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Ayurveda

ROLE OF AYURVEDA IN PAIN AND SYMPTOM CONTROL FOR PALLIATIVE CARE PATIENTS: A NARRATIVE REVIEW

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ABSTRACT **Aim:** This narrative review sets out the Ayurvedic concepts and treatments relevant to pain and symptom control in palliative care, and asks how they might fit into routine palliative practice.**Background:** Palliative care brings several disciplines together for one reason: helping patients and their families cope once a serious or terminal illness is in the picture. Pain is usually the hardest symptom to manage. Most people with advanced cancer experience it, and it shows up just as often in nerve-degenerating disease, end-stage organ failure and immune disorders. Drug-based pain control has come a long way, but it still leaves many patients under-treated, dealing with opioid side effects, growing tolerance and worry about dependence. That gap is largely why clinicians have started looking more seriously at complementary systems of care.**Review Results:** Ayurveda approaches palliative needs from several angles at once: Upashamana Chikitsa (comfort-focused therapy), correcting Dosha imbalance, restoring Agni (digestive-metabolic strength), Ama Pachana (clearing toxic residue), Rasayana therapy (tissue rejuvenation) and Sattvavajaya Chikitsa (support for mind and spirit). Herbal medicine, Panchakarma, Abhyanga (oil massage), Basti (medicated enema), Shirodhara (oil-drip therapy), yoga, meditation and changes to diet and daily routine all appear useful for pain, psychological distress, sleep, functional recovery and general wellbeing.**Conclusion:** Ayurvedic care looks like a genuinely useful companion to conventional palliative medicine, since it reaches parts of a patient's suffering that drugs alone rarely touch. What is still missing is a larger set of well-designed randomised trials that could turn these promising practices into standard, evidence-backed protocols.**Clinical Significance:** Adding Ayurvedic therapies, especially Rasayana medicines, Abhyanga, Shirodhara and Sattvavajaya Chikitsa, to conventional palliative protocols may improve pain control, psychological wellbeing and quality of life for patients with advanced or terminal illness.

KEYWORDS : Ayurveda; Palliative Care; Pain Management; Upashamana Chikitsa; Rasayana; Panchakarma

INTRODUCTION

Palliative care is built around a single goal: making life more bearable for patients, and for the people who love them, once a diagnosis becomes serious, life-threatening or life-limiting.[1] The World Health Organization frames this work as spotting suffering early, assessing it properly, and treating pain along with whatever physical, emotional and spiritual troubles come with it. Rather than chasing a cure, palliative medicine stays focused on comfort, dignity, function and emotional steadiness from the moment of diagnosis.

Pain is probably the symptom palliative teams see most, and it is often the most disabling one too. Somewhere between seventy and ninety percent of people with advanced cancer live with it, and it turns up just as regularly in neurodegenerative disease, organ failure, autoimmune conditions and other long-term illnesses.[2] Over time it wears down physical function, mental health, sleep and relationships, chipping away at quality of life more broadly. Pharmacological pain control has genuinely improved, yet plenty of patients still don't get enough relief. Instead they face nausea, constipation, drowsiness, tolerance and dependency from the very opioids meant to help them.[3] That shortfall is a big part of why clinicians and researchers keep circling back to complementary and integrative approaches.

Ayurveda, India's traditional medical system, goes back more than three thousand years and takes an unusually broad, individualised view of health and illness. It has two stated goals: keeping healthy people well (Swasthasya Swasthya Rakshanam) and relieving the suffering of the sick (Aturasya Vikara Prashamanam).[4] The classical texts also accept that some conditions simply won't be reversed, and split these into Yapya Vyadhi (manageable but incurable) and Asadhya Vyadhi (beyond cure). Once a disease lands in either category, treatment stops aiming for cure and starts aiming for symptom relief, preserved function and better quality of life, which sits comfortably next to how modern palliative medicine already thinks.[4]

Upashamana Chikitsa is at the centre of Ayurveda's supportive-care tradition. It covers the measures aimed squarely at easing symptoms once curative treatment stops being realistic. Ayurvedic practitioners build treatment around a close reading of the patient: their Dosha (biological forces), Agni (digestive-metabolic strength), Dhatu (tissues), Mala (waste products), Prakriti (inborn constitution) and Satva (mental fortitude).

Classical texts call pain Shoola or Vedana and trace most of it back to disturbed Vata Dosha, the force behind movement and nerve function. Pain here is never treated as a purely physical event; mental and emotional currents shape how strongly it is felt. This layered view of suffering lines up closely with the modern palliative idea of "total pain," a term Dame Cicely Saunders coined to capture the physical, emotional, social and spiritual threads that tangle together in seriously ill patients.[5]

What follows looks at pain and symptom management in palliative care through this Ayurvedic lens, weighing the treatments described in both ancient and modern sources and asking where Ayurveda might realistically fit within evidence-based palliative practice.

MATERIALS AND METHODS

Review Design

This is a narrative review. That format suits a subject this broad, where study designs and interventions vary so much from one another that a formal systematic review would struggle to cover the ground.[6]

Classical Ayurvedic Sources

The following primary texts were consulted:

- Charaka Samhita (Sutrasthana Chapter 10 and Chikitsasthana)
- Sushruta Samhita (Sutrasthana and Chikitsasthana)
- Ashtanga Hridayam of Vagbhata (Sutrasthana)
- Madhava Nidana (disease classification and pathogenesis)
- Bhavaprakasha (pharmacological descriptions)

Electronic Database Search

Modern literature came from PubMed, Scopus, Google Scholar and the AYUSH Research Portal, searched using terms such as palliative care, pain management, Ayurveda, Shoola, Vedana, Panchakarma, Rasayana and integrative medicine. English-language articles covering clinical outcomes, pharmacological findings or conceptual frameworks were included. There was no hard publication-date cutoff, though papers from 2000 onward were favoured.

REVIEW FINDINGS

Where Ayurveda and Modern Palliative Care Meet

The Charaka Samhita is direct on this point: a physician should never abandon a patient whose illness cannot be cured. Instead, the focus should shift to comfort, relief and preserving whatever quality of life is left.[4] That commitment to standing by the patient regardless of prognosis is one of the ethical pillars of modern palliative medicine too. Ayurvedic treatment decisions rest on a close reading of Prakriti (inborn constitution), Vikriti (current imbalance), Bala (physical strength), Agni (digestive capacity) and Satva (mental resilience). It's a person-centred model, and it lines up naturally with palliative medicine's own emphasis on individualised, goal-driven care.[7]

Disease Categories and Their Bearing on Palliative Intent

Ayurveda sorts illness into three prognostic groups, each with its own implications for how palliative care should be planned:[4]

- Sadhya – conditions that respond to definitive, curative treatment.
- Yapya – conditions that can be kept in check but not cured, roughly equivalent to chronic, progressive or life-limiting disease needing ongoing symptom management.
- Asadhya – conditions beyond cure, where treatment shifts entirely toward comfort and quality of life. This is essentially terminal palliative care.

This three-way split shows that Ayurveda had already mapped the spectrum from curative to palliative treatment long before hospice and palliative care became separate disciplines in modern medicine.

The Ayurvedic Understanding of Pain (Shoola / Vedana)

In Ayurvedic physiology, pain (Shoola/Vedana) is traced mainly to aggravated Vata Dosha. When Vata is disturbed, the normal flow of Prana (vital energy) and Ojas (vital essence) through the body's channels (Srotas) gets interrupted, and pain follows.[4] How the pain feels depends on which Dosha is behind it:

- Vataja Shoola – sharp, shifting, intense pain that migrates from place to place, gets worse in cold weather and eases with warmth.
- Pittaja Shoola – a burning pain tied to inflammation, redness and heat.
- Kaphaja Shoola – a dull, heavy, lingering pain with stiffness and congestion.
- Sannipataja Shoola – a mixed pattern involving all three Doshas at once, and the hardest of the four to treat.

Ayurveda also treats pain as something shaped by mental and emotional currents (Manasika Bhava) rather than a purely physical signal. That view fits comfortably with the modern biopsychosocial model of pain, and with Dame Cicely Saunders' idea of "total pain," which brings physical, emotional, social and spiritual suffering into one picture.[5] Seen this way, Ayurveda's account of suffering reaches well past the narrower, nerve-signal-based framing of pain common in conventional medicine.

Guiding Principles of Ayurvedic Pain Care in the Palliative Setting

A handful of core principles shape how Ayurveda handles pain once illness has become advanced or incurable:[4]

- Dosha Balancing (Dosha Samya) – correcting the underlying imbalance among the biological forces through individually tailored therapy.
- Agni Restoration (Agni Deepana) – rebuilding digestive and metabolic strength so Ama (toxic metabolic residue) stops accumulating and tissue nourishment (Dhatu Poshana) can proceed.
- Ama Pachana (Detoxification) – clearing Ama to ease systemic inflammation and discomfort, thought to parallel the low-grade chronic inflammation seen in advanced cancer and autoimmune disease.
- Rasayana Therapy (Tissue Rejuvenation) – treatments that strengthen tissue quality, immune resilience (Vyadhikshamatva) and vitality (Ojas), especially useful for patients who are wasting away or exhausted.
- Nidana Parivarjana (Avoiding Causative Factors) – removing or reducing whatever is aggravating the condition.
- Individualised Care (Purusha Pariksha) – shaping treatment around each patient's constitution, disease stage, comorbidities and functional capacity.

Ayurvedic Therapies for Palliative Symptom Control

Shamana Chikitsa (Internal Palliative Medicines): these treatments calm aggravated Doshas without any elimination or cleansing procedure, which is exactly why they suit frail or severely weakened patients.[4] Table 1 lists several herbal formulas from this category with documented pharmacological effects.

Abhyanga (Therapeutic Massage): Full-body massage with medicated oils is probably the most widely used Ayurvedic palliative therapy. Stimulating skin receptors this way may dampen pain signals through the gate-control mechanism.[8] Oils such as Mahanarayan Taila and Bala Taila have been linked to lower pain scores, less anxiety and fatigue, and better sleep.

Shirodhara (Forehead Oil-Drip Therapy): A steady stream of medicated liquid, usually Ksheerabala Taila or sesame oil, is poured over the forehead until it brings on deep relaxation. Possible mechanisms include shifts in the hypothalamic-pituitary-adrenal (HPA) axis, lower cortisol, and increased serotonin activity. Clinical studies have recorded real drops in anxiety, insomnia and stress-related symptoms after Shirodhara sessions.[9]

Basti (Medicated Enema): The Charaka Samhita (Siddhisthana) treats Basti as the single most important therapy for Vata disorders.[4] Matra Basti, a gentler retention enema using small amounts of medicated oil, suits debilitated palliative patients well and is clinically relevant for chronic pain and opioid-induced constipation.

Swedana (Heat Therapy): Fomentation improves circulation at the periphery, eases muscle spasm and relieves the stiffness typical of Vata-driven pain. Pinda Sweda and Nadi Sweda are two common techniques, adjusted according to what each patient can tolerate.

Nasya (Nasal Administration): Medicated oils or powders delivered through the nose target conditions involving the head, neck and nervous system, and may help with headache, cranial nerve problems or disturbed sleep.

Agnikarma (Therapeutic Cauterisation): Controlled thermal stimulation at specific points works well for localised musculoskeletal pain. In palliative care it is used sparingly, only for patients with enough physiological reserve to tolerate it.

Marma Chikitsa (Vital Point Therapy): Stimulating the 107 Marma points described in the Sushruta Samhita may influence local blood flow, neurotransmitter release and pain perception, in ways broadly similar to acupressure and trigger-point therapy.

Rasayana Therapy in Palliative Care: Rasayana is Ayurveda's branch dedicated to tissue regeneration, immune strength and preserved vitality.[10] In palliative care, where relief rather than cure is the goal, Rasayana treatments help push back against cachexia, fatigue and weakened immunity. Common preparations include Ashwagandha (adaptogenic, anti-cachectic), Shatavari (nourishing, anti-emetic), Amalaki (antioxidant, immune-supporting) and Chyawanprasha (a polyherbal immune modulator). At the molecular level, *Withania somnifera* appears to suppress the NF-κB inflammatory pathway, lower TNF-α and IL-6, and help regulate the HPA stress axis.[11]

Sattvavajaya Chikitsa (Psycho-Spiritual Care): the Charaka Samhita describes this as restraining the mind from unwholesome objects, and it is Ayurveda's answer to psychological and spiritual suffering.[4] It combines counselling, meditation, Pranayama, yoga and mantra practice to work through existential fear, anticipatory grief and the dread of dying. One systematic review found real improvement in anxiety, depression and quality of life among cancer patients who took part in yoga programmes.[12] Mindfulness-based stress reduction, which overlaps with Ayurvedic meditation, has measurable neurobiological effects too: changes in brain structure, lower cortisol, and fewer inflammatory markers.[13]

Ayurvedic Management of Specific Symptoms

Constipation: Somewhere between forty and ninety percent of patients on opioid pain relievers deal with this.[14] Ayurveda blames aggravated Vata and weakened Agni. Common mild laxatives include Triphala Churna (*Terminalia chebula*, *Terminalia bellerica* and *Phyllanthus emblica*), Abhayarishta, Panchasakara Churna and Avipattikara Churna; Triphala has shown gut-motility benefits in both preclinical and clinical studies.[15] Matra Basti with sesame or castor oil can help with opioid-induced constipation that isn't responding to standard laxatives.

Nausea and Vomiting: Affects forty to seventy percent of patients with advanced cancer.[16] *Zingiber officinale* (ginger) has anti-emetic effects, largely through blocking 5-HT3 receptors and improving gastric motility, backed by randomised trials in chemotherapy-related nausea.[17] Eladi Vati and Drakshadi Kashaya add further anti-emetic and digestive support, and light preparations like Manda and Yavagu help keep up nutrition without irritating the gut further.

Anxiety and Psychological Distress: Affects roughly thirty to forty percent of patients with advanced illness. *Bacopa monnieri* reduces anxiety through effects on cortisol, serotonin and GABA.[18] Shirodhara

meaningfully lowers scores on the State-Trait Anxiety Inventory.[9] Pranayama and slow-breathing exercises cut sympathetic nervous activity, cortisol and self-reported anxiety.

Insomnia: Roughly half of palliative patients struggle with sleep. Useful options include Abhyanga before bed, Shirodhara, Nasya and oral Ksheerbala Taila. In one randomised, double-blind, placebo-controlled trial, Ashwagandha improved sleep quality, sleep onset and overall subjective wellbeing.[19]

Rheumatoid Arthritis (Amavata) as a Model: Management focuses on Ama Pachana, Vata Shamana and restoring Agni. Simhanada Guggulu and Yogaraja Guggulu ease chronic pain, stiffness and inflammation while improving mobility. Rasnadi Kwatha is strongly Vata-pacifying and anti-inflammatory. *Boswellia serrata* (Shallaki) blocks the 5-lipoxygenase pathway and relieves pain with little gastrointestinal toxicity.[20] Ashwagandha builds strength and eases fatigue.[11] Externally, Abhyanga, Pinda Sweda and Valuka Sweda all improve circulation and cut stiffness.

Cancer-Related Fatigue and Cachexia: More than eighty percent of oncology patients experience this. Ashwagandha meaningfully reduces fatigue scores and improves cardiorespiratory endurance.[11] *Tinospora cordifolia* has immune-modulating effects relevant to cancer-related immune suppression, while Amalaki and Chyawanprasha bring antioxidant properties that may ease oxidative-stress-driven fatigue.

The Eight Branches of Ayurveda in Multidisciplinary Palliative Care

Ayurveda's eight specialised branches (Ashtanga) add up to a multidisciplinary framework not unlike today's team-based palliative care models:[4]

- Kayachikitsa (Internal Medicine) – systemic disease, pain, fatigue and digestive trouble.
- Shalya Tantra (Surgery) – wound care, ulcer management and Agnikarma for localised pain relief.
- Shalakya Tantra (ENT/Ophthalmology) – Nasya and Shiro-Snehan for neurological and sensory disturbances.
- Bhuta Vidya (Psychiatry) – psychological support and management of existential distress.
- Kaumarabhritya (Paediatrics) – palliative care for children facing life-limiting illness.
- Rasayana (Rejuvenation) – vitality, immune resilience and tissue integrity.
- Agada Tantra (Toxicology) – toxic manifestations and treatment-related side effects.
- Vajikarana (Vitality Medicine) – preserving self-esteem and dignity in palliative patients.

Bringing Ayurveda and Conventional Palliative Medicine Together

Ayurveda works best as a complement to conventional palliative medicine, not a replacement for it, since it reaches parts of symptom burden that drug therapy alone often misses. The WHO's 2018–2023 Traditional Medicine Strategy explicitly backs weaving traditional medicine into national health systems, palliative care included.

Quite a few of the pharmacological mechanisms behind Ayurvedic treatments now stand on solid scientific ground. *Boswellia serrata* blocks the 5-lipoxygenase (5-LOX) pathway.[20] *Withania somnifera* inhibits NF-κB, regulates the HPA axis, and shows anti-tumour activity.[11] *Tinospora cordifolia* modulates immune activity through macrophage activation and cytokine changes. Guggulsterones from *Commiphora mukul* inhibit NF-κB and bring anti-inflammatory and metabolic benefits besides.

A systematic review of yoga in cancer patients found real reductions in fatigue, anxiety, depression and sleep disturbance.[12] Mindfulness-based approaches produce structural brain changes, lower cortisol and fewer inflammatory markers.[13] Integration still runs into real obstacles, though: inconsistent study design, no standardised protocols, small sample sizes and thin long-term follow-up. There's also a clear need for outcome measures that actually reflect Ayurvedic treatment goals.

DISCUSSION

Palliative care's central aim, easing suffering and improving quality of life, echoes the Ayurvedic idea of Sukha (wellbeing) and the purpose behind Upashamana Chikitsa fairly closely.[4] Biomedical approaches tend to centre on disease pathology, but both traditions recognise how tightly physical, psychological, social and spiritual health are bound together.

A few places stand out where the two traditions genuinely converge. Ayurveda's split between Yapya and Asadhya disease maps almost directly onto the modern palliative concept of illness trajectory, where treatment goals shift from curative to comfort-focused.[4] Ayurveda's picture of total suffering, spanning physical, psychological and spiritual dimensions, anticipated by centuries what Dame Cicely Saunders would later call "total pain."[5] And Ayurveda's individualised approach, built around reading a patient's Prakriti, resonates with palliative care's own commitment to person-centred, goal-concordant treatment.

Even with these parallels, the evidence supporting Ayurvedic interventions has real gaps. Many studies in this space lack rigorous randomisation, blinding, standardised outcome measures and adequate sample sizes. Blinding a complex, individualised treatment like Panchakarma is genuinely difficult, and runs into much the same problems seen in acupuncture and manual therapy research.

A few research priorities would help close these gaps: building standardised, evidence-based Ayurvedic palliative care protocols; running multicentric randomised controlled trials on key interventions such as Ashwagandha, Shirodhara and Basti with validated primary outcome measures; folding Ayurveda into institutional palliative care programmes across India in line with the AYUSH goals of the National Health Policy 2017; studying Rasayana therapy for cancer-related fatigue and cachexia using tools such as the Functional Assessment of Cancer Therapy-Fatigue (FACT-F) scale; running pharmacokinetic and drug-interaction studies to confirm safety alongside opioids and chemotherapy agents; and building stronger working relationships between Ayurveda practitioners, palliative medicine specialists, oncologists and biomedical researchers.

CONCLUSION

Ayurveda offers a broad, individualised, culturally grounded approach to palliative care: it addresses symptoms, supports mental health, adjusts lifestyle and lifts quality of life. Its core ideas, Upashamana Chikitsa, Dosha balancing, Rasayana therapy and Sattvavajaya Chikitsa, line up well with the goals of modern palliative medicine and speak directly to the many dimensions of suffering that come with advanced illness.

Several Ayurvedic treatments, among them Shallaki, Ashwagandha, Guduchi, Shirodhara, Matra Basti and yoga, show mechanisms of benefit that hold up both pharmacologically and clinically. Bringing evidence-based Ayurvedic therapies into established palliative care frameworks could make for a more complete, holistic and culturally attuned model of care. What's still needed is more high-quality clinical research to build standardised protocols, validate outcome measures, and support genuine integration into evidence-based palliative practice.

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Table 1: Common Ayurvedic Drugs Used in Supportive Pain Management

Drug (Sanskrit)	Botanical Name	Major Pharmacological Actions	Ref.
Ashwagandha	Withania somnifera	Adaptogenic, anti-inflammatory, analgesic, anti-tumour, HPA-axis modulating	11
Guduchi	Tinospora cordifolia	Immunomodulatory, antioxidant, antipyretic, macrophage-activating	4
Shallaki	Boswellia serrata	Anti-inflammatory (5-LOX inhibitor), analgesic, minimal GI toxicity	20
Rasna	Pluchea lanceolata	Anti-rheumatic, analgesic, Vata-pacifying	4
Guggulu	Commiphora mukul	Anti-inflammatory (NF-κB inhibition), lipid-modulating, Vata-Kapha pacifying	4

Amalaki	Phyllanthus emblica	Rasayana, antioxidant, vitamin C-rich, immunostimulant	10
Yashtimadhu	Glycyrrhiza glabra	Anti-inflammatory, demulcent, mucoprotective, rejuvenative	4

Table 2: Summary of Ayurvedic Interventions by Palliative Symptom Domain

Symptom	Ayurvedic Interventions	Proposed Mechanism	Ref.
Pain	Abhyanga, Basti, Shallaki, Guggulu, Rasna, Agnikarma	Vata pacification, 5-LOX inhibition, gate control modulation	4, 8, 20
Constipation	Triphala Churna, Abhayarishta, Matra Basti	Pro-motility, Vata pacification, colonic lubrication	14, 15
Nausea / Vomiting	Shunthi, Eladi Vati, Drakshadi Kashaya	5-HT3 antagonism, gastric motility modulation	16, 17
Anxiety	Shirodhara, Brahmi, Pranayama, Sattvavajaya	HPA axis modulation, GABAergic pathways, cortisol reduction	9, 18
Insomnia	Ksheerbala Taila, Shirodhara, Ashwagandha, Abhyanga	Vata pacification, sleep latency reduction	9, 19
Fatigue / Cachexia	Ashwagandha, Guduchi, Chyawanprasha, Rasayana	Adaptogenic, NF-κB inhibition, antioxidant	11, 12
Anorexia	Deepana-Pachana drugs, Agni-enhancing formulations	Improved digestive enzyme stimulation and Agni restoration	4
Psychological Distress	Yoga, Pranayama, Sattvavajaya Chikitsa, counselling	Mind-body integration, cortisol modulation, neurobiological changes	12, 13

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