



“ROLE OF AYURVEDA IN PALLIATIVE CARE AND QUALITY OF LIFE: AN INTEGRATIVE REVIEW”

Dr. Abhay Gandhi¹

AFFILIATIONS:

1. Director, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:

Dr. Abhay Gandhi

EMAIL ID: director@icro.co.in

FUNDING INFORMATION:

Not Applicable

How to cite this article:

Abhay Gandhi, “Role of Ayurveda in Palliative Care and Quality of Life: An Integrative Review” International Journal of Ayurvedic Medicine and Mental Health. 2025;2(2):43-46.

ABSTRACT

Introduction: Palliative care is a multidisciplinary approach that aims to relieve suffering, improve quality of life, and provide holistic support for patients with life-limiting illnesses such as cancer, advanced neurological disorders, and chronic organ failure. Despite advancements in modern palliative care, many patients face unmet needs in symptom management, psychological support, and spiritual care. Ayurveda, with its holistic philosophy, offers therapeutic and supportive interventions that may complement contemporary palliative care. **Methods:** A structured review was conducted using classical Ayurvedic texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*) and modern scientific databases (PubMed, Scopus, Web of Science, AYUSH Research Portal, Google Scholar). Keywords included “Ayurveda,” “palliative care,” “quality of life,” and “end-of-life care.” Peer-reviewed articles, systematic reviews, randomized controlled trials (RCTs), and observational studies published between 2000–2025 were included. Non-peer-reviewed sources and anecdotal evidence were excluded. **Results:** Ayurveda provides several strategies relevant to palliative care, including *Shamana Chikitsa* (palliative therapies), *Rasayana* (rejuvenative therapy), *Sadvritta* (ethical and spiritual guidelines), diet and lifestyle interventions, and mind–body practices such as yoga and meditation. Clinical studies suggest Ayurvedic formulations like *Ashwagandha* (*Withania somnifera*), *Guduchi* (*Tinospora cordifolia*), and *Brahmi* (*Bacopa monnieri*) improve fatigue, anxiety, sleep, and overall well-being in cancer and geriatric patients. Panchakarma and supportive therapies such as *Abhyanga* (massage) and *Shirodhara* (oil streaming) have demonstrated benefits in pain relief, stress reduction, and psychological comfort. **Discussion:** Ayurvedic approaches show promise as supportive modalities in palliative care, particularly in improving patient-reported outcomes. However, limitations include lack of large-scale clinical trials, need for standardization, and integration barriers within healthcare systems. **Conclusion:** Ayurveda has significant potential to enhance palliative care and improve quality of life. Integrative models combining modern medicine with Ayurvedic practices could address physical, emotional, and spiritual dimensions of end-of-life care.

KEYWORDS: Ayurveda, Integrative Medicine, Palliative Care, Quality of Life, Rasayana

INTRODUCTION

Palliative care is an essential component of healthcare, focusing not on curing diseases but on alleviating symptoms, enhancing comfort, and improving the quality of life for patients with advanced, progressive illnesses. The World Health Organization (WHO) emphasizes palliative care as a human right and advocates for its integration into health systems^[1-2]. Despite this, accessibility and adequacy of palliative care remain limited, especially in low- and middle-income countries. Modern palliative care relies on pharmacological and psychosocial interventions, yet unmet needs in holistic care persist^[3].

Ayurveda, India's ancient system of medicine, emphasizes comprehensive well-being by addressing body, mind, and spirit^[4]. Its principles of *Shamana Chikitsa* (palliative management), *Rasayana* (rejuvenation therapy), and *Sadvritta* (ethical-spiritual discipline) resonate with the goals of palliative care. Classical texts describe approaches for conditions resembling cancer (*Arbuda*), neurodegenerative disorders, and chronic debility, focusing on comfort, vitality, and spiritual preparedness^[5-6]. Ayurveda's holistic framework, which integrates diet, lifestyle, herbal interventions, mind-body practices, and end-of-life spiritual care, makes it a valuable complementary system in palliative settings^[7-8].

This review aims to critically explore the role of Ayurveda in palliative care and quality of life. The objectives are: (1) to examine Ayurvedic concepts relevant to palliation, (2) to review evidence from classical texts and modern studies, (3) to evaluate the impact of Ayurvedic therapies on symptom relief and quality of life, and (4) to highlight gaps and future directions for integrative palliative care models^[9-10].

MATERIALS AND METHODS

- **Databases Searched:** PubMed, Scopus, Web of Science, AYUSH Research Portal, Google Scholar.
- **Keywords Used:** "Ayurveda AND palliative care," "Ayurveda AND quality of life," "Rasayana AND supportive care," "Ayurveda AND end-of-life care."
- **Classical Sources:** *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*,

Madhava Nidana, and authoritative commentaries^[11].

- **Inclusion Criteria:** Peer-reviewed clinical studies, systematic reviews, RCTs, and observational studies between 2000–2025; classical Ayurvedic references directly relevant to palliation^[12].
- **Exclusion Criteria:** Non-peer-reviewed reports, anecdotal evidence, incomplete conference abstracts, duplicate studies^[13].
- **Type of Review:** Narrative, thematic synthesis integrating traditional concepts and modern evidence^[14].
- **Study Types Considered:** Clinical trials, observational studies, experimental pharmacology, case reports, and reviews^[15].

OBSERVATION AND RESULTS

1. Conceptual Framework of Palliative Care in Ayurveda

Ayurveda emphasizes *Dukha Pratyhanika Chikitsa*—alleviating suffering—as a core therapeutic aim. In conditions where curative options are limited, *Shamana Chikitsa* (palliative therapy) is emphasized. Supportive care in Ayurveda includes:

- **Physical Symptom Relief:** Through herbal formulations, dietary regulation, and external therapies.
- **Mental and Emotional Support:** *Sadvritta* (ethical living), meditation, and counseling.
- **Spiritual Preparedness:** Guidance on detachment and higher consciousness, aligning with the palliative focus on dignity at end of life.

2. Rasayana Therapy and Quality of Life

Rasayana therapy rejuvenates body tissues, enhances *Ojas* (vitality), improves immunity, and delays degeneration. Classical Rasayanas like *Amalaki* (*Emblica officinalis*), *Guduchi* (*Tinospora cordifolia*), and *Ashwagandha* are prescribed for chronic fatigue, debility, and immune dysfunction. Modern studies have validated their antioxidant, adaptogenic, and immunomodulatory effects. Rasayana interventions in cancer care and geriatric patients have shown improvements in quality of life, reduced fatigue, and enhanced resilience.

3. Pain and Symptom Management

Pain, nausea, fatigue, constipation, insomnia, and anxiety are common in advanced illness. Ayurvedic

interventions include:

- *Abhyanga* (oil massage) for musculoskeletal pain and relaxation.
- *Shirodhara* (oil streaming over forehead) for anxiety and insomnia.
- *Basti* (medicated enemas) for constipation and neurological symptoms.
- Herbal drugs like *Shallaki* (*Boswellia serrata*) for joint pain and inflammation. Clinical evidence supports these therapies in improving symptom control and patient comfort.

4. Psychosocial and Spiritual Care

Ayurveda emphasizes mind–body harmony. Practices like yoga, pranayama, and meditation reduce anxiety, improve emotional stability, and enhance coping strategies. *Sadvritta* and *Acharya Rasayana* (code of conduct for longevity and mental health) provide ethical-spiritual guidance for patients and caregivers, supporting acceptance and peace in end-of-life stages.

5. Evidence from Clinical Studies

- **Cancer Care:** Integrative use of Ayurvedic formulations such as *Ashwagandha* and *Guduchi* improved fatigue, appetite, and quality of life in palliative oncology settings.
- **Neurodegenerative Disorders:** Yoga and *Brahmi* supplementation improved cognitive performance and reduced anxiety in dementia and Parkinson’s disease.
- **Geriatrics:** Rasayana therapy enhanced sleep quality, mood, and functional independence in elderly populations.
- **Panchakarma in Palliation:** Procedures like mild *Basti* or *Shirodhara* provided symptomatic relief in advanced chronic disease without causing exhaustion.

DISCUSSION

The preventive and therapeutic principles of Ayurveda are highly relevant in palliative care, especially where cure is not possible and the primary aim is comfort. Ayurveda addresses multiple dimensions of health—physical, psychological, social, and spiritual—which aligns with the WHO definition of palliative care^[16].

One of the key strengths of Ayurveda is its individualized approach, ensuring therapies are tailored to the patient’s constitution (*Prakriti*),

disease stage, and tolerance. For example, while strong *Shodhana* (purification) therapies are avoided in debilitated patients, mild *Shamana* therapies and Rasayana are encouraged to maintain vitality. This adaptability enhances feasibility in palliative settings^[17].

Evidence supports Ayurvedic therapies such as Rasayana in cancer care, yoga in psychological well-being, and Panchakarma-based interventions in chronic conditions. Their role in improving sleep, appetite, stress reduction, and emotional resilience is consistent across studies. Importantly, these interventions are non-invasive and generally safe, making them suitable adjuncts in fragile populations^[18].

However, gaps remain. The majority of studies are small-scale, lack blinding, and use heterogeneous protocols. Standardization of formulations, dosage, and outcome measures is necessary for wider acceptance. Moreover, ethical considerations in end-of-life trials present challenges. Integration into mainstream palliative care requires cross-disciplinary training, regulatory support, and patient-centered frameworks^[19].

Future prospects include integrative care models combining conventional symptom management with Ayurvedic supportive therapies. Developing culturally sensitive palliative protocols, promoting community-based palliative care, and conducting robust multicentric RCTs could establish Ayurveda’s role more firmly in global palliative medicine^[20].

CONCLUSION

Palliative care is essential for patients with life-limiting illnesses, focusing on symptom relief, emotional support, and quality of life. Ayurveda, with its holistic philosophy, offers significant contributions through palliative therapies (*Shamana Chikitsa*), rejuvenation (*Rasayana*), external therapies (*Abhyanga*, *Shirodhara*), and mind–body practices like yoga and meditation. These interventions provide relief from pain, anxiety, fatigue, and insomnia, while also nurturing psychological stability and spiritual preparedness.

Modern evidence supports the efficacy of Ayurvedic herbs such as *Ashwagandha*, *Guduchi*, and *Brahmi* in improving fatigue, immunity, and cognitive function. Clinical studies also suggest benefits of yoga and Panchakarma in improving patient-reported

outcomes. While evidence is promising, challenges include lack of standardized protocols, limited large-scale trials, and integration barriers in mainstream care.

An integrative model combining conventional medicine with Ayurveda may bridge gaps in symptom management and holistic well-being. Such models are particularly relevant in resource-limited settings, where affordable, culturally acceptable, and safe care options are essential.

In conclusion, Ayurveda can play a pivotal role in enhancing palliative care and improving quality of life. Its incorporation into contemporary palliative frameworks, supported by rigorous research and policy-level integration, has the potential to transform care for patients with chronic, debilitating, and terminal illnesses.

REFERENCES

1. Charaka. *Charaka Samhita*, Chikitsa Sthana. Varanasi: Chaukhambha Publications; 2019.
2. Sushruta. *Sushruta Samhita*. Varanasi: Chaukhambha Orientalia; 2018.
3. Vagbhata. *Ashtanga Hridaya*. Varanasi: Chaukhambha Sanskrit Pratishthan; 2020.
4. World Health Organization. Integrating palliative care and symptom relief into primary health care. Geneva: WHO; 2018.
5. Kvale EA, Shuster JL. Palliative care in chronic illness. *Med Clin North Am*. 2020;104(3):425–35.
6. Patwardhan B. Ayurveda and integrative oncology: The future of cancer care. *J Ayurveda Integr Med*. 2018;9(3):151–3.
7. Choudhary N, Singh S. Ayurveda-based approaches in palliative care: A review. *AYU*. 2019;40(2):75–82.
8. Mishra LC. *Scientific Basis for Ayurvedic Therapies*. Boca Raton: CRC Press; 2019.
9. Telles S, Naveen KV. Yoga for palliative care: A systematic review. *J Altern Complement Med*. 2016;22(7):503–10.
10. Sharma R, et al. Clinical evaluation of *Withania somnifera* in cancer-related fatigue. *Integr Cancer Ther*. 2017;16(3):273–80.
11. Gupta A, et al. Effect of *Tinospora cordifolia* in improving quality of life among cancer survivors. *Phytomedicine*. 2020;67:153165.
12. Pandey R, et al. Role of Panchakarma in supportive care. *J Ayurveda Integr Med*. 2019;10(4):246–52.
13. Bhattacharya SK, et al. Neuroprotective role of *Bacopa monnieri*. *Indian J Pharmacol*. 2017;49(4):303–9.
14. Srikanth N, et al. Integrative approaches in geriatric palliation. *J Geriatr Palliat Care*. 2021;4(2):55–63.
15. Singh RH. *Rasayana Therapy in Ayurveda*. Varanasi: Chaukhambha Bharati; 2018.
16. Gopalakrishnan S, et al. Holistic models in end-of-life care: Ayurveda perspectives. *Indian J Palliat Care*. 2017;23(4):463–8.
17. Dey A, et al. Anti-inflammatory and palliative potential of *Boswellia serrata*. *Front Pharmacol*. 2019;10:1202.
18. Patwardhan B, Mutalik G, Tillu G. *Integrative Approaches for Health*. London: Academic Press; 2015.
19. Ramesh N, et al. Spiritual care in palliative settings: Ayurvedic insights. *J Relig Health*. 2020;59(5):2345–54.
20. World Health Organization. WHO traditional medicine strategy 2014–2023. Geneva: WHO; 2013.