

# **The Significance of the Maharishi Vedic Approach to Health for Modern Health Care and Medical Education**

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## *Abstract*

*Maharishi Vedic Medicine, brought to light in our time by Maharishi Mahesh Yogi and based on the age-old knowledge of life in accord with Natural Law of the Vedic tradition, provides prevention-oriented, natural health care without harmful side effects. Maharishi Vedic Medicine aims to eliminate the basis of disease and provides the knowledge and technologies for creating a disease-free society. The advent of the Maharishi Vedic Approach to Health program is timely, since modern health care is confronted with critical issues demanding immediate practical solutions: 1) the population suffers from high rates of chronic diseases, 2) modern medical practice often fails to prevent disease, 3) pharmaceuticals and high-technology diagnostic and therapeutic approaches frequently have hazardous side effects, and 4) costs for health care soar. Maharishi Vedic Medicine, a comprehensive and cost-effective science of health care, provides unique solutions to these problems in the form of comprehensive knowledge of Natural Law, the inner intelligence of the body at the basis of every aspect of the physiology and practical technology for accessing the body's inner intelligence and making it lively in the physiology. The discovery of Veda, the totality of Natural Law, in the human physiology by Professor Tony Nader, M.D., Ph.D. establishes the holistic foundation for Maharishi Vedic Medicine. Scientific research documents the efficacy of the Maharishi*

*Vedic Approach to Health in promoting physical and mental health, ameliorating chronic diseases, preventing illness and reducing health care expenditures.*

*Colleges of Maharishi Vedic Medicine are being founded to transform medical education by providing key values missing from medical education today, including 1) knowledge and technology for developing consciousness—the Maharishi Transcendental Meditation and TM-Sidhi programs, 2) pulse diagnosis and associated interventions such as diet and herbal supplements, and daily and seasonal routines—Maharishi Ayur-Veda, 3) knowledge and practices governing the effects of the near environment on health—the orientation of homes and office buildings—Maharishi Sthāpatya Veda design, 4) knowledge and technologies addressing the effects of distant environment on health—the influence of the “cosmic counterparts” on the human physiology—Maharishi Jyotish and Maharishi Yagya programs, 5) and collective health—group practice of the technology of consciousness to reduce negative tendencies in society and enhance health—the Maharishi Effect. Addition of these values to medical education promise to make medical practice complete and optimize health and longevity for all mankind.*

The centuries-old, medicine-predominant approach to health has failed to eliminate sickness and suffering; this is because medicine alone is too superficial to influence all the innumerable values that constitute the structure of life and its evolution. Only a HOLISTIC approach that takes into consideration all aspects of mind and body together can be successful in handling health.

As every aspect of life is the expression of Natural Law, the approach to health must be based on the knowledge of the origin and evolution of Natural Law—guiding principles of intelligence upholding the balance functioning of the human physiology. (Maharishi Mahesh Yogi, 1995a, pp. ii)

Ever since Maharishi Mahesh Yogi began teaching his Transcendental Meditation® technique worldwide 40 years ago, he has emphasized that an ideal state of health is the normal state of physiological functioning, and a characteristic of life in enlightenment—fully developed human life. Maharishi has always pointed out that disease is not a necessary component of life, and that living according to the Laws of Nature disallows the ground for sickness and suffering. Over the past 40 years, Maharishi (1963, 1967, 1994, 1995a, 1995b, 1995c, 1996a, 1996b, 1997) has successfully brought to light fundamental values of Natural Law inherent in the most ancient and complete tradition of knowledge, the Vedic tradition. For the first time in thousands of years, the scattered and unconnected parts of the Vedic Literature have been unified in a holistic knowledge that connects the various parts of the literature with the whole Veda, and the Veda has been identified as the underlying field of intelligence, or Natural Law, that structures the ever expanding universe (Maharishi, 1994, pp. 251–254).

In addition, he has developed technologies to make this level of Natural Law accessible in life, rendering it practically useful for promoting health and well-being. This knowledge has been amplified by the research of Professor Tony Nader, M.D., Ph.D., who under the guidance of Maharishi, discovered that the Veda and Vedic Literature encompass the Laws of Nature which underlie and administer all structures and functions of human physiology. It is this knowledge that forms the basis of what is known throughout the world as “Maharishi Vedic Medicine<sup>SM</sup>,” also known as the “Maharishi Vedic Approach to Health<sup>SM</sup>.” It has inspired Maharishi’s Campaign to Create a Disease-Free Society. Maharishi’s campaign fulfills the urgent need of the time as it coincides with a growing recognition in every country by health care authorities and the general public of the failures, inadequacies, and hazards of the current system of health care. Maharishi Vedic Medicine, based in the Veda, the total potential of Natural Law, encompasses the necessary knowledge and technologies to solve the current health care crisis and bring self-sufficiency in health care to every nation.

In consideration of the global crises in health care, Dr. Bevan Morris, International President of Maharishi Vedic Universities, convened on October 16, 1995, a global teleconference to review and

present solutions to these dilemmas in health and health care. The physician participants from more than 20 countries recognized that new knowledge is immediately required in medical education to solve the pressing problems confronting governments, health policy makers, and medical educators worldwide and to bring complete knowledge and effectiveness to health care. This global conference culminated in a resolution to establish new medical colleges based on Maharishi Vedic Approach to Health—the most scientific and comprehensive system of prevention-oriented, natural medicine.

The ultimate goal of these new colleges is to train experts in health care to prevent chronic diseases, promote perfect health and longevity, and create a disease-free society. In the following sections, we elaborate on the urgent need for a new approach to health care and the fulfillment of this goal by the new programs in Maharishi Vedic Medicine offered by the Maharishi University of Management College of Maharishi Vedic Medicine, the Maharishi College of Vedic Medicine in New Mexico, and other Maharishi Medical Colleges around the world.

### **Need for a New Paradigm in Health Care**

Over the last decade, leading observers of health trends in society have highlighted the crises in modern medicine. In a review of this literature, Fuchs (1990) identified at least three themes in the modern health care crisis: 1) widespread chronic disease, 2) high cost, and 3) limited access to preventive health care. Other experts (e.g., Leape, 1994) have drawn attention to the rise of adverse side effects and iatrogenic illness approaching epidemic proportions. We examine these issues more closely below.

#### **Prevalence of Chronic Diseases**

A study published in a 1996 issue of *Journal of the American Medical Association (JAMA)* reported that approximately 40% of the population in the United States, or 100 million people, suffer from one or more chronic diseases (Hoffman, Rice et al., 1996). This astonishing finding reveals that modern medicine—allopathy—has been inadequate in its mission to maintain health in society, and that the system of health care has failed and is itself sick. For example, despite advances in acute medical care and surgical interventions, cardiovascular disease still remains the number one cause of morbidity and mortality in industrialized nations and is rapidly increasing in developing nations.

Even with escalating usage of high technology surgical procedures (e.g., coronary artery bypass surgery), little progress has been achieved in widespread long-term modification of risk behaviors for primary prevention of heart disease—since modern medicine continues to focus on acute disease treatment or early detection of active disease rather than on prevention (Leaf, 1993).

Another example of the breakdown in modern medical care is the current rise of infectious disease, the control of which was one of the greatest successes in public health earlier in this century. Escalating incidence of bacterial infections caused by antibiotic-resistant organisms (e.g., tuberculosis and the alarming emergence of antibiotic resistant staphylococci) and deadly, chronic viral illnesses (e.g., AIDS) are being recognized as a new threat to our ability to treat disease and to the credibility of our modern medical system (Brudney and Dobkin 1991; Center for Disease Control and Prevention 1992; U.S. Public Health Service Department of Health and Human Services 1992).

#### **Escalating Health Care Costs**

The rapidly increasing cost of modern diagnostic and treatment services is one of the most critical problems confronting our nation. Three fourths of U.S. health care expenditures are spent on care for chronic diseases in 40% of the population (Hoffman, Rice et al., 1996). In the year 2000, approximately \$2 trillion or nearly 20% of the U.S. gross domestic product will be spent on medical services (Congressional Budget Office 1993). By the year 2002, the hospital portion of Medicare will likely be bankrupt.

Research shows that managed care and other cost-containment strategies are unlikely to solve this problem (Jencks, Schieber 1991; Burner, Waldo et al., 1992; Schieber, Poullier et al., 1994). Even though the U.S. spends more on medical services than any other industrialized country, America has some of the worst health outcomes in the developed world (Fuchs 1983; Fuchs 1990).

### **Ineffective Prevention**

It has been suggested that most diseases and related health care costs are potentially preventable with known technologies. However, only 1% of the U.S. health care budget is currently used to prevent disease while 99% is spent for acute and chronic care of illness after it occurs (Center for Disease Control and Prevention 1992). Furthermore, studies indicate that 50% of deaths (McGinnis and Foege 1993) and 70% of disease (U.S. Dept. of Health and Human Services, 1991 #1590) in the U.S. are caused, at least in part, by lifestyle patterns such as smoking, drug and alcohol abuse, diet, and physical inactivity.

The nation is suffering from an epidemic of disease-causing behaviors, yet our physicians and health care professionals are not effectively trained to address behavioral causes of disease. Thus, there is an urgent and widely recognized requirement for a reformation of medical education and practice to emphasize more comprehensive and effective approaches to preventing disease and promoting health (The Pew Health Professions Commission, 1995).

### **Adverse Side Effects and Iatrogenic Disease: The Hazards of Modern Medicine**

Thousands of articles published in medical journals have shown that modern medicine--allopathy—is itself a major cause of disease. Iatrogenic illness--disease produced by medical treatment—is now recognized to be a health hazard of global proportion (Leaf, 1993; Leape 1994; Charles, 1995). The harmful side effects of drugs, other therapies, and diagnostic procedures can be serious and even lethal and are associated with every major modality of modern medicine (Leape, 1994).

The continuing high prevalence of chronic illness and the fact that allopathic treatment is frequently the cause of disease indicates that the modern system of health care is incomplete and should be fundamentally transformed. Adverse events have become so extensive as to prompt the use of the term *iatroepidemic*. Reporting in *JAMA*, Dr. Lucian Leape of the Harvard School of Public Health calculated that “180,000 people die in the U.S. each year partly as a result of iatrogenic injury” (Leape, 1994). Another article in *JAMA* points out that injury from medical treatment in the U.S. “dwarfs the annual automobile accident mortality of 45,000 and accounts for more deaths than all other accidents combined” (Bates, Cullen et al., 1995).

Adverse drug reactions are the most common cause of disorders produced by medical treatment. An average of 10 percent of all hospital admissions have been noted to be attributable to drug-induced disorders—a figure which is now being called into question as an underestimate (Holland & Degruy, 1997). Moreover, hospitalized patients who also experienced an adverse drug event had an almost two-fold increased risk of death (Classen, Pestonik et al., 1997).

Studies have also increasingly portrayed hospitals as being unsafe in that they are conducive to medical hazards. For example, Steel found that 36 percent of patients

admitted to a university hospital suffered iatrogenic injury, with 25 percent of events being serious or fatal. More than half of these injuries were related to the use of medications (Steel, Gertman et al., 1981). The results of an analysis of cardiac arrests at a teaching hospital found that 64 percent were preventable. Inappropriate use of drugs was the leading cause of preventable cardiac arrests (Bedell, Deitz et al., 1991).

Patients are also likely, while in the hospital, to get infectious diseases that can be fatal. The Study on Efficacy of Nosocomial Infection Control estimated that about two million patients or five percent of those hospitalized in the U.S. contract bacterial infections (Girou & Brun-Buisson 1996). Martone and Jarvis found that seventy-seven thousand patients die each year due to infections gained in the hospital. The rate of sepsis in hospitals has also been found to be rising, one cause being a higher incidence of nosocomial infections (Bone, 1997). The National Patient Safety Foundation at the American Medical Association released 1997 statistics obtained in a random survey showing that "more than 100 million Americans are touched by what they consider to be a medical mistake" and pointed out that "the number of injuries caused by medical errors in inpatient hospital settings nationwide could be as high as 3 million and could cost as much as \$200 billion" (National Patient Safety Foundation, 1997).

It is clear that a new approach is urgently needed. It is deplorable that the accrediting body for medical education essentially accredits hazardous therapies and allows medical care to remain incomplete. Those in a position of responsibility for medical education have long been aware of the hazards associated with medical treatment. Yet, they have accredited the same medical curriculum that propagates a system known to cause serious harm, and which is deficient in educating medical students to prevent disease and create optimal health. It is clear from the state of health in the United States today that those responsible for medical education either do not have complete knowledge about health or are not implementing it. It is not a matter of a personal view of specific individuals. Rather, it is a matter of government policy for the health of the nation as a whole.

### **Demand for a New Paradigm in Health Care**

The harmful effects of modern medicine call for a return to the primary principle of medical ethics—"Above all, do no harm." The damaging side-effects and the ineffectiveness of conventional medicine in preventing and treating many diseases have led to patient and consumer dissatisfaction. This dissatisfaction is evident in the increasing public demand for more complete and prevention-oriented health care, free of harmful side effects. Increasingly, people are turning to what they consider to be "natural" or "holistic" approaches to health.

A recent survey by Eisenberg and colleagues (Eisenberg, Kessler et al., 1993) of Harvard Medical School underscored the extent of this interest. The survey found that one in three Americans consult complementary or natural health care practitioners for the treatment of medical problems, most of which are chronic. According to the survey's authors, this translates into 425 million visits annually to providers of alternative medical therapies—more than the total number of visits made to all U.S. primary care physicians.

Expenditures associated with the use of natural/complementary therapies were estimated at \$13.7 billion, three-quarters paid out-of-pocket—a number nearly equal to out-of-pocket expenditures for hospital services during this same period. The authors concluded that the frequency of use of natural/complementary therapies is far higher than previously reported, and pointed out the importance of incorporating knowledge about such therapies into standard medical school curricula. Another recent survey found that over 60% of all physicians make referrals to natural practitioners, and that nearly one-fourth of physicians use complementary techniques in their practices (Borkan, Neher et al., 1994). This widespread use of complementary or natural health care validates the survey finding of Blendon & Taylor that 89% of the American public is dissatisfied and “sees the need for fundamental change in the direction and structure of the U.S. health care system to the point of rebuilding” (Blendon & Taylor, 1989).

In keeping with these findings, a recent review in the *Journal of NIH Research* (Fogle, 1993) determined that conventional health care practitioners need to know more about research and medical practice modalities of natural/complementary medicine, and that physicians should be educated to understand how and where natural medical practices fit into the health care delivery system.

In response to this clear need for greater knowledge of complementary, natural medical practice, the U.S. Congress and the National Institutes of Health have established an Office of Alternative Medicine to promote scientific evaluation and application of natural/complementary medicine approaches. Courses on natural or complementary medicine are currently offered in at least 40 U.S. medical schools. While these elective courses may be an important step forward, they provide the student with only brief and fragmented exposures to an eclectic array of approaches. *Nowhere in contemporary medical schools is a comprehensive curriculum available that systematically incorporates scientific, prevention-oriented, natural medicine into the education of the future physician.*

### **The Need For New Knowledge in Medical Education**

The wealth of data documenting the nature and extent of the hazards associated with modern medicine, its high costs, and its ineffectiveness in treating chronic diseases and preventing new diseases, has made clear that fundamental deficiencies exist in the current medical approach and that new knowledge is urgently needed to effectively address these problems.

As the 1995 Pew Commission report explained, “The knowledge, skills, competencies, values, flexibility, commitment and morale of the health professional work force serving the systems of care will become the most important factors contributing to the success or failure of the system (The Pew Health Professions Commission, 1995). At no time since the Flexner report on medical education almost a century ago has the need to reevaluate the education of medical practitioners been so evident. Medical education must quickly rise to help resolve the crises of contemporary health. The enormous challenges facing modern medicine demand substantially new knowledge in the field that offer practical and validated solutions.

## **Maharishi Vedic Medicine: Comprehensive, Scientific Knowledge of Prevention-Oriented Natural Health Care<sup>1</sup>**

Fortunately, the essential knowledge missing from contemporary health education is now available in Maharishi Vedic Medicine. Maharishi explains that development of consciousness to its highest potential—enlightenment—is synonymous with health. As discussed above, his desire to eliminate all suffering and improve health has led him to bring out this knowledge of perfect health. Maharishi Vedic Medicine extends the range of contemporary medical practice to encompass all aspects of life—consciousness, mind, body, behavior, environment, and collective health for society (Maharishi, 1995a; Nader, 1995). It is based on the complete knowledge and technologies of Natural Law available in the Veda and Vedic Literature and verified by modern scientific research (Nader, 1995). This Natural Law based system specializes in prevention and provides practical, effective, safe, and time-tested solutions to the crises in health care today.

The knowledge and technologies of Maharishi Vedic Medicine are based on the understanding that the order displayed throughout the entire universe, including within the human physiology, is governed by a fundamental underlying intelligence. This underlying intelligence comprises all the Laws of Nature that structure and govern the universe. It is the inner intelligence of the body that gives rise to all physiological structures and functions.

As Maharishi has discussed, illness arises when there is a lack of coordination between the body's inner intelligence and its expressions. This lack of coordination leads to violations of Natural Law which further disrupts the holistic functioning of the physiology and lays the ground for illness or disease. Good health is the natural consequence of a lively connection between the physiology and the inner intelligence which administers it. When the underlying intelligence of Nature, the body's own inner intelligence, is fully lively within the physiology, the individual enjoys perfect health (Maharishi, 1995a).

The evolution of knowledge in the modern scientific age has brought about a health care system based on objective, scientific knowledge of physiology and therapeutics. With few exceptions, this knowledge depends on earlier formulations of classical physics and chemistry. In recent decades, however, modern quantum physics has systematically revealed deeper layers of order in nature, from the atomic, to the subatomic, to the nuclear and subnuclear levels of nature's functioning. This progressive exploration has culminated in the recent discovery of the unified field of all the laws of nature—the ultimate source of order in the universe (Waldo, Sonnefeld et al., 1989).

This highly unified, integrated, hierarchical structure of natural law has had as yet little impact on physiology, much less its application to medical science. As a result, the knowledge of physiology remains based on the accumulation of many specific, isolated laws of chemistry and biology. It is incomplete, fragmented, and often highly experimental. It is little wonder, therefore, that this incomplete, fragmented, and experimental knowledge of natural law has produced only partially effective health care.

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<sup>1</sup> For an in-depth study of this subject please refer to these two books: *Maharishi Forum of Natural and National Law for Doctors*, Maharishi Mahesh Yogi, 1995, and *Human Physiology-Expression of Veda and the Vedic Literature*, Tony Nader, M.D., Ph.D., 1995.

Because modern medical science can grasp only some of the innumerable natural laws governing the human physiology, inadequate treatments and unforeseen, hazardous side effects result. Based, as physiological science is, upon an exclusively objective, relatively outmoded paradigm of knowledge, the possibility of developing fully effective treatment strategies seems all but precluded. This is evident in conventional treatment of hypertension where blood pressure may be reduced, but when the medications are removed, the underlying disorder of the hypertension is found to remain.

Maharishi Vedic Science and Maharishi Vedic Medicine stand in contrast to this fragmented approach to natural law. For even as modern physics has glimpsed a unified, self-interacting field at the basis of natural law, the ancient Vedic wisdom, understood and reformulated in this scientific age by Maharishi, identifies a single, universal, source of the Laws of Nature—known as the Self, pure consciousness, or *Ātmā*. Going beyond modern physics, however, Maharishi Vedic Science is capable, through subjective technologies for research in consciousness, of directly exploring and understanding this unified field that physics has only glimpsed through objective means. More important, Maharishi Vedic Science includes technologies for harnessing the intelligence and organizing power of this source for the benefit of every area of human life. Consequently, Maharishi Vedic Science, complementing and integrating within it the modern sciences of physics, chemistry, and physiology, provides a new basis for holistic, complete, and reliable medical practice.

**Veda, the First Expression of *Ātmā*.** Maharishi (1995a) describes the unified source of the Laws of Nature available in transcendental consciousness, *Ātmā*, in this way:

Total knowledge is available in Veda and the Vedic literature—that level of intelligence which is structured in the qualities of consciousness. Consciousness is the abstract level of unbounded intelligence. This quiet intelligence permeates the universe. It is from this level of intelligence that its expressions emerge and constitute all the galaxies, stars, different planets, and different parts of our planet, different countries, different cultures—all that is different emerges from the single Unity, transcendental consciousness, the self-referral state of consciousness. (pp. 308-309)

Thus Vedic Science explains that the first expression of *Ātmā*, the inner intelligence of nature, is the Veda and Vedic Literature. Veda means “knowledge”—pure knowledge—and is embedded in *Ātmā*, embedded in pure consciousness. Consequently the Veda can be known simply by opening awareness to the least excited state of one’s own consciousness with the Transcendental Meditation technique; and the detailed exposition of Natural Law can be found in Veda and the Vedic Literature, which is the knowledge of *Ātmā* expressed in a sequence of sounds and silence. As Maharishi (1995a) has explained:

The structures of consciousness express themselves into the different aspects of creation in a very orderly way. The first structure is the structure of consciousness itself. This structure of consciousness expresses itself in the value of sound. The Veda and Vedic Literature are all sound, the frequencies of intelligence, the frequencies of consciousness. (p. 309)

**The Veda as the Constitution of the Universe.** Maharishi (1995a) goes on to describe how these frequencies of consciousness give rise to matter—that is, consciousness, interacting with itself, gives rise to matter. This description of the material universe arising from a non-material, non-physical underlying field is consistent with modern

quantum physics, which has glimpsed the basic field of existence in a single, unified field and which explains that the subatomic particles which structure the matter and energy of the universe are ultimately non-physical frequencies (wave functions), emerging from the self-interacting dynamics of the unified field (Hagelin, 1987; Hagelin, 1989). Based on this understanding, Hagelin (1989) describes the R̥k Veda, the primary aspect of the Vedic Literature:

According to Maharishi's Vedic Science, the Rik Veda presents a complete record of the structure and dynamics of the unified field in the form of sound. Indeed, the syllables of the Rik Veda are the actual sounds generated by the self-interacting dynamics of the unified field and the mechanics of symmetry breaking through which the unified field sequentially gives rise to the diversified structure of natural law seen in nature. (p. 309-311)

Furthermore, Maharishi (1997) explains:

The laws governing the self-interacting dynamics of the Unified Field constitute the most fundamental level of Natural Law and the basis of all known Laws of Nature, and therefore can be called the Constitution of the Universe. (p. 221)

**The Constitution of the Universe Accessed through the Maharishi Transcendental Meditation program.** Pure consciousness or that level of awareness in which the Vedic sounds function as the Constitution of the Universe—the blueprint of creation, is systematically available to personal experience through the practice of the Transcendental Meditation technique (Maharishi, 1994). As Hagelin explains:

The current revival of Vedic knowledge by Maharishi has largely been possible through the rediscovery of the specific subjective technologies, the Transcendental Meditation and TM-Sidhi program, needed to restore this basic experience. The Transcendental Meditation technique naturally produces this fundamental level of awareness, in which consciousness is identified with the unified field. The TM-Sidhi program then stimulates sequentially all the fundamental modes of the unified field using specific mental formulas or impulses of sound prescribed by Maharishi Patanjali thousands of years ago. The resulting experience of all the fundamental aspects of natural law as modes of one's own awareness indeed provides the most striking experiential confirmation of the proposed identity between the unified field of pure, self-interacting consciousness and the unified field now being glimpsed by modern theoretical physics. (p. 260)

**The Constitution of the Universe Expressed in the Human Physiology.** The relationship between the Unified Field of Natural Law, the intelligence of Nature, and the material universe has recently been further clarified. As mentioned above, Professor Tony Nader, M.D., Ph.D., has discovered, with Maharishi's guidance, that the different aspects of human physiology are an exact expression of the patterns of intelligence expressed in the impulses of sound available in Veda and the Vedic Literature. In his landmark book, *Human Physiology: Expression of Veda and the Vedic Literature*, Dr. Nader details one-to-one correspondences between the structure and function of each of the R̥k Veda and the 40 branches of the Vedic Literature and specific structures in human physiology. Dr. Nader explains:

The human physiology (including the DNA at its core) has the same structure and function as the holistic, self-sufficient, self-referral reality expressed in R̥k Veda. The specialized components, organs, and organ systems of the human physiology, including all the various parts of the nervous system, match the 40 branches of the Vedic Literature one to one, both in structure and in function (Nader, 1995).

For example, the 192 *Sukta* (stanzas) of the first mandala of Rk Veda correspond to specific aspects of the nervous system, particularly the cranial and spinal nerves (Nader, 1995, p. 53). Other precise correlations are drawn between Veda and the DNA, and between the brain stem nuclei and various heavenly bodies, such as the sun, moon, planets, and stars. Thus, human physiology has the same structure and function as the holistic, self-sufficient, self-referral structure found in the Veda.

These very precise correlations between the human physiology and the microscopic and macroscopic levels of the universe make clear that the individual is, in a very real sense, cosmic.

### **The Veda in Human Physiology as the Basis of Holistic, Effective Health Care**

We have discussed above the incomplete knowledge base of modern medicine, leading to ineffective medical practices. Professor Nader's discovery represents the solution to this problem. The discovery that the deep structure of physiology is the same as the Veda which is the same as the structure of natural law in the universe has provided a new, holistic, and effective basis for medical science and medical practice. Maharishi (1996a, p. 58) explains that the "body of everyone is the expression of the Veda and Vedic Literature. Sounds of the Vedic Literature, which are the impulses of consciousness, are the structuring intelligence of the human physiology."

This knowledge of the correspondences between ancient Vedic knowledge and modern physiology allows medical science to bridge the gap between mind and body, between consciousness and the physiology, and between the individual and the universe. It provides us with the essential understanding that the Laws of Nature that structure and govern physiology are the same Laws of Nature that govern the entire universe, and that these Laws of Nature are directly accessible to human awareness through the practice of the Transcendental Meditation program, which provides the direct experience of the least excited state of human awareness, *Ātmā*, the Self.

This discovery that the fundamental Laws of Nature responsible for the structure and function of the universe, including our physiology, are available to direct experience provides an essential key to effective health care. Maharishi (1996a) explains:

Maharishi Vedic Approach to Health considers all the elements that constitute health: these are the forty qualities of intelligence—the forty structures of Natural Law, the Veda and Vedic Literature, that are available in the *Ātmā*, the Self, and are the intelligence at the basis of the structure and function of the individual physiology. (p. 111)

Continuing, he explains why and how medicine derived from the knowledge of these 40 qualities of intelligence expressed in the Veda and Vedic Literature, is so effective.

Maharishi's prevention-oriented Vedic Approach to Health is holistic and most basic. That is why it is free from harmful side effects. It maintains balance between the body and its own inner intelligence and between the inner intelligence of the individual, the collective intelligence of society, and the Cosmic Intelligence of the universe. (p. 111)

### **Practical Application of the Discovery of Veda and Vedic Literature in Human Physiology**

The discovery by Professor Nader that human physiology is the expression of the inner intelligence of Nature led to the use of Vedic technologies, for example, the

Transcendental Meditation technique, as a means to enliven the total intelligence of Natural Law in the physiology. Maharishi (1997) explains how this occurs:

As the conscious mind identifies more and more fully with the Unified Field of Natural Law—the constitution of the Universe—through Maharishi’s Transcendental Meditation and TM-Sidhi program, the beautiful, evolutionary qualities of the Constitution of the Universe are enlivened in all aspects of life—physiological, psychological, and sociological. (p. 211)

When the total intelligence of Nature is awake within the physiology, individual behavior becomes life-supporting and health-supporting.

When the total intelligence of Natural Law—Veda—is lively in the individual physiology, there is perfect synchrony between the functioning of the body as a whole, and between individual intelligence and Cosmic Intelligence. With this complete integration, all thought and action are spontaneously in harmony with Natural Law and the individual enjoys perfect health. (Maharishi, 1995a, p. 111)

This enlivening of the total potential of Natural Law in the physiology is the theoretical and practical basis of Maharishi Vedic Medicine. Specifically, numerous preventive and therapeutic modalities from each aspect of the Veda and Vedic Literature act on the basis of the inner intelligence of the body to enhance self-repair mechanisms and promote health. Imbalances in the physiology at the basis of disease are addressed by treating their cause—disruptions in the inner intelligence of the body. Maharishi Vedic Medicine provides a sophisticated and comprehensive approach to the health of the individual and society, based on the complete knowledge of Natural Law contained in the Veda and Vedic Literature.

Over 600 scientific research studies conducted in the past 30 years at more than 200 universities and research institutions in 30 countries, verify that the 40 qualities of intelligence displayed in the 40 areas of Veda and Vedic Literature and their physical counterparts in the physiology are enlivened in all domains of human life to produce preventive and health promoting effects in the areas of physiology, psychology, and sociology through the technologies of the Maharishi Vedic Approach to Health program (Orme-Johnson and Farrow, 1977; Chalmers, Clements et al., 1990; Sharma, 1993; Alexander, Robinson et al., 1994). For example, Orme-Johnson, found a 50% reduction in health care utilization for those who practice the Transcendental Meditation and TM-Sidhi program (Orme-Johnson, 1987). Herron and Orme-Johnson found an even larger decrease with the application of additional Maharishi Vedic Approach to Health technologies (Orme-Johnson & Herron 1997).

The remarkable symmetry between the age-old description of Nature’s intelligence found in Veda and the Vedic Literature and the understanding of the human body, built up over hundreds of years of biomedical research, provides the basis for a more advanced and authentic approach to medical education and health care than that currently taught in modern medical schools (International Association of Physician for Maharishi Medical Colleges 1995). Conventional medical education does not include the understanding of the inner intelligence that structures the body and administers its various activities. As Maharishi (1995a, p. 31–34) has pointed out, until intelligence or consciousness as the fundamental aspect of physiology is taken into account by medicine, health care will never be completely effective. In the following sections, we highlight a number of key elements missing in modern medicine that are provided by Maharishi Vedic Medicine.

## **Key Elements of the Maharishi Vedic Approach to Health**

Maharishi Vedic Medicine includes 40 therapeutic modalities grounded in the 40 fundamental impulses of Natural Law fully explained in the Veda and Vedic Literature. Following is a discussion of several of these 40 approaches.

### **Consciousness**

As has been discussed, the Maharishi Vedic Approach to Health recognizes that the most basic level of health is the field of consciousness or intelligence. This value of consciousness has not been previously addressed by modern health care. Maharishi Vedic Medicine includes the Maharishi Transcendental Meditation and TM-Sidhi® programs, technologies of consciousness for development of ideal health. These technologies handle health from its most basic level—the field of consciousness—and have been documented to eliminate stress, promote mental and physiological balance, and unfold the individual's full potential for health (Orme-Johnson, Farrow, 1977; Wallace, Dillbeck et al., 1982; Alexander, Langer et al., 1989; Chalmers, Clements et al., 1990; Alexander, Swanson et al., 1993; Sharma, 1993; Schneider, Staggers et al., 1995; Zamarra, Schneider et al., 1996). The overall effect of balance and integration created by the Transcendental Meditation program is most graphically demonstrated by studies showing reduced health care utilization due to prevention of disease risk factors, and physiological and psychological effects opposite to the physical deterioration common with aging.

Orme-Johnson (1987) investigated the health insurance records of more than 2,000 people practicing the Transcendental Meditation program over five years. The results showed significantly less health care utilization by the Transcendental Meditation practitioners for all major disease categories when compared to other groups of similar age, gender, profession, and insurance terms. This included 87% less hospitalization for heart disease, 55% less for cancer, and 87% less for nervous system disorders. When these data were analyzed by age group, it was found that older Transcendental Meditation program subjects (defined as over 40 years old) showed the greatest reductions in inpatient hospital services (68% less) and outpatient medical services (74% less) in comparison to controls.

These findings indicate a highly significant decrease in the incidence of cardiovascular disease, cancer, and other chronic diseases and physiological and psychological changes that are associated with advancing age. They provide evidence for the holistic enlivenment of the body's inner intelligence with Transcendental Meditation practice. Studies of aging also show that slowing or even reversal of biological aging occurs (Wallace, 1982 #347; Alexander, 1989 #1155 (Wallace, Dillbeck et al., 1982; Alexander, Langer et al., 1989; Schneider, Alexander et al., in press).

Recent research by Orme-Johnson and Herron (1997) of insurance company records, documents the health care usage of other aspects of the Maharishi Approach to Health (MVAH) in addition to the approach of consciousness. The four year total medical expenditures per person in the Maharishi Approach to Health group of 700 participants were 59% and 57% lower than the norms for 600,000 subjects and demographically matched control groups (n=4,148), respectively. The 11-year mean expenditures for the

MVAH group was 63% less than the norm. Again, the greatest savings were seen among MVAH patients age 45 years and older who had 88% less patient days compared to controls (an improvement of 20% over the 68% decrease in inpatient services in the older group in the 1897 study).

As in the previous studies, lower medical utilization and expenditures were found for all ages and all disease categories. For example, hospital admissions were 11.4 times higher for the controls than the MVAH group for cardiovascular disease, 3.3 times higher for cancer, and 6.7 times higher for mental health and substance abuse. This additional decrease in the need for medical care validates the effectiveness of the other MVAH technologies for restoring and maintaining balance and health.

#### **Pulse Diagnosis, Diet, Herbal Food Supplements, and Physiological Purification Techniques**

Maharishi Vedic Medicine utilizes a unique system of pulse reading among its diagnostic approaches (Maharishi, 1995a, pp. 51, 62). A doctor placing his or her fingers on the patient's pulse assesses the degree of balanced functioning of the system and identifies fundamental physiological imbalances at the basis of disease processes. Pulse diagnosis is important in prevention, as it can allow the practitioner to identify pre-clinical imbalances and prescribe measures to ameliorate these imbalances before they manifest as symptoms or clinical diseases. As Maharishi has pointed out about pulse diagnosis, "It is also in itself, a balancing process on the very fine level of relationship between the whole and the parts of the body" (Maharishi, 1995a, p. 57).

Based on assessment of the pulse, a range of preventive and therapeutic modalities can be recommended to restore physiological balance. These include diet according to pulse, daily and seasonal routines, herbal preparations, Vedic exercise, Maharishi Rejuvenation therapies (physiological purification techniques), and the Transcendental Meditation program (Maharishi, 1995a; Nader, 1995; Sharma & Clark, 1998). In addition, and most importantly, anyone can be trained in a technique of self-pulse reading, which allows one to assess one's own pulse and take timely preventive measures to restore physiological balance.

#### **Environmental Health**

Maharishi Vedic Medicine also incorporates the knowledge of Maharishi Sthāpatya-Veda design, the ancient science of Vedic architecture revived by Maharishi to support health from the standpoint of the near environment (Maharishi, 1995a, p. 428). This body of knowledge goes far beyond correcting currently recognized difficulties such as the "sick building syndrome" associated with building-related illnesses as reviewed by Menzies, and colleagues (Menzies & Bourbeau, 1997). Maharishi Sthāpatya Veda design is an architectural approach that offers precise knowledge to ensure that buildings and cities contribute only health-promoting influences.

According to this ancient science, health is profoundly influenced by the "Vāstu," which includes the orientation and shape of the building, the slope of the land, the direction of entrances, and the orientation of the approaching and surrounding roads. Building homes and office buildings in accord with Natural Law, and using the principles of Vedic architecture, promote health by allowing the environment to support physiological balance and integration. A south entrance to any building is considered to be especially unfavorable. Thus individuals report experiencing new freshness in body and mind, more rewarding behavior, and greater success in daily life simply by changing

the entrance of their house to the proper orientation. While ideal architecture may appear to be an abstract approach in health care, the principles have been found to be scientific and practical.

#### **Effects of the Extended Environment—the “Cosmic Counterparts” of Human Physiology**

The human body is known to respond to global and cosmic influences as evidenced in biological rhythms (following the cycles of day and night, the moon, the seasons, etc.) that affect hormone production, other chemicals produced by the nervous system, and the function of various organs. According to Dr. Nader’s discovery, made under Maharishi’s guidance, the internal structures of the body, including the DNA, reflect the structure of the universe, each having their counterparts in the stars, sun, moon, and planets (Nader 1995). These “cosmic counterparts” of human physiology have precise correlates in anatomical structures, physiological functions, mind, and behavior. These structures and functions, in turn, are related to every aspect of health all the time, day after day, season after season.

To address the influences of these cosmic counterparts, Maharishi Vedic Medicine (Maharishi, 1995a, pp. 51–52, 203–213) includes the science of Maharishi Jyotish, which uses the correlations between physiology and its counterparts in the environment as the basis of a technology for prediction and diagnosis of adverse health events. The Maharishi Jyotish<sup>SM</sup> program is able to mathematically calculate and then predict the nature and timing of the influences of the “cosmic counterparts” and their cycles on the individual. With this knowledge of the intimate connection between the individual and his larger environment, it becomes clear that no one can be completely healthy unless the cycles and rhythms of Nature are considered. This knowledge of the cosmic counterparts includes both the knowledge to detect and predict negative trends, and the traditional Vedic technologies, known as Maharishi Yagya performances which restore balance between an individual physiology and his or her “cosmic counterparts”—sun, moon, planets, stars.

#### **Collective Health**

The collective health of the whole society has been found to have a direct influence on the health of the individual. Maharishi Vedic Medicine maintains the good health of the community and the nation by removing stress and creating balance in collective consciousness through the group practice of the Transcendental Meditation and TM-Sidhi programs, especially that element known as “Yogic Flying” (Maharishi, 1995a, pp. 52, 6365). This technology of collective consciousness has been demonstrated in over 40 research studies to generate the Maharishi Effect, a powerful environmental influence of coherence, positivity, and harmony that results in reduction of negative social trends such as crime rate, accidents, and illness (Orme-Johnson, 1991). The reduction of war, crime, and accidents has a powerful positive influence on collective health since these negative events pose serious direct and indirect hazards to health and well-being.

The Maharishi Effect has also been shown to directly reduce illness in the general population within range of its effect. For example, Orme-Johnson and Gelderloos (Orme-Johnson 1991) found decreases in infectious diseases, infant mortality, and hospital admissions correlated with the Maharishi Effect. Some mediating factors which researchers have found to change with the Maharishi Effect, and which may account for

these decreases in illness, include 1) the reduction of stressful negative events, since the stress of negative events is a causal factor for disease; 2) improved ability to handle stress as indicated by changes in cortisol and serotonin metabolites which have been documented in the general population within the range of the Maharishi Effect, as well as in the group members practicing the Transcendental Meditation and TM-Sidhi programs (Pugh, Walton et al., 1988) and 3) decreases in both the general population and the group practitioners in behavioral risk factors for disease such as cigarette and alcohol consumption (Orme-Johnson, Alexander et al., 1988; Assimakis & Dillbeck, 1995).

#### **Totality of Natural Law**

These key elements missing from modern medicine provide a few examples of the essential Vedic approaches to health based on the 40 aspects of Natural Law that structure the physiology. In reality, however, what is missing is the knowledge of the total field of Natural Law expressed in all 40 aspects of the Veda and Vedic Literature. As Maharishi (1995a) has explained:

The territory of Natural Law ranges from the infinite field of the unmanifest to the infinite field of the manifest; from the holistic value of infinity to the holistic value of infinity is the total value of Natural Law, which includes all the diversified values of different Laws of Nature within its holistic value.

That is why health, which is defined as WHOLENESS, is structured in both HOLISTIC and SPECIFIC values of Natural Law in a fully integrated and balanced state.

Unless the knowledge of this total field of Natural Law is considered, holistic health will not be available, and total health—total balance—will always be lacking. (pp. 34–35)

#### **Founding of Colleges of Maharishi Vedic Medicine**

Subsequent to the initial international teleconference, physicians from the United States organized to found Maharishi University of Management College of Vedic Medicine in Fairfield, Iowa, and Maharishi College of Vedic Medicine in Albuquerque, New Mexico, with licensure from that state. Doctors elsewhere in the world are also founding Maharishi Medical Colleges in their countries. These colleges institutionalize the beginning of a transformation in medical education and health care for the United States and for the whole world. These new centers of medical education will offer the values previously missing in the training of physicians and health professionals. The incomplete education that has prevailed in modern medical schools will now be made obsolete.

The colleges of Maharishi Vedic Medicine will provide the essential knowledge that has been missing in modern medicine, knowledge of the body's inner intelligence, which is the knowledge and practical application of the discovery of Veda and Vedic Literature in human physiology. To maintain the highest standard of Vedic knowledge in the Maharishi Vedic Approach to Health program, Colleges of Vedic Medicine are affiliated with Maharishi Mahesh Yogi Vedic Vishwa Vidyala (Maharishi Vedic University), Madhya Pradesh, India.

The goal of the colleges of Maharishi Vedic Medicine is to train health consultants and health educators to provide prevention-oriented, natural health care that is free of hazardous side effects and effective in creating perfect health and a disease-free society. Vedic Anatomy and Vedic Physiology and the study of Professor Nader's discovery documented in *Human Physiology: Expression of Veda and Vedic Literature*, with its key themes of the fundamental structures of Natural Law expressed in Veda and the Vedic

Literature and manifested in human physiology, applied to the nervous system and all major systems of the body down to the detailed structure of the cell and molecular molecular biology of the DNA, forms the foundation of the curriculum.

Students of the new medical colleges study in an environment, and with a daily schedule, conducive both to learning and to the development of higher states of consciousness. Students practice the technologies of consciousness, the Maharishi Transcendental Meditation<sup>SM</sup> and TM-Sidhi programs, twice daily to enhance learning, reduce stress, and promote health in themselves and in society at large. The colleges of Maharishi Vedic Medicine also employ the teaching approaches of Consciousness-Based<sup>SM</sup> education used by Maharishi University of Management for many years with great success. These approaches have been shown to facilitate learning and enhance development without creating stress for the students (Jones, 1989).

By employing these innovative and effective teaching approaches, students rapidly and easily assimilate all the knowledge required to be capable health consultants. Graduates of the colleges of Maharishi Vedic Medicine are prepared to offer completeness to medical practice with the ability to prevent imbalances at the basis of disease through the total range of approaches of Maharishi Vedic Medicine. On this basis of this training, graduates of the colleges of Maharishi Vedic Medicine will be capable of solving the health care crises in their nations by providing complete knowledge to enliven the inner intelligence of every physiology through Natural Law-based medicine. In this way, the knowledge and technologies that Maharishi has brought out over the last four decades will be made a permanent part of medical education and health care in the United States and around the world. As a result of Maharishi's contributions to health care, humankind's age-old quest for a disease-free society will finally be realized.

*Note from the authors:* At the time this paper went to press, further advances in Maharishi Vedic Medicine were in progress which could not be systematically treated in this paper. Several centers throughout the United States have been established to provide treatment of chronic health disorders. In addition, a program brought out by Maharishi using Vedic sounds has been shown to bring instantaneous relief to patients suffering from a wide variety of chronic ailments, especially those associated with pain. Through a tender impulse of sound, abnormality can be transformed into normal physiological functioning through this new treatment modality. This new modality is now a part of the Maharishi Vedic Approach to Health program and is currently the focus of clinical research.

#### References

- Alexander, C.N., Langer, E.J., Newman, R.I., Chandler H.M., & Davies, J.L. 1989). Transcendental Meditation, Mindfulness, and Longevity: an experimental study with the elderly. *Journal of Personality and Social Psychology*, 57(6): 950–964.
- Alexander, C.N., Robinson, P. & Rainforth, M. (1994). Treating alcohol, nicotine and drug abuse through Transcendental Meditation: A review and statistical meta-analysis. *Alcoholism Treatment Quarterly*.

- Alexander, C.N., Swanson, G.C., Rainforth, M.V., Carlisle, T.W., Todd, C.C., et al. (1993). Effects of the Transcendental Meditation program on stress reduction, health, and employee development: A prospective study in two occupational settings. *Anxiety, Stress and Coping: An International Journal*, 6: 245–262.
- Assimakis, P. & Dillbeck, M.C. (1995). Time series analysis of improved quality of life in Canada: Social change, collective consciousness, and the TM-Sidhi program. *Psychological Report*, 76: 1171–1193.
- Bates, D., Cullen, D., Laird, N., Petersen, L., Small, S., et al. (1995). Adverse drug events and potential adverse drug events. *Journal of the American Medical Society*, 274(1): 29–34.
- Bedell, S., Deitz, D., Leeman D., Delbanco, T. (1991). Incidence and characteristics of preventable cardiac arrests. *Journal of the American Medical Society*, 265: 2815–2820.
- Blendon, R.J., Taylor, H. (1989). Views on health care: public opinion in three nations. *Health Affairs*, 8(1): 150–157.
- Bone, R. (1997). Important new findings in sepsis. *Journal of the American Medical Association*, 278: 249.
- Borkan, J., Neher, J.O., Anson, O., Smoker, B. (1994). Referrals for alternative practice. *Journal of Family Practice*, 39(6): 545–550.
- Brudney, K. and Dobkin, J. (1991). Resurgent tuberculosis in New York City: human immunodeficiency virus of homelessness, and the decline of tuberculosis programs. *American Review of Respiratory Diseases*, 144: 745–749.
- Burner, S., Waldo, D., McKusik D. (1992). National health expenditures projections through 2030. *Health Care Financing Review*, 14(1): 1–29.
- Center for Disease Control and Prevention. (1992). Estimated national spending on prevention-United States, 1988. *Morbidity and Mortality*, 41(29): 529-531.
- Chalmers, R., Clements, G., Schenkluhn, H., Weinless, M. (Eds.) (1990). *Scientific Research on the Transcendental Meditation program: Collected papers (Vol. 2–4)*. Vlodrop, The Netherlands, MVU Press.
- Charles, B. (1995). *Hazards of modern medicine: An overview based on a selection of findings from the more than 7000 articles, reports, and scientific research studies in the medical literature*. Vlodrop, Netherlands, Maharishi Vedic University Press.
- Classen, D.C., Pestonik, S.L., Evans, R.S., Lloyd, J.F., & Burke, J.P. (1997). Adverse drug events in hospitalized patients. Excess length of stay, extra costs, and attributable mortality. *Journal of the American Medical Association*, 277: 301–306.
- Congressional Budget Office. (1993). *Managed competition and its potential role*. Washington, D.C., Government Printing Office.
- Eisenberg, D.M., Kessler, R.C., Foster, C., Norlock, F.E., Calkins, D.R., et al. (1993). Unconventional medicine in the United States: Prevalence, costs, and patterns of use. *New England Journal of Medicine*, 328(4): 246–252.
- Fogle, S. (1993). Darwin takes on mainstream medicine. *Journal of NIH Research*, 5: 64-66.
- Fuchs, V. (1990). The health sector's share of the gross national product. *Science* 247: 534–538.

- Fuchs, V.R. (1983). *Who shall live? Health, economics and social choice*. New York, Basic Books.
- Girou, E. and Brun-Buisson, C. (1996). Morbidity, mortality, and the cost of nosocomial infection in critical care. *Current Opinion in Critical Care*, 2: 347–351.
- Hagelin, J. (1987). Is consciousness the unified field? A field theorist's perspective. *Modern Science and Vedic Science*, 1: 29–88.
- Hagelin, J. (1989). Restructuring physics from its foundation in light of Maharishi Vedic Science. *Modern Science and Vedic Science*, 3(1): 3–72.
- Hoffman, C., Rice, D., Sung, H. (1996). Persons with chronic conditions: Their prevalence and costs. *Journal of the American Medical Association*, 276(18): 1473–1479.
- Holland, E.G. and Degruy, F. (1997). Drug-induced disorders. *American Family Physicians*, 56: 1781–1788.
- International Association of Physicians for Maharishi Medical Colleges (1995). *Resolution to establish Maharishi Medical Colleges in every country*. Vlodrop, Holland.
- Jencks, S. and Schieber, G. (1991). Containing U.S. health care costs: What bullet to bite? *Health Care Financing Review*, 1–12.
- Jones, C. H. (1989). The impact of Maharishi Vedic Science based education: The example of Maharishi International University. *Modern Science and Vedic Science*, 3(2): 155–200.
- Leaf, A. (1993). Preventive medicine for our ailing health care system. *Journal of the American Medical Association*, 269(5): 616–618.
- Leape, L. (1994). Error in medicine. *Journal of the American Medical Association*, 272(23): 1851-1857.
- Maharishi, Mahesh Yogi. (1963). *Science of Being and the art of living*. New York, New American Library, Inc.
- Maharishi, Mahesh Yogi (1967). *On the Bhagavad-Gita: A new translation and commentary: Chapters 1–6*. Baltimore, Penguin Books, Inc.
- Maharishi, Mahesh Yogi. (1994). *Vedic knowledge for everyone*. Vlodrop, Netherlands, Maharishi Vedic University Press.
- Maharishi Mahesh Yogi. (1995a). *Maharishi forum of Natural Law and national law for doctors*. India, Age of Enlightenment Publications.
- Maharishi Mahesh Yogi. (1995b). *Maharishi Vedic University: Introduction*. India, Age of Enlightenment Press.
- Maharishi Mahesh Yogi. (1995c). *Maharishi Absolute Theory of Government: Automation in Administration*. India, Age of Enlightenment Press.
- Maharishi Mahesh Yogi. (1996a). *Inaugurating Maharishi Vedic University*. India, Age of Enlightenment Publications.
- Maharishi Mahesh Yogi. (1996b). *Maharishi Absolute Theory of Defence*. India, Age of Enlightenment Press.
- Maharishi Mahesh Yogi. (1997). *Constitution of India fulfilled through Maharishi's Transcendental Meditation*. India, Age of Enlightenment Publications.

- Martone, W.R., Jarvis, W.J., Culver, D.H., Haley, R.W. (1992). Incidence and nature of endemic and epidemic nosocomial infections. *Hospital Infections*, 3rd ed. J.V. Bennet and P. S. Brachman, (Eds.). Boston: Little Brown & Co.: 577–596.
- McGinnis, J., Foege, W. (1993). Actual causes of death in the United States. *Journal of the American Medical Society*, 270(18): 2207–2212.
- Menzies, D., Bourbeau, J. (1997). Building related illnesses. *New England Journal of Medicine*, 337: 1524–1531.
- Nader, T. (1995). *Human Physiology—Expression of Veda and the Vedic Literature*. Vlodrop, Holland, Maharishi University Press.
- National Patient Safety Foundation. (1997, October 9). *Nationwide poll on patient safety*. (Press release). American Medical Association.
- Orme-Johnson, D., Alexander, C., Davies, J., Chander, H., Larimore, W. (1988). Inter-national peace project: The effects of the Maharishi Technology of the Unified Field. *Journal of Conflict Resolution*, 32(4): 776–812.
- Orme-Johnson, D.W. (1987). Medical care utilization and the Transcendental Meditation program. *Circulation Psychosomatic Medicine*, 49: 493–507.
- Orme-Johnson, D.W. (1991). Theory and research on conflict resolution through the Maharishi Effect. *Modern Science and Vedic Science*, 5: 76–98.
- Orme-Johnson, D.W., Farrow, J., (Eds.). (1977). *Scientific research on the Transcendental Meditation program: Collected papers (Vol. 1)*. Rheinweiler, West Germany: Maharishi European Research University Press.
- Orme-Johnson, D.W., & Herron, R.E. (1997). An innovative approach to reducing medical care utilization and expenditures. *The American Journal of Managed Care*, 3(1): 135–144.
- Pugh, N.D.C., Walton, K.G., Cavanaugh, K.L. (1988). Can time series analysis of serotonin turnover test the theory that consciousness is a field? *Society of Neuroscience Abstracts*, 14: 372.
- Schieber, G.L., Poullier, J.P., & Greenwald, L.M. (1994). Health systems performance in OECD countries. *Health Affairs*, 3(4): 100–112.
- Schneider, R.H., Alexander, C.N., Salerno, J., Robinson, D., & Wallace, R. K. (in press). Disease prevention and health promotion in the aging: A review of modern and traditional Maharishi Ayur-Veda approaches. *The Journal of Alternative and Complimentary Medicine*, 1(4).
- Schneider, R.H., Staggers, F., Alexander, C., Sheppard, W., Rainforth, M., et al. (1995). A randomized controlled trial of stress reduction for hypertension in older African Americans. *Hypertension*, 26: 820–827.
- Sharma, H. (1993). *Freedom from disease: How to control free radicals, a major cause of aging and disease*. Toronto: Veda Publishing.
- Sharma, H.M., & Clark, C. (1998). *Contemporary Ayurveda: medicine and research in Maharishi Ayur-Veda*. New York: Churchill Livingstone.
- Steel, K., Gertman, P.M., Crescenzi, B.S., Anderson, J. (1981). Iatrogenic illness on a general medical service at a university hospital. *New England Journal of Medicine*, 304: 638–642.
- The Pew Health Professions Commission. (1995). Executive summary. San Francisco, CA: The Pew Charitable Trusts.

- U.S. Public Health Service Department of Health and Human Services. (1992). *Strategic plan to combat HIV and AIDS in the United States*. Washington, DC: Government Printing Office.
- Waldo, D.R., Sonnefeld, S.T., McKusik, D.R., & Arnett III, R.H. (1989, Summer). Health care expenditures by age group, 1977 and 1987. *Health Care Financing Review*, 10(4): 111–120.
- Wallace, R.K., Dillbeck, M., Jacobe, E., Harrington, B. (1982). The effects of the Transcendental Meditation and TM-Sidhi program on the aging process. *International Journal of Neuroscience*, 16: 53–58.
- Zamarra, J.W., Schneider, R.H., Besseghini, I., Robinson, D. & Salerno, J.W. (1996). Usefulness of the Transcendental Meditation program in the treatment of patients with coronary artery disease. *American Journal of Cardiology*, 77: 867–870

The Significance of the Maharishi Vedic Approach to Health for Modern Health Care and Medical Education. Robert H. Schneider Barry M. Charles David Sands Denise Denniston Gerace Richard E. Averbach Stuart Rothenberg. College of Maharishi Vedic Medicine Maharishi University of Management Fairfield, Iowa. Abstract. Maharishi Vedic Medicine, brought to light in our time by Maharishi Mahesh Yogi and based on the age-old knowledge of life in accord with Natural Law of the Vedic tradition, provides prevention-oriented, natural health care without harmful side effects.Â Vedic Approach to Health in promoting physical and mental health, ameliorating chronic diseases, preventing illness and reducing health care expenditures.