

Dynamic Way of Surgery by Ancient Meditation and Ordination Practices

Ven Dr. Sumedh Thero and Dr. Basant Kumar*

Sumedh Bhoomi Buddha Vihar, Dr Ambedkar Park, Jhansipura, Lalitpur-284403 India,

*Professor & Head, Department of Pediatric Surgical Superspecialties,
Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow-226014 U.P. INDIA

***Corresponding Author:** Bon E.I, Candidate of biological science, assistant professor of pathophysiology department named D.A. Maslakov, Grodno State Medical University; Grodno, Belarus

Received: 06 June 2025 | Accepted: 18 June 2025 | Published: 27 June 2025

Citation: Maksimovich N.Ye., Bon E.I., Sitsko., (2025), The Pathophysiology of Hypoxia: Unraveling the Mechanisms of Oxygen Deprivation J, *Surgical Case Reports and Images*, 8(7); DOI:10.31579/2690-1897/275

Copyright: © 2025, Bon E.I., this is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

By doing mindful meditation, you will be able to calm down their feelings and emotions and come to understand the roots of their strong emotions like fear, anger, loneliness, and so on. When you can recognize and understood the suffering in you, it's much easier for you to recognize and understand the suffering in the other person. That person may be your husband, your wife, your father, your mother, your daughter, or your son. In any case, all types of surgical anxiety are worthy of care and respect, especially if they keep you from getting the care you need or significantly impact your quality of life. traditional healing ceremonies in indigenous cultures may involve rites of passage that mark the transition from childhood to adulthood and prepare individuals for their roles and responsibilities within the community. Similarly, rituals surrounding death and dying offer opportunities for individuals and families to grieve, remember, and honor the deceased while also providing comfort and support for the journey of the soul into the afterlife. Symbols are also central to the healing process, potent vehicles for meaning-making, transformation, and connection. On a global scale, crime trends differ widely between countries. In some regions, crime rates have decreased due to improved law enforcement, economic development, and social programs. In others, they have increased due to political instability, economic hardships, or other factors. Iceland has the lowest crime rate in the world. After Iceland countries like Portugal and New Zealand have the lowest murder rate. Ordination is the process by which individuals are consecrated, that is, set apart and elevated from the laity class to the clergy, who are thus then authorized (usually by the denominational hierarchy composed of other clergy) to perform various religious rites and ceremonies. From a sociological perspective, ordination legitimates the ordinand's role as clergy and performance of rituals.

Keywords: surgical; ancient; Meditation; crime; personal physician.

Feeling anxious about an upcoming surgery isn't something to be ashamed of. It's also not uncommon. In fact, about 75% of people facing a surgical procedure experience some amount of anxiety. And all of those feelings are well worth addressing. Surgery and anxiety Surgical procedures may bring on anxiety for a range of reasons, from worries about the procedure or anesthesia involved to concerns about complications or the "unknowns." And, once you develop the angst, this may trigger other effects, too, such as:

Difficulty sleeping

- Headaches
- Feeling distracted by your excessive worries
- Nausea or a "nervous stomach"
- Shortness of breath
- Signs of stress, such as heart palpitations or an irregular heartbeat

Your anxiety symptoms may be more pronounced if you or a loved one has had a challenging surgical experience in the past or if you manage an anxiety disorder. While general anxiety about surgery is more common, some cases involve a full-fledged phobia known as tomophobia. In any case, all types of surgical anxiety are worthy of care and respect, especially if they keep you from getting the care you need or significantly impact your quality of life. Needful to add Tomophobia is the intense, irrational fear of surgery or medical procedures, often leading to the avoidance of necessary treatments and causing significant distress, including panic attacks, rapid heart rate, and trembling. It can stem from fears related to the procedure itself, the loss of control, the fear of the unknown, pain, or even death, and it requires professional diagnosis and treatment to overcome.



The characteristics of the "blood-injection-injury" phobia include fear of seeing blood, becoming injured, or receiving an injection or other invasive medical procedure (Gerlach, et al 2006). When patient suffered from a specific phobia "blood-injection-injury type", in this particular case provoked by medical interventions including the forthcoming coronary bypass operation. This specific phobia is also termed "tomophobia" (Greek: tomos, cut). According to related studies, "blood-injection-injury" phobia is characterized by combined fear and disgust responses (Koch, et al, 2002). Tomophobia is sometimes accompanied by the irrational fear of dying under anaesthetics during a chirurgic intervention. Our patient neither experienced syncope nor symptoms of massive disgust while being confronted with the phobic stimuli, but he complained of intense fears related to the impending operation. Considering the absence of disgust response and fainting, the assignment to the situational subtype or a combined form of phobia could be the more appropriate diagnostic category for the reported case of tomophobia. Bienvenu et al. reported a study of 1920 subjects, which showed a prevalence of the "blood-injection-injury" phobia of 3.5%. None of these patients was receiving mental health treatment specifically for phobia (Bienvenu and Eaton, 1998).

How meditation can help-Mindfulness practices, such as meditation, can increase relaxation and reduce stress. And this is beneficial, because feeling relaxed may help you feel better going into your procedure, and it may even improve your surgical outcome. The reason it may improve your surgical outcome is because anxiety can fuel inflammation and increase physical pain. So, going into surgery with less stress may help your body heal better. Furthermore, if you're more relaxed prior to your surgery and after it, this may help you sleep better, which may further help in your recovery process.

The comparative analysis reveals both commonalities and distinctions among various ancient practices, such as Ayurveda, Traditional Chinese Medicine, and indigenous healing systems, emphasizing their holistic understanding of health and the use of natural remedies. Cross-cultural exchanges, from the Silk Road to the Islamic Golden Age and beyond, facilitated the integration and dissemination of medical knowledge, enriching global medical traditions (Elendu, 2024). Ancient India, Ayurveda emerged as a holistic system of medicine, emphasizing the balance of mind, body, and spirit (Mueller, et al, 2001). Ayurvedic texts, such as the CharakaSamhita and the SushrutaSamhita, detailed diagnosis, treatment, and prevention principles, including herbal remedies, dietary guidelines, and yoga practices (Tsagkarliotis and Rachaniotis, 2023). The ancient Greeks, particularly during the Classical period, made significant contributions to the development of medical science through the work of physicians like Hippocrates and Galen (Sallam, 2010). Hippocratic medicine, named after the renowned physician Hippocrates, emphasized rational observation, naturalistic explanations for disease, and ethical principles guiding medical practice (Kulkarni and Mishra, 2022). Approaches has been crucial in evolving healthcare practices. Ancient healing systems often combined empirical observations with spiritual beliefs, creating a holistic understanding of health that addressed physical and metaphysical aspects of well-being (Cassell, 1982). This synthesis of spiritual and rational approaches continues to influence contemporary medicine, fostering integrative practices that aim to treat the whole person. In ancient Mesopotamia, medicine was deeply intertwined with spiritual beliefs. Illnesses were often attributed to the actions of gods or evil spirits, and healing practices involved medical treatments and spiritual rituals (Wardlaw, 2011). The Sumerians, for instance, utilized a combination of herbal remedies and incantations to treat ailments. The Code of Hammurabi, one of the oldest legal documents, includes regulations on medical practice, indicating a recognition of medicine as a science and an art rooted in spiritual understanding (Cook, 2011). Similarly, Babylonian texts reveal a sophisticated knowledge of medicinal plants and surgical procedures, yet these practices were always performed with spiritual invocations to appease deities or drive away malevolent spirits (Wardlaw, 2011). Egyptian medicine also exemplified the integration of spiritual and rational approaches. The Edwin Smith Papyrus and the Ebers Papyrus, among the oldest medical documents, provide insights into Egyptian medical practices that combined practical treatments with spiritual rituals. Egyptian physicians, known as "swnw," were often priests who performed healing as part of their religious duties. They utilized a vast pharmacopeia derived from plants, minerals, and animal products, but prayers and incantations typically accompanied these treatments to invoke divine healing powers (Cassell, 1982). Ancient healing practices, spanning cultures and civilizations across the globe, share common themes and principles while also reflecting the unique cultural, philosophical, and environmental contexts in which they developed. A comparative analysis of these healing traditions reveals similarities and differences in their health, illness, and healing approaches (Wardlaw, 2011). One of the fundamental similarities among ancient healing practices is their holistic understanding of health, which encompasses the inter connectedness of body, mind, and spirit. Whether it be the Hippocratic physicians of ancient Greece, the Ayurvedic healers of ancient India, or the traditional healers of indigenous cultures, holistic health is central to their understanding of well-being. Ancient healers recognized that physical symptoms of illness are often intertwined with psychological, social, and spiritual factors. They sought to address the root causes of the disease rather than merely treating its symptoms (Cassell, 1982). Another common feature of ancient healing practice is using natural remedies derived from plants, minerals, and animal substances. Herbal medicine, in particular, plays a prominent role in many traditional healing systems, with medicinal plants being valued for their therapeutic properties and healing potential. From the medicinal herbs of Ayurveda to the botanical remedies of traditional Chinese medicine,

ancient healers relied on the healing power of nature to treat a wide range of ailments and promote overall wellness (Shalev, 2024). In addition to herbal remedies, many ancient healing traditions incorporate dietary interventions, lifestyle modifications, and mind-body practices to promote health and prevent disease ((Shalev, 2024). Dietetics, for example, is a key component of both Ayurvedic medicine and traditional Chinese medicine, with emphasis placed on eating according to one’s constitution, balancing the 6 tastes, and harmonizing the body’s internal environment. Similarly, practices such as yoga meditation, and qigong are used in Ayurveda, traditional Chinese medicine, and other healing traditions to cultivate mindfulness, reduce stress, and promote emotional well-being (Cantwell, 2008).

Archaeological and anthropological evidence-Evidence of fractures, infections, and other skeletal abnormalities can provide insights into the types of injuries and illnesses that affected ancient populations and the methods used to treat them. Ancient medical artifacts, such as surgical instruments, pharmaceutical containers, and medical texts, also offer valuable clues about the practice of medicine in antiquity. For example, the discovery of the Edwin Smith Surgical Papyrus, an ancient Egyptian medical text dating back to around 1600 BCE, provides detailed instructions for diagnosing and treating various injuries and illnesses, including fractures, wounds, and infections (Wardlaw, 2011). Similarly, archaeological excavations of ancient Roman sites have uncovered surgical instruments, such as scalpels, forceps, and probes, as well as evidence of medical facilities, such as hospitals and healing temples, indicating a sophisticated understanding of surgical techniques and healthcare delivery in the ancient world (Cassell, 1982). In addition to physical artifacts, written records and inscriptions offer valuable insights into ancient healers’ and physicians’ beliefs and practices. For example, the writings of Hippocrates, often called the “Father of Western Medicine,” provide detailed descriptions of medical conditions, diagnostic methods, and treatment options used by ancient Greek physicians (Shalev, 2024). Similarly, ancient Indian texts, such as the Charaka Samhita and the Sushruta Samhita, contain detailed descriptions of Ayurvedic medical practices, including herbal remedies, surgical techniques, and dietary recommendations (Cantwell, 2008).

These texts provide valuable information about ancient medical practices and offer insights into the cultural and philosophical beliefs that shaped them. Anthropological studies of contemporary indigenous cultures also offer useful insights into traditional healing practices and the cultural beliefs that underpin them. For example, studies of traditional healing practices among indigenous peoples in the Americas have revealed that they use herbal medicines, spiritual rituals, and ceremonies to treat illness and promote well-being (McVay, 2002). Similarly, studies of traditional healing practices in Africa, Asia, and Oceania have documented using plants, minerals, and animal products for medicinal purposes and the role of shamans, medicine men, and other healers in diagnosing and treating illness (Mueller, et al, 2001). These studies highlight the importance of cultural context in shaping the practice of medicine and the role of traditional healers as custodians of indigenous knowledge and wisdom.

Ritual and symbolism in healing- Ritual and symbolism play profound roles in healing across cultures and traditions, offering powerful mechanisms for individuals and communities to navigate the complexities of illness, suffering, and transformation. Rooted in ancient practices and imbued with cultural significance, rituals, and symbols provide frameworks for meaning-making, connection, and healing that transcend the boundaries of language and rational understanding (Curlin, et al, 2007). From ceremonies that mark significant life transitions to symbolic objects and gestures that invoke spiritual power, ritual and symbolism serve as potent tools for navigating the human experience of illness and suffering. At the heart of ritual and symbolism in healing lies the recognition of the interconnectedness of mind, body, and spirit and the importance of addressing the spiritual dimensions of health and well-being. Across cultures and traditions, rituals are often performed to create sacred spaces and moments that invite divine presence, offer protection, and facilitate healing (Cook, 2011). These rituals may involve symbolic actions, gestures, objects, and words that evoke spiritual power and presence, such as lighting candles, burning incense, chanting prayers, and making offerings. By engaging the senses and the imagination, rituals create a sense of sacredness and sanctity that transcends the ordinary and connects individuals to the divine and one another in a shared journey of healing and transformation. One of the most common rituals in healing practices is the use of ceremony to mark significant life transitions, such as birth, puberty, marriage, and death. These ceremonies often involve symbolic actions and rituals that honor the transition and provide support and guidance for individuals and communities as they navigate new phases of life (Wardlaw, 2011). For example, traditional healing ceremonies in indigenous cultures may involve rites of passage that mark the transition from childhood to adulthood and prepare individuals for their roles and responsibilities within the community. Similarly, rituals surrounding death and dying offer opportunities for individuals and families to grieve, remember, and honor the deceased while also providing comfort and support for the journey of the soul into the afterlife. Symbols are also central to the healing process, potent vehicles for meaning-making, transformation, and connection.



Symbols are powerful tools for communication, conveying complex ideas and emotions concisely and evocatively (Cassell, 1982). In healing, symbols may take many forms, including objects, images, colors, sounds, and gestures, each imbued with cultural, religious, and personal significance. For example, the cross symbolizes sacrifice, redemption, and healing in Christianity, while the lotus flower represents purity, enlightenment, and spiritual rebirth in Buddhism. By evoking these symbols, individuals can tap into their deeper meanings and associations, finding solace, strength, and inspiration in times of need. Rituals and symbolism also play essential roles in psychological healing and transformation, offering opportunities for individuals to make meaning of their experiences, integrate their emotions, and find closure and resolution (Shalev, et al, 2024). In psychotherapy, rituals and symbols are often used to access and process unconscious material, facilitate emotional expression, and promote healing and growth. For example, guided imagery, dream work, and expressive arts therapy can help individuals explore their inner worlds, access their creativity, and work through unresolved issues and traumas. Symbols, such as archetypes, metaphors, and myths, provide rich material for exploring the deeper layers of the psyche and uncovering hidden patterns and meanings. Moreover, rituals and symbols can create therapeutic environments that promote relaxation, stress reduction, and emotional well-being. In healthcare settings, rituals such as lighting candles, playing soothing music, and engaging in mindfulness practices can help create a sense of calm and comfort for patients and caregivers (Cantwell, 2008). Similarly, symbols such as healing crystals, sacred images, and religious icons can serve as focal points for meditation, prayer, and reflection providing individuals with sources of strength and inspiration during illness and recovery. The use of ritual and symbolism in healing is not limited to traditional or religious contexts but extends to various secular and contemporary practices. For example, weddings, graduations, and funerals often incorporate symbolic actions and gestures that mark the occasion's significance and give participants closure and meaning. Similarly, symbols such as flags, logos, and monuments serve as powerful expressions of collective identity, memory, and values, uniting communities and inspiring shared visions of the future (Wardlaw, 2011 and Shepherd, et al, 2017).

Meditation has long been hailed as a transformative practice that can significantly enhance mental clarity, emotional balance, and overall well-being. While traditional meditation techniques often involve sitting quietly and focusing on the breath, dynamic meditation techniques incorporate movement and active engagement, offering a different path to mindfulness and inner peace. Here are three dynamic meditation techniques that can change your life in just 20 minutes a day. How meditation can help-Mindfulness practices, such as meditation, can increase relaxation and reduce stress. And this is beneficial, because feeling relaxed may help you feel better going into your procedure, and it may even improve your surgical outcome. The reason it may improve your surgical outcome is because anxiety can fuel inflammation and increase physical pain. So, going into surgery with less stress may help your body heal better. Furthermore, if you're more relaxed prior to your surgery and after it, this may help you sleep better, which may further help in your recovery process.



Relief depicting Jivaka treating the Buddha's foot (below), after the unsuccessful murder attempt by the monk Devadatta (depicted holding a boulder above, right).



Jivaka - *Malaxis acuminata* = *Devadatta's Kasavani* - *Arava* and powerful plant for *Manages Male Sexual Disorders*



Jivaka believed in three stages of surgery:

1. Purva Karma – Preoperative methods. Jivaka found the most important part of this stage to be careful observation, making the correct diagnosis, and laying down a proper course of action
2. Pradhan Karma – Operation or the procedure itself. There would usually be an audience watching the procedure, much like the later concept in the West of an “Operation Theater.” This was the magical, the “wow” part
3. Pashchata Karma – Postoperative care. This would often be entrusted to the relatives of the patients or attendants.

Indian civilization has been home to some of the greatest surgeons since antiquity. Jivaka has been one of the greatest. Three different systems of medicine including Indian, Thai and Chinese look up to him as one of the greatest physicians and surgeons in antiquity. While we study about the great surgeons in the medieval and modern times we only have to look back at great surgeons like Jivaka in antiquity to realize how it all started. Some treatment methods used by Jivaka are well known to the scholars of ancient Pali texts (Thero and Kumar, 2025). For example, he treated some “Disease of the Head” of a patient with Ghee through the nose. He also treated Rectal Fistula of King Bimbisara with some ointment. These texts also mention that Jivaka performed Surgeries on his patients, sometimes even in front of the relatives. But the veracity of these accounts is difficult to verify. One famous Surgery he performed was removing a piece of rock from the foot of the Buddha himself using a knife.

The successful outcome of the procedure often depended on following proper postoperative instructions, then as much as now.
Famous Cases There are many surgeries that are attributed to the brilliant surgeon (Jivaka). These include:

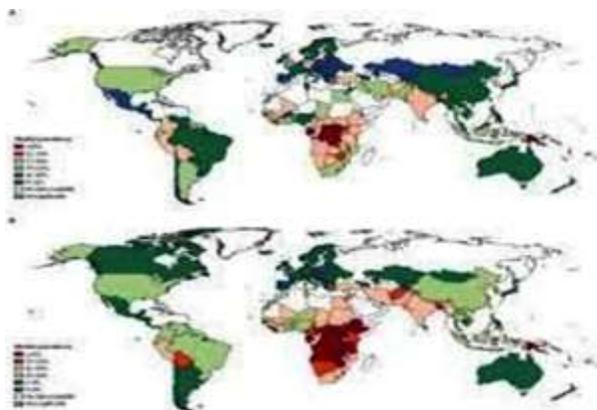
1. Surgery for fistula-in-ano performed on Ki Bimbisara. This is the procedure that made him famous (Ayyar, 1946). It is said that surgery for fistula-in-a was practiced before but caused a high degree of incontinence. King Bimbisara, a husband to several young wives, became a subject of ridicule because of staining of his underclothes with blood. No royal physician would dare suggest an invasive procedure. Jivaka approached the king with an instrument called “nakha sastra” which has often wrongly been translated as a fingernail, but the actual instrument is one finger in breadth and two to nine fingers in length with a cutting edge. It appears that Jivaka probably made an incision into the fistula which subsequently healed. The king was pleased with his “grandson” and appointed Jivaka as the royal physician. This eventually led to Jivaka becoming the physician to the Buddha himself
2. Craniotomy (Susabhadho) to remove what were probably parasites (“panaka”) or clots was one of his other famous operations, which is mentioned in almost all the texts. He performed this on a merchant who was suffering from intense chronic headaches (Banerjee, et al, 2011).
3. Surgery for a volvulus. Jivaka operated on a youth whose intestines had gotten “entangled.” Jivaka did a laparotomy, derotated the intestines, and sutured them back in proper position. There is a similar description for a strangulated hernia
4. Removal of a foreign body from the foot of the Buddha. A splinter of a rock got embedded in Buddha’s foot that had been hurled by his rival Devadutta. It was extricated using a small knife “Khaja”
5. Surgery for hydrocele (andavuddhi). The surgery involved opening the covering of the testicles and removing a hard “bija.” There are many other surgeries that have been attributed to Jivaka as also a variety of medical treatments.

The Buddha had many ailments including constipation that were successfully treated by Jivaka who took care of the Buddha almost till the Buddha decided to leave his mortal body at an advanced age. Jivaka was, unfortunately, not present at the time. The Legacy The passage of time often causes history to become legend and respect to become reverence. Jivaka’s name became synonymous with a miracle man over decades and centuries. Therapies that were probably not known in India at that time like acupuncture were later attributed to the great physician and surgeon (Salguero, 2009). Massage therapists from Thailand also regard Jivaka to be the father of Thai massage (Salguero, 2011). The Chinese regard him as the greatest of all ancient physicians. The remains of his Vihara are still visited by thousands in the city of Rajgir from all over Asia and the world. It is said that Jivaka eventually became an “Arahant,” one who has achieved nirvana while still alive. He is one of the 16 arahants protecting the teachings of the Buddha till the arrival of the next Buddha. As legend has it, he is still living somewhere between India and Sri Lanka on a mountain peak “Gandhamadana.” (Buswell and Lopez, 2013) The great healer, it seems, is waiting for his own healer. Hundred years before Hippocrates was born Jivaka described the ways to diagnose ‘a patient with disease’ instead of describing a disease a patient could suffer from. Unfortunately, the West was merely aware of this legend who was regarded as one of the sixteen Arahants, who, according to Buddhism, achieved spiritual enlightenment during life time. Much of his early life is known from different religious descriptions written centuries after his death but there is a lack of scientific authentication in most cases. Jivaka is known by the Buddhists as the Personal Physician to Lord Buddha. Jivaka Kumarvaccha had dedicated his life in pursuit of truth; in union with the God in his own ways of serving Humankind. Hundred years before Hippocrates in Greece, he was instrumental to put our profession in highest regarded place (Wright, 1996). The only difference from Hippocrates was his unwillingness to establish a school for the continuation of his teaching. Perhaps this saint thought it was useless to establish his teaching separately from the divine teaching of the Lord Himself. Therefore, as the illegitimate son of a courtesan as well as the greatest Physician and Teacher of his time, Jivaka Kumarvaccha chose to remain an Arahant, or a Protector of Buddha’s physical body, rather than be identified as the Father of Medicine. Thus, Jivaka Kumarvaccha was an esteemed Physician and Surgeon, who not only served as the Personal Physician to Lord Buddha, but also left a legacy of ethical and methodical medical practice. Centuries prior to Hippocrates, Jivaka had already established fundamental principles of treatment and emphasized the separation of religion from medicine. In light of his accomplishments, we remember him as the Father of Medicine and honor his contribution to the field (Ghosh, 2023).

Mindfulness Meditation and yoga are also common in the treatment of tomophobia. Mindfulness Meditation directs your brain to focus on something like your breathing instead of your fear. Yoga focuses your thoughts on the poses, breathing and helps with basic mediation. Both of these methods direct your mind away from your fears and toward things that bring you calmness. The journey through the evolution of ancient healing practices, from shamanism to Hippocratic medicine, reveals a rich tapestry of diverse traditions, beliefs, and techniques that have shaped the healthcare landscape throughout history. From the spiritual rituals of indigenous shamans to the rational principles of ancient Greek physicians, each tradition offers unique insights into the human experience of illness, suffering, and healing. Despite their differences, these ancient healing practices share common themes of holistic health, balance, and harmony, emphasizing the interconnectedness of mind, body, and spirit. As we reflect on the legacy of ancient healing practices, we are reminded of the enduring power of human resilience, ingenuity, and compassion in the face of adversity. The wisdom and knowledge passed down through generations continue to inspire and inform modern approaches to healthcare, offering valuable lessons for addressing the complex needs of individuals and communities in today’s world. From integrative medicine that combines the best of ancient wisdom and modern science to culturally competent care that honors the diversity of human beliefs and experiences, there are many opportunities to revitalize ancient healing traditions and integrate them into contemporary healthcare systems. As we look to the future, we must recognize the importance of preserving and honoring the cultural heritage and wisdom of ancient healing practices while also embracing the possibilities for innovation, collaboration, and transformation in healthcare. By fostering interdisciplinary dialogue, supporting research and education, and promoting policies

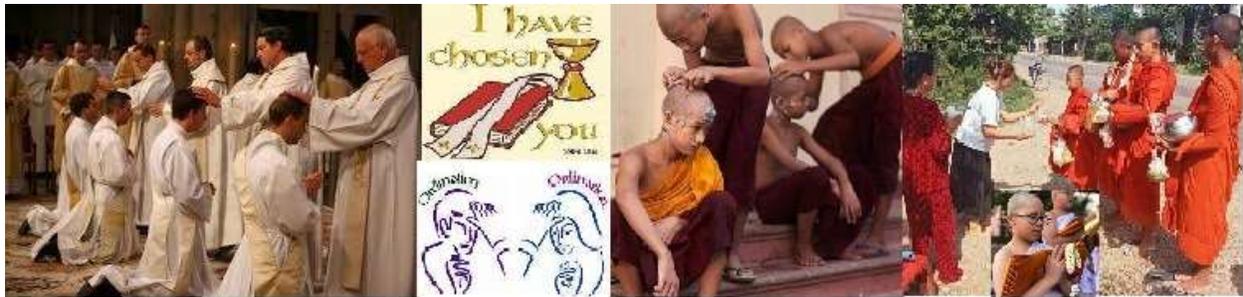
prioritizing holistic, patient-centered care, we can create a more inclusive, compassionate, and effective healthcare system that honors the diversity and richness of human healing traditions. In this spirit, let us continue to explore, learn, and grow together as we navigate the ever-evolving healthcare landscape, drawing inspiration from the past and embracing future opportunities. By bridging the gap between ancient wisdom and modern science, we can create a more holistic, equitable, and sustainable approach to healing that honors the interconnectedness of all beings and promotes health and well-being for generations to come.

Meditation as mindfulness, the teaching of deep compassionate listening and loving speech is always offered to participants. In the first three days, practitioners are encouraged to go back to recognize and embrace the pain and suffering within themselves. By doing so, they're able to calm down their feelings and emotions and come to understand the roots of their strong emotions like fear, anger, loneliness, and so on. When you can recognize and understand the suffering in you, it's much easier for you to recognize and understand the suffering in the other person. That person may be your husband, your wife, your father, your mother, your daughter, or your son. On the fifth day of the retreat, during the Dharma talk, we always advise practitioners to put into practice the teaching of compassionate listening and loving speech to restore communication with the other person and reconcile with him or her. The miracle of reconciliation always takes place in our retreats (Thich Nhat Hanh, 2013). By engaging with others through compassion, mindfulness, and ethical responsibility, individuals and communities can work together toward a more just and peaceful society. Analysis revealed that reconciliation efforts vary by geographic region. With more than six years from the initial release of the Calls to Action, it is hoped to see more long-term efforts are made, reflective of Indigenous peoples' needs in the education sphere. Figure reflects the proportions of TRC efforts by province or region. The data shows that schools within Manitoba, the North, Ontario, and British Columbia have higher reconciliation or Indigenization plans ratios with their institutions. The Maritimes region has the highest proportion of Indigenization efforts in PSIs but fewer schools with plans. Interestingly, the highest proportion of schools having no reconciliation plans comes from the province of Quebec, with 25% of all schools having no visible strategies through their institutions' websites. Efforts made by PSIs in Canada stated will never reach completion, as it is an ongoing commitment to improving relationships with Indigenous peoples. There are many positive shifts in Western education at the post-secondary level, but the work should continue at a more efficient rate, while ensuring longevity for future generations of Indigenous students (Karsyn, 2022).



women aged 18 to 34, face significant dangers in romantic relationships. Venezuela. Venezuela has a crime index of 82.1, the highest of any country in the world. While Countries like Iceland, Portugal, and New Zealand have the lowest murder

Unless you maintain certain law i.e. path of dharma or Dhamma general life of people may be unstable. Life satisfaction gradually drops from childhood through adolescence into adulthood. Globally, adolescents aged 15-24 report higher life satisfaction than adults aged 25 or above, but the gap is narrowing in Western Europe and recently reversed in North America and Australia and New Zealand (ANZ) due to negative trends for young people. Conversely, the gap is widening in Sub-Saharan Africa due to increasing life satisfaction among the youth. In middle-to-late adolescence (age 15-24), there was a positive 2006-2019 global trend in life satisfaction, which ended with the pandemic, in line with adult trends. Global trends obscure regional variations, some of which differ from adult trends. We define childhood and adolescence within the age range of 10 to 24, reflecting critical brain development stages (Batalle et al. (2019). The extended upper age boundary might surprise some readers, but contemporary understanding considers adolescence to persist until around 24 years of age, research into subjective well-being in adulthood has been an established field for many decades (Diener et al. (1999); Pavot and Diener 2004), subjective well-being as a specific field with children and adolescents is a more recent field of inquiry. Young adults experience the highest rates of violent victimization, particularly regarding intimate partner violence. This demographic, especially women aged 18 to 34, faces significant threats in romantic relationships. Venezuela. Venezuela has a crime index of 82.1, the highest of any country in the world. The U.S. Department of State has issued a Level 4 travel advisory for Venezuela, indicating that it is unsafe to travel to the country, and travelers should not travel there. On a global scale, crime trends differ widely between countries.



In some regions, crime rates have decreased due to improved law enforcement, economic development, and social programs. In others, they have increased due to political instability, economic hardships, or other factors. Iceland has the lowest crime rate in the world. After Iceland countries like Portugal and New Zealand have the lowest murder rate. These are the top three countries with the least crime per capita. least crime countries in the world includes different countries, mostly from the continent of Europe and Asia. Iceland has the lowest crime rate in the world. After Iceland countries like Portugal and New Zealand have the lowest murder rate. These are the top three countries with the least crime per capita. This list of least-crime countries in the world also includes countries like Austria, Denmark, Canada, Singapore, Japan, and Switzerland. Countries like Denmark, Iceland, Portugal, Switzerland Czech Republic, etc have the least crime rate. Asian countries like Japan and Singapore are also part of the list of least crime countries with their strict laws, cultural respect, and well-trained police force. Canada and New Zealand also secured a position in this list with their remarkable laws for safety in the country (Least crime Countries, 2024). Thus we suggest every one must go with ordination in life time to maintain law and order i.e. 227 vinay (rules) for male and 311 vinay (rules) for female. The most important precepts are the ten Precepts. The 227 and 311 are mostly an elaboration and further clarification of the ten Precepts on the path of dhamma i.e. Buddhism. Today fully ordained women nuns share full equal ranking with the monks commitments to abstain from harmful actions (David, 2006). Ordination is the process by which individuals are consecrated, that is, set apart and elevated from the laity class to the clergy, who are thus then authorized (usually by the denominational hierarchy composed of other clergy) to perform various religious rites and ceremonies. From a sociological perspective, ordination legitimates the ordinand's role as clergy and performance of rituals (Pogorelc, 2021). The increasing number of cases of tomophobia have been reported due to the increasing surgical procedures in modern medicine but due to less awareness, anxiety disorders have arisen. Due to the rapid advancement of medicine, which involves the frequent use of invasive medical procedures, tomophobia is possibly becoming a common and medically harmful anxiety disorder. Because tomophobia remains unrecognized, as a result its diagnosis and treatment remain limited. Through some case reports, we want to reduce the concern of every common man that there is no need to ignore the fear of surgical procedures and encourage better diagnosis and treatment of suffering patients.

Tree consecration represents Buddhism's form of environmental conservation, where monks and the community actively participate in environmental conservation efforts to create a pure land in the human world. Tree planting in the Forest Tradition is the Buddhist environmental practice of wrapping saffron robes around trees to protect them from deforestation and ecological destruction. This symbolic act, adapted from traditional religious rituals, helps to stabilize the sanctity of trees and establishes a powerful spiritual and cultural connection between the community, Buddhism, and nature. It also serves as a powerful tool to promote environmental awareness and to conserve natural resources for future generations, linking the spiritual act of tree planting with the moral duty to protect the environment.



By consecrating trees, the community reinforces their sanctity, discouraging their destruction and deforestation. These ceremonies remind the community of the importance of preserving natural resources for future generations. Tree consecration is a powerful

means of establishing a deeper connection between Buddhism and the natural world, emphasizing that environmental protection is an ethical and spiritual duty.

The community therefore selects the largest and most important tree in the area to receive the consecration, called the phaya ton mai or spirit tree. It is offered to the spirits of the forest, and a shrine may be built for the spirit of the selected tree. A Buddhist monk invokes the spirit to protect the tree. Sutta recitation - Chanting and blessing - Monks recite suttas to bless the tree, the forest spirits, and those present. Dedication - The climax of the ceremony involves monks draping saffron-coloured monastic robes around the tree, symbolically conferring monastic ordination on it. Originating and developing in an adapted tradition, this practice is an adaptation of traditional religious rituals, such as monks donating robes to the tree and similarly robing the most senior tree. The tradition of the modern movement Vriksha Abhishek emerged in the 1980s and 1990s as a response to commercial logging and environmental degradation. How to save forests and trees so that the love for trees increases in the minds of the common people and the indiscriminate cutting of forests stops and the environment can be protected!

References

1. Ayyar, P. R. (1946). The Eternal Glory of Ayurveda. *Curr Sci.* 15 (7): 177.
2. Banerjee AD, Ezer H, Nanda A. (2011). Susruta and ancient Indian neurosurgery. *World Neurosurgeon*; 75:320-323
3. Batalle et al. (2019); Innocenti and Price (2005); Watson et al. (2006) the World Happiness Report is a publication of the Wellbeing Research Centre at the University of Oxford, UK.
4. Bienvenu OJ, Eaton WW: (1998). The epidemiology of blood-injection injury phobia. *Psychol Med* 28:1129-1136.
5. Buswell, R. E Jr., Lopez, D. S Jr. (2013). Princeton Dictionary of Buddhism. Princeton, New Jersey: Princeton University Press.
6. Cantwell MF. (2008), Map of the spirit: diagnosis and treatment of spiritual disease. *Adv Mind Body Med.*; 23:6–16.
7. Cassell EJ. The nature of suffering and the goals of medicine. *N Engl J Med.* 1982; 306:639–45.
8. Cook HJ. The history of medicine and the scientific revolution. *ISIS.* 2011; 102:102–8.
9. Curlin FA, Lawrence RE, Chin MH, Lantos JD. Religion, conscience, and controversial clinical practices. *N Engl J Med.* 2007; 356:593– 600.
10. Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276–302.
11. David N 2006. The Complete Book of Buddha's Lists -- Explained. David N. Snyder, Ph.D., 2006.
12. Elendu C. The evolution of ancient healing practices: From shamanism to Hippocratic medicine: A review. *Medicine* 2024; 103:28(e39005).
13. Gerlach AL, Spellmeyer G, Vögele C, Huster R, Stevens S, Hetzel G, Deckert J: Blood-injury phobia with and without a history of fainting: disgust sensitivity does not explain the fainting response. *Psychosomatic Medicine* 2006, 68:331-339.
14. Ghosh, Kaushik. (2023). Personal Physician to His Holiness, Lord Buddha. *J Indian Med Assoc*; 121(7): 71-72
15. Karsyn Summers 2022. Paths to Reconciliation: An Overview of the Current Educational Landscape. *Government of Canada*.
16. Koch MD, O'Neill HK, Sawchuk CN, Connolly K: Domain-specific and generalized disgust sensitivity in blood-injection-injury phobia: the application of behavioural approach/avoidance tasks. *J Anxiety Disord* 2002, 16(5):511-527
17. Kulkarni AP, Mishra RC. Can we reconcile evidence-based medicine with personalized medicine: poised on a cusp! *Indian J Crit Care Med.* 2022;26(Suppl 2): S1–2.
18. McVay MR. Medicine and spirituality: a simple path to restore compassion in medicine. *S D J Med.* 2002; 55:487–91.
19. Mueller PS, Plevak DJ, Rummans TA. Religious involvement, spirituality, and medicine: implications for clinical practice. *Mayo Clin Proc.* 2001; 76:1225–35.
20. Pogorelc, Anthony J. (21 April 2021). "Social Construction of the Sacrament of Orders". *Religions.* 12 (5): 290.
21. Sallam HN. Aristotle, godfather of evidence-based medicine. *Facts Views Vis Obgyn.* 2010; 2:11–9.
22. Salguero, C. P. (2009). The Buddhist medicine king in literary context: Reconsidering an early medieval example of Indian influence on Chinese medicine and surgery. *History Religions*; 48:183-210.
23. Salguero, C. P. (2011). Jivaka Across Cultures” (PDF). Thai Healing Alliance. Archived (PDF) from the Original.
24. Shalev D, Brenner K, Carlson RL, et al. Palliative care psychiatry: building synergy across the spectrum. *Curr Psychiatry Rep.* 2024; 26:60–72.
25. Shepherd AM, Schnitker SS, Leffel GM, et al. Developing the good physician: spirituality affects the development of virtues and moral intuitions in medical students. *J Posit Psychol.* 2017; 13:143–54.
26. Thich Nhat Hanh, 2013 <https://www.parallax.org/mindfulnessbell/article/dharma-talk-to-make-reconciliation-possible/>
27. Tsagarliotis I, Rachaniotis NP. A holistic approach in epidemics. *Front Public Health.* 2023; 11:1263293.

28. Ven S. Thero, Basant Kumar, (2025), Surgeon and Physician of Ancient India: Jivak, *J, Surgical Case Reports and Images*, 8(1);
29. Wardlaw MP. American medicine as religious practice: care of the sick as a sacred obligation and the unholy descent into secularization. *J Relig Health*. 2011; 50:62–74.
30. Wright, J. C. (1996). South Asia - Y. ousaka, M. Yamazaki and K. R. Norman (comp.): Index to the vinaya-pitaka. VII, 700 pp. Oxford: The Pali Text Society, 1996. £22.50. - K. R. Norman: Collected papers. vol. vi. XVII, 284 pp. Oxford: The Pali Text Society. (1996). £18.95. *Bulletin of the School of Oriental and African Studies*; 60(2): 379-382.