

Integrating Indian Ayurvedic System of Medicine

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World Health
Organization

Prospects of Ayurveda

Columbia

- Regulatory framework that covers Ayurveda practice by health care professionals;
- Includes TM of services in the health system;
- provision for TM products (inlc. homeopathic medicines and phytotherapeutic products).

Mexico

- National law on T&CM
- The national policy on TM is integrated into the National Health Programme
- Herbal medicines are regulated as “health products”, alongside conventional pharmaceuticals, allopathic medicines and homeopathic medicines.

Factors that will govern the influence of Ayurveda in global communities



- **Evidence**
 - Information
 - Endorsements
 - Education
- Policy changes
- Implementation:
 - **Integrative flexibility**
 - Infrastructure
 - Man power / Skill



Ensure healthy lives and promote well-being for all at all ages

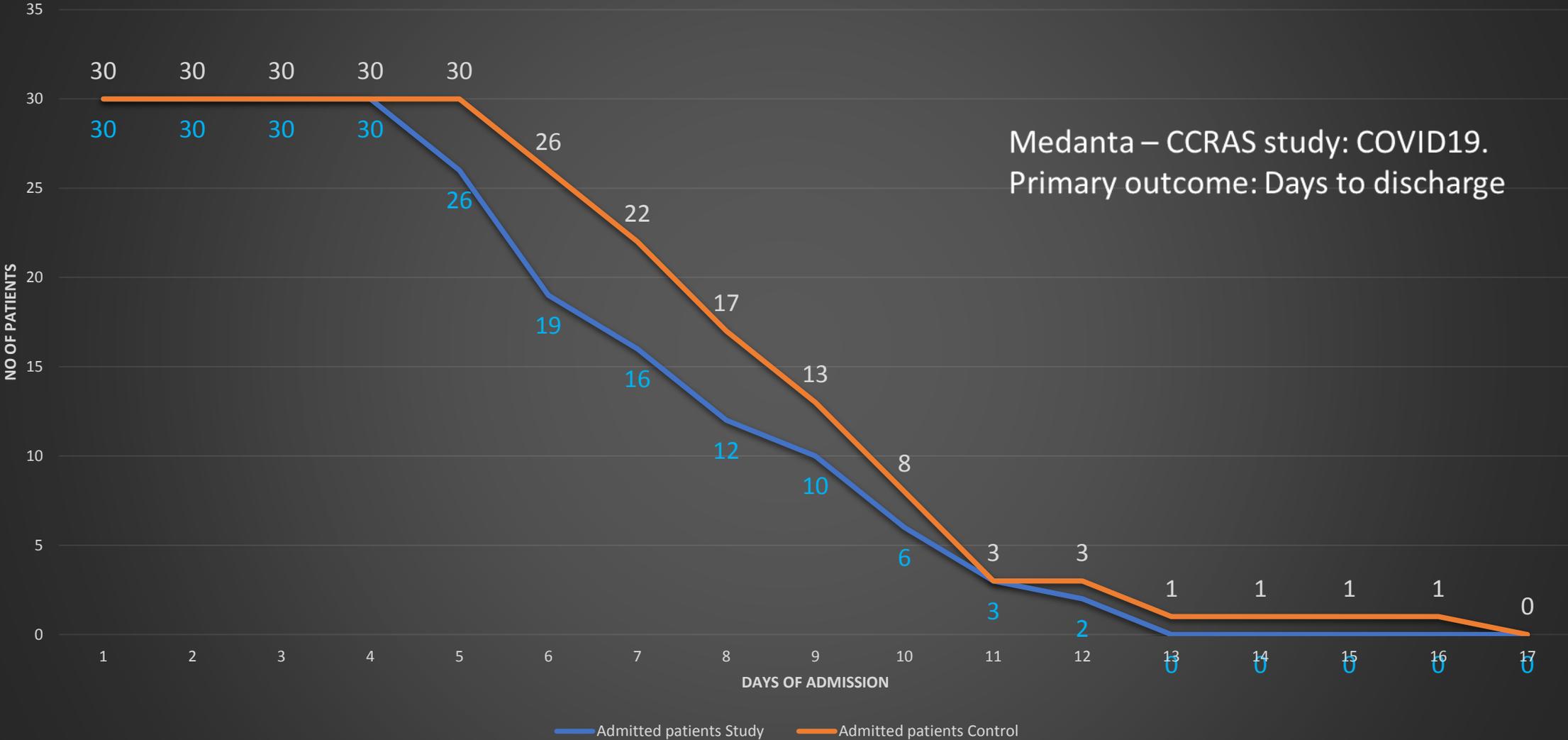


The COVID 19 pandemic is a potent disruptor

- Of community's health seeking behaviour
- For triggering health focused policy decisions,
- Will lead to more support for the UN Sustainable Development Goals for health:
 - economically viable,
 - practical, easily implementable,
 - high acceptance in the society,
 - ensuring equity and sustainable growth

No of patients who remained admitted: day wise

Medanta – CCRAS study: COVID19.
Primary outcome: Days to discharge



AYUSH-CSIR: COVID related research

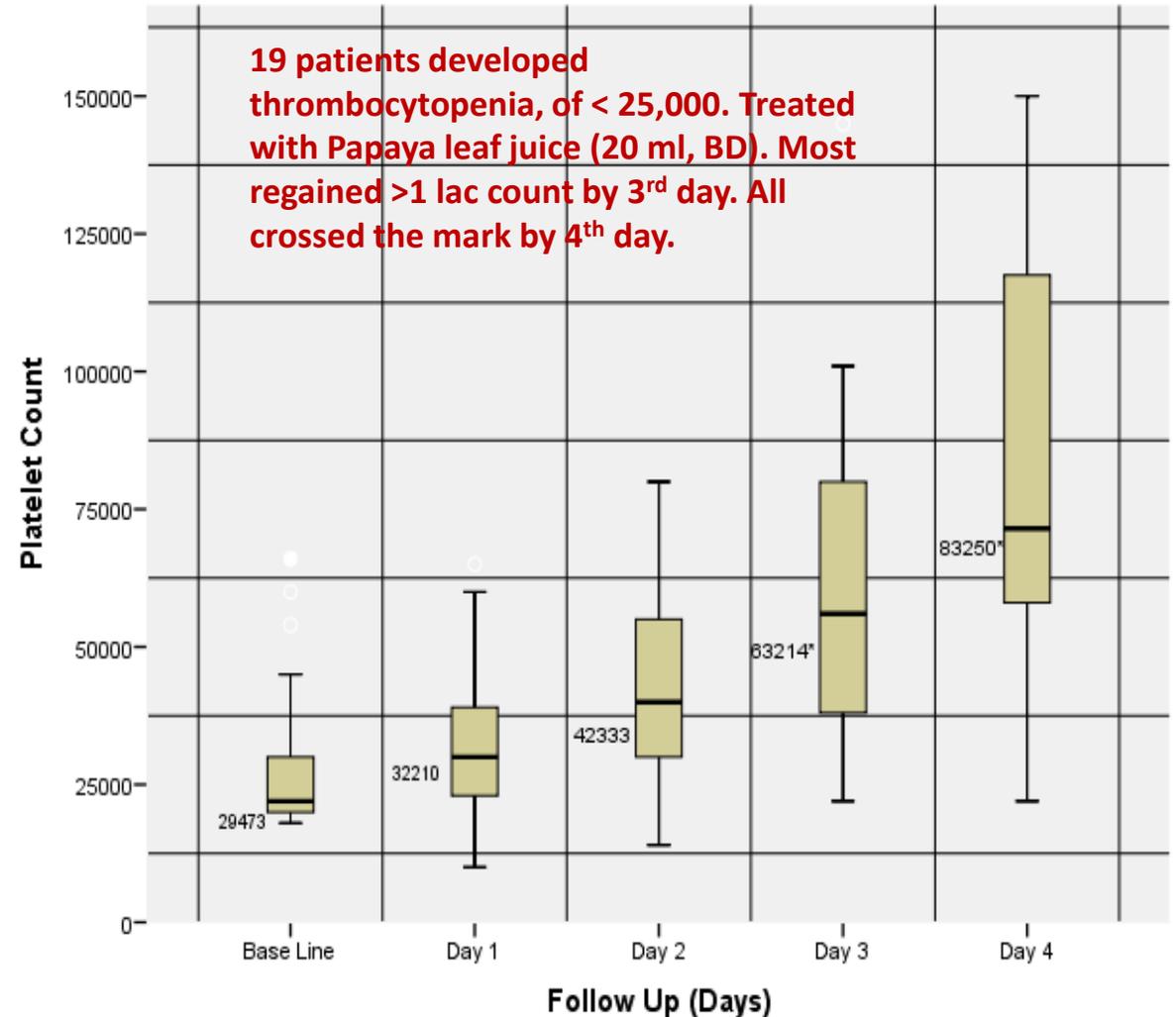
- Collaborative research: Ministry of Health and Family Welfare, Ministry of Science and Technology, and Ministry of AYUSH. Partnering with CSIR and with Technical support of ICMR.
- Multi-centric* Clinical trials for establishing effectiveness in prophylaxis and management (mild to moderate cases) involving >10000 subjects.
 - Four drug candidates
 - For Prophylaxis:
 - Ashwagandha
 - For add on treatment of mild to moderate COVID:
 - Guguchi + Pippli,
 - Yashtimadhu,
 - AYUSH-64



*several international organisations in other countries have shown interest and these studies may be conducted in multiple countries as well. Discussions in progress.

Dengue Hemorrhagic Fever:

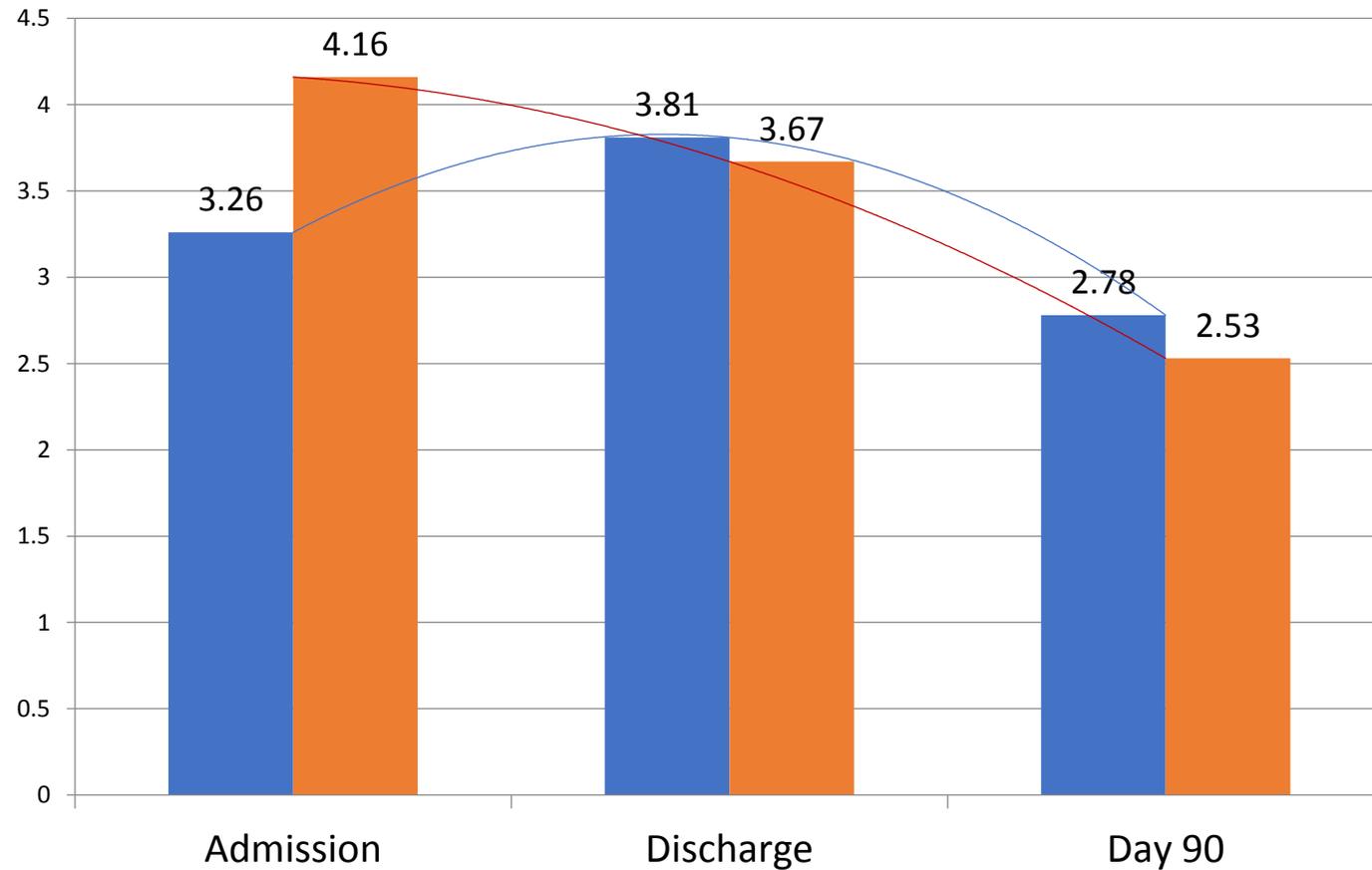
- We treated 81 NS1 positive Dengue patients, who had been admitted at Medanta in during 2015.
- We Provided them Integrative care, where the patient was kept under the internal medicine team, and administered Ayurvedic medication.
- No one died.
- Only one out of the 81, deteriorated post Ayurvedic medication, and had to be shifted from normal ward to intensive care unit.
- None developed any serious side effects, including hemorrhagic fever /septic shock.
- One of 81 developed pleural effusion, ascites and respiratory distress and got shifted to ICU.
- Other than one, there were no reported petechial rashes, or GI bleeding, swelling of extremities, and breathlessness.
- Ayurvedic medications could bring low levels of Platelet counts (< 10000) to above 1.5 lac in less than 72 hours



Stroke

Standard of Care vs Add on Ayurveda:

Comparison of average mRS scores of Stroke patients treated at Medanta



Journal abstract: Multidisciplinary clinical rehabilitation: Effectiveness of integrating Ayurveda system based therapies to current standards of care, in stroke management: observational reporting of 129 cases. International Journal of Stroke, Vol 11, Issue 3_suppl, 2016.



Conventional long term care of Stroke patients

Stroke

Conventional treatment Goals	1	Strength
	2	Balance
	3	Endurance
	4	Extremities
	5	Range of movements
	6	Mobility
	7	Coordination
	8	ADL
	9	IADL

- Earlier the intervention, better the results
- Hospital administered intervention accelerates improvement
- Training provided to relatives to administer Ayurvedic therapies, found very beneficial in 90 days outcomes

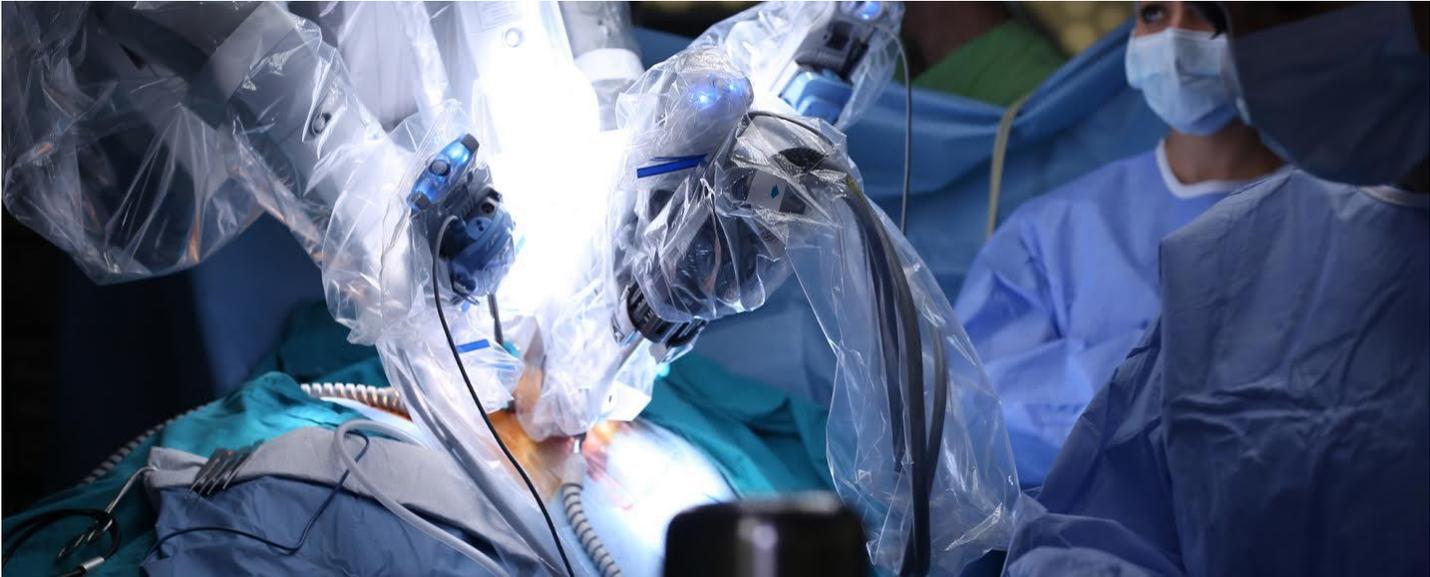
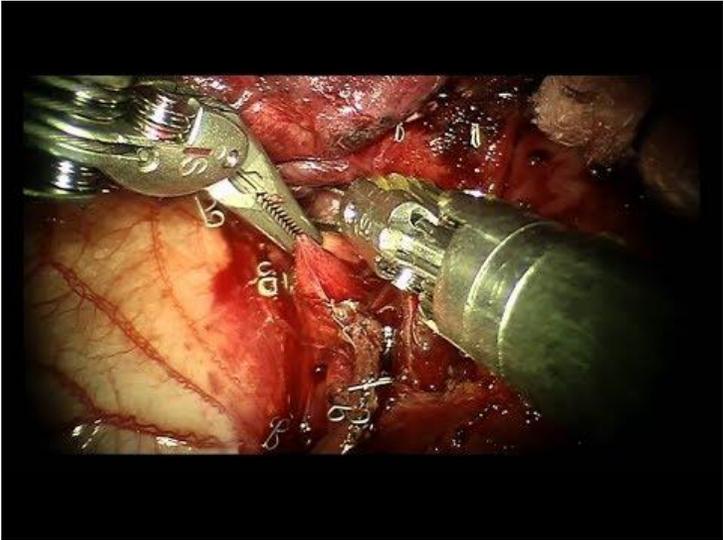
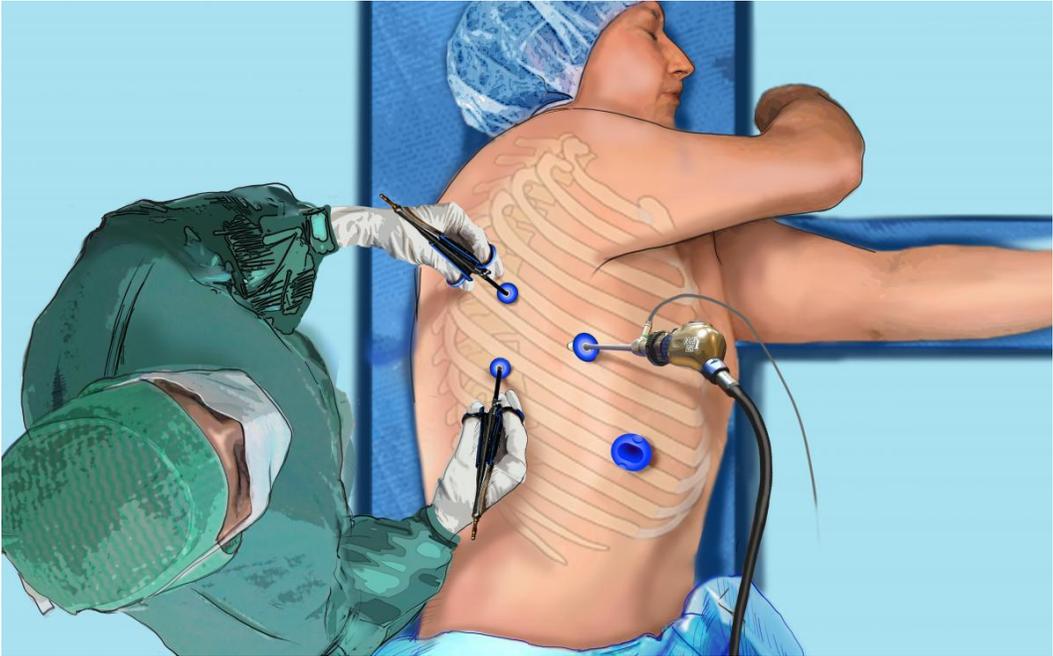
Adding Ayurvedic care to conventional interventions provides added benefits to the outcomes of:

Ayurveda supports in:	1	Strength
	2	Balance
	3	Endurance
	4	Extremities
	5	Range of movements
	6	Mobility
	7	Coordination
	8	ADL
	9	IADL



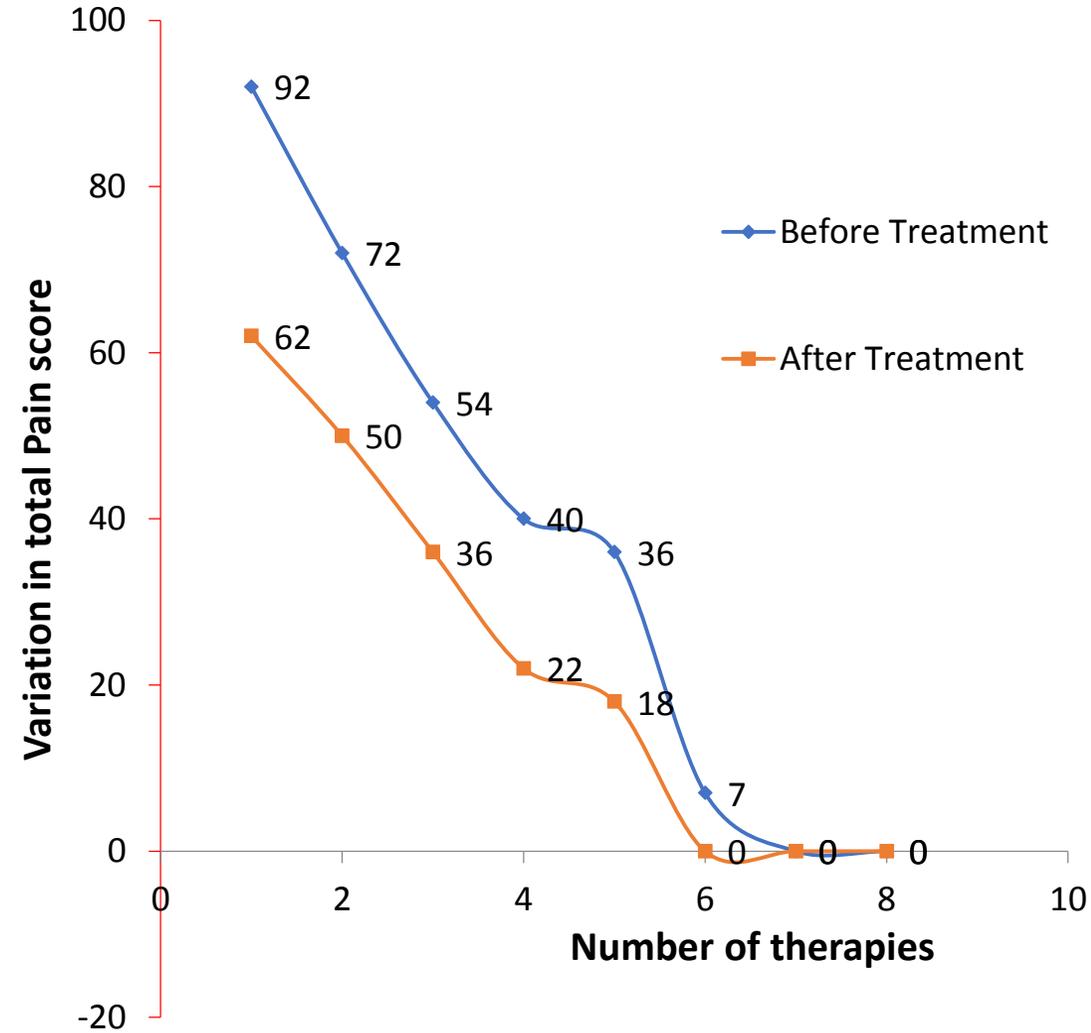
Ayurveda : Additional expectations	10	Muscle stiffness
	11	Swallowing
	12	Pain
	13	Appetite
	14	Sleep
	14	Constipation
	15	Skin dryness
	16	Speech
	17	Sensory functions
	18	Memory
19	Depression	
20	Higher mental functions	

Robotic thoracic Surgery





Both Thoracic surgery and Minimally Invasive Thoracic surgery leads to surgical scar pain, to a small number of patients. This neuralgia sometime become debilitating. This is usually managed with analgesics, but there is need for a safe alternative. Ayurvedic therapy of Uro tarpan,Uro pchu, and Rookshaswedam is being used extensively by us to provide the patient excellent results. The success rate of the intervention is more than 85%.



Journal Article: From 200 BC to 2015 AD: An integrative approach of Robotic Thoracic Surgery and Yoga/ Ayurveda. Journal of Thoracic Disease. DOI: 10.3978/j.issn.2072-1439.2016.01.74



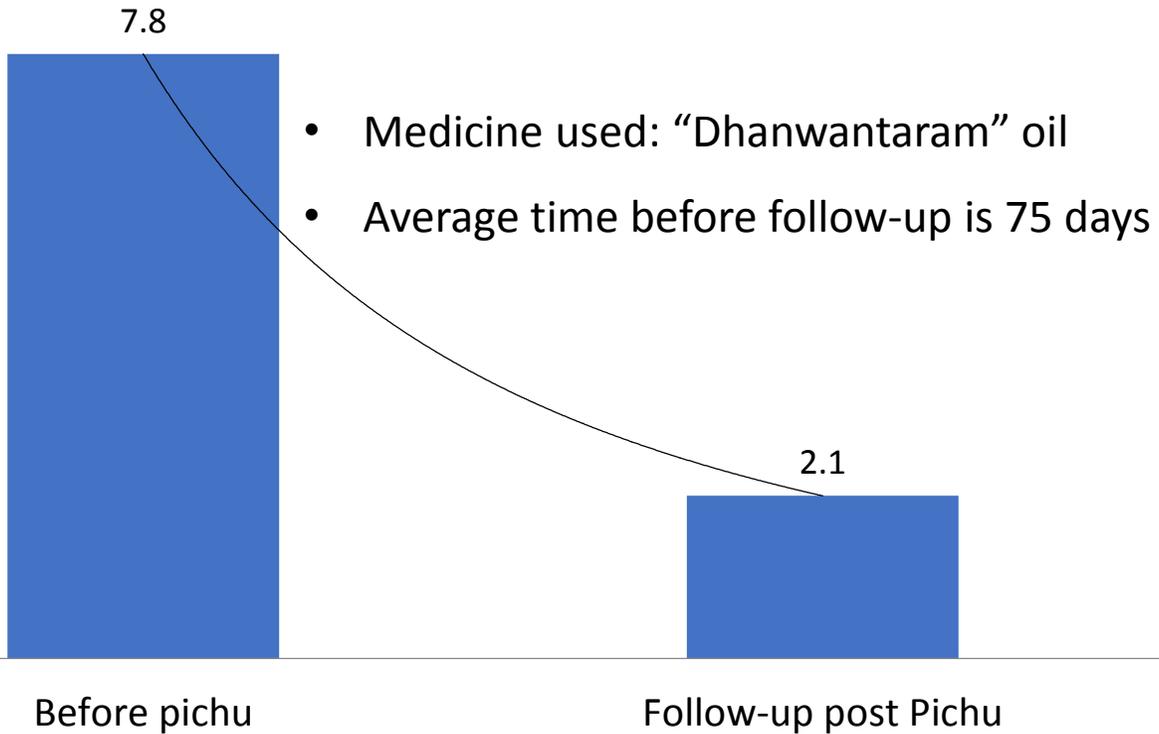
Journal abstract: Indian Journal of Thoracic and Cardiovascular Surgery, 2013: Robotic Surgery and Ayurveda- A natural alliance for Integrative Medicine., March 2013, Volume 29, Issue 1, pp 57-81

Cancer- Head and Neck



Improvement in Dysphagia with "Pichu" (n: 33)

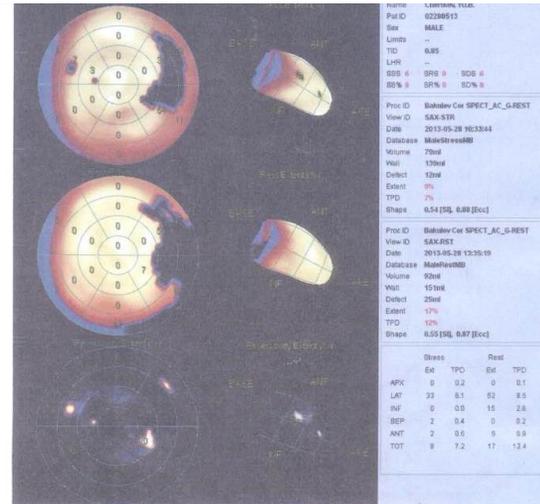
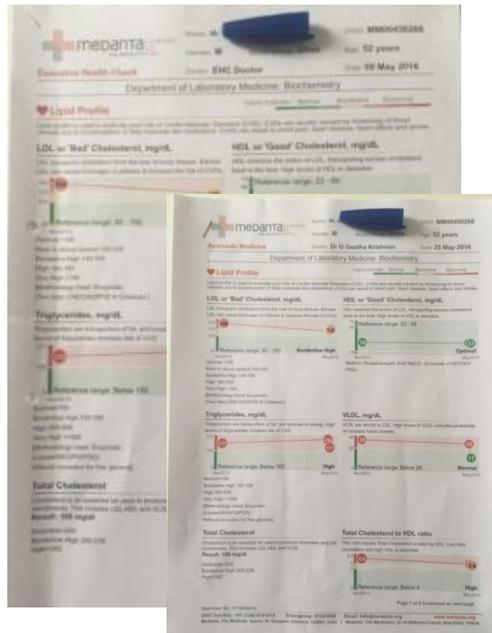
- Hoarseness of Voice
- Use of feeding tube
- Painful swallowing
- Problem in swallowing liquids
- Problem in swallowing solids
- Choking while swallowing
- Coughing while swallowing



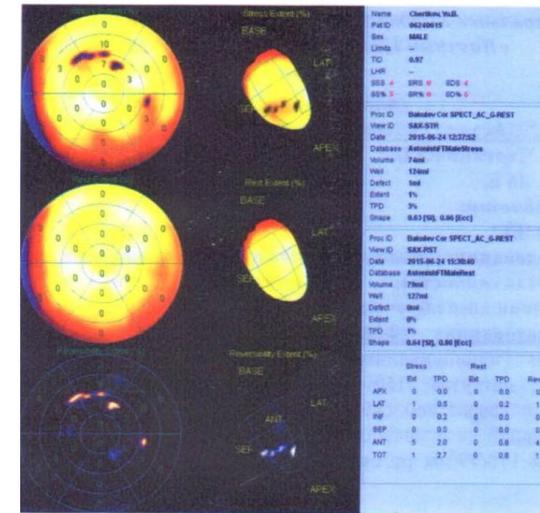
another Clinical benefit	Process	Drug	Patients	Change in severity
Dryness of mouth	Mouth wash	Drug DA*	n: 11	3.8 to 0.4 in 7 days

*DA is a combination of dry draksha and amla

Panchakarma could be an effective tool in cardiology to manage dyslipidemia and revascularise the cardiac muscles



28.05.13



24.06.2015

Thallium scan: Courtesy Dr Noushad Ali Thachaparamban, BAMS, MBBS, MS, Mch (Cardiothoracic surgery), Atreya Ayurveda, Peoples Friendship University, Moscow, Russia. The scan is not our data, but is included here to emphasize the possibility of use of Panchakarma as a tool in the reversal program.

Lipid Profile	LDL	HDL	Tc	Tgl	VLDL	Tc:HDL
Nov 5, 2015	158	39	234	211	39	6.0
May 9, 2016	125	38	198	244	35	5.2
May 25, 2016	132	37	186	177	17	5.0

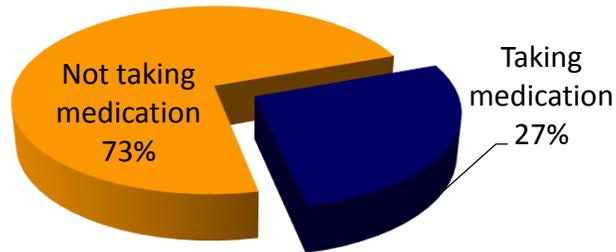
} 6 months of Statins
 } 15 days Panchakarma

Insomnia – including Cancer patients

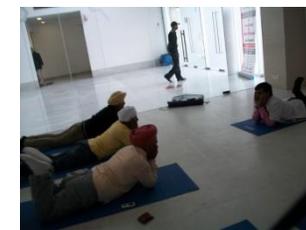
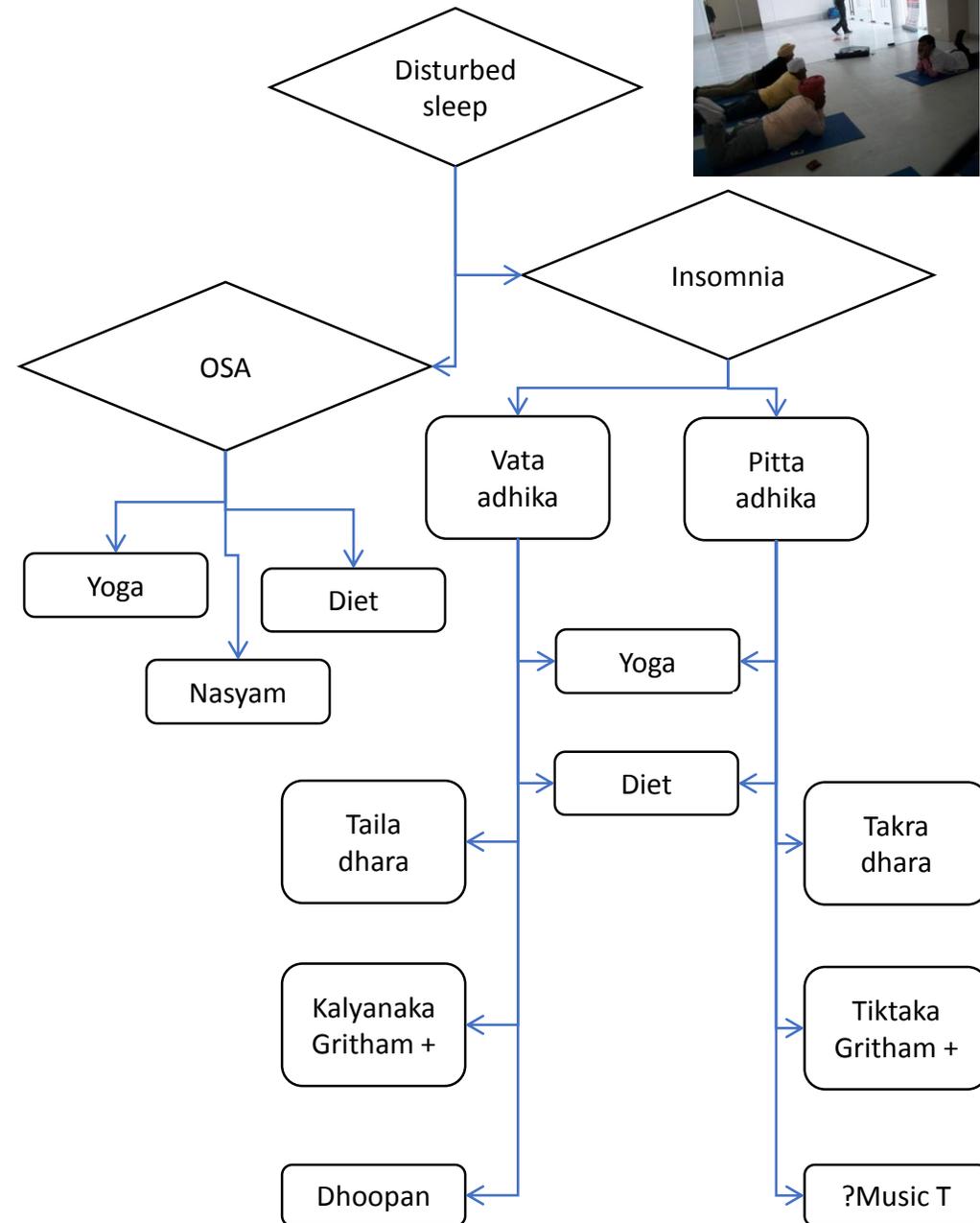
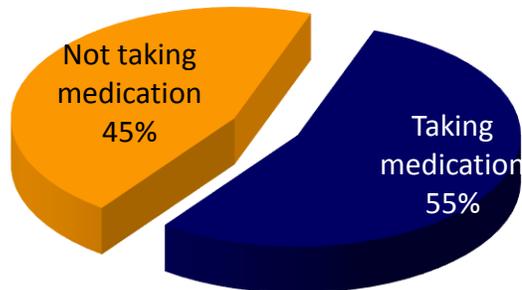
Total : 167 patients.



Percentage of patients taking sleep inducing medicines after 1 month (SCOPA). N=32



Percentage of patients taking sleep inducing medicines after 3 months (SCOPA). N=32

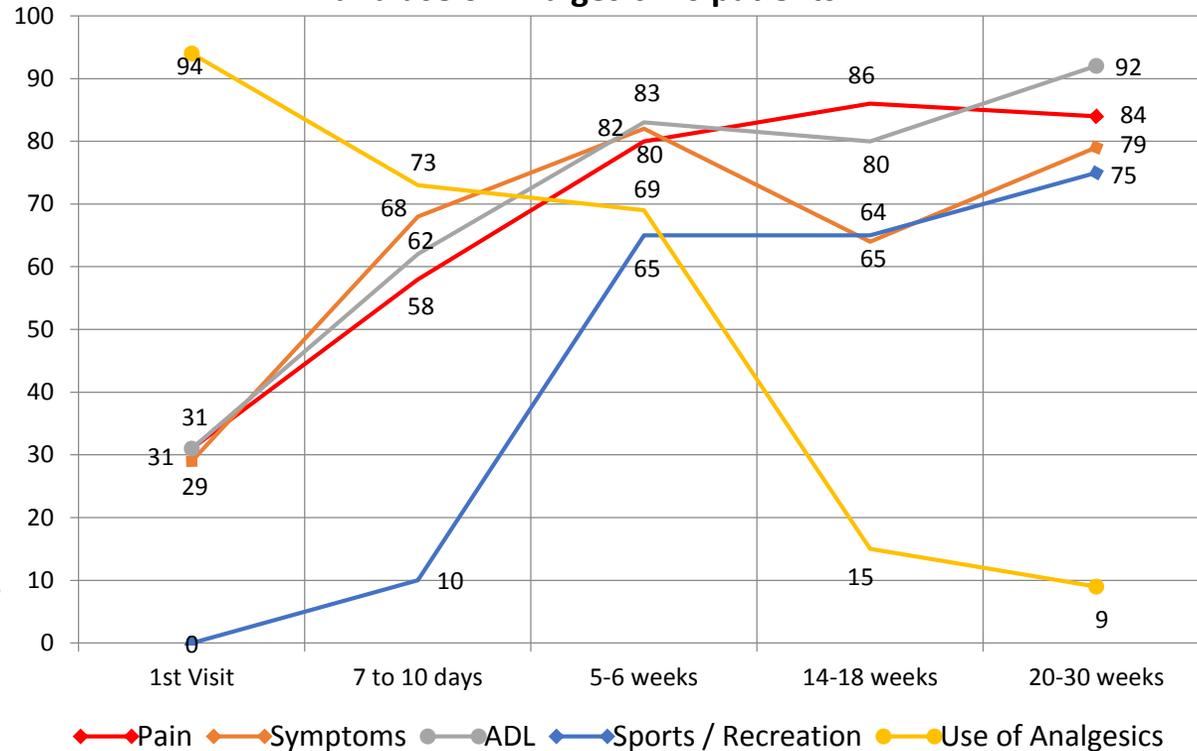


Osteoarthritis - Knee

Osteoarthritis Knee joint or “Sandhigata kevala vata”, is considered as a degenerative disease in both systems of medicine. Patients come to the department independently and by way of referral. This provides one of the largest patient pool to the department. 854 patients have availed its services till 30th September, 2016.

Over a period of these 6 years, we have developed and put in practice a simple protocol, which teaches the patient to self-administer the therapies at home, giving training to them, while they visit us in the first few days of consultation. This is aimed at reducing the cost of care, and has been found to be effective in delivering sustained clinical benefits.

Average Knee injury and Osteoarthritis Outcome Score and use of Analgesic: 76 patients



	7-10 days	5-6 weeks	14-18 weeks	20-30 weeks
Internal medicines	Aadaree sahacharadi kashayam , Gandharvahastadi tailam, Pain medications to continue	Add on Gandha tailam. Minus Analgesics.	Gandha tailam	Gandha tailam
External therapies	Rooksha swedam (Training for Abhynagam & Rookshaswedam @ home)	Abhyangam, Rookshaswedam	Abhyangam	Abhynagam
Diet	Easily digestible food, warm.	Avoid cold food	Avoid cold food	Avoid cold food
Exercise / Yoga	Avoid All exercise.	Yoga and exercise- non weight bearing, moderate walking	Normal exercise, avoid extreme flexion / extension of knee.	Normal activities

Thankyou All. Be safe. Use AYUSH

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