

Letter to the Editor



Can Ayurveda medicine supplement modern medical treatments in chronic disease management?

Journal of the Royal College of Physicians of Edinburgh

© The Author(s) 2024



Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/14782715241273738 journals.sagepub.com/home/rcp



Vyshna Ravindran¹, Kanta Kumar^{1,2}, Sunil Bhandari³, Kaushik Chattopadhyay^{4,5}, Unnikrishnan Payyappallimana⁶, Antonio Morandi⁷ and Rajeev Gupta^{8,9}

Abstract

The editorial highlights the fact that there is limited communication between healthcare providers and patients about complementary and integrative medicine (TCI) like Ayurveda. To address this, healthcare professionals need better education on Ayurveda. Additionally, international collaborations can enhance research and credible information, ensuring safe and effective patient care.

Keywords

chronic diseases, Ayurveda, traditional, complementary and integrative medicine (TCI), medical pluralism, patientcentred care

Dear Editor.

Chronic diseases account for 74% of global deaths and have a profound impact on morbidity, and overall quality of life. In the United Kingdom, the National Health Service (NHS) allocates £18.4 billion annually to the management of these conditions. Amid fiscal strain and rising health-care pressures, concerns about conventional treatments are growing, particularly for multi-morbidities. Amid fiscal strain and rising health-care pressures, concerns about conventional treatments are growing, particularly for multi-morbidities. Amid to sub-optimal responses and potential long-term side effects of conventional pharmaceuticals, which often lead to non-adherence among patients. These constraints underscore the need for dialogue on diversifying treatment options and embracing medical pluralism.

Ayurveda, an ancient Indian medical system, has recently gained significant global attention. Its extensive historical use, efforts by organisations like the World Health Organization (WHO) to promote its safe use and standardisation have all contributed to its worldwide growing acceptance. The recent establishment of The WHO Global Traditional Medicine Centre in Jamnagar, India, is another effort in this direction. Additionally, factors such as increased health-seeking behaviour, interest in holistic philosophies, the availability of information on the internet, and public exposure to Traditional, Complementary and Integrative Medicine (TCI) in diverse cultural settings have played pivotal roles in influencing patient's health-care choices towards Ayurveda.

However, previous research on the knowledge, attitudes and practices of healthcare providers (HCPs) indicates a paucity of communication with patients regarding the potential use of TCI.⁸ Given the increasing demand for

Ayurveda and the limited dialogue between patients and healthcare professionals on TCI, patients often resort to exploring treatment centres independently, risking unreliable and unauthorised sources that may undermine treatment safety and effectiveness.

To address these challenges, patients urgently need access to credible information sources for informed decision-making. Effective communication between HCPs and patientsis crucial to address this informational gap. Healthcare professionals can improve patient literacy and guide them to credible services by facilitating open communication and offering evidence-based insights on the benefits, risks and limitations of Ayurvedic treatments.

¹Institute of Clinical Sciences, College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK

²Royal Wolverhampton NHS Foundation Trust, Wolverhampton, UK ³Hull University Teaching Hospitals NHS Trust, Hull, UK

The Nottingham Centre for Evidence-Based Healthcare: A JBI Centre

of Excellence, Nottingham, UK ⁵Lifespan and Population Health, School of Medicine, University of

Nottingham, Nottingham, UK

Gentre for Community Health Clinical Research and Education,

The University of Transdisciplinary Health Sciences and Technology, Bengaluru, India

⁷Ayurvedic Point, School of Ayurvedic Medicine, Milan, Italy ⁸University of Sheffield, Sheffield, UK ⁹Barnsley Foundation Hospital, Sheffield, UK

Corresponding author:

Rajeev Gupta, Barnsley Foundation Hospital, Sheffield, Barnsley S75 2EP, UK.

Email: rajeev.gupta@nhs.net

It also thus becomes imperative to ensure that HCPs are well equipped with the necessary knowledge and skills to cater to this growing interest. Currently, there is a gap in availability of educational materials for HCPs on Ayurveda, leading to potential challenges in providing effective guidance.³ Developing targeted educational materials will empower HCPs with evidence-based information, enhancing their ability to advise patients on the safe, appropriate and effective use of Ayurveda. Also, there is a need to build a robust research base for Ayurveda because, although promising results in treating chronic diseases have been documented, 9-13 they are insufficient to establish a definitive role for Ayurveda. Fostering collaborations with Ayurvedic institutions in India can help develop the educational resources and research projects. The WHO's draft on traditional medicine strategy 2025-203414 further underscores the importance of international collaborations and creative solutions in shaping pluralistic health and care approaches. These collaborations between Europe and India can bridge the gap between patient demand and reliable information, supporting informed decision-making and promoting a holistic, patient-centred healthcare environment.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

ORCID iD

Vyshna Ravindran in https://orcid.org/0000-0001-8872-8634

References

- Brunner-La Rocca H-P, Fleischhacker L, Golubnitschaja O et al. Challenges in personalised management of chronic diseases – heart failure as prominent example to advance the care process. EPMA J 2015; 7: 2.
- Adult Social Care Activity and Finance Report, England, 2022–23. NHS digital – Long term care, https://digital.nhs. uk/data-and-information/publications/statistical/adult-social -care-activity-and-finance-report/2022-23/long-term-care

- #:~:text=are%20not%20recommended.-,Key%20findings ,%25)%20compared%20to%20201%2D22 (2023, accessed 8 May 2024).
- Gupta R. Chronic pain management and a comprehensive approach for integration of Ayurveda with modern medicine. *Int J Complement Alt Med* 2023; 16(4): 190–98.
- Cant S. Medical pluralism, mainstream marginality or subaltern therapeutics? Globalisation and the integration of 'Asian' medicines and biomedicine in the UK. Society Cult South Asia 2020; 6: 31–51.
- Chaudhary A, Singh N. Contribution of World Health Organization in the global acceptance of ayurveda. J Ayurveda Integr Med 2011; 2: 179.
- Hankey A. Ayurveda and the battle against chronic disease: an opportunity for Ayurveda to go mainstream? *J Ayurveda Integr Med* 2010; 1: 9.
- WHO global traditional medicine centre. World Health Organization, https://www.who.int/initiatives/who-globaltraditional-medicine-centre (accessed 08 May 2024).
- Aizuddin AN, Ihsan Ahmad Zamzuri MA, Mansor J et al. Perception of integrating complementary and alternative medicine practice in patient's treatment among the healthcare practitioners: a systematic review. Pan Afric Med J 2022; 43: 19.
- Chattopadhyay K, Wang H, Kaur J et al. Effectiveness and safety of ayurvedic medicines in type 2 diabetes mellitus management: a systematic review and meta-analysis. Front Pharmacol 2022; 13: 821810.
- Gyawali D, Vohra R, Orme-Johnson D et al. A systematic review and meta-analysis of ayurvedic herbal preparations for hypercholesterolemia. *Medicina (B Aires)* 2021; 57: 546.
- 11. Katzenschlager R. Mucuna pruriens in Parkinson's disease: a double blind clinical and pharmacological study. *J Neurol Neurosurg Psychiatry* 2004; 75: 1672–7.
- Kessler CS, Dhiman KS, Kumar A et al. Effectiveness of an Ayurveda treatment approach in knee osteoarthritis – a randomized controlled trial. *Osteoarthritis Cartilage* 2018; 26: 620–30.
- Furst DE, Venkatraman MM, McGann M et al. Doubleblind, randomized, controlled, pilot study comparing classic ayurvedic medicine, methotrexate, and their combination in rheumatoid arthritis. *JCR: J Clin Rheumatol* 2011; 17: 185–92.
- Call for consultation: draft traditional medicine strategy 2025–2034. World Health Organization, https://www.who. int/news-room/articles-detail/call-for-consultation-drafttraditional-medicine-strategy-2025-2034 (2024, accessed 08 May 2024).