, notifying him about my intention to seek permission from the WCED for the research that will happen at his school once it is approved by the WCED.	Page 8 to Page 9
A copy of a draft letter to the parents (from the principle of the school) to seek for permission from the prospective parents and learners.	Page 10 to Page 12
A copy of the draft questionnaire that I will be using in the pre and post evaluation sessions during the data collection process of the research.	Page 13 to 14
A copy of a draft table outlining the link (alignment) between the theoretical framework, the questionnaire and the outline of the learning sessions that will be used during the intervention between the two evaluations. This document will not form part of the documents that will be attached to the draft letter to the WCED.	Page 15 to Page 19
A complete copy of my revised research proposal.	Separate Document (To serve only as a backdrop)

The above documents are attached on the pages as indicated in the 'Index'.

I will welcome the recommendations of your committee. I will gladly consider any changes or improvements to any of the documents, as you might want to suggest.

I want to thank you in advance.

Yours truly

Johan Beaurain

Addendum E

From: Johan Beaurain  
23 Lower Collingwood Road  
Observatory  
7925

3 November 2004

To: The Directorate  
Education Research  
Western Cape Education Department

For Attention: Dr. R.S. Cornelissen

Dear Dr. Cornelissen

Re: Permission to conduct research at a public school under the jurisdiction of the Western Cape Education Department

This application is compiled in terms of the procedures for dealing with applications for doing research in public schools as it is outlined in circular 0249/2003 of the Western Cape Education Department.

The specific aim of the research will be to explore methods that could help learners' to develop a more holistic view of health with an emphasis on learning sessions focusing on Ayurveda (as a form of self-healing) with the aid of a learning programme pitched at the general education and training band in terms of the National Qualifications Framework for outcomes-based education.

This research will attempt to answer the question: Can the development of a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference in learners' thinking about their own health and well being', particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS<sup>10</sup>?

I will do this by way of a pilot study in which I develop and implement a few learning sessions on Ayurveda. The differences in learners' thinking will be measured with a questionnaire to be completed before and after the complete set of learning sessions.

Attached is:

A copy of the official application form.

An abstract of my research proposal.

A copy of the draft letter to the principal of the school, notifying him about my intention to seek permission from the WCED for the research that will happen at his school once it is approved by the WCED.

A copy of a draft letter to the parents (from the principle of the school) to seek for permission from the prospective parents and learners.

---

<sup>10</sup> Deliberate incorrect use of the term HIV/AIDS instead of using the terminology HIV and AIDS in order to emphasise that I am in this instance referring to the concept as it is currently being propagated by mainstream views in the country.

A copy of the draft questionnaire that I will be using in the pre and post evaluation sessions during the data collection process of the research.

My research will take place within the Life-Orientation learning area. I would appreciate the opportunity to be allowed to conduct this research at a school where I will be able to work with a teacher who is knowledgeable about the self-healing modality of Ayurveda. For this reason I am planning to approach Cathkin Secondary in Heideveld once I received your approval to continue with the research. I trust that this request will soon enjoy your attention.

I want to thank you in advance.

Yours truly

Johan Beaurain

Enquiries: Dr.R. S. Cornelissen Telefoon  
 Telephone 021-4672286  
 Ifoni  
 Faks  
 Fax 021-4257445  
 Ifeksi



Wes Kaapse Onderwysdepartement  
 Western Cape Education Department  
 ISebe leMfundo leNtshona Koloni

## APPLICATION TO CONDUCT RESEARCH IN PUBLIC SCHOOLS WITHIN THE WESTERN CAPE

Applicant Detail	
Title: <a href="#">Mr.</a>	Surname: <a href="#">Beurain</a>
First Name(s): <a href="#">Johannes Izak</a>	Gender: <a href="#">Male</a>
Name of Organisation (Directorate if WCED): <a href="#">Not applicable</a>	
Contact Person: <a href="#">Johannes Izak Beurain</a>	
Address: Postal Code: <a href="#">23 Lower Collingwood Road, Observatory, 7925</a>	
Telephone number: <a href="#">021-4479727</a> Cell number: <a href="#">072 2064 911</a>	
Fax number: <a href="#">021 4487938</a> E-mail address: <a href="mailto:johanbeurain@yahoo.com">johanbeurain@yahoo.com</a>	
Name of Institution: <a href="#">University of the Western Cape</a>	
Student Number: <a href="#">2359042</a> Degree/ Diploma: <a href="#">Masters in Education</a>	
Supervisors. Name: <a href="#">Professor S. Lazarus</a> Tel number. of Supervisor.: <a href="#">021-9592282 or 082 202 3164</a>	
Year of Registration: <a href="#">Beginning of 2004</a> Year when Completing: <a href="#">End of 2005</a>	
Specialization: <a href="#">Life-Orientation/Lifeskills/Health Promotion</a>	Faculty: <a href="#">Education</a>
Title of Research: <a href="#">An exploration of the effect of a learning programme based on Ayurveda on learners' views of health and well-being'.</a>	
Research Question <a href="#">Can the development of a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference in learners' thinking about their own health and well being, particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS?</a>	
Respondents: <a href="#">Grade Nine learners.</a>	
Name(s) of Education Institutions: <a href="#">Cathkin Secondary School</a>	
Research Period in Education Institution: <a href="#">12 weeks</a> Start Date: <a href="#">Towards the end of January 2005</a> End Date: <a href="#">April/May 2005.</a>	
Signature:	Date:
Date Approved:	Approved By:
Reference number:	

An Abstract of my Research Proposal for a Masters Degree in Education.

Thesis Title:

An exploration of the effect of a learning programme based on Ayurveda on learners' views of health and well-being'.

This research will find out how lifeskills learning sessions on a holistic view of health like the self-healing philosophy that is based on the Ayurvedic approach; influences, changes, informs and promotes the way the learners' (grade seven to nine) think about their own health and well-being but particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS<sup>11</sup>.

In South Africa (historically and today) there has been an attempt by a section of society to inculcate a belief amongst the general public that health should be viewed as the absence of diseases as diagnosed by 'allopathic' diagnostic methods in accordance to 'pathogenic' infections. The allopathic approach that I refer to here is an orthodox medical practice that promotes the treatment of 'diseases' by drugs. 'Pathogenic' means the method used by orthodox medical practitioners to diagnose 'disease' in accordance with a somewhat prominent organism (pathogen) that they claim to be present in the body of the affected person. They then usually argue the presence of this pathogen to be the main cause of an 'ill condition', which they then usually describe as a 'disease'. In the absence of a prominent organism the condition itself then usually becomes the 'disease'. Public opinion then started to shape itself accordingly. Educational institutions seem to have comfortably adjusted themselves to this approach towards health.

This approach has created a problem because 'Health' is not merely the absence of 'diseases'.

Health, according to WHO, is a 'state of complete physical, mental and social well-being and not merely the absence of diseases. It is a positive concept emphasizing social and personal resources as well as physical capabilities (Ottawa Charter, WHO, 1986:?).

In Africa the concept or cause of disease and therefore the aim of healing focuses on three aspects: spiritual aspects, physical conditions (including physical and social factors), and psychological processes. (Department of Health-draft of Health Promotion Policy, 2003:?)

The above definitions indicate the importance of establishing a system of natural health based on a holistic approach towards health in our schools as part of the basic health education system of the country. This research will therefore attempt to answer the question: Can a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference on learners' thinking about their own health and well being', particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS?

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<sup>11</sup> Deliberate incorrect use of the term HIV/AIDS instead of using the terminology HIV and AIDS in order to emphasise that I am in this instance referring to the concept as it is currently being propagated by mainstream views in the country.

I will do this by way of a pilot study in which I develop and implement a few learning sessions on Ayurveda. The differences in learners' thinking will be measured with a questionnaire to be completed before and after the complete set of learning sessions

Key Words: 1. Health Promotion. 2. Self-healing. 3. Ayurveda. 4. Life Orientation 5. Lifeskills Education. 6. Disease 7. HIV and AIDS 8. Health Promoting Schools. 9. A holistic approach to health within a system of natural health. 10. Health Education.

From: Johan Beaurain  
23 Lower Collingwood Road  
Observatory  
7925

3 November 2004

To: The Principal  
Cathkin Secondary School  
Heideveld

For Attention: Mr. Boughwan

Dear Sir

Re: Permission to conduct research at a public school under the jurisdiction of the Western Cape Education Department (WCED).

I am planning to apply to the Western Cape Education Department to conduct research at your school during the first term of 2004. The letter of application to WCED will be drafted in terms of the procedures for dealing with applications for doing research in public schools, as outlined in circular 0249/2003. In terms of stipulation 4.2.1 of this circular, departmental approval for the proposed research must be obtained before any WCED institution or official may be approached to co-operate in such research.

This letter that is addressed to you as the principal of Cathkin, is therefore not yet a request for your cooperation with the intended research. But I thought that it would only be proper to inform you about my intention to approach the WCED with a request that I should be allowed to conduct the research at Cathkin Secondary School.

The specific aim of the research will be to explore methods that could help learners' to develop a more holistic view of health with an emphasis on learning sessions focusing on Ayurveda (as a form of self-healing) with the aid of a learning programme pitched at the general education and training band in terms of the National Qualifications Framework.

This research will attempt to answer the question: Can the development of a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference in learners' thinking about their own health and well being, particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS<sup>12</sup>?

I will do this by way of a pilot study in which I develop and implement a few learning sessions on Ayurveda. The differences in learners' thinking will be measured with a questionnaire to be completed before and after the complete set of learning sessions.

My research will take place within the Life Orientation learning area. I am hoping to be allowed to work with a group of grade nine learners. Once the WCED grants me the

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<sup>12</sup> Deliberate incorrect use of the term HIV/AIDS instead of using the terminology HIV and AIDS in order to emphasise that I am in this instance referring to the concept as it is currently being propagated by mainstream views in the country.



permission to continue with the research, I will make an appointment with you to discuss the matter. I am also hoping you will then allow me to work with one of your teachers at Cathkin, Mr. Billy Parsotam, who happens to be an experienced person with regard to the teachings of Ayurveda. I have already raised this matter with him telephonically.

I want to thank you in advance.

Yours truly

Johan Beaurain

Copy to: Mr. B. Parsotam

From: The Principal  
Cathkin Secondary School  
Heideveld  
xxxxxxxxxx

Date

To: All parents/legal guardians of grade nine learners in Cathkin Secondary School.

Dear Ms/Mr.

Re: Request for permission to involve your child as a participant in a research project on 'Life Orientation'.

The new revised curriculum (A copy of the relevant section of the new revised curriculum is attached) for schools has categorized an outcome for 'Health' under 'Life Orientation'. This outcome for health will require learner's to be able to make informed decisions regarding their own health.

A student working on a Masters Degree in Education is currently planning to conduct research with grade nine learners in our school. The specific aim of the research will be to explore methods that could help learners' to develop a more holistic view of health with an emphasis on learning sessions focusing on Ayurveda (as a form of self-healing) with the aid of a learning programme pitched at the general education and training band in terms of the National Qualifications Framework for outcomes-based education.

This research will attempt to answer the question: Can the development of a learning programme based on a particular holistic and self-healing modality like Ayurveda make a difference on learners' thinking about their own health and well being', particularly in relation to what is referred to in allopathic medicine as a 'disease' called HIV/AIDS?

It is envisaged that the learning sessions on which this research will be based will be offered during the first term of 2005. It is envisaged that your child will benefit from participating in the research project, as it will expose him/her to an aspect of life that is presently not sufficiently emphasised in our existing educational efforts in South Africa. The learning sessions will be congruent with the existing curriculum. The learning sessions will also be critical in the sense that it will encourage learners to challenge mainstream views. Being critical is also an aspect that is currently being encouraged by the existing curriculum.

If you are prepared to allow your child to participate in such a research project, we will ensure that:

The researcher will conduct the research in accordance with the ethical and professional guidelines under supervision of the University of the Western Cape.

The researcher will have the appropriate training and preparation for conducting the research.

The researcher will protect the rights and welfare of the learners he works with.

The researcher will protect the identities and interests of those involved.

The researcher will guarantee the confidentiality of the information given to him.

The learners participation in this project will be voluntarily.

Participation of the learners will mean:

Participating in the completion of a questionnaire (one for every individual participant) before the commencement, and again at the completion of the project.

Participating in learning sessions that will be based on learning materials designed by the researcher.

The research will be conducted with the understanding that the learner will have the right to withdraw at any stage of the research project, without any fear or penalty, including having the right to have his or her personal records withdrawn or deleted from the study.

The learners will have the right to choose at any time not to answer a question or a particular set of questions.

The learners will be protected through anonymity where expressly requested. This means that his or her name and identity will not be revealed on any public documentation or recording, if s/he or a parent, specifically requests for it not to occur during the period that will be provided for editorial changes.

The findings of the research will be shared with the school and the Department of Education, through forums and various kinds of publications.

Will you please be so kind as to indicate your choice on the attached form? The information regarding your choice will make it possible for us to group the learners accordingly into different classes if necessary.

Yours truly

Principal

Could you please fill in the form below and indicate your response by making a tick in the appropriate block next to your preference.

Name and surname of parent/guardian			
Name and surname of pupil			
I am in favor of my child participating in the research project, as it was outlined in the letter that I received from the principal dated ..... I also agree to all the conditions as explained in the document above. I am also agreeing that the findings of the research may be used and distributed in the way that it is indicated in the letter.	YES	<input type="checkbox"/>	<input type="checkbox"/>
I am not in favor of my child participating in the research project, as it was outlined in the letter that I received from the principal dated.	NO	<input type="checkbox"/>	<input type="checkbox"/>

Yours truly

Signature of parent or legal/guardian

**Example of Questionnaire (Pilot Copy)**

	Statement	Agree	Disagree	Unsure	Why did you make this choice (explain the reasons)
1.	Health is the absence of diseases like Tuberculosis, Malaria, Sugar Diabetes, Arthritis, High Blood Pressure, Cancer, Aids, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Health has very little or nothing to do with how	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<b>Statement</b>	<b>Agree</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Why did you make this choice (explain the reasons)</b>
	well we can maintain a balance between our bodies, our minds, and our understanding of life.				
<b>3</b>	We will definitely develop a disease once we get infected with an infection like for an example a bacteria or a virus.				
<b>4.</b>	The development of a disease has little or nothing to do with imbalances in our energies.				
<b>5.</b>	Scientists proved with the aid of an experiment that when we place a sample of the fresh red plasma (blood) of a person infected with HIV under a microscope it is possible to see the HIV.				
<b>6.</b>	Once the majority of the scientists believe that a theory is true, it is no longer necessary to prove the truth of the theory with the aid of an experiment before we can regard it as scientific.				
<b>7.</b>	The body of a young and healthy person can very easily produce antibodies against any infection.				
<b>8.</b>	It is only fools who believe that it is possible to overcome disease by simply changing diet and lifestyle.				
<b>9.</b>	Scientists proved in an experiment that the antibody test kits that are used to test if a person is infected with HIV are extremely accurate.				
<b>10</b>	Philosophy, science and religion are separate things, and once we start mixing these things, we can no longer establish the truth accurately.				
<b>11.</b>	People who test positive on the HIV antibody test				

	<b>Statement</b>	<b>Agree</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Why did you make this choice (explain the reasons)</b>
	will definitely develop a disease called AIDS.				
<b>12.</b>	When a person is feeling ill, it will be proper and correct to immediately report to a doctor.				
<b>13.</b>	It will be totally incorrect of us to try and heal ourselves.				
<b>14.</b>	Scientists proved with the aid of an experiment that one of the methods that can cause people to become infected with HIV is when they have unsafe sex.				
<b>15.</b>	Because most religions regard it as incorrect for people to sleep around, it will be proper and correct to say that it was proven in an experiment that HIV is sexually transferable.				
<b>16.</b>	Modern medicine and drugs like for example antibiotics, insulin, chemotherapy, antiretroviral drugs are the only things that can ensure reasonably good health once we are infected with a killer virus or bacteria.				
<b>17.</b>	Knowledge and understanding of how things in the world works, is more important than herbs and drugs when it comes to the maintenance of our health.				
<b>18.</b>	The presence of antibodies against a specific infection is always an indication that the person has managed to overcome the infection.				
<b>19.</b>	Awareness about how our minds, our bodies and our emotions react to changing circumstance can certainly not be regarded as the key to health.				

	Statement	Agree	Disagree	Unsure	Why did you make this choice (explain the reasons)
20.	It is absolutely essential to consult with a medical practitioner whenever we experience a problem with our health.				
21	We should never try to manage our own health.				

**Can you write a short paragraph about how you will take control of your own health if you are required to do so?**

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### Addendum F

A table wherein the contrasting perceptions of learners are aligned with the Ayurvedic views, the statements for the questionnaire and the outline of some activity sessions aimed at altering the suspected problematic perceptions held by learners.

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
1.	Health is the absence of diseases.	According to Ayurveda, health is a perfect state of balance among the body’s three fundamental energies, or doshas (vata, pitta, kapha) and an equally vital balance among body mind, and the soul or consciousness. Ayurveda is a profound science of living that encompasses the whole of life and relates the life of the individual to the life of the universe. It is a holistic system of healing in the truest sense. Body mind and consciousness are in constant interaction and relationship with other people and the environment. In working to create health, Ayurveda takes into consideration these different levels of life and their interconnectedness. (Lad, 1998:01)	<p>1. Health is the absence of diseases like Tuberculosis, Malaria, Sugar Diabetes, Arthritis, High Blood Pressure, Cancer, Aids, etc.</p> <p>2. Health has very little or nothing to do with how well we can maintain a balance between our bodies, our minds, and our understanding of life.</p>	What is health? How do Ayurveda look at health, Let us look at the meanings of the different words contained in the Ayurvedic definition of Health? What do Ayurveda say how can we stay healthy?

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
2.	Infections will develop into a disease.	The process of disease will begin to develop as a result of a disturbance in the balance of the doshas. Such disturbance/s can be caused by various factors such as diet, weather, seasons, emotions etc. Such a disturbance will then cause an accumulation of one or more of the doshas in their respective sites: e.g. vata in the colon, pitta in the intestines, and kapha in the stomach.	<p>1. We will definitely develop a disease once we get infected with an infection like for an example a bacteria or a virus.</p> <p>2. The development of a disease has little or nothing to do with imbalances in our energies.</p>	What is disease? How do Ayurveda look at disease, How do Ayurveda look at the meaning of the word imbalance? How do Ayurveda view different diseases like Tuberculosis, Malaria, Sugar Diabetes, Arthritis, High Blood Pressure, Cancer, Aids, etc.?
3	The existence of HIV was proven scientifically.	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science. But also that philosophy science and religion should not be separated.	1. Scientists proved with the aid of an experiment that when we place a sample of the fresh red plasma (blood) of a person infected with HIV under a microscope it is possible to see the HIV.	When can someone call himself a scientist? What do Ayurveda say how should we look at science, how can we look holistically at science? Can science be seen separate from other concepts like religion and philosophy? How do Ayurveda say should we look at science religion and philosophy? Would you agree with the definition of Ayurveda about science religion and philosophy?

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
			2. Once the majority of the scientists believe that a theory is true, it is no longer necessary to prove the truth of the theory with the aid of an experiment before we can regard it as scientific.	Can you think about examples of how we could probably prove something scientifically?
4.	For some diseases the body is unable to produce antibodies.	The wise person understands that the normal rhythm and quality of the processes of health (normal functioning of the doshas) and disease (abnormal movement of the doshas) can be reestablished by changing diet and lifestyle and avoiding the etiological factors that cause disease.	<p>1. The body of a young and healthy person can very easily produce antibodies against any infection.</p> <p>2. It is only fools who believe that it is possible to overcome disease by simply changing diet and lifestyle.</p>	How do we follow guidelines to establish the correct diet and lifestyle as propagated by Ayurveda? How does Ayurveda advice us, how should we avoid the factors that cause disease?

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
5.	HIV tests are 99% accurate.	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science. But also that philosophy science and religion should not be separated.	<p>1. Scientists proved in an experiment that the antibody test kits that are used to test if a person is infected with HIV are extremely accurate.</p> <p>2. Philosophy, science and religion are separate things, and once we start mixing these things, we can no longer establish the truth accurately.</p>	If it is impossible to isolate the virus will it be possible to develop a valid test to test for the presence of a virus?
6.	HIV is the cause of AIDS	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science. But also that philosophy science and religion should not be separated.	1. People who test positive on the HIV antibody test will definitely develop a disease called AIDS.	Is their anything in Ayurveda that is closely related to what people today describe as AIDS? Was AIDS already in existence when the books on Ayurveda were written? How do they look at AIDS in the books on Ayurveda? Was it important for people practicing Ayurveda to test for the presence of a virus? Do they mention something like that in books on Ayurveda? Is there any correlation between what Ayurveda is

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
				saying and the HIV = AIDS theory? How do Ayurveda say should we look at what is true and what is not true? Can you imagine how we could possibly set up an experiment to prove what is the cause of AIDS? Do you think that an Ayurvedic practitioner would look at an experiment to prove the possibility that a virus could be the responsible cause of AIDS as a potentially useful exercise to establish the true cause of AIDS?
7.	Our health should be managed by medical practitioners	We should know how to practice self-healing.	<p>1. When a person is feeling ill, it will be proper and correct to immediately report to a doctor.</p> <p>2. It will be totally incorrect of us to try and heal ourselves.</p>	What is self-healing? And how should we practice self-healing?
	HIV is sexually transferable	Ayurveda argues that it will be necessary for a theory to be proven with the aid of an experiment before it can be regarded as science. But also that philosophy science and religion should not be separated.	1. Scientists proved with the aid of an experiment that one of the methods that can cause people to become infected with HIV is when	Can you philosophize about how we could possibly set up an experiment to prove that a killer virus called HIV could possibly be contracted if we have unsafe (unprotected) sex?

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
			<p>they have unsafe sex.</p> <p>2. Because most religions regard it as incorrect for people to sleep around, it will be proper and correct to say that it was proven in an experiment that HIV is sexually transferable.</p>	
9.	Medicine and drugs is absolutely essential for maintaining good health.	Dr. Chowdhury said Ayurveda, which was a `science with a soul', was being recklessly commercialised and, in the process, its soul and philosophy were being killed. "In Ayurveda, the philosophy is more important than the herbs and drugs used for treatment," he said.	1. Modern medicine and drugs like for example antibiotics, insulin, chemotherapy, antiretroviral drugs are the only things that can ensure reasonably good health once we are infected with a	What is the philosophy as advocated by Ayurveda? How should we ensure our good health? How should we keep our doshas in a perfectly balanced state? How should we go about leading a healthy lifestyle?

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
			killer virus or bacteria.	
			2. Knowledge and understanding of how things in the world works, is more important than herbs and drugs when it comes to the maintenance of our health.	
10	The presence of antibodies is indicative of a disease called HIV/AIDS.	The presence or the absence of anti-bodies is not important indicators of disease or health. The key is awareness. The more you are alert to know your mind, body, and emotions are reacting to changing circumstances; the more you are aware of your constitution and the moment to moment choices you can make to maintain health, the less opportunity you create for becoming sick. (Lad 42:1998)	1. The presence of antibodies against a specific infection is always an indication that the person has managed to overcome the infection.	How do Ayurveda look at issues like self esteem, immunity, natural resistance, Cancer as an AIDS defining illness, and antibodies?

	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
			2. Awareness about how our minds, our bodies and our emotions react to changing circumstance can certainly not be regarded as the key to health.	
11.	We should allow medical doctors to manage our health.	We should know how to practice self-healing. A practitioner should only be consulted when a disease has managed to develop to an advanced stage when the affected person was unable to restore balance.	1. It is absolutely essential to consult with a medical practitioner whenever we experience a problem with our health. 2. We should never try to manage our own health.	Guidelines for determining your constitution. And how to use this knowledge to your advantage. (Page28)
12.	We should allow medical doctors to manage our health.	We should know how to practice self-healing. A practitioner should only be consulted when a disease has managed to develop to an advanced stage when the affected person was unable to restore balance.	Can you write a short paragraph about how you will take control of your own health if you	Guidelines for determining your constitution. And how to use this knowledge to your advantage. (P



	<b>Suspected “non–health promoting” perceptions.</b>	<b>Ayurvedic view</b>	<b>Statements for questionnaire</b>	<b>The outline of some of the Activity sessions</b>
			are required to do so?	