## PARADIGMS

# Utilization of Ayurveda in Health Care: An Approach for Prevention, Health Promotion, and Treatment of Disease. Part 1—Ayurveda, the Science of Life

HARI SHARMA, M.D., F.R.C.P.C.,<sup>1</sup> H.M. CHANDOLA, M.D.(Ay.), Ph.D.,<sup>2</sup> GURDIP SINGH, D.Ay.M., Ph.D.,<sup>2</sup> and GOPAL BASISHT, M.D.<sup>3</sup>

## ABSTRACT

Ayurveda is a natural health care system that originated in India more than 5000 years ago. Its main objective is to achieve optimal health and well-being through a comprehensive approach that addresses mind, body, behavior, and environment. Ayurveda emphasizes prevention and health promotion, and provides treatment for disease. It considers the development of consciousness to be essential for optimal health and meditation as the main technique for achieving this. Treatment of disease is highly individualized and depends on the psychophysiologic constitution of the patient. There are different dietary and lifestyle recommendations for each season of the year. Common spices are utilized in treatment, as well as herbs and herbal mixtures, and special preparations known as *Rasayanas* are used for rejuvenation, promotion of longevity, and slowing of the aging process. A group of purification procedures known as *Panchakarma* removes toxins from the physiology. Whereas Western allopathic medicine is excellent in handling acute medical crises, Ayurveda demonstrates an ability to manage chronic disorders that Western medicine has been unable to. It may be projected from Ayurveda's comprehensive approach, emphasis on prevention, and ability to manage chronic disorders that its widespread use would improve the health status of the world's population.

## **INTRODUCTION**

A lthough remarkable technological advances have taken place in the fields of prevention, control, and cure of disease, the health status of people globally is far from satisfactory. An estimated 17 million people worldwide die of cardiovascular diseases each year.<sup>1</sup> More than 22 million people worldwide had cancer in the year 2000.<sup>2</sup> In that same year, 171 million people globally had diabetes.<sup>3</sup> Western allopathic medicine has not achieved the objective of health for all, even for those who can afford its high costs. In some instances, this system of medicine has even contributed to the ill health of those patients who utilize it, through toxic side-effects and other iatrogenic disorders.<sup>4–7</sup> The forte of allopathic medicine is its ability to deal with acute medical crises such as trauma, myocardial infarction, infections, and so on. However, from the Ayurvedic point of view, its understanding of chronic diseases and their underlying pathology is superficial and incomplete, which renders it unable to effectively treat these disorders.<sup>8,9</sup> Moreover, allopathic medicine has not yet reached the vast majority of people in rural and remote areas, especially in developing countries.

<sup>1</sup>The Ohio State University Center for Integrative Medicine; College of Medicine, The Ohio State University, Columbus, OH.

<sup>&</sup>lt;sup>2</sup>Institute of Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, India.

<sup>&</sup>lt;sup>3</sup>Orlando Regional Medical Center and Florida Hospitals, Orlando, FL; Full Circle Community Development, Orlando, FL.

For these groups, traditional medicine continues to be the main source of health care.<sup>10</sup>

In India, the traditional system of medicine known as Ayurveda is generally the only system of medicine available in villages and remote areas. This comprehensive, natural health care system has been utilized for more than 5000 years for prevention, health promotion, and treatment of disease.<sup>11</sup> After undergoing a period of suppression during colonial rule, Ayurveda has experienced a resurgence in the last several decades and interest in it is now growing worldwide.<sup>12,13</sup> In India, a technological revolution is occurring in which the scientific techniques of modern medicine are being utilized to investigate and validate Ayurveda in a new light. This blending of the old and new is exemplified in what Mashelkar refers to as "a golden triangle between traditional medicine, modern medicine, and modern science."14 This will hopefully lead to what Patwardhan refers to as "the dawn of a new age where modern medicine and traditional medicine will blend into a holistic synergy . . . to provide affordable, available and accessible health to every citizen of global human society. . . . "15

This paper on Ayurveda is comprised of two parts: Part 1 briefly covers the principles of Ayurveda and a few of its major methodologies. Part 2 discusses Ayurveda as a system of primary health care and presents research on treating chronic disorders related to the aging process.

## **BASIC CONCEPTS OF AYURVEDA**

Ayurveda originated in the ancient Vedic civilization of India. The *Vedas* are the knowledge and wisdom of this Vedic civilization. There are four main *Vedas*: *Rik Veda, Sama Veda, Yajur Veda,* and *Atharva Veda.* Ayurveda is one of the secondary *Vedas* or *Upavedas.* This ancient knowledge was long conveyed by oral tradition before being recorded in texts. The primary texts of Ayurveda are *Caraka Samhita,*<sup>16</sup> *Susruta Samhita,*<sup>17</sup> and *Ashtanga Hridayam* of Vagbhata.<sup>18</sup>

Ayurveda is translated as the "Science of Life" or "Science of Lifespan." It is not merely a system of medicine; rather it is a way of life that aims to increase lifespan by preventing or delaying the aging process. Its objective is to create optimal health and well-being through a comprehensive approach that addresses mind, body, behavior, and environment.<sup>19</sup> Ayurveda emphasizes prevention and health promotion, and provides treatment for disease. Research shows encouraging results for the Ayurvedic management of common ailments and many chronic and degenerative diseases, as well as iatrogenic conditions.<sup>13,20,21</sup> This body of research covers a wide range of disorders, from common ailments such as indigestion<sup>22,23</sup> and constipation<sup>24,25</sup> to chronic disorders such as diabetes,<sup>26–31</sup> arthritis,<sup>32–37</sup> and hepatitis.<sup>38,39</sup>

Health in Ayurveda is known as Swastha (Swa = Self, Astha = established), meaning a healthy person is one who

is established in the Self. The inner Self is characterized by the quality of bliss. Self represents totality and wholeness, and contact with the inner Self is achieved by the technique of meditation. In Ayurveda, health is not merely the absence of disease. According to *Susruta Samhita*, a healthy individual is one whose *doshas* are in balance, whose appetite is good, whose *dhatus* are functioning normally, whose *malas* are in balance, and whose body, mind, and senses remain full of bliss.<sup>17</sup>

Several unique concepts of Ayurveda are mentioned in this definition of health. Doshas are the three principles that govern the physiology and are known as Vata, Pitta, and Kapha. Vata governs functions in the body that relate to movement (e.g., movement of food through the digestive tract, transportation of oxygen in the bloodstream, communication between cells via nerve impulses, etc.) Pitta governs functions that relate to transformation (e.g., digestion of food, processes of metabolism, etc.) Kapha governs the structure and cohesion of the body. Each individual has a certain ratio of Vata, Pitta, and Kapha at the time of birth; this ratio is known as their psychophysiologic constitution or Prakriti. As long as the Prakriti is maintained, the person will be healthy. However, improper diet and lifestyle as well as other factors in day-to-day existence can lead to an imbalance in the ratio of doshas; this imbalanced ratio is known as Vikriti.

In Ayurveda, the three *doshas* are considered to be universal principles that function in all aspects of material creation, including the mineral, plant, and animal kingdoms, the time of day, the seasons of the year, even the planets and galaxies. In this way the human physiology is inexorably connected to the whole of existence. The *doshas* have been correlated with systems theory in the field of physics, providing a sound theoretical basis for this Ayurvedic concept,<sup>40,41</sup> and research utilizing a biostatistical approach to quantify the *doshas* reveals a sound empirical basis as well.<sup>42</sup> A pilot study revealed the possibility of utilizing *Prakriti* to correlate phenotypes with genotypes in the human population, which could have wide-ranging implications for health care.<sup>43</sup>

The *dhatus* mentioned in Ayurveda's definition of health are often translated as "tissue elements"; however, they are better understood as fundamental principles that support the various bodily tissues.<sup>19</sup> The dhatus are known as *rasa* (plasma), *rakta* (blood), *mamsa* (muscle), *meda* (fat), *asthi* (bone), *majja* (bone marrow and nervous system), and *sukra* (sperm or ovum). *Malas* are the body's excretory products (i.e., sweat, urine, and feces). The proper proportion of *dhatus* and *malas* must be maintained within their respective groups, and between the two groups, to ensure optimal health.<sup>12</sup>

Ayurveda has a theory of health known as the land and seed theory.<sup>44</sup> The physiology is considered to be the land, and organisms or other factors that cause disease are considered to be the seed. If equilibrium of the *doshas* in the

#### **AYURVEDA IN HEALTH CARE 1**

physiology is maintained, then the land is infertile and the seed cannot grow (i.e., the disease process cannot occur even if there is an organism or other causative factor present in the body). If the equilibrium of the *doshas* is disturbed, then the *doshas* become vitiated and this imbalance provides fertile land for the seed to grow. In this situation, the disease process can begin and flourish. The main goal of Ayurveda is to prevent disease from occurring by maintaining balance in the physiology, as well as in the mind, behavior, and surrounding environment. There are multiple methodologies Ayurveda uses to achieve this balance, an important one being meditation.

#### **MEDITATION**

In Ayurveda, consciousness is considered to be of primary importance in maintaining optimal health and meditation techniques are emphasized to develop integrated holistic functioning of the nervous system. Discoveries by twentieth-century quantum physicists have now uncovered a fundamental role for consciousness in the physical world that correlates with this ancient knowledge of Ayurveda.<sup>45</sup> In the most recent superunified theories, physicists have described all the force and matter fields that make up the universe as modes of vibration of one underlying unified field. All the order and intelligence of the laws of nature arise from this one fundamental nonmaterial field, as does all matter. The Vedas-texts that were cognized and compiled in ancient India-discuss a unified field of pure, nonmaterial intelligence and consciousness whose modes of vibration manifest as the material universe. The Vedic description is strikingly similar to that of physics.

Ayurveda considers the ultimate basis of disease to be the loss of one's connection to (or, one's memory of) the unified field of pure consciousness, which is the innermost core of one's own being. This loss is known as *pragya-aparadh*.<sup>19</sup> The ultimate basis of prevention and cure is restoring one's conscious connection to (or memory of) this pure consciousness. This reconnection is the basis of an integrated approach to health care; integration of the different layers of life begins with reconnecting one's life to the source of inner intelligence. The foremost means for accomplishing this are the Vedic techniques for developing consciousness, chief among them being meditation. A large body of re-

TABLE 1. SOME COMMON EXAMPLES OF FOODS WITH THE SIX TASTES

Sweet:	Sugar, Milk, Butter, Rice, Breads
Sour:	Yogurt, Lemon, Cheese
Salty:	Salt
Pungent:	Spicy foods, Peppers, Ginger
Bitter:	Spinach, other green leafy vegetables
Astringent:	Beans, walnuts

 TABLE 2. How Foods with the Six Tastes

 Affect the Doshas

Decrease Vata Sweet	Increase Vata Pungent
Sour	Bitter
Salty	Astringent
Decrease Pitta	Increase Pitta
Sweet	Pungent
Bitter	Sour
Astringent	Salty
Decrease Kapha	Increase Kapha
Pungent	Sweet
Bitter	Sour
Astringent	Salty

search documents the observable effects of meditation and validates the many health benefits derived from it.<sup>46–57</sup>

#### DIETARY RECOMMENDATIONS

According to Ayurveda, diet is one of the main pillars of health. Foods are categorized in several ways, one being according to taste. Ayurveda describes six tastes: sweet, sour, salty, pungent, bitter, and astringent.<sup>16</sup> Pungent foods are spicy hot and astringent foods have a drying effect. Table 1 gives examples of foods in each of the six categories. Foods affect the doshas in different ways (Table 2); therefore, one should eat foods that are suitable to his/her psychophysiologic constitution or Prakriti to maintain balance in the system. If the system is out of balance, foods can be used in a therapeutic manner to restore balance to the doshas. For example, sweet, bitter, and astringent foods reduce or pacify Pitta. Foods that are pungent, salty, and sour increase Pitta. If a patient has vitiated *Pitta* that is causing a certain disorder, it is recommended that he/she favor foods that decrease Pitta and avoid foods that increase it.

Another factor to consider for dietary recommendations is the season. Different *doshas* predominate during different seasons. The *dosha* predominance varies depending on climatic conditions and geographic location, so it will not be the same in every region of the world. In the United States, *Vata* accumulates when the weather is cold, dry, and windy. *Pitta* accumulates when the weather is hot. *Kapha* accumulates when the weather is cold and wet. *Vata*, *Pitta*, and *Kapha* generally increase during the following seasons:

- *Vata* in late autumn and winter (mid-October to mid-March)
- *Pitta* in summer and early autumn (mid-June to mid-Oc-tober)
- Kapha in spring (mid-March to mid-June).

Therefore, foods that pacify *Vata* are recommended during winter, those that pacify *Pitta* are recommended during summer, and those that pacify *Kapha* are recommended during spring. These are general recommendations that should be taken into consideration along with the patient's *dosha* imbalance.

In contrast to the above, the Indian subcontinent has six seasons: spring, summer, rainy season, autumn, early winter, and late winter. *Vata* accumulates during summer and is vitiated during the rainy season. *Pitta* accumulates during the rainy season and is vitiated during autumn. *Kapha* accumulates during late winter and is vitiated during spring. The diet should be adjusted accordingly.

In general, Ayurveda recommends including lots of fruits and vegetables in the daily diet. These foods contain phytochemicals (plant chemicals) that have an abundance of health-promoting properties. Polyphenols and bioflavonoids are phytochemicals that are powerful antioxidants. They have anticarcinogenic effects, protect against heart disease, and increase immunity.<sup>58</sup>

## ROLE OF HERBS AND SPICES IN HEALTH CARE

#### Spices

Common spices such as turmeric, coriander, cumin, ginger, garlic, and cinnamon have significant therapeutic utility. Scientific studies have shown that turmeric (*Curcuma longa* Linn.) has anticancer properties—it protects DNA and stimulates detoxifying enzymes.<sup>59–64</sup> Turmeric has anti-inflammatory properties<sup>65</sup> and is hepatoprotective.<sup>66</sup> It is antibacterial,<sup>67</sup> antifungal,<sup>68</sup> and promotes wound healing.<sup>69</sup> Turmeric protects against heart disease: it decreases low-density lipoprotein (LDL) and triglyceride levels,<sup>70</sup> is antithrombotic,<sup>71</sup> and prevents lipid peroxidation and aortic fatty streak formation.<sup>72</sup> Turmeric may protect against Alzheimer's disease: it protects of Alzheimer's disease in animal models.<sup>75,76</sup>

Coriander (*Coriandrum sativum* Linn.) protects against heart disease: it decreases levels of lipid peroxide, increases activity of antioxidant enzymes,<sup>77</sup> decreases total cholesterol, LDL and triglycerides, and increases high-density lipoprotein (HDL).<sup>78</sup> Coriander has traditionally been used as a treatment for diabetes. It has antihyperglycemic, insulin-releasing, and insulin-like activity.<sup>79</sup> Coriander also has antimicrobial activity.<sup>80</sup>

Cumin (*Cuminum cyminum* Linn.) is antidiabetic; it reduces blood sugar, glycosylated hemoglobin, plasma cholesterol, tissue cholesterol, phospholipids, free fatty acids, and triglycerides. Cumin was more effective in treating diabetes than the drug glibenclamide in an animal model.<sup>81</sup> Cumin is antibacterial,<sup>82</sup> hepatoprotective,<sup>83</sup> and improves irritable bowel syndrome.<sup>84</sup>

Ginger (Zingiber officinale Rosc.) has various beneficial effects. It reduces lipids, atherosclerotic lesions and lipid

peroxide, and increases glutathione peroxidase.<sup>85</sup> These findings indicate that it would be beneficial in preventing and treating heart disease. It has anticancer properties<sup>86</sup> and anti-inflammatory effects.<sup>87</sup> It is antifungal,<sup>88</sup> antiemetic, and anxiolytic.<sup>89</sup> Ginger protects cells from  $\beta$ -amyloid injury, which indicates it may protect against Alzheimer's disease.<sup>90,91</sup>

Garlic (*Allium sativum* Linn.) has been heavily researched and found to be beneficial in many different areas. It provides protection against heart disease in several ways. In clinical trials, garlic halted progression of arteriosclerotic plaque volume and in some cases even regressed it.<sup>92</sup> It reduced total serum cholesterol and triglycerides, increased HDL, and had antiplatelet activity.<sup>93</sup> Garlic is antihypertensive,<sup>94</sup> anticancer,<sup>95</sup> immunomodulatory,<sup>96</sup> anti-inflammatory,<sup>97</sup> and antimicrobial.<sup>98</sup> It mitigates thyroxine-induced hyperglycemia<sup>99</sup> and may be helpful in preventing the progression of Alzheimer's disease.<sup>100</sup>

Cinnamon is effective in the treatment of diabetes. *Cinnamonum cassia* auct. reduces serum glucose, triglycerides, LDL, and total cholesterol in patients with type 2 diabetes.<sup>30</sup> In patients with poor glycemic control of type 2 diabetes, aqueous cinnamon extract reduced the fasting plasma glucose concentration.<sup>101</sup> In healthy subjects, cinnamon taken with rice pudding reduced the postprandial blood glucose concentration.<sup>102</sup>

*Cinnamomum zeylanicum* Blume contains cinnamaldehyde, which lowers plasma glucose, glycosylated hemoglobin, total cholesterol and triglycerides, and increases plasma insulin and HDL.<sup>103</sup> Cinnamon is also antioxidant,<sup>104,105</sup> antimicrobial,<sup>106</sup> and enhances wound healing.<sup>107</sup>

Common spices such as these are readily available, costeffective ways to prevent disease and in some cases provide treatment. They can be used on a daily basis in preparing healthy meals.

## Herbs

Avurveda's materia medica is extensive, with more than 700 herbs described in detail in the ancient texts.<sup>108</sup> The herbs and herbal mixtures utilized in Ayurveda are prepared by using the various parts of the plant (e.g., the root, leaves, fruits, bark, seeds, etc.). Herbs are sometimes used singly but more often in combination to provide synergistic effects and mitigate toxic side-effects.<sup>13</sup> Ayurveda does not recommend isolating the active ingredient because toxic sideeffects can occur and the synergistic benefits are lost.<sup>109</sup> Extensive research has been conducted on Ayurvedic herbs over the past 100 years.<sup>13,20,21</sup> For example, Neem (Azadirachta indica A. Juss.) has historically been used for treating a wide array of disorders and research is confirming a broad range of therapeutic properties. Neem is antifungal, antibacterial, antiviral, antimalarial, antifertility, antipyretic, antiulcerogenic, anti-inflammatory, antiarthritic, antipsoriasis, anticancer, antioxidant, antihypertensive, antihyperglycemic, analgesic, hepatoprotective, immune-enhancing, and diuretic.<sup>110–112</sup> Clinical investigation of Neem includes studies that show it has significant hypoglycemic activity in patients with type 2 non-insulin-dependent diabetes mellitus<sup>29</sup> and is highly effective in controlling gastric hypersecretion and treating gastroduodenal ulcers.<sup>113</sup>

#### Rasayanas

Rasayana (rejuvenation therapy) is a section of Ayurveda that deals with promotion of longevity and prevention or delay of the aging process.<sup>20,21</sup> There are behavioral Rasayanas that recommend certain behaviors that increase health and well-being; however, Rasayanas are usually herbs or herbal mixtures. Rasayanas are said to promote general health by increasing resistance to disease, activating tissue repair mechanisms, and arresting or reversing the deterioration associated with aging. They promote vitality and stamina and stimulate overall health.<sup>114</sup> Rasayanas achieve these effects by maintaining proper balance in the three doshas-Vata, Pitta, and Kapha. According to Ayurveda, if Rasayanas are administered early in life, genetic predispositions for certain diseases can be avoided. When diseases do occur, the intensity of the disease is decreased by improving the resistance of the body.

## LIFESTYLE RECOMMENDATIONS TO OPTIMIZE HEALTH

Ayurveda has many simple lifestyle recommendations for maintaining one's health. Dinacharya is the section of Ayurveda that addresses daily routine. According to Ayurveda, the three pillars of health are diet and digestion, elimination, and sleep. One's daily routine can have a profound effect in these areas. Different doshas are predominant during different hours of the day and night (Table 3) and this factors into the recommendations for daily routine. For example, the main meal of the day should be eaten around noontime since *Pitta* is predominant at this time and digestion will be strongest. The evening meal should be light. One should go to bed by 10 PM since Pitta is once again predominant from 10 PM to 2 AM. During this time, Pitta works to digest any intermediate metabolites in the physiology and break down toxic wastes. If one stays awake during this time, the clean-up mode will not function as effectively. Also, hunger will set in and eating more food at

Table 3.	Time (	of Day	CLASSIFIED	According	ТО	THE	Doshas
----------	--------	--------	------------	-----------	----	-----	--------

Kapha	Approx. 6 AM (sunrise) to 10 AM and 6 PM to 10 PM
Pitta	Approx. 10 AM to 2 PM and 10 PM to 2 AM
Vata	Approx. 2 AM to 6 AM (sunrise) and 2 PM to 6 PM

this time will overload the system and result in more toxic wastes being produced.

Another reason to go to bed by 10 PM is because *Kapha* is predominant from 6 to 10 PM. This *dosha* is associated with qualities of heaviness, so this is naturally a time when drowsiness and sleep will come more easily. It is recommended that one get up in the morning by sunrise, which is during *Vata*-predominant time. This *dosha* is associated with movement and lightness, so arising around this time will facilitate feeling energetic and refreshed. *Kapha* is predominant from 6 to 10 AM; rising during this time will create a feeling of heaviness and lethargy.

The quality of sleep is very important to one's health for both physical and psychologic reasons. Deep sleep is rejuvenating to the body, and during this time health-promoting chemicals are manufactured. One of these chemicals is interleukin-2, which has anticancer activity.<sup>44</sup>

Ritucharya is the section of Ayurveda that covers seasonal routines. Changes in the environment during the various seasons cause physiologic changes in the body. At the change of seasons there is increased susceptibility to disease. If one is able to adapt at this time, he/she remains healthy; otherwise disease can develop. Therefore, one should follow lifestyle recommendations that are in tune with the dosha variations of the different seasons. For example, in spring Kapha accumulates and since this dosha is associated with qualities of heaviness, physical exercise is suggested and daytime sleep should be avoided. In summer Pitta accumulates; this dosha is associated with qualities of heat, so exposure to the sun should be avoided, physical overexertion should be avoided, and light clothing should be worn. In winter Vata accumulates; this dosha is associated with qualities of coldness and dryness, so recommendations include oil massage, exposure to the sun, and heavy, warm clothing.

### **PANCHAKARMA: PURIFICATION THERAPY**

Ayurveda recommends purification therapy at the change of seasons to rid the body of toxins and prevent the onset of disease. This therapy is known as *Panchakarma*. Various modifications of this procedure are in vogue today. Traditionally, *Panchakarma* involves two preliminary practices to initiate the toxin removal process, five main techniques to complete toxin removal from the body, and follow-up practices for rejuvenation and maintenance of the benefits *Panchakarma* provides.<sup>115,116</sup>

The two preliminary practices are *Snehana* and *Swedana*. *Snehana* involves internal and external oleation of the body, and *Swedana* is heat therapy. The five main techniques are *Vamana* (therapeutic emesis), *Virechana* (purgation), *Basti* (herbal and oil enemas), *Nasya* (nasal administration of medicated oils and powders), and *Raktamokshana* (therapeutic bloodletting). *Vamana* expels excess mucus and toxins from the stomach and respiratory system. *Virechana* expels bile and *Pitta* toxins from the small intestine and liver. *Basti* purifies and nourishes the large intestine. *Nasya* strengthens the cranial region, and *Raktamokshana* cleanses the bloodstream and stimulates the production of healthy new blood. Other therapies are available, depending on the patient's individual needs.

The follow-up practices include herbal preparations and guidelines for everyday regimens. *Panchakarma* is helpful in the prevention of disease and the preservation and promotion of health. Research has shown that it reduces risk factors for heart disease<sup>117</sup> and decreases blood levels of fat-soluble toxins such as polychlorinated biphenyls and agrochemicals by about 50%.<sup>118</sup>

Part 2 of this paper will focus on Ayurveda as a system of primary health care and introduce research on the use of Ayurvedic methodologies in the management of chronic disorders associated with aging. These chronic disorders include depression, anxiety, sleep disorders, hypertension, diabetes mellitus, Parkinson's disease, and Alzheimer's disease.

## ACKNOWLEDGMENTS

The authors wish to thank Ellen Kauffman for her assistance in preparation of the manuscript.

#### REFERENCES

- World Health Organization. CVD Prevention and Control: Missed opportunities. Online document at: www.who.int/cardiovascular\_diseases/prevention\_control/en/ Accessed August 28, 2007.
- Stewart BW, Kleihues P, eds. World Cancer Report. Lyon, France: IARC Press, International Agency for Research on Cancer, 2003.
- World Health Organization. Diabetes Programme. Online document at: www.who.int/diabetes/facts/world\_figures/en/ Accessed August 28, 2007.
- Lazarou J, Pomeranz BH, Corey PN. Incidence of adverse drug reactions in hospitalized patients. JAMA 1998;279: 1200–1205.
- Morrissey J. Patient safety proves elusive. Five years after publication of the IOM's "To Err is Human," there's plenty of activity on patient safety, but progress is another matter. Modern Healthcare 2004;34:6–7, 24–25, 28–32.
- Starfield B. Is US health really the best in the world? JAMA 2000;284:483–485.
- Steel K, Gertman PM, Crescenzi C, Anderson J. Iatrogenic illness on a general medical service at a university hospital. N Engl J Med 1981;304:638–642.
- 8. Chowka P. Major US and UK studies heighten concerns about conventional medical care. Online document at: www.naturalhealthline.com Accessed March 17, 2001.

- Hoffman C, Rice D, Sung H-Y. Persons with chronic conditions: Their prevalence and costs. JAMA 1996;276: 1473–1479.
- Bodeker G, Ong C-K, Grundy C, et al., eds. WHO Global Atlas of Traditional, Complementary and Alternative Medicine: Text and Map Volumes. Kobe, Japan: World Health Organization, The WHO Centre for Health Development, 2005.
- Lavekar GS, Sharma SK. Republic of India. WHO South-East Asia Region: Regional overview and selected country chapters. In: Bodeker G, Ong C-K, Grundy C, et al., eds. WHO Global Atlas of Traditional, Complementary and Alternative Medicine: Text and Map Volumes. Kobe, Japan: World Health Organization, The WHO Centre for Health Development, 2005:89–96.
- Valiathan MS. Towards Ayurvedic Biology. A Decadal Vision Document. Bangalore, India: Indian Academy of Sciences, 2006.
- Mishra LC, ed. Scientific Basis for Ayurvedic Therapies. New York: CRC Press, 2004.
- Mashelkar RA. India's R&D: Reaching for the top. Science 2005;307:1415–1417.
- Patwardhan B. Traditional Medicine: Modern Approach for Affordable Global Health. Geneva: World Health Organization, 2005.
- Valiathan MS. The Legacy of *Caraka*. New Delhi, India: Orient Longman, 2003.
- 17. Valiathan MS. The Legacy of *Susruta*. New Delhi, India: Orient Longman, 2007.
- 18. Upaohyaya VY, ed. *Ashtanga Hridayam*. Varanasi, India: Chaukambha Sanskrit Sansthan, 1982.
- 19. Sharma H, Clark C. Contemporary Ayurveda. London: Churchill Livingstone, 1998.
- Puri HS. *Rasayana*: Ayurvedic Herbs for Longevity and Rejuvenation. London: Taylor and Francis, 2003.
- Govindarajan R, Vijayakumar M, Pushpangadan P. Antioxidant approach to disease management and the role of *"Rasayana"* herbs of Ayurveda. J Ethnopharmacol 2005;99: 165–178.
- Micklefield GH, Greving I, May B. Effects of peppermint oil and caraway oil on gastroduodenal motility. Phytother Res 2000;14:20–23.
- May B, Köhler S, Schneider B. Efficacy and tolerability of a fixed combination of peppermint oil and caraway oil in patients suffering from functional dyspepsia. Aliment Pharmacol Ther 2000;14:1671–1677.
- 24. Pers M, Pers B. A crossover comparative study with two bulk laxatives. J Int Med Res 1983;11:51–53.
- Tomás-Ridocci M, Anón R, Mínguez M, et al. The efficacy of *Plantago ovata* as a regulator of intestinal transit. A double-blind study compared to placebo. [in Spanish] Rev Esp Enferm Dig 1992;82:17–22.
- Shanmugasundaram ER, Rajeswari G, Baskaran K, et al. Use of *Gymnema sylvestre* leaf extract in the control of blood glucose in insulin-dependent diabetes mellitus. J Ethnopharmacol 1990;30:281–294.
- Chaudhury RR. Antidiabetic effect of Vijayasar (*Pterocarpus marsupium*). In: Gupta SK, ed. Pharmacology and Therapeutics in the New Millennium. New Delhi, India: Narosa Publishing House, 2001:355–356.

#### **AYURVEDA IN HEALTH CARE 1**

- Sharma RD, Sarkar A, Hazra DK, et al. Hypolipidaemic effect of fenugreek seeds: A chronic study in non-insulin dependent diabetic patients. Phytother Res 1996;10:332–334.
- Waheed A, Miana GA, Ahmad SI. Clinical investigation of hypoglycemic effect of seeds of *Azadirachta indica* in type-2 (NIDDM) diabetes mellitus. Pak J Pharm Sci 2006;19: 322–325.
- Khan A, Safdar M, Ali Khan MM, et al. Cinnamon improves glucose and lipids of people with type 2 diabetes. Diabetes Care 2003;26:3215–3218.
- Sircar AR, Ahuja RC, Natu SM, et al. Hypoglycemic, hypolipidemic and general beneficial effects of an herbal mixture MA-471. Altern Ther Clin Pract 1996;3:26–31.
- Chopra A, Lavin P, Patwardhan B, Chitre D. A 32-week randomized, placebo-controlled clinical evaluation of RA-11, an Ayurvedic drug, on osteoarthritis of the knees. J Clin Rheumatol 2004;10:236–245.
- Kulkarni RR, Patki PS, Jog VP, et al. Treatment of osteoarthritis with a herbomineral formulation: A double-blind, placebo-controlled, cross-over study. J Ethnopharmacol 1991;33:91–95.
- Kimmatkar N, Thawani V, Hingorani L, Khiyani R. Efficacy and tolerability of *Boswellia serrata* extract in treatment of osteoarthritis of knee: A randomized double blind placebo controlled trial. Phytomedicine 2003;10:3–7.
- Singh BB, Mishra LC, Vinjamury SP, et al. The effectiveness of Commiphora mukul for osteoarthritis of the knee: An outcomes study. Altern Ther Health Med 2003;9:74–79.
- Sumantran VN, Kulkarni A, Boddul S, et al. Chondroprotective potential of root extracts of *Withania somnifera* in osteoarthritis. J Biosci 2007;32:299–307.
- Khanna D, Sethi G, Ahn KS, et al. Natural products as a gold mine for arthritis treatment. Curr Opin Pharmacol 2007;7: 344–351.
- Xin-Hua W, Chang-Qing L, Xing-Bo G, Lin-Chun F. A comparative study of *Phyllanthus amarus* compound and interferon in the treatment of chronic viral hepatitis B. Southeast Asian J Trop Med Public Health 2001;32:140–142.
- Venkateswaran PS, Millman I, Blumberg BS. Effects of an extract from *Phyllanthus niruri* on hepatitis B and woodchuck hepatitis viruses: *In vitro* and *in vivo* studies. Proc Natl Acad Sci USA 1987;84:274–278.
- Hankey A. Ayurvedic physiology and etiology: *Ayurvedo Amritanaam*. The *doshas* and their functioning in terms of contemporary biology and physical chemistry. J Altern Complement Med 2001;7:567–574.
- Hankey A. A test of the systems analysis underlying the scientific theory of Ayurveda's *tridosha*. J Altern Complement Med 2005;11:385–390.
- 42. Joshi RR. A biostatistical approach to Ayurveda: Quantifying the *tridosha*. J Altern Complement Med 2004;10:879–889.
- Patwardhan B, Joshi K, Chopra A. Classification of human population based on HLA gene polymorphism and the concept of *Prakriti* in Ayurveda. J Altern Complement Med 2005;11:349–353.
- Sharma H, Mishra RK, with Meade JG. The Answer to Cancer. New York: SelectBooks, 2002.
- Stapp HP. Mind, Matter and Quantum Mechanics. New York: Springer-Verlag, 1994.

- Arias AJ, Steinberg K, Banga A, Trestman RL. Systematic review of the efficacy of meditation techniques as treatments for medical illness. J Altern Complement Med 2006;12: 817–832.
- Lutz A, Greischar LL, Rawlings NB, et al. Long-term meditators self-induce high-amplitude gamma synchrony during mental practice. Proc Natl Acad Sci USA 2004;101: 16369–16373.
- Lazar SW, Kerr CE, Wasserman RH, et al. Meditation experience is associated with increased cortical thickness. NeuroReport 2005;16):1893–1897.
- Wallace RK. Physiological effects of Transcendental Meditation. Science 1970;167:1751–1754.
- Jevning JR, Wilson AF, Davison JM. Adrenocortical activity during meditation. Horm Behav 1978;10:54–60.
- Glaser J, Brind J, Vogelman J, et al. Elevated serum dehydroepiandrosterone sulfate levels in practitioners of the Transcendental Meditation (TM) and TM-Sidhi programs. J Behav Med 1992;15:327–341.
- Wallace RK, Dillbeck MC, Jacobe E, Harrington B. The effects of the Transcendental Meditation and TM-*Sidhi* program on the aging process. Int J Neurosci 1982;16:53–58.
- Castillo-Richmond A, Schneider RH, Alexander CN, et al. Effects of stress reduction on carotid atherosclerosis in hypertensive African Americans. Stroke 2000;31:568–573.
- Orme-Johnson DW. Medical care utilization and the Transcendental Meditation program. Psychosom Med 1987;49: 493–507.
- Barnes VA, Orme-Johnson DW. Clinical and pre-clinical applications of the Transcendental Meditation Program in the prevention and treatment of essential hypertension and cardiovascular disease in youth and adults. Curr Hypertens Rev 2006;2:207–218.
- Herron RE, Hillis SL. The impact of the Transcendental Meditation program on government payments to physicians in Quebec: An update. Am J Health Promot 2000;14:284–291.
- Chan D, Woollacott M. Effects of level of meditation experience on attentional focus: Is the efficiency of executive or orientation networks improved? J Altern Complement Med 2007;13:651–657.
- 58. Sharma HM. Free radicals and natural antioxidants in health and disease. J Appl Nutr 2002;52:26–44.
- Aggarwal BB, Kumar A, Bharti AC. Anticancer potential of curcumin: Preclinical and clinical studies. Anticancer Res 2003;23:363–398.
- Kawamori T, Lubet R, Steele VE, et al. Chemopreventive effect of curcumin, a naturally occurring anti-inflammatory agent, during the promotion/progression stages of colon cancer. Cancer Res 1999;59:597–601.
- Limtrakul P, Anuchapreeda S, Lipigorngoson S, Dunn FW. Inhibition of carcinogen induced c-Ha-ras and c-fos protooncogenes expression by dietary curcumin. BMC Cancer 2001;1:1.
- 62. Piper JT, Singhal SS, Salameh MS, et al. Mechanisms of anticarcinogenic properties of curcumin: The effect of curcumin on glutathione linked detoxification enzymes in rat liver. Int J Biochem Cell Biol 1998;30:445–456.
- Aggarwal BB, Sundaram C, Malani N, Ichikawa H. Curcumin: The Indian solid gold. Adv Exp Med Biol 2007;595:1–75.

- 64. Shishodia S, Sethi G, Aggarwal BB. Curcumin: Getting back to the roots. Ann NY Acad Sci 2005;1056:206–217.
- Chainani-Wu N. Safety and anti-inflammatory activity of curcumin: A component of tumeric (*Curcuma longa*). J Altern Complement Med 2003;9:161–168.
- Deshpande UR, Gadre SG, Raste AS, et al. Protective effect of turmeric (*Curcuma longa* L.) extract on carbon tetrachloride-induced liver damage in rats. Indian J Exp Biol 1998; 36:573–577.
- Mahady GB, Pendland SL, Yun G, Lu ZZ. Turmeric (*Curcuma longa*) and curcumin inhibit the growth of *Helicobacter pylori*, a group 1 carcinogen. Anticancer Res 2002;22: 4179–4181.
- Apisariyakul A, Vanittanakom N, Buddhasukh D. Antifungal activity of turmeric oil extracted from *Curcuma longa* (Zingiberaceae). J Ethnopharmacol 1995;49:163–169.
- Sidhu GS, Singh AK, Thaloor D, et al. Enhancement of wound healing by curcumin in animals. Wound Repair Regen 1998;6:167–177.
- Babu PS, Srinivasan K. Hypolipidemic action of curcumin, the active principle of turmeric (*Curcuma longa*) in streptozotocin induced diabetic rats. Mol Cell Biochem 1997;166:169–175.
- Olajide OA. Investigation of the effects of selected medicinal plants on experimental thrombosis. Phytother Res 1999;13:231–232.
- Quiles JL, Mesa MD, Ramirez-Tortosa CL, et al. *Curcuma* longa extract supplementation reduces oxidative stress and attenuates aortic fatty streak development in rabbits. Arterioscler Thromb Vasc Biol 2002;22:1225–1231.
- 73. Kim DSHL, Park S-Y, Kim J-Y. Curcuminoids from *Curcuma longa* L. (Zingiberaceae) that protect PC12 rat pheochromocytoma and normal human umbilical vein endothelial cells from  $\beta A(1-42)$  insult. Neurosci Lett 2001;303: 57–61.
- 74. Park S-Y, Kim DSHL. Discovery of natural products from *Curcuma longa* that protect cells from beta-amyloid insult: A drug discovery effort against Alzheimer's disease. J Nat Prod 2002;65:1227–1231.
- Ringman JM, Frautschy SA, Cole GM, et al. A potential role of the curry spice curcumin in Alzheimer's disease. Curr Alzheimer Res 2005;2:131–136.
- 76. Yang F, Lim GP, Begum AN, et al. Curcumin inhibits formation of amyloid β oligomers and fibrils, binds plaques, and reduces amyloid *in vivo*. J Biol Chem 2005;280:5892–5901.
- Chithra V, Leelamma S. Coriandrum sativum changes the levels of lipid peroxides and activity of antioxidant enzymes in experimental animals. Indian J Biochem Biophys 1999; 36:59–61.
- Chithra V, Leelamma S. Hypolipidemic effect of coriander seeds (*Coriandrum sativum*): Mechanism of action. Plant Foods Hum Nutr 1997;51:167–172.
- Gray AM, Flatt PR. Insulin-releasing and insulin-like activity of the traditional anti-diabetic plant *Coriandrum sativum* (coriander). Br J Nutr 1999;81:203–209.
- Delaquis PJ, Stanich K, Girard B, Mazza G. Antimicrobial activity of individual and mixed fractions of dill, cilantro, coriander and eucalyptus essential oils. Int J Food Microbiol 2002;74:101–109.

- Dhandapani S, Subramanian VR, Rajagopal S, Namasivayam N. Hypolipidemic effect of *Cuminum cyminum* L. on alloxan-induced diabetic rats. Pharmacol Res 2002;46: 251–255.
- Singh G, Kapoor IPS, Pandey SK, et al. Studies on essential oils: Part 10; Antibacterial activity of volatile oils of some spices. Phytother Res 2002;16:680–682.
- Sambaiah K, Srinivasan K. Influence of spices and spice principles on hepatic mixed function oxygenase system in rats. Indian J Biochem Biophys 1989;26:254–258.
- Kumar N, Kumar A. A comparison of different drug schedules under different groups of *Grahani* Roga. J Res Ayurveda Siddha 1997;18:79.
- Liu N, Huo G, Zhang L, Zhang X. Effect of *Zingiber offici-nale* Rosc on lipid peroxidation in hyperlipidemia rats. [in Chinese]. Wei Sheng Yan Jiu 2003;32:22–23.
- Surh Y. Molecular mechanisms of chemopreventive effects of selected dietary and medicinal phenolic substances. Mutat Res 1999;428:305–327.
- Penna SC, Medeiros MV, Aimbire FSC, et al. Anti-inflammatory effect of the hydralcoholic extract of *Zingiber officinale* rhizomes on rat paw and skin edema. Phytomedicine 2003;10:381–385.
- Ficker CE, Arnason JT, Vindas PS, et al. Inhibition of human pathogenic fungi by ethnobotanically selected plant extracts. Mycoses 2003;46:29–37.
- Vishwakarma SL, Pal SC, Kasture VS, Kasture SB. Anxiolytic and antiemetic activity of *Zingiber officinale*. Phytother Res 2002;16:621–626.
- Kim DSHL, Kim J-Y, Han YS. Alzheimer's disease drug discovery from herbs: Neuroprotectivity from β-amyloid(1-42) insult. J Altern Complement Med 2007;13:333–340.
- Kim DSHL, Kim D-S, Oppel MN. Shogaols from Zingiber officinale protect IMR32 human neuroblastoma and normal human umbilical vein endothelial cells from β-amyloid(25-35) insult. Planta Med 2002;68:375–376.
- Koscielny J, Klüßendorf D, Latza R, et al. The antiatherosclerotic effect of *Allium sativum*. Atherosclerosis 1999;144: 237–249.
- Bordia A, Verma SK, Srivastava KC. Effect of garlic (*Allium sativum*) on blood lipids, blood sugar, fibrinogen and fibrinolytic activity in patients with coronary artery disease. Prostaglandins Leukot Essent Fatty Acids 1998;58:257–263.
- Al-Qattan KK, Alnaqeeb MA, Ali M. The antihypertensive effect of garlic (*Allium sativum*) in the rat two-kidney one-clip Goldblatt model. J Ethnopharmacol 1999;66:217– 222.
- Thomson M, Ali M. Garlic [*Allium sativum*]: A review of its potential use as an anti-cancer agent. Curr Cancer Drug Targets 2003;3:67–81.
- Colic M, Vucevic D, Kilibarda V, et al. Modulatory effects of garlic extracts on proliferation of T-lymphocytes in vitro stimulated with concanavalin A. Phytomedicine 2002;9: 117–124.
- 97. Hodge G, Hodge S, Han P. *Allium sativum* (garlic) suppresses leukocyte inflammatory cytokine production in vitro: Potential therapeutic use in the treatment of inflammatory bowel disease. Cytometry 2002;48:209–215.

#### **AYURVEDA IN HEALTH CARE 1**

- Dikasso D, Lemma H, Urga K, et al. Investigation on the antibacterial properties of garlic (*Allium sativum*) on pneumonia causing bacteria. Ethiop Med J 2002;40:241–249.
- Tahiliani P, Kar A. Mitigation of thyroxine-induced hyperglycaemia by two plant extracts. Phytother Res 2003;17: 294–296.
- Chauhan NB, Sandoval J. Amelioration of early cognitive deficits by aged garlic extract in Alzheimer's transgenic mice. Phytother Res 2007;21:629–640.
- 101. Mang B, Wolters M, Schmitt B, et al. Effects of a cinnamon extract on plasma glucose, HbA<sub>1c</sub>, and serum lipids in diabetes mellitus type 2. Eur J Clin Invest 2006;36:340–344.
- 102. Hlebowicz J, Darwiche G, Björgell O, Almér L. Effect of cinnamon on postprandial blood glucose, gastric emptying, and satiety in healthy subjects. Am J Clin Nutr 2007;85: 1552–1556.
- Babu PS, Prabuseenivasan S, Ignacimuthu S. Cinnamaldehyde: A potential antidiabetic agent. Phytomedicine 2007;14: 15–22.
- 104. Mancini-Filho J, Van-Koijj A, Mancini DA, et al. Antioxidant activity of cinnamon (*Cinnamomum zeylanicum*, Breyne) extracts. Boll Chim Farm 1998;137:443–447.
- 105. Shan B, Cai YZ, Sun M, Corke H. Antioxidant capacity of 26 spice extracts and characterization of their phenolic constituents. J Agric Food Chem 2005;53:7749–7759.
- 106. López P, Sánchez C, Batlle R, Nerín C. Solid- and vaporphase antimicrobial activities of six essential oils: Susceptibility of selected foodborne bacterial and fungal strains. J Agric Food Chem 2005;53:6939–6946.
- Kamath JV, Rana AC, Chowdhury AR. Pro-healing effect of *Cinnamomum zeylanicum* bark. Phytother Res 2003;17: 970–972.
- Patwardhan B, Vaidya ADB, Chorghade M. Ayurveda and natural products drug discovery. Curr Sci 2004;86:789–799.
- Sharma HM. Phytochemical synergism: Beyond the active ingredient model. Altern Ther Clin Pract 1997;4:91–96.

- Subapriya R, Nagini S. Medicinal properties of neem leaves: A review. Curr Med Chem Anticancer Agents 2005;5:149– 156.
- 111. Brahmachari G. Neem: An omnipotent plant. A retrospection. Chembiochem 2004;5:408–421.
- Biswas K, Chattopadhyay I, Banerjee RK, Bandyopadhyay U. Biological activities and medicinal properties of Neem (*Azadirachta indica*). Curr Sci 2002;82:1336–1345.
- 113. Bandyopadhyay U, Biswas K, Sengupta A, et al. Clinical studies on the effect of Neem (*Azadirachta indica*) bark extract on gastric secretion and gastroduodenal ulcer. Life Sci 2004;75:2867–2878.
- Sharma HM. Maharishi Ayurveda. In: Micozzi MS, ed. Fundamentals of Complementary and Integrative Medicine, 3rd ed. St. Louis: Saunders Elsevier, 2006:518–535.
- 115. Joshi S. *Panchakarma*: Detoxification and rejuvenation therapy. Light Ayurveda J 2004;III:10–11.
- 116. Dick M. Ayurvedic treatment and the role of *Panchakarma*. Light Ayurveda J 2004;III:12–13.
- 117. Sharma HM, Nidich SI, Sands D, Smith DE. Improvement in cardiovascular risk factors through *Panchakarma* purification procedures. J Res Educ Indian Med 1993;12:2–13.
- 118. Herron RE, Fagan JB. Lipophil-mediated reduction of toxicants in humans: An evaluation of an Ayurvedic detoxification procedure. Altern Ther Health Med 2002;8:40–51.

Address reprint requests to: Hari Sharma, M.D., F.R.C.P.C. The Ohio State University College of Medicine Room 129 Hamilton Hall 1645 Neil Avenue Columbus, OH 43210

E-mail: sharma.2@osu.edu