

THE NEED OF AYURVEDIC PALLIATIVE CARE IN CA BREAST

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ABSTRACT

Breast cancer (CA breast) is the most common malignancy among women worldwide, often associated with pain, fatigue, emotional distress, and diminished quality of life. While modern oncology offers curative and supportive approaches, palliative care remains underutilized. Ayurveda, with its holistic philosophy, emphasizes physical, mental, and spiritual well-being and offers a complementary role in palliative care. Integrating Ayurvedic principles may provide symptomatic relief, improve quality of life, and support patients through advanced stages of CA breast. This article explores the need for Ayurvedic palliative care, highlights classical approaches for symptom management, and evaluates its potential role in improving quality of life.

KEYWORDS: Arbuda, palliative care, CA breast, Rasayana, Satvavajaya chikitsa.

INTRODUCTION

Breast cancer continues to be a leading cause of cancer-related morbidity and mortality among women globally. Despite advances in surgery, chemotherapy, radiotherapy, and targeted therapies, patients in advanced stages often experience persistent symptoms such as pain, fatigue, and psychological distress. Palliative care, which aims to relieve suffering and improve quality of life, is frequently underutilized. Ayurveda, the traditional system of medicine, offers a holistic framework that addresses physical, emotional, and spiritual dimensions of health. Its principles may complement modern oncology by filling gaps in supportive and palliative care.

OBJECTIVES

- To explore the need for Ayurvedic palliative care in CA breast.
- To highlight Ayurvedic approaches for pain management, fatigue reduction, and psychological support.
- To evaluate its potential role in improving quality of life in palliative settings.

METHODS

A narrative review of classical Ayurvedic texts—Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya—was conducted. References to Arbuda (tumor), Dhatushaya (tissue depletion), Shoola (pain), Kshaya (wasting), and therapeutic principles such as Rasayana (rejuvenation), Panchakarma (detoxification and restoration), and Satvavajaya Chikitsa (psychological therapy) were analysed. Interpretations were contextualized within modern palliative care frameworks for CA breast.

RESULTS

Classical Ayurvedic literature emphasizes Vyadhikshamatva (immunity) and holistic management of Arbuda through internal medicines, external therapies, and lifestyle interventions.

- **Rasayana therapy:** Herbs such as *Ashwagandha* (*Withania somnifera*), *Guduchi* (*Tinospora cordifolia*), and *Amalaki* (*Embllica officinalis*) are described as **Balya (strength-promoting)** and **Rasayana**, supporting tissue strength, immunity, and mental stability.
- **Panchakarma procedures:** *Sneha* (oleation) and *Swedana* (sudation) are indicated for pain relief, stiffness reduction, and improved circulation.
- **Satvavajaya Chikitsa and Yoga:** Psychological interventions, meditation, and yogic practices are recommended for emotional resilience and spiritual well-being.

These integrative measures, when applied in a palliative context, contribute to symptom control, psychological support, and improved quality of life.

DISCUSSION

Modern palliative care in breast cancer focuses on symptom control, psychosocial support, and end-of-life care. Evidence shows that integrated palliative care improves quality of life, reduces hospitalizations, and enhances patient satisfaction compared to standard oncology care. For example, a multicentre analysis of metastatic breast cancer patients highlighted that early integration of palliative care reduced aggressive interventions in the last months of life and improved patient comfort. Similarly, a global meta-analysis demonstrated that integrated palliative care significantly improved quality of life outcomes compared to standard care alone.

Ayurveda offers complementary strategies that align with these goals but emphasize holistic well-being. Classical texts describe interventions for Arbuda (tumor) and associated conditions such as Shoola (pain) and Dhatushaya (tissue depletion). Ayurvedic therapies such as Rasayana (rejuvenation), Panchakarma (detoxification and restoration), and Satvavajaya Chikitsa (psychological therapy) provide multidimensional support. Recent reviews highlight that Rasayana herbs like *Ashwagandha*, *Guduchi*, and *Amalaki* exhibit immunomodulatory, antioxidant, and adaptogenic properties, which may reduce fatigue and enhance resilience in cancer patients. Case studies also suggest that Panchakarma procedures and integrative Ayurvedic care can improve symptom control and patient-reported outcomes in breast cancer management.

Comparative Insights

Aspect	Modern Palliative Care	Ayurvedic Palliative Care
Pain Management	Opioids, NSAIDs, nerve blocks	Sneha (oleation), Swedana (sudation), herbal analgesics
Fatigue Reduction	Exercise, nutrition, pharmacological support	Rasayana herbs (Ashwagandha, Guduchi), lifestyle regulation
Psychological Support	Counseling, cognitive-behavioral therapy	Satvavajaya Chikitsa, Yoga, meditation
Quality of Life	Evidence-based symptom relief, hospice care	Holistic balance of body, mind, and spirit
Integration	Increasingly multidisciplinary	Potential for complementary integration with oncology

Key Considerations

- **Evidence Base:** Modern palliative care is supported by randomized controlled trials and systematic reviews, while Ayurvedic approaches are primarily supported by classical texts, case studies, and emerging clinical evidence.
- **Integration Potential:** Combining modern pharmacological interventions with Ayurvedic therapies may optimize symptom control and enhance patient resilience.
- **Future Directions:** Rigorous clinical trials, collaborative care models, and standardized protocols are needed to validate Ayurvedic interventions within palliative oncology.

CONCLUSION

Ayurvedic palliative care, grounded in classical texts, provides a holistic, patient-centered approach to managing CA breast in advanced stages. By addressing physical symptoms, emotional distress, and spiritual needs, Ayurveda complements conventional therapy and fills existing gaps in palliative care. Future research should focus on clinical validation and integrative models to establish Ayurveda as a recognized component of palliative oncology.

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