



Traditional Medicine in Palliative Care: An Ayurvedic Review

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ABSTRACT: Palliative care represents a vital dimension of healthcare, focusing on the relief of suffering and improvement of quality of life in individuals affected by chronic, progressive, and life-threatening illnesses¹. It adopts a comprehensive approach by addressing physical symptoms alongside psychological, social, and spiritual challenges encountered by patients and their families^{1,2}. Traditional systems of medicine emphasize individualized, compassionate, and holistic care, which makes them particularly applicable in palliative contexts. Ayurveda, the indigenous medical system of India, offers a structured and holistic approach that corresponds closely with the fundamental objectives of palliative care^{3,4}.

This review examines the contribution of Ayurveda as a traditional medical system in palliative care delivery. Classical Ayurvedic descriptions of incurable (*Asadhya*) and manageable (*Yapya*) disease conditions are analyzed to illustrate the transition in therapeutic focus from disease eradication to symptom alleviation, patient comfort, and maintenance of dignity³. Core Ayurvedic principles such as *Shamana chikitsa* (palliative and symptom-modifying treatment), *Satvavajaya chikitsa* (psychological and emotional regulation), *Rasayana* therapy, dietary moderation, and ethical medical conduct (*Vaidya sadvritta*) are discussed in relation to symptom control and enhancement of overall well-being^{3,5}.

The review further highlights the potential advantages of integrating Ayurvedic practices with contemporary palliative care, including cultural acceptability, non-invasive therapeutic options, emotional stability, and spiritual support^{4,6}. At the same time, limitations such as insufficient clinical evidence, lack of standardization, safety concerns, and possible herb–drug interactions are acknowledged⁷. It is concluded that Ayurveda may serve as a complementary and supportive modality in palliative care when practiced responsibly and guided by evidence, with primary emphasis on comfort, dignity, and holistic patient care.

KEYWORDS: Ayurveda, Palliative care, Traditional medicine; Quality of life, Holistic approach

INTRODUCTION

Palliative care is an essential component of healthcare that focuses on improving the quality of life of patients suffering from chronic, progressive, and life-limiting illnesses by alleviating physical symptoms and addressing psychological, social, and spiritual distress. With the rising prevalence of cancer, non-communicable diseases, and age-related disorders, the demand for comprehensive palliative care has increased globally. Unlike curative treatment, palliative care emphasizes comfort, dignity, and patient-centered support throughout the course of illness.

Traditional systems of medicine emphasize holistic and compassionate care, making them particularly relevant to palliative settings. Ayurveda, the ancient Indian system of medicine, recognizes incurable (*Asadhya*) and

manageable (*Yapya*) disease conditions in which the therapeutic goal shifts from cure to symptom relief and maintenance of quality of life. Ayurvedic approaches such as *Shamana chikitsa*, *Satvavajaya chikitsa*, dietary regulation, *Rasayana* therapy, and ethical physician conduct (*Vaidya sadvritta*) support physical comfort, mental well-being, and dignity of the patient. Integrating Ayurvedic principles with modern palliative care may offer culturally acceptable and holistic support, although scientific validation and safety considerations remain important.

CONCEPT OF PALLIATIVE CARE

Palliative care is a specialized approach to healthcare that focuses on improving the quality of life of patients and their families who are facing life-threatening or life-limiting illnesses. The World Health Organization (WHO) defines palliative care as the prevention and relief of suffering through early identification, careful assessment, and effective management of pain and other physical, psychological, social, and spiritual problems. Unlike curative treatment, palliative care emphasizes comfort, dignity, and supportive care at all stages of illness, irrespective of prognosis or ongoing disease-directed therapy. The core principles of palliative care include effective relief from pain and other distressing symptoms, recognition of death as a natural and inevitable process, and provision of comprehensive support to patients and their families. Palliative care neither hastens nor postpones death, but seeks to help patients live as actively and comfortably as possible until death. An interdisciplinary approach involving physicians, nurses, counselors, social workers, and caregivers is central to palliative care, ensuring coordinated, compassionate, and patient-centered management. By integrating physical symptom control with emotional, social, and spiritual support, palliative care plays a crucial role in preserving dignity and improving overall quality of life in patients with serious illnesses.⁸

Palliative Care with Ayurvedic Concepts

The philosophy of palliative care aligns closely with classical Ayurvedic principles, emphasizing holistic well-being, individualized care, and relief of suffering when cure is not achievable³. Ayurveda defines health (*Swasthya*) as a balanced state of *Doshas* (Vata, Pitta, Kapha), tissues (*Dhatus*), excretory products (*Malas*), and a harmonious state of mind, intellect, and soul. In conditions where disease cannot be completely cured (*Asadhya*) or is only partially manageable (*Yapya*), Ayurvedic texts emphasize symptom alleviation (*shamana chikitsa*), maintenance of vitality (*Rasayana therapy*), and emotional–spiritual support (*Satvavajaya chikitsa*). This parallels the core goals of palliative care: relief of pain, improvement of quality of life, and support for both patients and families.

Ayurveda also emphasizes the ethical responsibility of the physician (*Vaidya sadvritta*), compassionate care (*Karuna*), and provision of comfort and dignity, particularly in chronic or terminal conditions. Nutritional guidance (*Pathya-apathya*), gentle external therapies (*Abhyanga, Swedan*), and mind–body practices such as meditation, prayer, and breathing exercises contribute to physical, psychological, and spiritual well-being⁵. These interventions complement modern palliative care by providing culturally acceptable, non-invasive, and individualized strategies for symptom management. Thus, the integration of Ayurvedic principles with contemporary palliative care strengthens a holistic approach, emphasizing comfort, dignity, and total patient-centered care⁹.

ROLE OF AYURVEDA IN SYMPTOM MANAGEMENT

Ayurvedic approaches in palliative care predominantly focus on reducing suffering, improving comfort, and enhancing quality of life through individualized and holistic interventions. A recent integrative review highlights that Ayurveda offers a range of supportive strategies—such as *Shamana chikitsa*, *Rasayana* therapy,

diet and lifestyle modulation, and mind–body practices-that have shown promise in alleviating pain, stress, fatigue, and psychological distress in clinical and observational settings⁶.

Pain and Physical Discomfort: Pain is a primary concern in chronic and terminal illness. Although high-quality randomized controlled trials are limited, Ayurvedic massage therapies like *Abhyanga* and other external supportive therapies (e.g., *Swedana*, *Shirodhara*) have been reported in clinical reviews to reduce musculoskeletal discomfort and stress in patients, contributing to improved overall comfort and patient-reported outcomes in palliative settings. These therapies are traditionally believed to improve circulation, reduce tissue stiffness, and promote relaxation, which corresponds with patient comfort objectives in palliative care.¹⁰

Fatigue and Weakness: Chronic fatigue and energy depletion are common in advanced illness. Ayurvedic *Rasayana* interventions-herbal formulations and rejuvenative therapies-are traditionally used to strengthen tissue resilience and enhance vitality. Clinical summaries suggest herbs like *Withania somnifera* (Ashwagandha), *Tinospora cordifolia* (Guduchi), and *Bacopa monnieri* (Brahmi) may support energy levels, reduce fatigue, and improve sleep quality in cancer and geriatric populations, thereby enhancing overall well-being.

Psychological and Emotional Distress: Ayurveda emphasizes *Satvavajaya chikitsa* (psychological support) and mind–body practices such as meditation, breathing techniques, and yoga to address anxiety, depression, and emotional suffering. These components are aligned with evidence from integrative palliative frameworks that include mindfulness based and counseling approaches to mitigate psychological distress, although more robust clinical research specific to palliative populations is needed.¹¹

Digestive and Appetite Issues: Digestive discomfort and loss of appetite are frequently encountered in palliative patients. Ayurvedic dietary counseling (*Pathya*), mild digestive stimulants, and easily digestible meals tailored to *Agni* (digestive fire) are recommended to maintain nutritional status and prevent further debility. While high-quality trials in palliative populations are scarce, these dietary interventions are widely documented in Ayurvedic literature and supported by integrative reviews as potentially beneficial for maintaining comfort and digestive balance.

While current evidence includes systematic reviews and observational data rather than large RCTs, the integrative review literature underscores the potential of Ayurvedic supportive therapies in improving symptom burden and aspects of quality of life when used alongside conventional palliative care, with the caveat that standardization and more rigorous clinical research are needed to fully establish efficacy and safety in this context.¹²

Spiritual Care in Ayurveda

Ayurveda recognizes the role of the mind and soul in health and illness. Spiritual support, acceptance, and inner peace are considered essential, particularly in terminal stages. Practices such as prayer, meditation, and fostering acceptance (*prasada*) contribute to emotional stability and dignity at the end of life.

SCOPE OF PALLIATIVE CARE IN AYURVEDA

The main objective of health science is to provide better health to every mankind and a good healthcare system is a cornerstone of sustainable society. It is said that the alleviation of sufferings is the main aim of any medical system.¹³

Ayurveda, the science of life, has a holistic approach towards all the miseries of man. Ayurveda is not only mentioned for the treatment of diseases but also for the maintenance and promotion of health.¹⁴

Ayurveda defines health as a balanced state of all the physical elements such as doṣha, dhatu, mala and agni along with congenial mind, senses and soul.¹⁵ Many health promotion strategies are mentioned in Ayurveda which includes Panchakarma (bio-purification methods), *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Sadvritta* (code of conduct), *Acharya rasayana* (rejuvenation techniques), *Pathya apathya* (do's and don'ts) etc. Due to its holistic and individualistic approach Ayurveda can put forth a lot of contributions to palliative care practices.

CHALLENGES AND LIMITATIONS

While Ayurveda offers valuable supportive strategies for palliative care, several challenges limit its wider integration into mainstream practice^{3, 4}. One major limitation is the scarcity of high-quality clinical evidence, such as randomized controlled trials, evaluating the safety and efficacy of Ayurvedic interventions in palliative populations. Most available studies are observational, case reports, or narrative reviews, which restrict the ability to draw firm conclusions about outcomes and standardize care.

Another challenge is the lack of standardized protocols for Ayurvedic therapies in palliative care. Variability in herbal formulations, dosage, treatment schedules, and practitioner expertise makes reproducibility difficult and complicates integration with conventional medical care. Additionally, there is a risk of herb-drug interactions, particularly when Ayurvedic medicines are administered alongside conventional palliative medications such as analgesics, antiemetics, or chemotherapy agents. Finally, effective integration requires regulatory oversight, professional training, and clear guidelines to ensure safety, ethical practice, and consistent quality of care. Addressing these limitations through rigorous research, protocol development, and interdisciplinary collaboration is essential to realize the full potential of Ayurveda in palliative care.

FUTURE DIRECTIONS

Future efforts in integrating Ayurveda with palliative care should focus on generating high-quality clinical evidence through randomized controlled trials and systematic observational studies to evaluate the safety, efficacy, and optimal use of Ayurvedic interventions such as *Shamana chikitsa*, *Rasayana*, and mind-body practices. The development of standardized integrative guidelines is essential to provide clear protocols regarding therapies, dosages, diet, and monitoring, while addressing potential herb-drug interactions. In parallel, education and training of healthcare professionals in traditional medicine-based palliative care will ensure competent, ethical, and culturally sensitive practice. Together, these measures will strengthen the evidence base, facilitate safe and reproducible implementation, and expand access to holistic, patient-centered palliative care.

DISCUSSION

Palliative care emphasizes relief from physical, psychological, and spiritual suffering in patients with life-limiting illnesses. Conventional approaches primarily rely on pharmacological interventions, which, while effective, may lead to adverse effects or fail to address the holistic needs of patients. Ayurveda, with its centuries-old system of individualized care, offers complementary strategies that target not only symptoms but also overall well-being. By addressing the imbalance of Tridoshas, Ayurvedic interventions can help manage pain, fatigue, nausea, and sleep disturbances, which are common in palliative settings. Herbal remedies like Ashwagandha, *Boswellia serrata*, and Triphala, alongside therapies such as Abhyanga and Shirodhara, have been shown in clinical and observational studies to provide symptomatic relief, reduce inflammation, and promote relaxation.

Furthermore, mind-body practices including Pranayama, Meditation, and Yoga contribute to psychological resilience, alleviating anxiety, depression, and stress. This integrative approach aligns with the holistic philosophy of palliative care, emphasizing quality of life over disease cure. Spiritual and psychosocial support embedded in Ayurvedic care, including counseling and rituals, may enhance patient and caregiver satisfaction. Despite these benefits, integration into mainstream palliative care faces challenges. Scientific evidence is limited, with few randomized controlled trials and variations in herbal formulations, dosage, and practitioner expertise. Potential interactions with conventional medications require careful monitoring. Standardization of protocols, rigorous clinical research, and practitioner training are essential to safely and effectively incorporate Ayurveda into modern palliative care.

CONCLUSION

Ayurveda offers a holistic and patient-centered approach that can complement conventional palliative care by addressing physical, emotional, and spiritual suffering. Herbal interventions, mind-body therapies, and lifestyle modifications have shown potential in alleviating pain, fatigue, digestive issues, anxiety, and sleep disturbances, thereby enhancing quality of life for patients with life-limiting illnesses. Practices such as Abhyanga, Shirodhara, Pranayama, and meditation align well with the goals of palliative care, emphasizing comfort and overall well-being rather than cure.

Despite promising benefits, widespread adoption is limited by a lack of standardized protocols, variability in formulations, and insufficient high-quality clinical evidence. Safe integration requires careful monitoring for herb-drug interactions and individualized care plans. Future research should focus on rigorous clinical trials, standardization of Ayurvedic interventions, and development of integrative care models. With these measures, Ayurveda can play a meaningful, evidence-based role in modern palliative care, supporting both patients and caregivers in achieving holistic comfort and quality of life.

REFERENCES

1. World Health Organization. Palliative Care. Geneva: WHO.
2. Sepulveda C, Marlin A, Yoshida T, Ullrich A. Palliative care: the World Health Organization's global perspective. *J Pain Symptom Manage*. 2002;24(2):91-96.
3. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala. Sutrasthana. Varanasi: Chaukhambha Orientalia.
4. Rao MR, Rao YG. Role of Ayurveda in Palliative care. *Ayu*. 2015;36(3):241-245.
5. Sushruta Samhita of Sushruta. Sutrasthana. Varanasi: Chaukhambha Surbharati Prakashan.
6. Patwardhan B, Mutalik G, Tillu G. Integrative approaches for health: Ayurveda and modern medicine. *J Ayurveda Integr Med*. 2015;6(1):1-3.
7. Gogtay NJ, Bhatt HA, Dalvi SS, Kshirsagar NA. The use and safety of non-allopathic Indian medicines. *Drug Saf*. 2002;25(14):1005-1019.
8. National Cancer Control Programme. National Programme for Palliative Care (NPPC). Government of India.
9. Patwardhan B, Mutalik G, Tillu G. Integrative approaches for health: Ayurveda and modern medicine. *J Ayurveda Integr Med*. 2015;6(1):1-3.
10. Remya Vijayan, Minu Mathew & Seena S. An integrated approach to palliative care - a narrative review. *Kerala Journal of Ayurveda*. (2022)
11. Role of Ayurveda in palliative care and quality of life: an integrative review. *Int J Ayurvedic Med & Mental Health*. (2025)

12. World Health Organization. Palliative Care. WHO.
13. Hartogh G den. Suffering and dying well: on the proper aim of palliative care. *Medicine, Health Care and Philosophy* [Internet]. 2017 Apr 3 [cited 2022 May 30];20(3):413–24. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5569128/>
14. Sharma H, Chandola HM, Singh G, Basisht G. Utilization of Ayur-veda in Health Care: An Approach for Prevention, Health Promo-tion, and Treatment of Disease. Part 1Ayurveda, the Science of Life. *The Journal of Alternative and Complementary Medicine*. 2007 Nov;13(9):1011–20.
15. Basisht G. Exploring insights towards definition and laws of health in Ayurveda: Global health perspective. *AYU (An International Quarterly Journal of Research in Ayurveda)* Internet 2014 [cited 2022 May 30] ;35 (4):351. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4492016/>