

Ayurveda and the Dhatus: A Journey of Half a Century

Contributed by Ingrid Naiman
 Tuesday, 07 August 2018
 Last Updated Saturday, 11 August 2018

Ayurveda and the Dhatus

Ayurvedic medicine first made it onto my radar in late 1968 when I was posted with the State Department to India and met Prof. Dr. Lokesh Chandra, the Director of the International Academy of Indian Culture. He had a profound influence on me because he contrasted the publish or perish mentality of modern academia with the traditional approach of Asians in which students study with true masters and eventually, around age 70, add a few sentences to the wisdom of the ages. Alas, this is the opposite direction of the Internet where very young people, often with meager educations have become "journalists" and heads of single person enterprises, such as online news channels or blogs. In the context of more recent agency news, such as Reuters or even Russia Today, the main difference between ticker tape news and tweets is the method of delivery. There are still relatively few true journalists, people who seek their own stories and investigate the details. Likewise, in the field of medical research, a typical paper will have pages and pages of footnotes, giving credit where credit is due but relying heavily on the peer-reviewed findings of other published authors.

In a sense, this is not at all what Prof. Dr. Lokesh Chandra meant when relating stories about how academicians would pick his brains and then take credit for concepts and ideas that were neither original with them nor deeply rooted in the traditions of the main sources. This is where the real problem is.

I would therefore like to take this concept and show how profoundly the conversation on this topic impacted me professionally.

The Dhatus

The dhatus are an integral part of Ayurvedic medical theory. The idea is that there are seven basic tissue types and each one is used to regenerate the next in a sequence that goes from plasma to the blood cells that live in the plasma to muscles and fat and eventually the difficult to translate word "shukra" which broadly refers to the capacity to promote longevity through nourishment of the procreative and regenerative cells, including the elusive "ojas" which exists in very tiny quantities in the bodies of yogis and other accomplished beings.

The concept of the dhatus took a new turn around 1990 when I opened a clinic in Santa Fe New Mexico. Several patients had no hair at all: no crown of glory on the top of the head, no eyebrows or eyelashes, and no fuzz anywhere on the body. At that time, I had been studying for a decade with Dr. Shrikrishna Kashyap, a direct descendent of the eldest of the Seven Rishis who had himself been a yogi. He said that the regeneration of hair would be seen after 72 days; and the reason was that hair is part of the fifth dhatu and the first four dhatus must be corrected or perfected before the hair could be regrown.

The believed cause of the lack of hair was moot. People could be nutrient deficient, have experienced shock or toxicity, but regrowth of hair depends on the capacity of the body to supply the nutrients needed by asthi dhatu. It is not merely a matter of ingesting sufficient amounts of silica, but of perfecting the assimilation of nutrients. Dr. Shyam, as we lovingly called him, was absolutely right about the time required, and all patients went on to recover.

However, there were very interesting differences in the patients so a few cases will help to make the points very clear. One patient was very "soft" by disposition, kind of like a child who longed to be adored by her parents. They were however very strict and inculcated discipline and achievement as the keys to life, and she was starved for affection, an emotion that for her was intimately tied to a sense of belonging that would in turn assure nurturing connections with her parents. In her case, the psychological issues had to be addressed, and the fulfillment of the emotional longings would hopefully parallel the corrections of the physical deficiencies.

Another patient was an aspiring actress who lived on diet pills and equated slenderness to beauty. Her skin was a pasty white, and she had a history of more than forty bone fractures. Asthi dhatu is related to skin and bones, not just hair. Worse, the patient was unable to face the truth about her anorexia and other misplaced priorities. Ultimately, such situations come down to whether or not the patient will honor the body's needs or insist on supporting a catastrophic deficiency condition on the grounds that she may eventually land a role in Hollywood. Unfortunately, living in Santa Fe as I did, I found quite a few others whose career objectives were at odds with the realities of their bodies.

Of course, as the author of many materials on cancer, most of the hair loss cases were related to chemotherapy, but as I went on to learn, the damage that is most visible hardly begins to describe the horror of this protocol.

The point here is not to detail all the cases but rather to show an evolution from student to practitioner to original thinker, the one Prof. Dr. Lokesh Chandra would say had earned the right to add a few sentences to the vast body of preexisting literature.

Darkfield Microscopy

I first heard about darkfield microscopy in the 1970s when a student gave me two audio cassettes of a rare radio broadcast about the work of Dr. Royal Rife. I was intrigued by the tenacity and creativity of this medical genius, but quite a few years passed before I saw my first darkfield microscope at conference in Europe. A German practitioner was

demonstrating what looked to most like a sort of magical approach to information gathering, and I am afraid he did not actually make a very good impression.

However, as fate would have it, I kept finding more microscopes at more conferences but never felt comfortable with the knowledge base of the practitioners. Then, in 1995, I was bitten on my left thigh by a spider and was in very serious condition. My best friend, the late Prof. Gail Barber, was a harpist with a big van for lugging her harps between her home and concert halls. She rearranged her van into a kind of ambulance and took me to see a microscopist. There, I had the first true "aha" experience because I saw that my red blood cells were very small. It was like the mature cells had all been destroyed by the venom and the miniature cells were mobilized into emergency action before they had actually reached full size. The white blood cells were exhausted. They had been eating debris and sort of left a visual impression of polar bears belching and burping because they had overeaten.

Dr. Shyam urged me to drink very tall glasses of buttermilk and to alternate with cucumber juice to recover from the burning acids. Using the dhatu concept, the plasma would have been flooded with venom, making it impossible for blood cells to survive. We had to neutralize the venom, but I added quite a bit more to the protocol because I felt both red and white blood cells needed better nutrition, and the white blood cells also needed protection because they were ingesting a lot of toxicity.

As fate would have it, a practitioner asked if he could leave his microscope at my house. Several different practitioners were using that scope so I had a chance to peek at what they were observing. I decided to connect my television, video player, and a camera to the scope. This is very common procedure today, but back then, it took a little technological skill. In short, I began filming sessions.

One day, a dentist left in a rush and I noticed there was a slide on the stage. Temptation got the best of me, and I thought to myself, "I know I don't have proper training, but it cannot hurt much if I just turn on the light." Well, I saw something odd. It looked like a big white crystal, but it was beginning to separate into many similar looking pieces that were growing very fast. Half of the objects seemed to have tails and the other half did not. Then, I saw a little red object inside one of these creatures. It began pulsating. The little creature started eating and I could actually see the nutrients moving through the mouth and then bulging and churning further down the body. Then, much to my horror, it relieved itself. I could see all the inner organs developing in its siblings. I was so fascinated that I got out of bed every 10-15 minutes to watch a little more, and as early as I dared, I phoned the dentist to tell him what I had seen. He said, "You filmed it all, didn't you?" I said, "Of course, I could not waste this much history in the making."

That afternoon, he came to my house with about 20 books on parasitology. The image was incredible. He was tall and could hold a lot of books, but he looked like a librarian when he arrived. He said, "Find the creature." I was so excited that I plowed through about 3000 pages in a matter of days. I found two possible matches for what I had seen, and that was it. I had to have my own scope and to develop protocols for what I was seeing.

I got very good at finding parasites, and, of course, at seeing precisely how the herbs act when they reach the blood stream. In short, I was observing the plasma and all the objects in the plasma as well as the interactions between parasites and blood cells.

Consulting in Europe

After the publication of my book in 1999, more and more invitations to consult in clinics came my way, and I was flying back and forth to Europe several times a year. Eventually, I bought a research grade microscope, \$25,000, and an immense library of books on hematology, parasitology, and, of course, herbal medicine and microscopy.

I kept copious notes and saw hundreds of patients, but I had become a patient after moving to the Pacific Northwest. I had been exposed to mold and was very, very ill. A dear friend who had ocular melanoma accompanied me to the laboratory where samples had been taken from my home for mold testing. He also accompanied me on one of the trips to Germany. After he died, I was looking at my own blood and heard his voice clear as day saying, "Look a little more to the right." There, I saw a perfect match for the mold we had seen on the tape lift at the testing laboratory, only this mold came from inside my body. I snapped a picture as quickly as I could and then saw a mist and the rapid deterioration of everything on the slide. By morning, the mold was the sole survivor on the slide. All the blood cells had been devoured. I knew I was pioneering unexplored territory and took a deeper and deeper interest in this new study. However, I was still very much under the influence of Prof. Dr. Lokesh Chandra, and I did not rush to press.

I was however hooked and registered the domain name darkfieldstudies.com. I also continued to read and write on this subject, starting as is my wont, with some of the history going back to an infamous debate between Louis Pasteur and Antoine Béchamp.

In 2010, I discussed some of my darkfield work with Indunil Weeraratne who was then a third-year student at the Institute of Indigenous Medicine at Colombo University. In 2014, she proposed that I submit a paper for a conference in Sri Lanka. I wrote the abstract, created the poster using my graphics designer, Damien Francoeur, and my slides from my research scope with images from consultations I did in Europe. The poster cost \$600 because of the immense files and artistic rendering. I wrote the paper and Dr. Indunil told me she read the paper five times and then delivered the presentation extemporaneously, i.e., she did not read the paper, but she gave a talk based on what I had written. All of this was authorized and agreed upon.

Now, however, we come to the critical issue of authorship and intellectual property. In my opinion, I am the author and she was the presenter, not a co-author, but rather the person designated to deliver the material before an audience of peers.

I abided by my principles of not going to press with secondhand material and waited until I had something original to offer, including my explanation of how a darkfield microscope differs from a brightfield microscope. I think only a person who is interested both in the stars and blood cells would have used such analogies. In short, the copyright is mine, and Dr. Indunil Weeraratne was the presenter of material and had my permission to present the paper at the

conference. She is not however the co-author since she contributed no original material nor text to the abstract or written material. What she may have added to the paper in the presentation is another matter, but I was not there and was not provided a recording nor even a copy of the program, poster, or publications of the conference convenors. You have now traveled with me through half a century of preparation for what I wish to add to the body of knowledge that is left for those who will come after me. I have waited a long time and will be sharing more as time permits. This site was built some years ago because I had a vision of where this work would eventually lead. It will, I hope, show us that blood cells are actually sentient and intimately connected with our health and capacity to function elegantly in the bodies we have chosen for our incarnations. I do plan to share more and apologize for the long hiatus.
Copyright by Dr. Ingrid Naiman 2018