



Scope of Ayurveda Interventions to Improve Palliative Care Practices in Terminally Ill Cancer Patients

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ABSTRACT

Ayurveda proposes guidelines and detailed methodology of healthy living and treatment of various medical conditions which are time tested and applicable to current healthcare issues. In terminally ill cancer patients, poor prognosis, unfruitful efforts, lost hope from relatives and patient may dilute intent of treatment resulting in worsening the condition medically, mentally, morally and socially. However, it's ethical, moral responsibility of healthcare professional to make every possible effort for betterment and convenience of the patient. Through this narrative review, here we try to explore the scope of Ayurveda interventions in improving palliative care practices of terminally ill cancer patients. Ayurveda can play a major role in palliative care through some suitable, convenient treatment measures along with conventional palliative care. Ayurveda interventions viz. *Vrana karma* (wound care), *Basti* (per rectal drug administration), *Snehan-swedan* (massage, fomentation), *Kawal-gandoosha* (gargling), *Shiro-snehan* (oleation of head), etc. may contribute as alternative or complementary to ongoing palliative care practices of wound care, urine-bowel related issues, ambulation, oral hygiene, stress management, and pain management respectively. Various *yaapana basti* to nourish body and *Nasya* (Nasal instillation of medicine), *Kar-napoorana* (Ear drops), *Shiro-snehana* for irritable patients to improve quality of life (QoL) in cancer patients can be used. Ayurveda offers pain management through appropriate use of the above measures by reducing pain intensity, frequency, and dependence on pain killers. Conventional palliative measures can be supported by these measures of Ayurveda principles and practices for better convenience of patients without supplanting current practices. Here we discuss the scope of Ayurveda interventions for additional benefit and convenience of patients in palliative care.

Keywords: Ayurveda, Palliative care, Terminally ill cancer patients.

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INTRODUCTION

Ayurvedic interventions are preferred by patients at various points of chronic diseases for various purposes viz. symptomatic relief, better quality of life and disease management.¹ However, critically ill cancer patients and left out cancer cases, are mostly managed through conventional medicine (i.e., allopathy) palliative care. Here an attempt had been made to explore possible areas and situations where Ayurveda with its principles and practices can broaden its spectrum in palliative care to serve such patients.

Palliative care is an approach that improves the QoL of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.² Palliative care provides relief from pain and other distressing symptoms, affirms life and regards dying as a normal process, intends neither to hasten or postpone death, integrates the psychological and spiritual aspects of patient care, offers a support system to help patients live as actively as possible until death, offers a support system to help the family cope during the patients illness and in their own bereavement, uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicate. It enhances QoL and may also positively influence the course of illness, is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

As per World Health Organization (WHO) Global Atlas of palliative care at end of life,³ there were approximately 54.6 million deaths worldwide in 2011. The great majority of deaths, 66%, are due to noncommunicable diseases. Palliative care services focus mainly on non-communicable causes of death in addition to other chronic conditions such as human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and drug-resistant TB. Globally, in 2011, over 29 million people died from diseases requiring palliative

care. The estimated number of people in need of palliative care at the end of life is 20.4 million. The biggest proportion, 94%, corresponds to adults of which 69% are over 60 years old and 25% are 15–59 years old. This fact highlights the need of focus on palliative care in such disease conditions. Here we propose a practically possible contribution that Ayurveda principles and practices can offer in palliative care of terminally ill cancer patients in various conditions and stages of disease (Table 1).

National palliative care program has been promoted by the Ministry of Health and Family Welfare, Government of India and it is part of the 'Mission Flexi Pool' under National Health Mission (NHM) having a goal of an availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of health care at all levels, in alignment with the community requirements. Main expected beneficiaries are terminal cases of cancer, AIDS, etc.

Ayurveda contributions if incorporated with this plan can concur with agenda from National Health Policy 2017 of mainstreaming AYUSH systems.

DISCUSSION

Terminally ill cancer patient needs different and more intense management than that of a routine patient of the same disease. A bad prognosis, lost hope from relatives and mainly patient makes intent very dilute and worsening the condition of patient medically, mentally, morally and socially. However, it is ethical and moral responsibility of every healthcare professional to make every possible sincere effort for betterment and convenience of patient.⁴ Generally, along with bad prognosis, the issues like non-ambulation, artificial nutrition, artificial hydration, artificial ventilation of the patient makes the scenario difficult leading us to think toward more suitable or convenient quality palliative care management measures for end-stage cancer patients. The issues to be looked upon the palliative care are such as artificial feeding, artificial hydration, wound care (bed sores), urine related issues, bowel management, personal hygiene, ambulation, pain management, and disease-specific measures. The current practices of palliative care management are mainly based on the principles of allopathic and nutritional sciences. These practices have established scientific guidelines and are currently practiced worldwide.

Artificial Feeding⁵

Endotracheal feeding (ETF) is commonly used long with gastrotomy procedure when it comes to artificial feeding of terminally ill patients. The choice of feed to be given via ETF is influenced by a patient's nutritional requirements, any abnormality of gastrointestinal absorption, motility, or diarrheal loss and the presence of other system abnormality, such as renal or liver failure. Generally, 30 kcal/

kg/day (30 mL/kg/day of standard feeds) is likely to be adequate. Patients should start at rates of 10 kcal/kg/day. Micronutrients are required for the prevention or correction of recognized deficiency states and maintenance of normal metabolism and antioxidant status.

Artificial Hydration

This is also required in terminally ill cases and is done by enteral and parenteral routes like intravenous (IV) or central route. For oral route nasogastric tube is commonly used. The amount of food is calculated, and fluids are calculated as per the protein-calorie requirement. The selection of IV fluid and amount of fluid depends upon the nature and degree of depletion of fluids and electrolytes.

Wound Care

For wounds of such patients especially bed sores, specialized care is provided. Prevention is the prime focus. In the case of developed bed, sores management deals with proper dressings and avoiding the infections.

Urine-related Issues

Urine incontinence, management of urinary tract infections (UTIs), Foley's catheterization, neurogenic bladder are the common issues faced in these cases. Proper care of catheter, assessment of urine output, proper hydration are the patterns of management used for the said issues.

Bowel Management

Due to factors like immobilization, aging, improper intake and hydration, the patients on palliative care often suffer from bowel evacuation issues and gastrointestinal (GI) symptoms associated with it. Proper nutrition, hydration, and enema therapy as required are used. Proper care of stoma bag in the patients of colorectal cancer with a stoma is needed.

Personal Hygiene

Personal hygiene of terminally ill and non-ambulatory patient is attained by good nursing care. It may comprise of cleaning of the oral cavity, if needed suction of throat secretions, care about urine and stool, sponging, care of bed sores, etc.

Pain Management⁶

In patients with advanced disease, more than two-third patients experience severe pain. This pain is managed by various means like psychological approaches, modification of pathological processes, drugs (NSAIDs, weak opioids, strong opioids by the escalating sequence in cancer pain), interruption of pain pathways, modification of daily activities, etc.

Table 1: Ayurveda interventions in palliative care of terminally ill cancer patients in various conditions and stages of diseases

Procedure	Subtype	Proposed formulations/ preparations	Possible conditions
Snehana (oleation)	Abhyanga	Ksheerbala tailam, Chandanbalalakshadi Tailam Ashwagandhadi tailam Narayan Tailam	Cachexic patient Patient with hampered ambulation Neuropathies/chemotherapy induced peripheral neuropathy (CIPN) Any recurrent pain Anxiety/ sleeplessness/ insomnia
	Nasya, Karnapoorana Shiro-snehana (abhyanga,seka,pichu,basti)	For nasya, karnapoorana- Anu Tailam, Shadbindu Tailam For Shiro-snehana- Brahmi tailam Amalki tailam	Patient with altered cognition Anxious , stressed patients
Swedana (hot fomentation)	Nadisweda	For nadisweda-	Patient with hampered ambulation
	Pindasweda Upanahasweda (chrunal/patrapottali)	Dashamoola decoction Erاندmoola decoction For pindasweda- Rice, Milk, fine powder of herbs like Ashwagandha (<i>Withania somnifera</i> (L.) Dunal), Bala (<i>Sida cordifolia</i> L.), Guduchi (<i>Tinospora cordifolia</i> (Thunb.) Miers.) Upanaha sweda (Poultice)- Sand, rock salt, fresh leaves of herbs like Eranda (<i>Ricinus commu- nis</i> L.), Nirgundi (<i>Vitex nigundo</i> L.)	Neuropathies/ CIPN Any recurrent pain
Basti (Medicated enemas)	Matrabasti	For matra basti-	For various pain
	NiroohaBasti Ksheerabasti	Narayana tailam Dhanwantara tailam Eranda tailam (castor oil) Misrak sneha, Laghuvishagarbha taila (for pain) For Nirooha basti- Dashamoola nirooha Erاندmuladi nirooha Rasnadi Nirooha For Ksheera basti- Panchatikta ksheera basti Ashwagandha ksheera basti	Bowel management Morphine induced constipation Mode of nourishment Mode of drug delivery
Dhoopana (Fumigation)	Vrandhoopana	Triphala	Bedridden patients with bed sores
	Dhoopana of cabin	Nimba (<i>Azadiracta indica</i> A. Juss) Karanja (<i>Pongamia pinnata</i> (L.) Pierre) Guggulu (<i>Commiphora wightii</i> (Arn.) Bhandari)	Non healing, cancer wounds, lesions Fumigation of patient cabin
Nasya (Nasal instillation of medicine)	Pratimarsha Pradhamana (rarely)	Anu Tailam, Shadbindu Tailam	Betterment of cognitive functions Stress Insomnia Amnesia Anosmia
Shiro-snehana (Medicated oil/ decoction pouring over forehead)	Milk	Milk-	Anxiety
	Butter milk Medicated oil Medicated decoctions	Processed in herbs like Brahmi (<i>Bacopa monnieri</i> (L.) Pen- nell), Jatamasi (<i>Nardostachys jatamansi</i> (D.Don) DC.), Ashwagandha (<i>W. somnifera</i>) Buttermilk- Processed in herbs like Amlaki (<i>Emblica officinalis</i> Gaertn.), Jata- mamsi (<i>N. jatamansi</i>), Musta (<i>Cyperus rotundus</i> L.)	Depression Insomnia Amnesia Pain

Contd...

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Procedure	Subtype	Proposed formulations/ preparations	Possible conditions
Gandoosha, Kawala	Decoction	Madhu (Honey),	Treatment measure in oral cancers
	Medicated oil, Medicated ghee, Medicated milk	Decoction-Triphala, Nimba (<i>A. indica</i>) Medicated oil-Irimedadi tailam, Jatyadi tailam Medicated ghee-Triphala ghrita, Jatyadi ghrita	Oral hygiene in oral cancers patients Oral hygiene after surgical deformities Radiation induced oral mucositis
Bhaishajya-kalpana or Anna-kalpana (Various pharma-co-dietary liquid and semi solid formulations)	Manda, Peya, Vilepi, Yavagu, Yoosha, Paanak, Shaadav, etc.	Laja manda Deepanee yavagu Kharjooradi mantha Yavane shaadav	Patients having lowered intake, unable to take food and oral conditions hampering sufficient ingestion (like dental extractions, surgical reconstructions etc.)

Disease-specific Measures

Like the management of hypertension, hyperglycemia, maintenance of urine output in CKD patients should be followed and monitored inevitably as per the condition and morbidity of the patient.

Need for Alternate Options in Palliative Care Management

Established palliative care practices for end-stage cancer patients are serving and helping the patients sufficiently good. Still, these can be supported with some additional measures of Ayurveda principles and practices for better convenience of patients. These measures are not supposed to supplant the established pattern but to work hand in hand for better QoL of these cancer patients. Ayurveda may offer some added benefits to cancer palliative care and management especially, in feeding options, bowel/wound management, ambulatory status, neurological well-being, and stress management through Ayurveda treatments and procedures (Fig. 1).

Ayurveda is age-old and probably most ancient health science, which is widely practiced in India. It has an immense contribution in various chronic conditions in clinical practice. Currently, in terminal cancer cases, the patient is managed on the basis of allopathic principles. However, Ayurveda can offer some effective regimes based on classic principles and practices in such patients. Here, we are proposing some possible contributions of Ayurveda principles and practices in palliative care of terminally ill cancer patients.

Routinely practiced Ayurveda clinical practice measures, *panchakarma* procedures and dietary advice were reviewed in the context of their applicability in palliative care practice of end-stage left out cancer patients. Anecdotal evidence of successful applications of several

procedures and practices (in issues like pain management, constipation, ambulation, nutrition of the patients through *basti*, *snehan*, *swedan*, dietary advice with customized approach) were found. Based on this review, we here try to explore the possible scope of Ayurveda in end-stage cancer patients to contribute to improving QoL of the patients.

Artificial feeding and hydration-

Besides established protein-calorie calculation, Ayurveda has a different point of view as far as quantitative food and liquid intake is concerned. While dealing with diet and intake of a person in routine practice, Ayurveda pays much attention to *Agni* (digestive capacity) and *koshtha* (the tendency of elimination) of a person/ patient.⁷⁻⁹ But in terminally ill cancer patients, although important it is difficult to assess the status of *Agni* and *koshtha*, especially, if the patient is unconscious/semi-conscious/

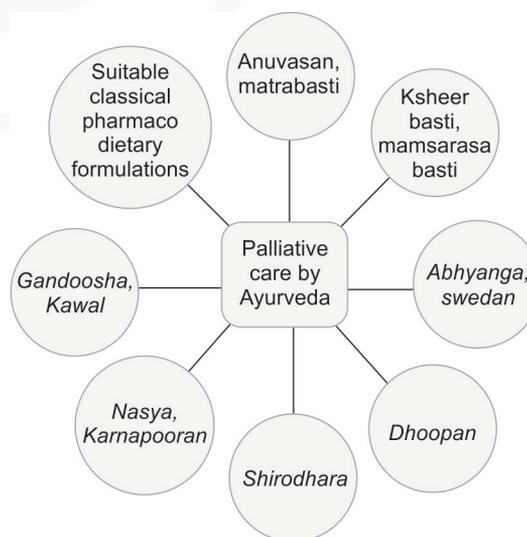


Fig. 1: Proposed Ayurveda interventions in palliative care of terminally ill cancer patients

in delirium. This is possible by assessment of patient's urine output, bowels, per abdomen examination, pulse examination and *naadi-pariksha*.¹⁰ In patients having decreased appetite and digestive disturbances, some classically mentioned formulations¹¹ can be administered through nasogastric/gastric route for qualitative and quantitative feeding. Classical pharmaco-dietary preparations mentioned in Ayurveda classics may also use for a routine feeding. These formulations should be of Agni-friendly qualities viz. *Laghu* (easily digestible), *ushna* (warm), *snigdha* (unctuous), *drava* (liquid/semi-solid) etc. Classically mentioned various *bhaishjya-kalpanas* (types of formulations) viz. *kwath*, *yoosha*, *yavagu*, *shaadav*, *paanak*, etc. may provide options and choices to feed the patient more correctly and effectively.¹² More importantly, these formulations are designed specifically by keeping into mind specific medicinal intentions like *deepana* (appetizers), *pachana* (digestives), *anulomaka* (carminatives), *vata-shaamaka* (*vata*-alleviating) and are also having disease-specificity, e.g. *Shwasaharyavagu* (soup for bronchial asthma patients) etc.¹³ Some formulations in above-listed *bhaishjya-kalpanas* are intent specific. For example, better nourishment (*brimhana*) of the patient by *brimhaniyavagu*.¹⁴ The *matra* (amount of food/ liquid input) probably be designed as per patient's default food habits with appropriate consideration of current medical condition.¹⁵

Wound Care (Bed Sores)

For cancerous nonhealing wounds, general wounds and for bed sores, specific wound care and medicines mentioned in Ayurveda viz. *Vrana karma* (dressing), *vranaadhoopan* (medicated fomentation of the wound), *vrana-ropan* (wound healing treatment), etc. can prove a boon. Cleansing of wounds with specific *kledanashaka kwathas* (decoctions helpful for cleaning of the wound) like *Triphala kwatha*, *Panchavalkala kwatha* help to remove and arrest slough formation and also avoid and cure local infections. Herbs like *Guggulu* (*Commiphora wightii* (Arn.) Bhandari), *tagara* (*Valeriana wallichii* DC.), *vacha* (*Acorus calamus* L.), *nimba* (*Azadirachta indica* A.Juss.), *triphal*, *sarjarasa* are used for *dhoopanchikitsa*.¹⁶⁻¹⁸ Similarly, honey, medicated oils, and ghees are mentioned in classical texts to clean and heal the chronic wounds by *vrana-karma* (dressings).^{19,20} Also, *dhoopana-chikitsa* (medicated fomentation) is mentioned in Ayurveda to keep wound (and environment) clean and infection free.²¹ This can be practiced in palliative care in current scenario as well, as local treatment and also to keep healthy environment by fomentation of the wound and also fomentation of a room of a patient with various classically mentioned herbs like *Guggulu* (*Commiphora wightii* (Arn.) Bhandari), *Nimba* (*Azadirachta indica* A. Juss), *Acorus calamus* L., etc.¹⁸

Urine and Bowel-related Issues

Ayurveda proposes to avoid *vegavarodha* and *vegodeerana* (retention and induced expulsion of natural physiological urges like defecation, urination, thirst, hunger, etc.) for good health.^{22,23} These urges especially, urine, stool, and abdominal gases are not properly and adequately expelled in bedridden patients and patients disabled due to cancer. This brings about more vitiation of *Vata* and thus worsening the condition. Ayurveda advocates *Basti* (medicated enema) to alleviate *vata dosha*²⁴ which also brings about normalization of body functions and mainly bowel evacuation and lubrication. *Basti* may help in smooth and proper evacuation of stools and abdominal gases in senile disabled patients, in patients who find it difficult to pass stools.^{24,25} Specially designed *bastis* of either medicated oils (*matra basti/anuvasan basti*) or of a mixture of decoction, honey, oil and rock salt (*niruha basti*) are used for this purpose. These *bastis* apart from bowel evacuation help to lubricate the GI tract, regulate gastrointestinal movements and functioning of the intestines, soften the impacted stool²⁶ and alleviate *Vata dosha* and thus improving the patient condition for some instance.

Ambulation

To develop, maintain and improve ambulatory nature of the patient, along with physiotherapy and Yoga, *snehana* and *swedana chikitsa*²⁷ (oil massage and fomentation therapy) may be performed. The routine activity of body and joints of bedridden cancer patients is very much limited. This brings about dullness, , and complications like bed sores, thrombus formation, etc. With proper coordination with physiotherapy professional, the use of scientific massage with medicated oils (*snehana*) and medicated fomentation (*nadi-sweda*) movements, activity and strength of joints and muscles is achieved, maintained and developed. This helps not only in improving current quality of life but also in helping future rehabilitation of the patient.

Basti as a Mode of Nutrition and Route of Drug Administration

Basti is a specialized *panchakarma* procedure, which is used in a very broad spectrum of medical conditions. It is not meant for just bowel evacuation as in case of soap water enema. Unlike soap water enema, *basti* is comprised of various contents as per the medicinal intent, viz. medicated oils, decoctions, milk, honey, ghee, cow's urine, etc. The dose of *basti* depends on several factors like type of *basti*, nature of *basti dravya*, medicinal intent and tolerance/comfort of the patient. Classically, *basti* is said to be antiaging, improving QoL, good for strength, *Agni*, complexion, cognition. It can be used in any age-group without any complications and alleviates many

disorders. It evacuates imbalanced *tridoshas*, stool, urine from the body. It provides strength to the body.²⁸ *Basti* nourished the body as if any tree flourishes when watered at its roots.²⁹

Basti can be a route of feeding in severely ill cancer patients, especially who are unable to consume food orally viz. patients of head and neck cancer, cancer of the esophagus, stomach. Also in cancer patients who are undergoing chemo/radiotherapy and suffering from severe nausea, vomiting, metallic taste, or patients having difficulty in maintaining ETF tube and IV line. The intra-venous line has its problems and complications over longer use, like thrombophlebitis. Secondly, it is difficult to fulfill the complete nutritional need of the patient through IV fluids. Hence, instead of choosing an option like nasogastric feeding or gastrostomy; *basti chikitsa* can be used to nourish the body by managing patient with specially designed *bastis* for the nourishment of the body.^{30,31} Many such specially designed *bastis* (*yaapanabasti*) are mentioned in classic texts which are mainly comprised of *Ksheerapaka* (milk), *mamsarasa* (meat soups), and some disease-specific herbs. These are described to increase *bala* (strength, vigour), *mamsa* (muscle strength and weight) and *varna* (complexion) of the body.^{30,32,33} Severely emaciated patients of cancer with the poor general condition can be benefited by *ksheerabasti*, *yaapana-basti*, *mamsa rasa-basti*. These patients can gain weight and strength by *basti chikitsa* along with improvement in their symptoms and QoL.^{34,35} This different route of nourishment may prove beneficial and also convenient to patients as well as to healthcare providers in long-term management of terminally ill patients. In severely ill and debilitated patients who even unable to retain such kind of *basti*; it is possible to administer the *basti* by drip method for better retention and absorption.³⁶

When ingestion of drug per mouth is not possible, per rectal route can be chosen for drug delivery. Considering the *Agni* concept and role of the GI tract in drug metabolism, *basti* can be utilized as a mode of drug delivery. In case of severe fainting and blood loss and severe pallor, a *basti* containing fresh blood of an animal (goat) and a decoction of *darbha* (*Desmostachya bipinnata* (L.) Stapf) is advised in *Charaksamhita*.³⁷ A systematic and safe application of this practice can be thought of in an appropriate case, possibly in severely anemic patients or in haematologically malignant cases.

Enough evidence are found about rectal feeding in various cultures like ancient Egyptian and Greek, where materials like barley, wheat, whey, wine, milk, eggs, and deer marrow.³⁸

Abhyanga (Oil Massage)

As per the Ayurveda classic texts, *abhyanga* should be used regularly as, it promotes antiaging, alleviates fatigue

and *vata*. It is beneficial for good vision, proper nourishment, long life, sound sleep, the good complexion of skin and strong body.³⁹ Scientific and gentle massage with sesame oil (*Tila taila abhyanga*) can be used and utilized as a multipurpose tool. Oil nourishes the body, as the skin is the largest organ in the body.^{40,41} It strengthens muscles and joints by enhancing blood circulation also keeps joints well mobile, which is crucial in senile patients and longstanding diseases. Thus, *abhyanga* can be adapted as a routine daily treatment of such patients, under medical supervision.

Shirodhara, Nasya, Karnapoorana

The other treatment procedures like *nasya* (nasal instillation of medicine),⁴²⁻⁴⁴ *karnapoorana* (instillation of medicine in external ear),⁴⁵ *shirodhara* (a procedure of pouring medicated oil/decoction/medicated milk on forehead),⁴⁶⁻⁴⁸ *shirobasti* (pooling the liquid medicines, herbal oils and/or decoctions in a compartment constructed over the head),^{49,50} *shiro-abhyanga* (head massage), *shiropichu/thalam*⁵¹ (medicated douche on head at anterior fontanel region) also can be routinely practiced to maintain or to improve good neurological state of the patients.

These procedures are having beneficial effects on *indriyas* (various basic and advanced neurological functions and centers of the brain).⁵² These measures can be practiced daily as a routine without any significant confounding risk. *Shiro-snehan* (with its above mentioned four types, i.e. *abhyanga*, *seka*, *pichu*, *basti*) with oils/milk/decoctions can be used in highly irritable patients for their psychological and social well being.^{53,54} *Shirodhara* is definitely helpful in reducing/avoiding the use of CNS depressing medications in these patients. *Shirodhara* is also having some "side-benefits" like sound sleep, reduction in stress etc.⁵⁴

Gandoosha, Kawala⁵⁵

Ayurveda recommends *gandoosha* (oil pooling in the oral cavity) and *kawala* (gargling) as *dincharya* (a daily practice) and also as treatment measures. In *gandoosha*, either of decoction, milk, medicated oil, and medicated ghee is retained in the mouth as long as possible. This is said to be helpful for good health and hygiene of oral cavity, the strength of teeth and gums.⁵⁶ In *kawala*, the said liquids are used for gargling. Either or both of these two treatments can be used in various terminal cases of cancer mainly as a measure for oral hygiene. It may help in treating various disturbing symptoms and conditions like radiation mucositis,⁵⁷ oral submucous fibrosis (OSMF),⁵⁸ dry mouths, gum problems, dental symptoms, etc.

Pain Management

Pain is a prime concern in about every medical condition from patient's perspective. Cancer pain with its

typical severe intense nature needs special attention and management algorithm. WHO has advised specific pain ladder for medicines to be given according to intensity during cancer pain.⁵⁹ Management of chronic pain is done using Ayurveda interventions and intensity, frequency and duration of pain episodes can be reduced. *Basti* (e.g., with *vishagarbha taila*), *shirodhara*, and *abhyanga*, *swedana* may be utilized for the management of pain. Further, these treatment measures can help to lower the intensity, frequency, and duration of pain episodes; and thus can keep patient on as low as possible on WHO pain ladder. Similarly, some well-known morphine-induced complications viz. constipation can be managed through Ayurveda.⁶⁰

SUMMARY

Therefore, Ayurveda can play a vital role in various aspects of palliative care including nutritional support, ambulatory support, bowel management, wound care, maintenance, and development of cognitive functions, pain management, etc. Ayurveda interventions have wide scope in palliative care and management of terminally ill cancer patients with its principles and practices, for the betterment of symptoms of the disease and/or for the quality of life of such patients. This is an attempt to suggest some possible interventions by Ayurveda principles and practices for additional benefits to terminal stage cancer patients, who are being nursed currently on the basis of the allopathic tenets. More suitable and more furnished practices can be added and adapted as per the requirement which can be beneficial to concerned patients.

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हिंदी सारांश

कैंसर के अत्यवस्थ रुग्णों की उपशामक देखभाल में आयुर्वेद चिकित्सा का संभावित योगदान

अमरीश पी देडगे, मनोहर एस गुंडेटी, आर गोविंद रेड्डी

आयुर्वेद, जो एक पारंपरिक भारतीय चिकित्सा पद्धति है, स्वस्थ जीवन और विभिन्न व्याधि अवस्थाओं के उपचार की दिशानिर्देशों और विस्तृत कार्यप्रणाली का वर्णन करती है। यह काल की कसौटीयों पर खरी उतरी है एवं वर्तमान में नवीनतम वैद्यकीय मुद्दों पर भी उपयुक्त है। गंभीर रूप से बीमार कैंसर रुग्णों में, रोग का असाध्यत्व, चिकित्सा प्रयास निष्फल होने कि आशंका, परिजन एवम रुग्णों की हताशा, चिकित्सा के प्रयासों को दुर्बल कर सकते हैं। परिणामतः रुग्ण की मानसिक, नैतिक और सामाजिक रूप से स्थिति अधिक बिगड़ती है। हालांकि, हर वैद्यकीय व्यावसायिक का यह नैतिक दायित्व है की वह रुग्ण के हित व सुविधा के हर संभव प्रयास करे। प्रस्तुत अध्ययन का उद्देश्य कैंसर के अत्यावस्थ रुग्णों की उपशामक देखभाल में आयुर्वेद का संभावित योगदान का वर्णन करना है। आयुर्वेद के चिकित्सा उपक्रम अर्थात व्रणकर्म (घावों की देखभाल विधि), बरती (गुदामार्ग से औषधी प्रदान करना), स्नेहन-स्वेदन (मालिश, सेंकना), कवल-गन्डूष (औषधी द्रव्यों से गरारे करना), शिरो-स्नेहन (सिर पर औषधी तेल से चिकित्सा के उपक्रम) इत्यादि का क्रमशः घाव की देखभाल, मल-मूत्र संबंधित अवस्था संलग्न चिकित्सा, प्राकृतचलन दृवलन, मौखिक स्वच्छता, मानसिक तनाव प्रबंधन और दर्द प्रबंधन की देखभाल ऐसे मुद्दों पर लाभकारी सिद्ध हो सकते हैं। कैंसर के रुग्ण जो मुख से भोजन लेने में असमर्थ हैं, उनके शरीर को पोषण देने और जीवन की गुणवत्ता (क्यूओएल) में सुधार के लिए विभिन्न यापनबरतीकी योजना की जा सकती है। नस्य (नासामार्ग से औषधी देना), कर्णपूरण (कान में औषधी बूंदें डालना), शिरो-स्नेहन यह उपक्रम मानसिक रूप से अस्वस्थरुग्णों में किये जा सकते हैं। वेदना प्रबंधनार्थ वेदना की तीव्रता, पुनरावृत्ती और दर्द निवारकों पर निर्भरता को कम करके उपरोक्त उपायों के सम्यक उपयोग द्वारा आयुर्वेद योगदान दे सकता है। यहां हम कैंसर के अत्यवस्थ रुग्णों की अतिरिक्त लाभ और सुविधा के लिए उपशामक देखभाल में विभिन्न आयुर्वेद के चिकित्सा उपक्रमों के संभव योगदान की चर्चा कर रहे हैं।

मुख्य शब्द: आयुर्वेद, उपशामक देखभाल, कैंसर के अत्यवस्थ रुग्ण

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