

Integrating AYUSH into Palliative Care

Marcia Angell in an editorial published in the *New England Journal of Medicine* in 1998 stated “There cannot be two kinds of medicine — conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that may or may not work. Once a treatment has been tested rigorously, it no longer matters whether it was considered alternative at the outset.”^[1] Fontanarosa in the same year published an article in the *Journal of American Medical Association* titled *Alternative Medicine Meets Science* where the author states “Whether a therapeutic practice is ‘Eastern’ or ‘Western,’ is unconventional or mainstream, or involves mind-body techniques or molecular genetics is largely irrelevant except for the historical purposes and cultural interest. As believers in science and evidence, we must focus on fundamental issues—namely, the patient, the target disease or condition, the proposed or practiced treatment, and the need for convincing data on the safety and therapeutic efficacy.”^[2]

In the year 2009, apex cancer institutions of the world, the Memorial Sloan-Kettering Cancer Center and the M. D. Anderson Cancer Center jointly published evidence-based clinical practice guidelines for integrating complementary and alternative medicine in cancer care. Mind–body techniques like yoga therapy is recommended as Grade 1B recommendation, i.e., the treatment is strongly recommended and the benefits of the treatment clearly outweigh the risks and burden.^[3] The National Center for Complementary and Integrative Health, a subdivision of the United States Department of Health and Human Services as of June 2017, has provided link to 9719 published articles in the peer-reviewed indexed medical journals on the role of complementary and alternative medicine. Cochrane database considered to be the highest level of evidence in the health care has published 43 systematic reviews on yoga. Cochrane reviews in patients with cancer suggest that yoga therapy improves health-related quality of life, reduces fatigue and sleep disturbances, and improves depression and anxiety.^[4] In patients with hematological malignancies, yoga therapy is known to improve sleep and reduces anxiety.^[5]

In the palliative care setting, a meta-analysis on the effects of yoga on the psychological health, quality of life, and physical health of patients with advanced cancer showed that the yoga groups compared to wait-list control groups or supportive therapy groups showed improvements in psychological health: anxiety, depression, distress, and stress.^[6] A meta-analysis on the effectiveness of mindfulness-based stress reduction (MBSR) program like yoga therapy has

showed improvement in anxiety and distress.^[7] In patients with terminal illness, MBSR interventions reduced preparatory grief, anxiety, and depression.^[8] Another systematic review and meta-analysis on physical and psychosocial benefits of yoga in cancer patients and survivors showed that yoga therapies improve distress, anxiety, and depression, reduce fatigue, and improve general quality of life, emotional function, social function, and functional well-being.^[9]

There is a national level initiative by the Government of India to integrate AYUSH into mainstream medicine, and the focus of this year by the Government is on cancer. As we have just celebrated the International Yoga Day on June 21st, the IJPC would like to bring out series of articles on the effectiveness of yoga interventions in cancer and palliative care setting. Hopefully, this will broaden our horizons from a pure Western reductionist biomedicine to an integrated more culturally acceptable Indian system of medicine in chronic and life-limiting illness management.

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