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Integration of Ayurvedic Medicine in Public Health Delivery System at primary level for UHC - An Evidence Based Study

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ABSTRACT

Background: In developing country like India it is very difficult for people of low socio-economic status to get access to healthcare and in case they seek healthcare, cost of medicines becomes major reason for out of pocket expenditure, as all the medicines are not available in PHC. **Objective:** To collate Ayurvedic medicine with Allopathic medicine to provide choice of treatment to patient in view of UHC. **Methods:** A literature review on Ayurvedic drugs (single drug and formulations) was done after prioritizing the diseases for our study based on National programs and other frequently seen diseases in Primary healthcare (PHC). Evidence was collected in two ways, first by pure Ayurvedic evidence based on Samhitas and second was based on modern techniques and then tabulated. **Results:** Ayurvedic drug list for Primary Health Care was formulated based on available modern as well as Classical evidence and tabulated in the form of a table. **Conclusion:** Ayurvedic drugs can be integrated in PHC to provide universal health care at primary level.

Key words: Primary Health Care, Evidence Based Study.

INTRODUCTION

Ayurveda recommends regulated diet, healthy life style, ethical principles supported with remedies and procedures to be followed everyday according to the season and individual need for the prevention of the disease and promotion of health. Every individual is identified on the basis of psycho somatic constitution. So he has to advocate individualized preventive and curative measures and also diverse prescription practices prevalent in different parts of the country

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based on the leads from Classical text.^[1]

Universal health coverage is a way to ensure equity and equality in health care to all people irrespective of their social status, class, caste, creed and religion. But in a developing country like India it is very difficult for people of low socio-economic status to get access to healthcare and in case they seek healthcare, cost of medicines becomes major reason for out of pocket expenditure as all the medicines are not available in PHC . And also many people believe in Ayurveda but there are no proper services provided for the same. Another benefit of integrating Ayurveda in PHC, locally available drugs can be used for treatment as India has diverse variety of medicinal plants. So in this study with regard to Universal Health Coverage, it is an attempt to integrate Ayurvedic medicine in PHC in order to provide better health care to people using evidence based approach.

MATERIALS AND METHODS

Prioritization of the diseases for the study is based on National programs and other frequently seen diseases

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in PHC. A thorough literature search was done for these diseases and their treatment. The following is the list of the databases searched,

- 1. Pubmed central
- 2. NRHM website
- 3. CCRAS (Central Council for Research in Ayurvedic Sciences)
- 4. Ayurvedic Samhitas

After filtering the articles according to our selection of diseases and their Ayurvedic treatment, grading of the evidence was done based on the pyramid of evidence. Those evidences which did not fit into the pyramid, the type of study was mentioned, for example - laboratory study, animal based study etc., and the results are shown in the form of a table. The Avurvedic drugs (single and formulations) whose evidence Is not found in any database, reference was found from the Original Ayurvedic text and is mentioned in the table. In contrast with allopathic medicine, in Ayurveda, one particular drug will have different properties and can be used for different diseases with different Anupana (vehicle) i.e., water, honey, milk depending on the disease. And also one drug in combination with other drugs act differently in different diseases. So one may be found in different formulations but the action differs. This was kept in mind during the study.

Pyramid of evidence



RESULTS

Table 1: Ayurvedic treatment by single drugs.

No.	Ayurve	Allopathic	Ayurvedic tr							
	dic diagnos is	diagnosis	Single drug	Evidence						
National programs										
1.	Visham a jwara	Malaria	Cinnamon (57)	Laboratory study						
		Dengue(34)	Papaya (58)	Systematic review/me ta- analysis.						
		Chikunguniy	Ginger(63)	CCRAS						
		a(26,35)	Shallaki	Clinical trial						
			Guduchi (23)	Literature review						
2.	Rajayak shma	Tuberculosis (37, 38,40,41)	Yashtimadhu (glyzerizia glabra)(44)	Laboratory study						
			Vasa (adathoda vasika) (39)	Clinical trial						
3.	Madhu meha	Diabetes melitus	Kumari (Aloe vera)(47)	Meta – analysis (L7)						
			Menthya (fenugreek)(46	RCT(L5)						
			Neem (azadirecta Indica)(45)	Laboratory study						
			Ashwagandha(48)	RCT(L5)						
			Karavellaka(Bittergourd)(4 4)	RCT(L5)						
			Madhunashini (gymnema sylvestris)	Literature review						
			Haridra (turmeric) (42)	RCT(L5)						

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Juice of these drugs+honey

pepper

BD 3 months(22)

Black

Shallaki

Ginger

Guduchi (63)

Erandamoola

Kwatha (66)

Nirgundi kwatha(63) Pippali (8)

Chandana

Bhringaraja Kwatha tropical use Amlaki kwatha

Hima

Haridra kwatha Tulasi

l use)

Amalaki churnam + honey

Nagakesara churnam + sugar Laksha churnam + honey

Shatapushpa

(8)

Amalaki

churnam

honey

kwatha(tropica

Jatamamsi (13)

(63)

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CCRAS

CCRAS

Clinical trial

erature review

CCRAS

CCRAS

RCT

CCRAS(63)

Laboratory study

RCT(L5)/Lit

4.	Vatavya dhi	Stroke	Garlic(54)	Cross – sectional study.				
			Ashwagandha(50)	Cross – sectional study.		11.	Amavat a	Rheumatid arthritis
5.	Hridrog a	Hyper cholesteroel	Onion juice (52)	RCT(L5)- Pilot study				
		emia	Ashwagandha(21)	Literature review				
			Arjuna	RCT (L5)				
			Vacha churna (63)	CCRAS				
		Dyslipedemi a	Chirabilwa (holoptelea integefolia)	Clinical trial				
			Lashuna (garlic)(53)	Laboratory study		12.	Netra	Cataract
6.	Manasa Roga	Mental illness	Tulsi (62)	Literature review			roga	
		Anxiety	Ashwagandha	Animal based study				
			Jatamaamsi (10)	Laboratory study				
7.	Raktach aapa	Hypertensio n	Sarpagandha (rowalfia serpentina)	Literature review				
			(54)			13.	Stree	DUB
8.	Sandhiv ata	Osteoarthrit is	Shallaki Shunti (Ginger) (55)	Clinical trial RCT (L5)			roga	
9.	Arshas	Haemorrhoi ds	Surana	Ashtanga Hrudaya- Arsho Chikitsa				
10.	Pandu	Nutritional	Punaranava	CCRAS(63)				
		Anaemia	Dadima					
			Bhringaraja					
			Draksha	RCT (L5)				Leuchorroea
			Amalaki					

CCRAS(63)

Clinical trial

+

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			Nagakesara churnam + butter milk				
			Lodhra churna + water	CCRAS(63)	19.	Kushta	Eczema
14.	Atisaara	Diarrhea	Bilwa(27)	Literature review			
			Musta (Cyprus rotundus) (49)	Laboratory study			
15.	Parinaa ma	Hyperacidity (gastro –	Amalaki churna(16)	Laboratory study			
	shoola	deudenal ulcers)	Shatavari churna	Literature review			
			Yashtimadhu churn (43)	Laboratory study	20.	Khalitya	Hair loss
			Infusion of bilwa leaves (25)	Literature review	21.	Mutra roga	UTI
16.	Kamala (yakrut h	Hepatitis	Kumari swarasa + honey	CCRAS(63)			
	shotha)		Bhumiamalaki kashaya + milk				
			Guduchi swarasa + milk				
			Amalaki swarasa + grape + sugar		22.	Krimi	Worm infestation
17.	Charma Roga + Kustha Nasha	Psoriasis	+ honey. Haridra Churna + water (application)	Literature review	23.	Kasa and swasa	Sinusitis
18.	Sheeta pitta	Urticaria	Ardraka swarasa + honey (63)	CCRAS			Bronchitis
			Amalaki churna + warm	CCRAS			
			water Haridra churna + warm water	Literature review	24.	Pratishy aya	Rhinitis

			Rasona (alium sativum) kalka + water / milk (21)	Clinical trial	
19.	19. Kushta Eczema		Nimbi patra churna + water	CCRAS (63)	
			Tulsi swarasa + honey		
			Kahdira churna + warm water		
			Nimba churna		
			Haridra churna		
			Gandhaka		
20.	Khalitya	Hair loss	Bhringaraja leaves extract	Literature review	
21.	Mutra roga	UTI	Gokshua churna (1)	Laboratory study	
			Ela + cows urine	CCRAS (63)	
			Shilajitu + honey		
			Amalaki rasam + jaggery		
22.	Krimi	Worm infestation	Vidanga churna	CCRAS(63)	
			Bilwa churna		
23.	Kasa and	Sinusitis	Ardraka + butter	Literature review	
	swasa		Vibhitaki churna + water		
			Maricha + jaggery		
		Bronchitis	Vasa (adathoda vasika) (13)	Literature review	
24.	Pratishy	Rhinitis	Tulsi (59)	Literature	
	ауа		Pepper(59)	review	
			Shunti (59)		

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Case report

Laborator y study

Laborator y study

Laborator

Laborator

y study

y study

Clinical

Laborator y study Ay-

Reference - Sahasra yoga

Laborator y study

Literature review

Laborator y study

trial Laborator y/ case control

No.	Ayurve	Allopathic	Ayurvedic tre	eatment					(38)	
	dic diagnos is	diagnosis	Formulation	Evidence				Chikunguniy a(26,35)	Bhunimba(Ano rographis paniculata)	
1.	Visham	Natior Malaria	Ayush 64(63)	Laborator					Neem (azadiracta	
	a jwara			y study (on Rhesus monkeys					indica) Rasna (alpin galanga)	
			Kiratatikta (Swertia chirita) (29)	and mice) Systemati c review(L6)	mice) emati		Rajayak shma	Tuberculosis (37, 38,40,41)	Decoction of guduchi + parpataka + kanthakari + vasa	
			Saptaparna(Als	Laborator					Amrutarishta	
			tonia scholaris) (27,28,29,30)	y study			Madhu meha		Sudarshanaris ta	
			Bhunimba(And rographis paniculata)(31,	Laborator y study		3.		Diabetes melitus	Nishamalaki (43)	
			32,3) Jwarahara dashemani(39)	Literature review					Avipattikara churna followed Nyagrodadhi ghana vati	
			Vettamaran + ginger juice(38)	Case report					(combined therapy)(5)	
			Guduchi satva(23)	Yogaratna kara Rajayaksh ma Chikitsa						Chyavanapras a (12)
			Indukanata	1/11 Sahasra					Triphala (11)	
			Vatavya dhi	Stroke	Ksheerabala taila					
		Dengue(34)	Bhunimba(And rographis paniculata) +	Laborator y study		5.	Hridrog a	Hyper cholesteroel	Triphala churr (6)	
			Tulsi (Occimum					emia	Vaunaadi kwatha (8)	
			sanctum) (36,37)						Triphala guggulu(3)	

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			Amrutaadi guggulu(3)	Literature review				Draksharishta(17)	Literatur review
		Dyslipedemi a	Ashwagandhari shta(21)	Literature review				Amalaki rasyana(19)	RCT(L5)
			Chyavanaprash	Case				Ayaskriti	CCRAS(6
			a (12)	control				Lohasava)
			Arogyavardhini	study (L3) RCT (L5)				Navayasa churna	
6.	Manasa Roga	Mental illness Anxiety	vati(24) Manasa mitra vati	Ay Reference -Sahasra yoga				Trikatrayadi Ioha (paediatric use – suspension IDA) (60)	RCT (L5)
7.	Raktach aapa	Hypertensio n	Manasa mitra vati	Sahasra yoga				Mandura vatakam	CCRAS (63)
			Sarpagandhami shrana(57)	Literature review				Dadimadi ghrutam	
			Arjuna + haritaki +	Literature review				Vyoshadi ghrutam	
			shatavari +					Dhatri arishta	
			shunti + ashwagandha					Dhatri loha	
8.	Sandhiv ata	Osteoarthrit is	Yogaraja	Laborator	11.	Amavat a	Rheumatid arthritis	Simhanada guggulu(21)	Clinical trial
	ala	15	guggulu (3,56)	y study /clinical trial				Vardhaman pippali(22)	Clinical trial
			Ashwagandha (withania somnifera) + Shallaki + Haridra + Zinc	Hospital based study				Dashamoolaris hta + Pippalai asava + vettamaran (63)	CCRAS
			(Yashada Bhasma) (24)					Rasonadi kashya (18)	Clinical trial
9.	Arshas	Haemorrhoi ds	Guda + Haritaki + buttermilk	CCRAS(63)				Vatari guggulu+ maharasnadi kwatha (21)	Clinical trial
			Takrarishta	CCRAS(63)	12.	Stoulya	Obesity	Gomutra haritaki + diet	RCT (L5)
			Chirubilwadi Kashaya (50)	Clinical trial				control+ exersise	
10.	Pandu	Nutritional Anaemia	Sutashekhara rasa + sitopaladi churna(10)	RCT(L5)				(medicine advised if patient has no issues)(20)	

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Patola katurohini kwata

Guduchyadi kwatha

Sudarshana churna

Avipattikara churna

Punarnava mandura Eladi churna,

Manjistadi quatha

Tiktaka ghruta Marichyadi taila

Haridra khanda

Triphala churna

Pancha tiktaka

Manjistadi kwatha

Nimbadi churna Manjistadi

Lepa(15) Marichyadi tailam

ghrutam

Nimbadi

centalia ashiatica (manduka parni)

Τ.

10

churna/taila

Eclypta alba (

bhringa raja)

leaves 15% +

leaves15% + T. Chebula fruit (haritaki) 10%, Bellarica

(vibhitaki) fruit

%

phyllantus

+

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CCRAS(63

CCRAS(63

Clinical trial

Ashtanga hrudaya –

kushta

chikitsa

Literature

review

)

)

12.	Netra roga	Cataract	Triphala churna /kwatha (aqueous extract)(61)	Laborator y study				
		Allergic conjuctivitis	Chandrodaya varti Haridra khanda	CCRAS				
13.	Stree roga	DUB	Ashokarishta+a shwagandha churna(5)	Clinical trial				
			Pushyanuga churna	CCRAS(63)	_	17.	Charma Roga +	Psoriasis
			Lodhrasava				Kustha Nasha	
			Chandraprabha vati(65)	Laborator y study				
			Rajah pravrtini vati(63)	CCRAS		18.	Sheeta	
		Leuchorroea	chorroea Pushynuga CCRAS(63 churna)		10.	pitta	Unticaria	
	Balasarpi					l		
			Ashokarishta					
			Triphala /panchavalkala kwatha for Vaginal douche (14)	Clinical trial		19.	Kushta	Eczema
14.	Atisaara	Diarrhea	Shadanga toyam	Ashtanga hrudaya-				
			Bilwaadi lehyam	atisaara chikitsa				
15.	Parinaa ma shoola	Hyperacidity (gastro – deudenal	Avipattikara churna (4)	Laborator y study	-	20.	Khalitya	Hair loss
	ulcers) Drakshadi Laborator lehyam(20) y study							
			Dadimaadi ghruta	Ashtanga Hrudaya – Atisaara chikitsa				
16.	Kamala (yakrut	Hepatitis	Vasaguduchyad i kashaya	CCRAS(63)				
	h shotha)							

21.	Mutra roga	UTI	emmblica (amalaki) fruit 15% + yashtimadhu (g. Glabra root 15% + guduchi T. cardifolia stem 10%, tribullus terestris friuits 10% Gokshuradi guggulu(7) Punarnavadi kwatha(14) Chandra prabhavati(62) Bhruhtyadi kwatha Dashamoola haritaki Punaranavasav a	Clinical trial Clinical trial Laborator y study CCRAS(63)
22.	Krimi	Worm	Varunadi kwatha (7) Krimigna vati	Clinical trial CCRAS(63
22.		infestation	(63))
23.	Kasa and swasa	Sinusitis	Anu tailam Rasnadi churna	CCRAS(63)
	50030		Vyoshadi vati(9)	Clinical trial
			Pathyashadang a Kwatha	Sahasra yoga
		Bronchitis	Talisaadi Churna (2)	Laborator y study
			Sitopaladi churna(2)	Laborator y study
			Dashamoolakat utrayam(2)	Laborator y study
			Kushmanda avalehham	Ashtanga hrudaya – kasa chikitsa
24.	Pratishy aya	Rhinitis	Vyoshadi vatakam (9)	Clinical trial

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	Dhoopana- varti daruharidra ghee)	(+	CCRAS(63)
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DISCUSSION

With this study evidence for many locally available drugs and Ayurvedic formulations, is found which can be used in the PHC in order to treat the selected diseases. As out of pocket expenditure is one of the major problem in developing country like India, and people with low socio economic status are the most affected. This study is a first step towards providing Universal health coverage to people by incorporating Ayurvedic drugs and formulation in PHC. And as many of the drugs can be grown locally and local treatment can be provided, and the cost to be spent on specific drugs decreases hence, it can be cost effective.

This study tries to prove that Ayurvedic (single drugs and formulations) can be incorporated in PHC's using an evidence based approach. The evidence we have collected is based on modern techniques and Ayurvedic Samhitas (Original texts). Further studies are to be conducted in this regard and to support our present study.

Limitations

- The evidence graded is based on the pyramid of evidence, and those drugs which do not fall under any level of this pyramid, the type of study is mentioned, therefore further studies are needed to be conducted in this regard.
- 2. In contrast to Allopathic diagnosis and treatment, Ayurveda differs in both. The diagnosis method differs as well as treatment. Therefore one single drug in different combinations and with different vehicles (*Anupana*) can be used for different diseases. So exact comparision with Allopathic diagnosis and treatment is a bit difficult. But we have tried our best to compare both the diagnosis and provide list of Ayurvedic medicines for their integration in PHC.

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3. Concentration of our study is only limited to pharmaceutical aspect.

CONCLUSION

The study aims to provide set of Ayurvedic medicines to be incorporated in PHC in view of providing Universal Health Care for all. As health is a human right and in order to have a better country and to add to the economy of our country we need healthy individuals. Our study is the first step towards this direction. In conclusion, mentioned set of medicines on evidence based approach, can be integrated in PHC's. Further studies are to be conducted to support our view.

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