

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







Review Article ISSN: 2320 5091 Impact Factor: 5.344

A COMPREHENSIVE REVIEW ON AYURVEDIC APPROACH IN PALLIATIVE CARE

Shubham Ram Kulkarni¹, Ujwala Divekar²

¹MD Scholar, Department of Samhita Siddhant, C.S.M.S.S. Ayurved Mahavidyalaya, Aurangabad, Maharashtra, India

²PG Guide, PhD Guide, Associate Professor, Department of Samhita Siddhant, C.S.M.S.S. Ayurved Mahavidyalaya, Aurangabad, Maharashtra, India

Corresponding Author: shubhamkulkarni000@gmail.com

https://doi.org/10.46607/iamj4208102020

(Published online: October 2020)

Open Access

© International Ayurvedic Medical Journal, India 2020

Article Received: 23/09/2020 - Peer Reviewed: 02/10/2020 - Accepted for Publication: 04/10/2020



ABSTRACT

Palliative care is a holistic approach towards individualistic health care of people suffering from life threatening conditions. There are many misconceptions about palliative care that needs to be resolved. In developing countries like India there is a huge gap between need and availability of sources for palliative care, creating urgent need of availability of more holistic & integrated approaches of palliative care like Ayurveda. This study aims at reviewing concepts & modalities of Ayurveda which can be integrated in palliative care. The concepts & misconceptions about palliative care are gainfully reviewed with Ayurvedic concepts of Diet, Sleep, *Rasayana* Therapy, Wound Care, Pain Management, Music Therapy and Yoga in the context of palliative care.

Keywords: Ayurveda, Palliative care, Rasayana, Pain management, Music therapy

INTRODUCTION

Palliative care is an integrated approach towards a specialized and customized holistic care for people suffering from life-limiting illnesses or life- threaten-

ing conditions. It aims at improving the quality of life the patient and also to lessen the suffering of their loved ones. Although it does not replace active treatment, it works towards alleviating the suffering incurred due to the underlying disease condition, or those due the side effects of the ongoing treatment; or the anxiety or depression caused by the fear of the diagnosis and/or the unsure future¹. In 2014, the Sixty-seventh World Health Assembly resolved that "it is the ethical duty of health care professionals to alleviate pain & suffering, whether physical, psychosocial or spiritual irrespective of whether the disease or condition can be cured. The same resolution states that "palliative care is an ethical responsibility of health systems" and that integration of palliative care into public health care systems is essential for achievement of Sustainable Development Goal. Thus, palliative care is not an option but a medical and ethical necessity that should be accessible by anyone in need at all levels of health care systems². Palliative care in India is a relatively new concept; developed over the past 30 years, compared to 50 years in the developed nations. It is estimated that over 5.4 million people are in need of palliative care in India every year, which proves to be huge burden due to inadequacy of palliative care service³. This huge gap between the need and availability can be bridged with more aggressive holistic & integrated approaches. To sum it all palliative care is all about holistic approach catering to the physical, psychological, social & spiritual needs of a person and Ayurveda offers it all. The very purpose of Ayurveda is of preserving the Health & treating the diseased ones⁴; definition of Health given in Ayurveda defines health as a balanced state of all the basic physical elements such as Dosha, Dhatu ,Mala, Agni along with congenial mind, senses & soul⁵. Due it's holistic & individualistic approach Ayurveda can be a beacon of hope in Palliative care in India & globally. In this article we will review concepts & modalities of Ayurveda which can prove to be very effective in palliative care.

Palliative Care Definition⁶

WHO defines palliative care as the prevention and relief of suffering of adult and pediatric patients and their families facing the problems associated with lifethreatening illness. These problems include physical, psychological, social and spiritual suffering of patients and psychological, social and spiritual suffering of family members.

It entails early identification and impeccable assessment and treatment of these problems;

- > Enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness;
- > Provides accompaniment for the patient and family throughout the course of illness;
- > Should be integrated with and complement prevention, early diagnosis and treatment of serious or life-limiting health problems;
- > Is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life;
- > Provides an alternative to disease-modifying and life-sustaining treatment of questionable value near the end of life and assists with decisionmaking about optimum use of life sustaining treatment;
- > Is applicable to those living with long-term physical, psychological, social or spiritual sequelae of serious or life-threatening illnesses or their treatment;
- > Accompanies and supports bereaved family members after the patient's death, if needed;
- > Seeks to mitigate the pathogenic effects of poverty on patients and families and to protect them from suffering financial hardship due to illness or disability;
- > Does not intentionally hasten death, but provides whatever treatment is necessary to achieve an adequate level of comfort for the patient in the context of the patient's values;
- > Should be applied by health care workers at all levels of health care systems, including primary care providers, generalists and specialists in many disciplines and with various levels of palliative care training and skill, from basic to intermediate to specialists:
- > Encourages active involvement by communities and community members:
- > Should be accessible at all levels of health care systems and in patients' homes and Improves con-

tinuity of care and thus strengthens health systems.

Misunderstandings About the Definition of Palliative Care⁷

A variety of barriers have impeded development and accessibility of palliative care services. There have been misunderstandings about the definition of palliative care. Most notably, sometimes it is not understood:

- That palliative care is not only for the dying but for any patient suffering in association with serious or life-threatening health problems;
- That palliative care is not an alternative to disease prevention and treatment but should be integrated with them;
- That palliative care not only relieves suffering, but also anticipates and prevents it;
- That there is a massive burden of unnecessary suffering due to pain, other physical symptoms, and psychological, social and spiritual distress

Palliative Care in India- Current Scenario⁸

Currently, there are over 908 palliative care centers in India, which are accessible to a mere 1% of a population of over 1.2 billion people. India is a nation which has the worst of both worlds' communicable diseases and infections are still rampant and there has been an exponential rise in the prevalence of chronic lifestyle diseases and cancer. It is estimated that 5.4 million people a year are in need of palliative care in India. However, these services, apart from being inadequate for such a large population, are mostly concentrated in large cities and regional Cancer Centers. Palliative care services in Kerala, however, are more farreaching. Even though Kerala serves as a WHO model for palliative Care services for the developing world, the rest of the country is lagging behind due to lower literacy rates, unawareness of the concept of Palliative Care and varied cultural attitudes to chronic illness and death across different communities. Maharashtra has also announced a state palliative care policy in 2012 which, however, has not yet come to fruition.

Palliative Care & Ayurveda

Diet- Food is considered as one of the three main pillars of human health. Special emphasis is given on detailed guidelines of dietary intake, seasonal dietary changes are explained thoroughly, and each food article is explained in detail. Do's & Don'ts about food is explained repeatedly. This shows us the importance of food in health. "We are what we eat"; Food is responsible for physical growth as well as mental health. So as given in Ayurveda, if food is used as medicine it can be very helpful in Palliative care. Agni is responsible for growth & development of body, digestion; it improves strength, luster, Ojas, radiance of skin & energy. One can lead a long and healthy life with optimum Agni⁹. Thus, a diet which improves & assesses Agni can be fruitfully used to improve vitality of an individual in palliative care. As per Ayurveda, in a chronic ill condition Agni undergoes hypo functioning state and thus demand for food is reduced and digestion is hampered. Thus, a special care of such patients with food which is easy to digest, yet nutritive and satisfying the taste is must. Some of the Ayurvedic dietary preparations which can be used in terminally ill patients can be Yavagu & Manda (main ingredient is rice), Yusha (main ingredient is pulse), Mamsarasa (meat soup), Raga Shadava (main ingredients are sugar, rock salt and juice of pomegranate), Takra & Mantha Kalpana (contains fruits, sugar, meat soup, milk, ghee). Such food preparations provide nutrition as well as it contains various medicinal extracts which may be useful to improve quality of life of patients and serve as a medicinal diet. Moreover, as these preparations are liquid, palatable & easy to digest, it can be ingested easily and restore hydration. Disease specific diet is explained in treatment of all the diseases which can be used wisely depending on the disease¹⁰.

Sleep- Sleep plays important role in health, it is also considered as basic pillar of health. Happiness and unhappiness, nourishment (good physique) and emaciation, strength and debility, sexual prowess and impotence, knowledge and ignorance, life and its absence i.e. death- all are dependent on sleep. Sleep taken at improper time, in excess or not at all destroys happiness, health and life¹¹. Yogratnakara mentioned that the patient, who gets sound sleep, feels lightness in the body and his sense organs work properly and he will not deteriorate from the present health condition. Including suitable measures for sound sleep in Palliative care can make a significant difference. Such as:

- Massage, Unction, bath
- Intake of soup of domestic marshy and aquatic animals, Shali rice with curd, milk, unctuous sub-
- Psychic pleasure
- Smell of scents of one's own choice
- Listening to the sounds of one's own taste
- Samvahana (light massage)
- Netra Tarpana
- Application of soothing ointments to the head and
- Comfortable bed and residence¹²

Rasayana- Rasayana is a therapeutic way of promoting strength & immunity. One can attain longevity, memory, intelligence, healthy life, youthfulness, luster, good complexion & voice, optimum physical strength & sense organs. It is a means of achieving excellent qualities of all the Dhatu (Rasa, Rakta etc.)¹³ Use of suitable Rasayana according to age, Agni, strength & need of an individual by Ayurvedic experts can prove very beneficial in palliative care.

Wound care- Wounds are explained under the umbrella of Vrana in Ayurveda. Detailed wound care is given for every type of wound according to its stages. Acharya Sushruta has explained 60 therapeutic procedures for the wound healing called Shashtiupkrama. Number of plants & other medicines are used in these steps for various purposes such as purification, disinfection, bandaging & healing etc. 14 Diet is considered as one of the important factors for wound healing in Ayurveda. Edible & avoidable diet is explained with its effect in Ayurveda. Warm & light food should be consumed such as Shali rice with ghee, warm water, meat soup, wheat, Mung etc. should be taken in proper quantity & on proper time. This type of diet promotes wound healing. On the other hand, heavy, cold, sour, spicy & newly harvested food should be avoided. This type of food vitiates all Dosha's which leads to inflammation, burning, pain etc.15

So, if suitable Shashtiupramas are followed with proper diet it will promote wound healing and can reduce the suffering of an individual in palliative care. Pain management- Management of chronic Pain in palliative care can be done using Ayurveda interventions. Frequency, intensity & duration of pain can be reduced. Basti, Shirodhara, Abhyanga & Swedana may be utilized for the pain management & thus can keep patients as low as possible on WHO pain ladder. Similarly, some well-known morphine-induced complications viz. constipation can be managed through Ayurveda¹⁶.

Music Therapy- Music is a universal language. Use of music therapy is gaining ground globally. Ayurveda & Music both are originated from Vedas. Samveda is full of knowledge of music. Ayurveda has always used music therapy since age old times. From daily & seasonal regimes to Chikitsaupkrama of Doshas & particular diseases, music therapy is rooted in Ayurveda. Mental health care is a big aspect of palliative care, for which music therapy can work wonders. Different types of music can be used for therapy but Ayurvedic principles can be easily blended with Indian classical music. In fact, Raga Chikitsa is being widely used nowadays. For instance, in palliative care insomnia & stress can be seen commonly in which Raga Darbari Kanada has proven to work significantly¹⁷. So, use of music therapy should be promoted in palliative care for sufferers as well as for their family, friends & caretakers.

Yoga- Meditation and *Pranayama*, along with relaxing yoga poses, can help in dealing with the emotional aspects of chronic pain, reduce anxiety and depression effectively, and improve quality of life¹⁸. There is substantial evidence suggesting the efficacy of yoga practices in reducing the impact of exaggerated stress responses and coping with anxiety and depression. It mainly acts via down regulating the hypothalamic pituitary adrenal (HPA) axis and sympathetic nervous system¹⁹. Blending the wisdom of Yoga with the physical, mental & spiritual need of patients in palliative care can be an effective holistic approach for complete wellness plan for patients.

DISCUSSION

Despite the progress in health sciences, sometimes medical conditions cannot be cured. End of life phase & death are inevitable parts of life. These experiences are very personal & unique for everyone. If an individual is terminally ill & has life limiting condition, the focus of care mainly aims at ensuring the best quality of life & less suffering. Palliative care provides specialized health care to people at any age who are suffering due to life limiting terminal conditions. It also aims at improving quality of life of patient's loved ones.

Palliative care gives a chance to patients for pain & symptom management and for improvement of quality of life while receiving the curative measures. Support of palliative care can enable patients to be comfortable can make each day a positive experience towards the end of their lives. It can ease their concerns & can allow them to have the most of their time with their family & friends.

Optimum availability of palliative care is a big issue globally. In developing countries like India palliative care is like luxury. Societal & economical barriers are also an issue. Integrated approach will involve more health care services & health care providers in palliative care, which will be helpful in bridging the gap between need & availability of palliative care. Ayurveda is well received in India & now we can observe the acceptance globally. Being a holistic science itself, Avurveda can be included or opt for palliative care easily. It provides wide range of concepts, approaches & therapies which can be formed into personalized palliative regimes for patients.

Ayurvedic Diet can provide nutrition as well as can serve the purpose of medicine when needed. As it is not merely given by nutritional requirements but patients digestive capacity, appetite, lifestyle, dietary habits, age, season, metabolism everything is taken into the consideration while designing the personalized diet, it can be a boon in palliative care. Issues of Mental health, immunity, insomnia, stress can be managed with Rasayana therapy, Music therapy, Yoga etc. procedures like Snehana, Swedana, Basti, Shirodhara can be used for improving the mobilization

and pain management. Complete wound care can be done through Ayurveda as Vranopkrama.

Health care providers of every discipline need to work together to ensure more patients are receiving the holistic, interdisciplinary approach for palliative care.

CONCLUSION

Ayurveda can play crucial role in various facets of palliative care including Diet & nutritional support, sleep management, wound care, pain management, mental health support, immunity etc. Ayurveda have wide scope in palliative care with its concepts & modalities, for the betterment of patient's condition, reducing the suffering & for improving the quality of life.

ACKNOWLEDGEMENT-

I sincerely acknowledge my guide Dr. Ujjwala Divekar madam, our HOD Dr. Smita Dhurade madam, all staff of Department of Samhita Siddhant, Academic Incharge & Principal of CSMSS Ayurved Mahavidyalaya.

REFERENCES

- A. Budkuley, Mainstreaming Ayurveda For Comprehensive Palliative care. available fromhttps://todaysclinician.com/mainstreaming-ayurvedafor-comprehensive-palliative-care/ (retrieved on 20 September 2020)
- Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.
- Ira Khanna, Ashima Lal, Palliative Care An Indian Perspective, ARC Journal of Public Health and Community Medicine Volume 1, Issue 4, 2016, PP 27-34 ISSN (Online): 2456-0596 No. http://dx.doi.org/10.20431/2456-0596.0104005 www.arcjournals.org
- 4. Agnivesha, Charaka Samhita, elaborated by Charaka and redacted by Drudhabala, edited by Vd. Harishchandra Singh Kushwaha, published by Chaukhambha Orientalia, Varanasi, reprinted in 2016, Volume 1, Sutrasthana 30/26, page no. 495
- Sushruta, Sushruta Samhita, edited by Vaidya Yadavaji Trikamji Acharya & Narayan Ram Acharya, published

- by Chowkhambha Krishnadas Academy, Varanasi, reprinted in 2008, Sutrasthana 15/48
- 6. Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.
- 7. Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.
- 8. Ira Khanna, Ashima Lal, Palliative Care An Indian Perspective, ARC Journal of Public Health and Community Medicine Volume 1, Issue 4, 2016, PP 27-34 **ISSN** No. (Online): 2456-0596 http://dx.doi.org/10.20431/2456-0596.0104005 www.arcjournals.org
- 9. Agnivesha, Charaka Samhita, elaborated by Charaka and redacted by Drudhabala, edited by Vd. Harishchandra Singh Kushwaha, published by Chaukhambha orientalia, Varanasi, reprinted in 2016, Volume 2, Chikitsasthana, 15/3-4, Page No. 376
- 10. Goyal M. Role of Ayurveda in end-of-life care. Ayu. 2019 Jan-Mar;40(1):1-2. doi: 10.4103/ayu.AYU 266 19. PMID: 31831961; PMCID: PMC6891993.
- 11. Vagbhata, Ashtangahridayam, edited with Nirmala Hindi Commentary by Dr. Brahmanand Tripathi, published by Chaukhamba Sanskrit Pratishthan, Delhi, reprinted in 2015, Sutrasthana 7/53-54, Page No.130
- 12. Agnivesha, Charaka Samhita, elaborated by Charaka redacted Drudhabala, by edited Vd.Harishchandra Singh Kushwaha, published by Chaukhambha orientalia, Varanasi, reprinted in 2016, Volume 1, Sutrasthana 21/52-54, Page No.317
- 13. Agnivesha, Charaka Samhita, elaborated by Charaka and redacted by Drudhabala, edited by Vd. Harishchandra Singh Kushwaha, published by Chaukhambha Orientalia, Varanasi, reprinted in 2016, Volume 2, Chikitsasthana, 1/7-8, Page No.2
- 14. Sushruta, Sushruta Samhita, edited with Ayurveda Tatva Sandipika by Kaviraja Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan, Chikitsa sthanam chapter 1 /8, page no. 4
- 15. Vagbhata, Ashtangahridayam, edited with Nirmala Hindi Commentary by Dr. Brahmanand Tripathi, published by Chaukhamba Sanskrit Pratishthan, Delhi, reprinted in 2015, Sutrasthana 29/34-40, Page No.321
- 16. Dedge AP, Gundeti MS, Reddy RG. Scope of Ayurveda Interventions to Improve Palliative Care Practices in

- Terminally III Cancer Patients. J Res Ayurvedic Sci 2018;2(3):193-201.
- 17. Shubham Ram Kulkarni & Shital P. Antapurkar: Study of Darbari Kanada Raga As A Manso Anuguna Shabda Chikitsa In The Management Of Nidranasha W.S.R. To Insomnia. International Ayurvedic Medical Journal {online} 2017 {cited November, 2017} Available from:
 - http://www.iamj.in/posts/images/upload/3995 4002.pd f)
- 18. Vallath N. Perspectives on yoga inputs in the management of chronic pain. Indian J Palliat Care. 2010; 16:1.
- 19. Sengupta P. Health impacts of yoga and pranayama: a state-of-the-art review. Int J Prev Med. 2012; 3:444.

Source of Support: Nil **Conflict of Interest: None Declared**

How to cite this URL: Shubham Ram Kulkarni & Ujwala Divekar: A Comprehensive Review On Ayurvedic Approach In Palliative Care. International Ayurvedic Medical Journal {online} 2020 {cited October, 2020} Available from: http://www.iamj.in/posts/images/upload/4829 4834.pdf