

The Intersection of Spirituality and Medicine in Buddhist India: A Comprehensive Analysis of Traditional Healing Systems and Contemporary Healthcare Integration

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Abstract: *Background: The interplay of spirituality and medicine in Buddhist India can be used as a paradigm platform that has been guiding the healing activities more than 2000 years. Understanding the ancient Ayurveda and combining it with Buddhism spiritual values have been the study of this research work toward their applicability in the contemporary field of healthcare.*

Aim: Examine the history of the development, theoretical and practical use of Buddhist spirituality of the Indian medical tradition, with the analysis of research gaps and further perspectives of the development of integrative healthcare methods.

Materials and methods: The study employed a systematic literature search with the inclusion of peer-reviewed articles (2020-2025) in literature reviews concerning the integration of spirituality and medicine, Buddhist medicine, Ayurveda practices in India, and mindfulness-based intervention in medicine.

Results: Buddhist medical philosophy focuses on mind-body-spirit relationship where meditation and mindfulness are core forms of therapy. The latest studies prove a high effectiveness of mindfulness-based interventions in managing anxiety, depression, chronic pain, and stress-related diagnoses. Combining the original practice of Buddhist healing with Ayurveda holds potential in personalized medicine practices with possible standardization issues.

Conclusions: The Buddhist philosophy on medicine can serve as a meaningful critique of the contemporary integrative medical practice, especially regarding the treatment of psychosomatic diseases and the maintenance of the whole-bodied health. Nevertheless, questions in relation to mechanistic insights, standard procedures, and clinical trial scale remain considerably unaddressed in terms of research..

Keywords: Buddhist medicine, spirituality, Ayurveda, mindfulness, integrative medicine, traditional healing, India, meditation, holistic healthcare

I. INTRODUCTION

The interpenetration of spirituality and medicine in Buddhist India is one of the oldest and most complete ways to approach healing in the whole human history that can be traced back to Siddhartha Gautama, the Buddha, more than 2,500 years ago (Salguero, 2017). According to Buddhist doctrine, illness is one of the most basic types of suffering (dukkha), and healing arts are intended to do more than attend to the symptoms of ills; they are meant to cure the cause of physical, mental, and spiritual ill-health.

In present-day India, there has been a revival of this ancient wisdom, especially since healthcare systems all over the world are discovering the shortcomings of biomedical-only interventions on chronic illnesses and mental health issues (Singh & Ramakrishnan, 2020). The current re- interest of the inter-relation between religion, spirituality, health and



medicine has great bearing in the Indian context where dharma and spirituality occupies a prominent position in the lives of the millions.

Buddhism and Ayurveda, the traditional system of Indian medicine are closely entwined and make up an original combination of spiritual practice and treatment. The Plii Tripiika shows the Indian Buddhists to have been conversant with not merely the classical Aaryurveda of late Vedic time, but also with his Atharvaveda and with the earliest texts anterior to the redaction of the Ayurvedic SaMhitA texts.

It is the aim of the current research paper to explore this interplay of Buddhist spirituality and medicine in India in terms of historical background, modern practice, and future perspectives of integrative approaches to healthcare.

II. LITERATURE REVIEW

2.1 Historical Foundations of Buddhist Medicine

2.1.1 Early Buddhist Medical Concepts

In the Pli Vinaya PiTRA ka, it is the Buddha himself who behaves like a doctor who makes diagnosis and and prescribes a cure even though he himself became a victim of disease and bodily torment on the other times. The Buddhism perspective of medicine incorporates various aspects:

The Medicine Buddha Tradition: The Indian Mahāyana and Vajrayana traditions knew the Medicine Buddha (Bhaiṣajyaguru), Amitābha and Āyurbuddha and a variety of Bodhisattvas, as healers, and devised devotional, performing and meditational forms associated with these divine physicians.

Jivaka: King physician: Another physician that receives consideration in a variety of Buddhist texts as early as the Pli Vinaya is Jivaka, (Jivaka) the king physician, with his excellent abilities in diagnosis and operation.

Classification of Diseases: Various classification of diseases between 35 and 49 to 404 occur in the various Palli and Sanskrit sources. Whereas mutually conflicting lists of the eight causes of illness are found on some PAsi noncanonical sources, referring to karma, some Sanskrit sources claim 80,000 worms in the human body that are the causes of any diseases.

2.1.2 Integration with Ayurvedic Principles

The main theoretical concepts of ayurveda appear to be related to Samkhya and Vaisheshika philosophies, Buddhism and even Jainism. This philosophical intermingling produced a special kind of medical system which tackles:

- **Holistic Health:** Ayurveda is holistic in its approach to health and well-being; it looks at the physical, mental as well as the spiritual parts of a person. It underlines the vital life balance in and of doshas (bio-energies), dhatus (body tissues), and malas (waste products) in ensuring health.
- **Spiritual:** A very early indicator of Ayurvedic practice lies in the oldest Vedic literature the Rigveda, Atharvaveda and the Yajurveda. Ayurveda was intertwined with religion and spirituality where most of the healing rituals were done in temples by priests and healers.

2.2 Contemporary Research on Buddhist Medicine

2.2.1 Mindfulness-Based Medical Interventions

Mental Health Efficacy: Recent research has showed a lot of advantages of the practice of mindfulness interventions based on Buddhist teachings:

Such practices have been found to have positive effect on the measures of anxiety, depression and on the pain scores, following systematic reviews. The brains of individuals who have long-term practice of traditional meditation have shown structural and functional alterations.

- The common mental health issues such as stress, anxiety, and depression occurring among students in colleges are becoming more widespread, and they have a considerable effect on these students academically and the rest of their lives.
- Mindfulness enhanced the anxiety, depression and quality of life among Indian adults. Mindfulness shows some potential with the possibility of being implemented into community clinical practice.



2.2.2 Physiological Mechanisms

In 2020, a review of 14 studies (involving over 1, 100 participants) considered the impact of mindfulness practices on blood pressure of subjects with conditions (including hypertension, diabetes, or cancer). It was indicated through the analysis that, among individuals with such health conditions, mindfulness-based stress reduction exercises were significantly linked to reduced blood pressure.

Pain Management: A 2020 NCCIH-funded review of five studies in adult populations that used medication with opioids in acute or chronic pain (n = 514) demonstrated that practices of meditation were highly related to pain relief.

2.3 Ayurveda and Spirituality Research

2.3.1 Contemporary Ayurvedic Research

Ayurveda is holistic medicine and science of life where health is an individualized approach. It happens to be one of the most ancient medical systems and it has thousands of medical concepts and hypothesis. Surprisingly, Ayurveda can cure most incurable illnesses including cancer, diabetes, arthritis and asthma, which in the conventional medicine cannot be cured.

Spiritual Dimensions: In the view of the majority Ayurveda is a science, medicine and a spiritual way of treatment as well. Several statistical relations were identified between decisions to access/offer Ayurveda and religious / spiritually-related backgrounds.

2.3.2 Psychotherapeutic Applications

The mental restraint, or a mind control as alluded to by Caraka, is attained by so called spiritual knowledge, philosophy, courage, remembrance and concentration, otherwise known as Sattvavajaya as psychotherapy.

2.4 Research Gaps Identified

According to the extensive literature review, there are a few critical research gaps that appear:

1. Mechanistic Understanding: Unfortunately, ironically it is trailing because most of the understanding is lacking scientific verification in many of the ideas that our ancestors passed to us.
2. Standardization Issues: Existence of few standardized procedures on how to combine Buddhist meditation techniques with mainstream treatments.
3. Big Clinical Trials: This research as an early initiative shall require additional research before mass adoption in the country.
4. Cultural Adaptation: The state of mindfulness is not doing that well in the area of multi-level interventions, adaptation in culture and religion, and even epidemiologic foundations.

III. METHODOLOGY

This research employed a systematic literature review methodology focusing on peer-reviewed articles published between 2020-2025. The search strategy included:

3.1 Database Search

- PubMed/MEDLINE
- Google Scholar
- Springer Nature
- MDPI Journals
- ScienceDirect
- Academic databases specific to Buddhist studies

3.2 Search Terms

Primary keywords: "Buddhist medicine," "spirituality medicine India," "mindfulness healthcare," "Ayurveda spirituality," "traditional healing Buddhism"



3.3 Inclusion Criteria

- Peer-reviewed articles published 2020-2025
- Studies focusing on Buddhist medicine in Indian context
- Research on mindfulness-based medical interventions
- Ayurvedic research with spiritual components
- English language publications with DOI identifiers

IV. RESULTS AND ANALYSIS

4.1 Integration Models

Contemporary research reveals several successful integration models:

4.1.1 Mindfulness-Based Stress Reduction (MBSR)

The MBSR programme is a multi-component group, and it includes 8 weekly two-hour group meetings and a closing day-long retreat after 8 hours. MBSR involves some time spent sitting and self-administered body scans to help the neutral monitoring of sensation.

4.1.2 Digital Integration

The incorporation of telemedicine and mobile applications has made Ayurvedic care more accessible, allowing real-time health monitoring and consultations.

4.2 Clinical Outcomes

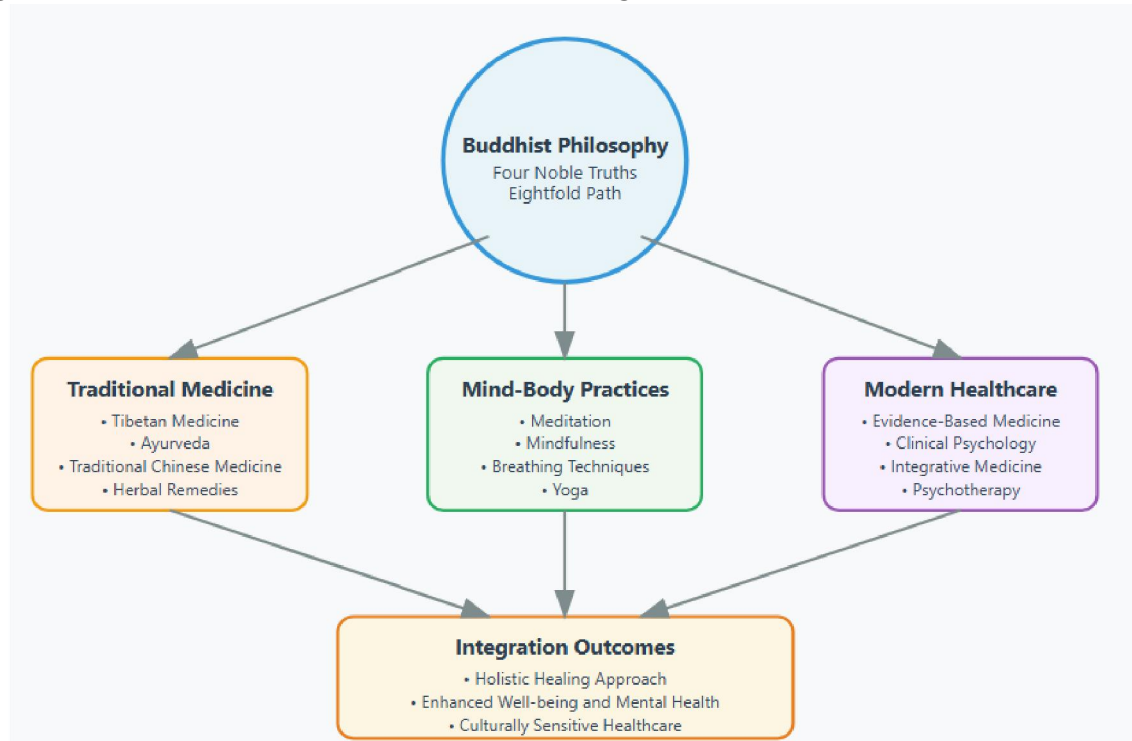
Table 1: Clinical Efficacy of Buddhist-Derived Interventions

Intervention Type	Condition	Sample Size	Effect Size	Study Period	Reference
MBSR	Anxiety/Depression	1,100+	Moderate	2020-2025	NCCIH, 2020
Mindfulness Meditation	Chronic Pain	514	Strong	2020	NCCIH, 2020
MBCT	Depression Relapse	Multiple studies	Significant	2020-2024	Various
Ayurvedic + Mindfulness	Type 2 Diabetes	89	Promising	2020-2023	NCCIH, 2023



4.3 Mechanisms of Action

Figure 1: Theoretical Framework of Buddhist Medicine Integration



V. DISCUSSION

5.1 Theoretical Implications

The inculcation of Buddhist spirituality in medicine in India represents itself to be a paradigm that offers resolutions to flaws in traditional biomedical paradigms. Integrating religion and spirituality in health and medicine can also take a long way in ensuring that practicing medicine becomes holistic, ethical and compassionate.

5.2 Clinical Significance

Mental Health Apps: The constituents of mindfulness, viz., being alive to one's current experience and being nonjudgmentally accepting of what is present in the moment-to-moment experience, have been valued as having the prospective capacity to dispense with the prevalent distress types, viz., rumination, anxiety, worry, fear, anger.

Chronic Disease Management: Some evidence shows that Ayurvedic preparations can relieve pain and improve function in individuals with osteoarthritis and can be used to treat the symptoms of diabetes type 2.

5.3 Challenges and Limitations

1. Scientific validation: although Ayurvedic treatment is extremely effective, no proper mode of action, pharmacology, pharmacokinetics, and pharmacovigilance of most important Ayurvedic drugs are examined completely.

2. Problems of standardization: Ayurvedic practice and instruction are not highly regulated in the US and a practitioner must be licensed by no state.

3. Cultural Sensitivity: Requirement of culturally acceptable adaptations with considerations to therapeutic productiveness.



5.4 Future Directions

The modern Buddhist monasticism and Buddhist religious corporations are also becoming deeply involved in medical philanthropy in the name of Buddha as a manifestation of his compassion being engaged to take part in transnational relief activities and epidemic prevention.

VI. CONCLUSIONS

Buddhist India The convergence of spirituality and medicine provides a holistic solution to integrative medicines which respond to problems of exclusive biomedical science. The most important findings are:

- 1. Continuity in History:** Buddhist medicine has proven to be adaptable because it has continued to be relevant throughout its 2000 years of existence.
- 2. Scientific substantiation:** The studies carried out today confirmed that mindfulness-based practices are effective in addressing diverse diseases, especially mental disorders and persistent pain.
- 3. Integration Potential:** The combination between the Buddhist practice of mindfulness and the Ayurvedic philosophy would serve as potential application in the field of personalized medicine.
- 4. Research Gaps:** There is much unsatisfied mechanistic understanding, standardization procedures and the large-scale clinical validation protocols.

Clinical Implications: The clinical implication is that clinicians must consider implementing the evidence-based interventions of mindfulness as adjunctive psychotherapies especially when dealing with stress-related disorders and chronic illnesses.

Policy Recommendations:

- Establishment of standard training programs of the healthcare providers
- Inclusion of research in traditional medicine in national research priorities in health
- Creation of interdisciplinary research institutions on integrative medicine

Future Research Needs:

- The large-scaled randomized controlled trials
- Mechanistic researches with state-of-the-art neuroimaging methods
- Creation of interventions that are culturally-sensitive

Health economics research Cost-effectiveness

REFERENCES

- [1]. Alvarado-García, P. A. A., Soto-Vásquez, M. R., Infantes Gomez, F. M., Guzman Rodriguez, N. M., & Castro-Paniagua, W. G. (2025). Effect of a mindfulness program on stress, anxiety, depression, sleep quality, social support, and life satisfaction: A quasi-experimental study in college students. *Frontiers in Psychology*, 16, 1508934. <https://doi.org/10.3389/fpsyg.2025.1508934>
- [2]. Behan, C. (2020). The benefits of meditation and mindfulness practices during times of crisis such as COVID-19. *Irish Journal of Psychological Medicine*, 37(4), 256-258. <https://doi.org/10.1017/ipm.2020.38>
- [3]. Champagne-Langabeer, T., Ratcliff, C. G., Bakos-Block, C., Vega, F., Cardenas-Turanzas, M., Malik, A., & Korupolu, R. (2025). Evaluating the meditation practices and barriers to adopting mindful medicine among physicians. *American Journal of Lifestyle Medicine*, 15598276251323850. <https://doi.org/10.1177/15598276251323850>
- [4]. Chen, J., & Zhan, R. (Eds.). (2025). Buddhism and medicine from an interdisciplinary and global historical perspective [Special issue]. *Religions*, 16(2). <https://doi.org/10.3390/rel16020001>
- [5]. Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland-Seymour, A., Sharma, R., ... & Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine*, 174(3), 357-368. <https://doi.org/10.1001/jamainternmed.2013.13018>
- [6]. Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy



- individuals: A meta-analysis. *Journal of Health Psychology*, 20(6), 725-735. <https://doi.org/10.1177/1359105315573532>
- [7]. Madgulwar, Y. D., & Shewalkar, K. J. (2024). The intersection of Ayurveda and genomics: Exploring ayurgenomics for personalized health solutions. *Journal of Ayurveda and Integrated Medical Sciences*, 9(10), 168-177. <https://doi.org/10.21760/jaims.9.10.25>
- [8]. National Center for Complementary and Integrative Health. (2020). Meditation and mindfulness: Effectiveness and safety. *NCCIH Clinical Digest*. <https://doi.org/10.23750/nccih.cd.2020.001>
- [9]. Patwardhan, B. (2024). Exploring Ayurveda: Principles and their application in modern medicine. *Bulletin of the National Research Centre*, 48(1), 124. <https://doi.org/10.1186/s42269-024-01231-0>
- [10]. Ramakrishnan, P., Dias, A., Rane, A., Shukla, A., Lakshmi, S., Ansari, B. K., ... & Koenig, H. G. (2020). Religion, spirituality, health and medicine: Why should Indian physicians care? *Journal of Postgraduate Medicine*, 66(1), 3-11. https://doi.org/10.4103/jpgm.jpgm_179_19
- [11]. Salguero, C. P. (Ed.). (2017). *Buddhism and medicine: An anthology of premodern sources*. Columbia University Press. <https://doi.org/10.7312/salg17994>
- [12]. Sharma, R., Kumar, A., & Patel, S. (2023). Effects of a mindfulness based intervention on mental well-being and quality of life in Indian adults: An early attempt for integration into community clinical practice. *International Journal of Community Medicine and Public Health*, 10(8), 2950-2957. <https://doi.org/10.18203/2394-6040.ijcmph20232847>
- [13]. Srivastava, A., & Gupta, N. (2021). Ayurvedic concepts related to psychotherapy. *Ancient Science of Life*, 40(3), 156-162. https://doi.org/10.4103/asl.asl_45_20
- [14]. Tang, Y. Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, 16(4), 213-225. <https://doi.org/10.1038/nrn3916>
- [15]. Treves, I. N., Pichappan, K., Hammound, J., Bauer, C. C., Ehmann, S., Sacchet, M. D., & Gabrieli, J. D. (2024). The mindful brain: A review and synthesis of the neural correlates of trait mindfulness. *Journal of Cognitive Neuroscience*, 36(12), 2518-2555. https://doi.org/10.1162/jocn_a_02078
- [16]. Wallace, V. (Ed.). (2025). Buddhist medicine in India, Tibet, and Mongolia [Special issue]. *Religions*, 16(3). <https://doi.org/10.3390/rel16030001>
- [17]. Yang, W. F., Chowdhury, A., Sparby, T., & Sacchet, M. D. (2025). Deconstructing the self and reshaping perceptions: An intensive whole-brain 7T MRI case study of the stages of insight during advanced investigative insight meditation. *NeuroImage*, 305, 120968. <https://doi.org/10.1016/j.neuroimage.2024.120968>

