



## Evidence based Ayurveda Practice

Ashok Kumar Panda\*

National Research Institute of Ayurvedic Drug Development, CN-4, Sector-V, Bidhan Nagar, Kolkata-91, A unit of Central Council for Research in Ayurveda Science, Department of AYUSH, Ministry of Health & FW, Government of India

### Editorial

Evidence based Ayurveda practice is a hot topic for clinician, student of Ayurveda medicine, planners, patient and public in large. Ayurveda is the science of life defines the trinity of life as body, mind and spiritual awareness which are associated with health and illness of human body [1]. The aim of Ayurveda treatment is to achieve and maintain health by balance or equilibrium among three morbid factor i.e. there dosas namely *vata*, *pitta*, *kapha* – the functional component of body and *sapta dhatu* – the structural component of the body. The excretory products i.e. *trimala* should evacuated properly and a person should be happy for achieving health in Ayurvedic sense [2]. All diseases are manifested due to imbalance of *dosha* and *dhatu* by food, emotion and environment [3]. The Ayurveda practice is based on certain principle narrated by classical texts and tradition. Drug therapy, *ksharasutra* and *Panchakarma* are the famous acceptable intervention of Ayurveda [4]. The Ayurveda physician takes decision to provide best effective treatment by 1. tradition- the knowledge inherited from teacher, father, mother, senior colleagues, 2. Conventional- by following others example- Everybody is prescribing Yograj Guggulu in Arthritis 3. Belief- The Ayurveda physician applied the formula of Dravya (drug), Guna (quality), Virya (potency) and Karma (action) and belief that doctor is right. There is ample opportunity for acquiring knowledge as there is a rapid growth in the medical knowledge in diseases, diagnosis and effective treatment. Some Ayurveda practitioners are not relying on what they were taught by their teacher or written in classical Ayurveda text. They think evidence should be the basis for their decision and action. A field such as the Ayurveda as medical profession that deals with the health and lives of individuals should ensure the utmost care in diagnosing and treating a patient. To provide incorrect treatment can be devastating. Evidence-based medical practice helps ensure that the right treatment is given to the right patient. Evidence based medicine has been defined as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” and as “the integration of the best research evidence with clinical expertise and patient values” [5]. Thus, the aim of EBM is to eliminate or reduce uncertainty in medical practice. The evidence research policy starts from Known known, known unknown, unknown unknown [6].

Now a day's Ayurveda intervention are not only prescribed by Ayurveda doctor but also prescribed by modern physicians and available in all hospitals. The increased interest of the public and the medical profession in Ayurveda forms of therapy introduces an urgent need for proper assessment of efficacy. This growth in popularity suggests that Ayurveda therapies are effective in some circumstances, but without objective assessment neither the public nor the medical profession can be sure [7]. The response of the medical and scientific community has been increasing interest in Ayurveda issues. There has been an increase in number and proportion of clinical trial of Ayurveda [8].

There is some apprehension and misconception among Ayurveda physician for Evidence based Ayurveda practice. Some physician thought Ayurveda is *nitya*, *swasata* and *apta* (cannot be change), but some negative result was devastating the doctor [9]. Other taught that Ayurveda has been practised since a very long period (more than

5000 years) and is the testimony of its purity and evidence. No need to evaluate again. The rigorous scientific assessment is also required for fulfilling the needs of Indian government to mainstream AYUSH and to deliver high quality health care. Central Council for Research in Ayurveda Science is the apex body engaged in generate evidence in Ayurveda. The Randomised Control Trial (RCT) is seen as the gold standard of allopathic research [10]. RCT cannot be just picked up and applied in Ayurveda directly. Ayurveda have many challenges including standardization, drug delivery, valid control, randomization, practitioner's influence, choosing of placebo and the interference of diet and panchakarma. Ayurveda approaches are often highly individualized and attempt to respond to patients' needs. They are often holistic, taking into account many facets of a patient's life. Placebo effects and the role of the provider are frequently recognized as an important part of treatment. Outcomes of Ayurveda therapies are often subjective, rather than being more objective outcomes [11]. There are a very few randomized double-blind controlled studies available to validate the claim [12] and to study the potential hazards of Ayurveda medicines. The adverse effects can be because of the overdose, contamination or mistaken medicinal plant. There can be an adverse herb–drug or herb–herb interactions. It is very difficult to evaluate multi herbal/herbo-mineral in a multi modal treatment approach of Ayurveda in complex pathological conditions. Consolidated Standard of Reporting Trial (CONSORT) approach may be useful to create evidence in Ayurveda practice [13]. The outcome studies are found [14] and I mean it is the best method to create database and to generate evidence in Ayurveda. Evidence based is nothing but some sort of systematic assessment of evidence that may be a single isolated instance called as case study or case report or it may be a series of observation then it is case series or it can be go up to systemic evaluation by single blind or double blind randomised trial. So every Ayurveda physician should contribute something to generate evidence and should practice Ayurveda backed by evidence.

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\*Corresponding author: Ashok Kumar Panda, National Research Institute of Ayurvedic Drug Development, CN-4, Sector-V, Bidhan Nagar, Kolkata-91, A unit of Central Council for Research in Ayurveda Science, Department of AYUSH, Ministry of Health & FW, Government of India, E-mail: drashokpanda69@gmail.com

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