Holistic Healing: Ayurvedic Solutions for Today's Health Challenges

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Abstract

Background: Contemporary global health faces unprecedented challenges including the rising burden of non-communicable diseases, mental health disorders, stress-related conditions, and the limitations of reductionist biomedical approaches. Healthcare systems worldwide are seeking integrative solutions that address root causes rather than merely managing symptoms. Ayurveda, a 5000-year-old holistic medical system, emphasizes prevention, personalized treatment, and the interconnection of mind, body, and spirit, offering potential solutions for modern health challenges.

Objective: This comprehensive review aims to evaluate the role of Ayurvedic principles and therapies in addressing contemporary health challenges, examining scientific evidence for efficacy in mental health, metabolic disorders, cardiovascular disease, cancer supportive care, and preventive medicine, while exploring integration opportunities with modern healthcare systems.

Methods: A comprehensive literature review was conducted using PubMed, Scopus, Google Scholar, and Ayurveda-specific databases from 2010-2025. Search terms included "Ayurveda," "holistic healing," "integrative medicine," "randomized controlled trials," "mental health," "metabolic syndrome," "cancer supportive care," and "preventive medicine." Inclusion criteria encompassed peer-reviewed studies, systematic reviews, meta-analyses, and clinical trials evaluating Ayurvedic interventions. Quality assessment was performed using standard criteria for clinical trials and systematic reviews.

Results: Evidence from 85+ studies demonstrates significant efficacy of Ayurvedic interventions across multiple health domains. In mental health, Brahmi Vati and Saraswatarishta showed comparable efficacy to escitalopram in generalized anxiety disorder (p<0.05), while whole-system Ayurvedic protocols reduced depression scores significantly. For metabolic disorders, Arogyavardhini compound with lifestyle modification showed significant improvements in metabolic syndrome parameters (p<0.001), and Vidangadi Lauha demonstrated glycemic control improvements in obese type 2 diabetes patients. Panchakarma therapies, particularly Shirodhara, showed measurable cortisol reduction and stress biomarker improvements. In oncology, Rasayana formulations as adjuvant therapy reduced chemotherapy side effects by 40–60% and improved quality of life measures. Systematic reviews of Ayurvedic medicines in type 2 diabetes management showed consistent glycemic improvements across multiple formulations with minimal adverse effects.

Conclusion: Ayurveda offers evidence-based solutions for contemporary health challenges through its holistic, personalized approach. Integration with modern healthcare systems, supported by rigorous research methodologies and standardization protocols, can enhance therapeutic outcomes while addressing the growing demand for patient-centered, preventive medicine. Policy frameworks supporting integrative care, continued research validation, and healthcare professional training are essential for realizing Ayurveda's potential in global health transformation.

Keywords: Ayurveda, holistic healing, integrative medicine, mental health, metabolic syndrome, preventive healthcare.

Introduction

The 21st century healthcare landscape is characterized by an epidemiological transition marked by the rising prevalence of chronic non-communicable diseases, mental health disorders, and lifestyle-related conditions ^[1]. Despite remarkable advances in biomedical technology, healthcare systems globally face mounting challenges including treatment resistance, escalating costs, patient dissatisfaction with

impersonal care, and the inability of reductionist approaches to address complex, multifactorial health conditions ^[2]. This scenario has catalyzed renewed interest in traditional medical systems that offer holistic, personalized, and prevention-oriented approaches to health and healing.

Ayurveda, originating in India over 5000 years ago, represents one of the world's oldest comprehensive medical systems, documented in classical texts including Charaka

Samhita, Sushruta Samhita, and Ashtanga Hridaya [3]. The fundamental principle of Ayurveda is the maintenance of health through balance among the three doshas (Vata, Pitta, Kapha), optimal digestive function (Agni), proper tissue nutrition (Dhatu formation), effective elimination (Mala), and mental clarity (Sattva) [4]. This systems approach remarkably parallels contemporary understanding of systems biology, network medicine, and the biopsychosocial model of health.

The World Health Organization's Traditional Medicine Strategy 2019–2023 recognizes the importance of integrating traditional and complementary medicine into national health systems, with Ayurveda gaining particular attention for its evidence-based therapeutic interventions and cost-effectiveness ^[5]. Recent scientific investigations have validated numerous Ayurvedic concepts and treatments, providing a bridge between ancient wisdom and modern evidence-based medicine ^[6].

This comprehensive review examines how Ayurvedic principles and practices address today's most pressing health challenges, exploring clinical evidence for efficacy across mental health, metabolic disorders, cardiovascular disease, cancer care, and preventive medicine, while discussing integration opportunities with contemporary healthcare systems.

Fundamental Principles of Ayurvedic Healing

Ayurveda's holistic framework conceptualizes health as a state of dynamic equilibrium between constitutional factors (Prakruti), current physiological state (Vikruti), environmental influences, and psychosocial factors [7]. This personalized approach aligns with modern precision medicine concepts, where individual genetic, phenotypic, and environmental factors determine therapeutic responses [8].

The Ayurvedic understanding of disease causation involves three levels: Nidana (etiological factors), Samprapti (pathophysiology), and Chikitsa (therapeutic intervention). This systematic approach emphasizes prevention through lifestyle management (Swasthavritta), early intervention during pre-clinical stages (Shatkriyakala), and restoration of balance through multiple therapeutic modalities [9].

Central to Ayurvedic healing is the concept of Agni (digestive fire), which governs not only digestion and metabolism but also cellular transformation, immune function, and mental clarity. Contemporary research has validated correlations between Ayurvedic Agni assessment and modern biomarkers of metabolic function, inflammatory status, and gut microbiome composition [10].

The therapeutic arsenal of Ayurveda includes botanical medicines (Dravyaguna), detoxification procedures (Panchakarma), rejuvenation therapies (Rasayana), dietary modifications (Ahara), lifestyle counseling (Vihara), and psychotherapeutic approaches (Satvavajaya Chikitsa) [11]. This multi-modal approach addresses the complex, interconnected nature of chronic diseases that often resist single-target interventions

Mental Health and Stress-Related Disorders: The global burden of mental health disorders has reached epidemic proportions, with anxiety and depression affecting over 700 million people worldwide [12]. Conventional psychopharmacological approaches, while effective for many patients, are limited by side effects, treatment resistance, and inability to address underlying causes of psychological distress [13].

Ayurvedic Understanding of Mental Health: Ayurveda conceptualizes mental health through the interplay of Sattva

(mental clarity), Rajas (activity), and Tamas (inertia), with psychological disorders arising from imbalances in these mental qualities (Manasika doshas) [14]. The system recognizes the intimate connection between physical and mental health, emphasizing that psychological well-being depends on optimal functioning of the nervous system (Majjavaha Srotas), proper circulation (Rasavaha Srotas), and hormonal balance [15].

Clinical Evidence for Ayurvedic Mental Health Interventions: Recent randomized controlled trials have demonstrated significant efficacy of Ayurvedic interventions in managing mental health conditions. A landmark study comparing Brahmi Vati and Saraswatarishta with escitalopram in generalized anxiety disorder showed comparable effectiveness, with the Ayurvedic combination producing significant reductions in Hamilton Anxiety Rating Scale scores (mean reduction: 14.2 ± 3.1 vs. 13.8 ± 2.9 , p > 0.05) while demonstrating superior tolerability and fewer adverse effects [16].

Similarly, a randomized controlled trial evaluating Brahmi Vati and Aswagandharishta in major depressive disorder found significant improvements in Hamilton Depression Rating Scale scores, with the Ayurvedic intervention group showing mean score reduction from 18.4 ± 4.2 to 8.6 ± 3.1 (p < 0.001) compared to the escitalopram control group [17]. Notably, patients receiving Ayurvedic treatment reported additional benefits including improved sleep quality, enhanced cognitive function, and better overall quality of life. Panchakarma Therapies in Mental Health: Panchakarma procedures, particularly Shirodhara (continuous oil pouring on the forehead), have shown remarkable efficacy in stress management and anxiety reduction. Clinical studies demonstrate significant decreases in cortisol levels, with one study reporting mean cortisol reduction from 18.2 ± 4.1 to $11.6 \pm 2.8 \,\mu\text{g/dL}$ (p < 0.001) following a 14-day Shirodhara protocol [18].

The neurophysiological mechanisms underlying Shirodhara's effectiveness have been elucidated through EEG studies showing increased alpha wave activity, indicating deep relaxation states, and fMRI studies demonstrating modulation of limbic system activity associated with stress response [19].

Herbal Adaptogens and Nootropics: Ayurvedic Medhya Rasayanas (nootropic herbs) have gained significant scientific validation. Withania somnifera (Ashwagandha) has been extensively studied, with systematic reviews and meta-analyses confirming its adaptogenic properties, stress-reducing effects, and neuroprotective benefits ^[20]. A recent placebo-controlled study of standardized Ashwagandha extract demonstrated significant reductions in perceived stress scale scores (Cohen's Perceived Stress Scale reduction: 27.9% vs. 5.5% placebo, p < 0.001) and improvements in stress-related quality of life measures ^[21].

Bacopa monnieri (Brahmi) has shown consistent cognitive enhancement effects, with multiple clinical trials demonstrating improvements in memory, attention, and executive function. A meta-analysis of nine randomized controlled trials found significant cognitive improvements with Bacopa supplementation (standardized mean difference: 0.95, 95% CI: 0.55–1.36, p < 0.001) [22].

Metabolic Disorders and Diabetes Management: The global prevalence of metabolic syndrome and type 2 diabetes continues to rise, with conventional management approaches often inadequate for addressing the complex pathophysiology of these conditions [23]. Ayurveda's understanding of metabolic disorders through the concept of Prameha provides

valuable insights for comprehensive management.

Ayurvedic Perspective on Metabolic Disorders: Ayurveda categorizes metabolic disorders under Prameha, a broad classification encompassing various conditions characterized by excessive urination and metabolic dysfunction. The pathophysiology involves imbalanced Agni leading to improper tissue metabolism, accumulation of metabolic waste (Ama), and dysfunction of fat tissue (Medodhatu) [24].

Modern research has validated strong correlations between Ayurvedic Prameha classification and contemporary diagnostic criteria for metabolic syndrome and diabetes. Studies show that patients classified with Kaphaja Prameha demonstrate metabolic profiles consistent with insulin resistance, dyslipidemia, and central obesity [25].

Clinical Efficacy of Ayurvedic Diabetes Management: A systematic review and meta-analysis of Ayurvedic medicines in type 2 diabetes management, analyzing 18 randomized controlled trials with 1,892 participants, found significant improvements in glycemic control parameters $^{[26]}$. The pooled analysis showed mean reductions in fasting blood glucose (–22.5 mg/dL, 95% CI: –31.2 to –13.8, p < 0.001), post-prandial glucose (–39.7 mg/dL, 95% CI: –52.1 to –27.3, p < 0.001), and HbA1c (–0.65%, 95% CI: –0.89 to –0.41, p < 0.001) compared to placebo or standard care alone.

Specific formulations showing consistent efficacy include Arogyavardhini Vati, which demonstrated significant improvements in metabolic syndrome parameters in a double-blind, placebo-controlled trial $^{[27]}$. Participants receiving Arogyavardhini combined with lifestyle modification showed greater reductions in waist circumference (–4.8 \pm 2.1 cm vs. – 1.2 \pm 0.8 cm placebo, p < 0.001), triglycerides (–68.4 \pm 23.2 mg/dL vs. –12.1 \pm 15.6 mg/dL, p < 0.001), and HOMA-IR scores (–1.8 \pm 0.6 vs. –0.3 \pm 0.4, p < 0.001).

Panchakarma in Metabolic Disorders: Specialized Panchakarma procedures for metabolic disorders, particularly Virechana (therapeutic purgation) and Lekhana Basti (medicated enemas for fat reduction), have shown remarkable efficacy. A clinical study of Virechana in pre-diabetes showed significant improvements in glucose tolerance, with 67% of participants reverting to normal glucose tolerance compared to 23% in the control group (p < 0.01) $^{[28]}$.

Cardiovascular Health and Holistic Cardiology

Cardiovascular disease remains the leading cause of mortality globally, with conventional approaches primarily focused on risk factor modification and pharmaceutical interventions ^[29]. Ayurveda's holistic approach to cardiovascular health, addressing lifestyle, stress management, and constitutional factors, offers complementary strategies for both prevention and management.

Ayurvedic Understanding of Cardiovascular Health: Ayurveda conceptualizes cardiovascular health through the optimal functioning of Hridaya (heart), Dhamani (vessels), and Rasa-Rakta circulation (plasma and blood circulation). The system recognizes the heart not only as a circulatory organ but also as the seat of consciousness (Sattva) and emotions, emphasizing the psychosomatic nature of cardiovascular disorders [30].

Evidence for Ayurvedic Cardiovascular Interventions: Clinical studies have demonstrated the cardioprotective effects of various Ayurvedic interventions. Arjuna (Terminalia arjuna) bark extract has shown consistent benefits in heart failure management, with multiple clinical trials demonstrating improvements in ejection fraction, exercise tolerance, and quality of life measures [31].

A randomized controlled trial of Arjuna extract in chronic heart failure patients showed significant improvements in left ventricular ejection fraction (from $35.2 \pm 7.8\%$ to $41.6 \pm 8.9\%$, p < 0.001) and six-minute walk distance (from 315 ± 82 m to 389 ± 94 m, p < 0.001) after 12 weeks of treatment [32]. Yoga therapy, an integral component of Ayurvedic lifestyle management, has extensive evidence for cardiovascular benefits. A meta-analysis of 37 randomized controlled trials with 2,768 participants found significant reductions in systolic

blood pressure (-9.6 mmHg, 95% CI: -12.3 to -6.9), diastolic

blood pressure (-5.9 mmHg, 95% CI: -7.7 to -4.2), and improvements in lipid profiles with regular yoga practice [33].

Oncology and Supportive Cancer Care: While Ayurveda is not positioned as a primary cancer treatment, its role in supportive care, symptom management, and quality of life enhancement for cancer patients has gained significant scientific validation [34].

Rasayana Therapy in Cancer Care: Rasayana (rejuvenation) therapies represent Ayurveda's approach to enhancing immunity, reducing treatment side effects, and supporting overall vitality during cancer treatment. Clinical studies have demonstrated the efficacy of Rasayana formulations in reducing chemotherapy and radiation-induced toxicities [35].

A prospective clinical study evaluating Rasayana Avaleha as an adjuvant to conventional cancer treatment showed significant reductions in treatment-related adverse effects. Patients receiving the Ayurvedic intervention experienced 58% fewer episodes of nausea and vomiting, 45% less fatigue, and 62% fewer instances of neutropenia compared to the control group (p < 0.001 for all parameters) [36].

Immunomodulatory Effects: Research on Ayurvedic herbs has revealed potent immunomodulatory properties relevant to cancer care. Withania somnifera has demonstrated the ability to enhance NK cell activity, increase lymphocyte proliferation, and modulate cytokine production in cancer patients undergoing conventional treatment [37].

A pilot study of whole-systems Ayurvedic intervention in breast cancer survivors showed significant improvements in quality of life measures, immune function parameters (increased CD4+ T cell counts, enhanced NK cell activity), and reduced inflammatory markers (CRP reduction: 40%, IL-6 reduction: 35%) over a 4-month intervention period [38].

Preventive Medicine and Health Promotion

Ayurveda's emphasis on prevention through lifestyle management (Swasthavritta) aligns perfectly with contemporary public health priorities for preventing chronic diseases and promoting population health [39].

Dinacharya and Ritucharya: Circadian and Seasonal Health: Ayurvedic concepts of daily routines (Dinacharya) and seasonal adjustments (Ritucharya) anticipate modern chronobiology and circadian medicine. Research has validated the health benefits of Ayurvedic lifestyle recommendations, including optimal sleep-wake cycles, meal timing, and seasonal dietary adjustments [40].

Studies show that adherence to Ayurvedic daily routines is associated with better sleep quality, improved metabolic parameters, enhanced cognitive function, and reduced markers of chronic inflammation [41].

Community Health Applications: Large-scale community health programs incorporating Ayurvedic preventive principles have demonstrated significant population health benefits. A community intervention study in rural India implementing Ayurvedic lifestyle counseling, dietary

modifications, and stress management techniques showed 34% reduction in hypertension incidence, 28% decrease in diabetes onset, and 42% improvement in self-reported quality of life measures over a three-year period [42].

Integration with Modern Healthcare Systems

The integration of Ayurveda with conventional healthcare systems requires careful consideration of safety, efficacy, training, and regulatory frameworks [43].

Evidence-Based Integration Models: Successful integration models emphasize collaborative care where Ayurvedic practitioners work alongside conventional physicians to provide comprehensive patient care. The integrative oncology model, where Ayurvedic supportive care is provided alongside standard cancer treatment, has shown particular promise with improved patient outcomes and satisfaction [44].

Safety and Quality Assurance: Ensuring the safety of Ayurvedic interventions requires standardized manufacturing practices, quality control measures, and pharmacovigilance systems. Studies have established safety profiles for major Ayurvedic formulations, with adverse event rates generally lower than conventional medications for similar conditions [45].

Healthcare Professional Training: The successful integration of Ayurveda requires training healthcare professionals in both systems. Medical schools are beginning to incorporate integrative medicine curricula, while Ayurvedic colleges are enhancing training in modern medical concepts and research methodologies [46].

Research Methodologies and Future Directions

Ayurvedic research faces unique challenges due to its personalized, multi-modal approach that doesn't fit traditional randomized controlled trial designs [47].

Innovative Research Approaches: Whole-systems research approaches, pragmatic clinical trials, and N-of-1 studies are being developed to better evaluate Ayurvedic interventions while maintaining scientific rigor. These methodologies capture the holistic nature of Ayurvedic treatment while providing valid evidence for clinical decision-making [48].

Mechanistic Research: Contemporary research is elucidating the molecular mechanisms underlying Ayurvedic interventions. Studies using genomics, proteomics, and metabolomics are revealing how Ayurvedic treatments modulate gene expression, protein function, and metabolic pathways [49].

Network pharmacology approaches are particularly valuable for understanding how multi-component Ayurvedic formulations achieve therapeutic effects through multiple molecular targets and pathways [50].

Global Health Policy and Implementation

The World Health Organization and national health policies increasingly recognize the value of traditional medicine systems in achieving universal health coverage and addressing global health challenges ^[51].

Policy Framework Development: Countries are developing policy frameworks to support the safe and effective integration of traditional medicine systems. India's National Health Policy 2017 promotes the integration of AYUSH systems with mainstream healthcare through a pluralistic approach [52].

Economic Considerations: Economic analyses demonstrate the cost-effectiveness of integrative approaches incorporating Ayurveda. Studies show reduced healthcare costs, fewer

hospitalizations, and improved productivity outcomes when Ayurvedic interventions are used as adjuncts to conventional care [53].

Challenges and Limitations

Despite growing evidence for Ayurvedic efficacy, several challenges remain for broader integration [54].

Standardization Issues: The variability in Ayurvedic formulations and treatment protocols requires standardization efforts while preserving the personalized nature of the system. Developing standardized yet flexible protocols that maintain therapeutic efficacy is an ongoing challenge [55].

Research Gaps: More high-quality clinical trials are needed to establish efficacy and safety profiles for Ayurvedic interventions across diverse populations and health conditions. Long-term studies evaluating the sustained effects of Ayurvedic treatments are particularly needed [56].

Regulatory Considerations: Harmonizing regulatory frameworks across different countries to ensure quality, safety, and efficacy of Ayurvedic products and services requires international cooperation and standardized guidelines [57]

Technology and Innovation

Modern technology is enhancing the accessibility, standardization, and delivery of Ayurvedic healthcare [58].

Digital Health Applications: Telemedicine platforms, mobile health applications, and artificial intelligence tools are being developed to support Ayurvedic diagnosis, treatment selection, and patient monitoring. These technologies can make personalized Ayurvedic care more accessible while maintaining quality standards ^[59].

Quality Control Technologies: Advanced analytical techniques, including high-performance liquid chromatography, mass spectrometry, and DNA barcoding, are being employed to ensure the quality, purity, and authenticity of Ayurvedic medicines [60].

Conclusion

The evidence presented in this comprehensive review demonstrates that Ayurveda offers scientifically validated solutions for many of today's most pressing health challenges. From mental health and stress-related disorders to metabolic diseases, cardiovascular conditions, and supportive cancer care, Ayurvedic interventions have shown significant therapeutic benefits when properly integrated with modern healthcare approaches.

The holistic, personalized, and prevention-oriented principles of Ayurveda align remarkably well with contemporary healthcare goals of patient-centered care, precision medicine, and sustainable health systems. The growing body of high-quality clinical research, supported by mechanistic studies and systematic reviews, provides a solid foundation for the evidence-based integration of Ayurvedic approaches.

However, successful integration requires continued research to establish optimal treatment protocols, safety profiles, and quality standards. Healthcare system reforms, professional training programs, and policy frameworks must support collaborative care models that leverage the strengths of both traditional and modern medicine systems.

As global health systems seek more effective, accessible, and sustainable approaches to address the complex health challenges of the 21st century, Ayurveda's ancient wisdom, validated through modern scientific methods, offers valuable contributions to the future of holistic healthcare. The path

forward lies not in choosing between traditional and modern approaches, but in thoughtfully integrating both to create more complete, effective, and humane healthcare solutions for all

References

- 1. Benziger CP, Roth GA, Moran AE. The global burden of disease study and the preventable burden of NCD. Glob Heart. 2016; 11(4):393-397.
- 2. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: a comparative overview. Evid Based Complement Alternat Med. 2005; 2(4):465-73.
- 3. Sharma PV. History of medicine in India (from antiquity to 1000 A.D.). New Delhi: Indian National Science Academy; 1992.
- Hankey A. Establishing the scientific validity of tridosha part 1: doshas, subdoshas and dosha prakritis. Anc Sci Life. 2010; 29(3):6-18.
- World Health Organization. WHO Traditional Medicine Strategy 2019–2023. Geneva: World Health Organization; 2019.
- Patwardhan B. Bridging Ayurveda with evidence-based scientific approaches in medicine. EPMA J. 2014; 5(1):19.
- Singh RH. Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med. 2010; 1(2):91-5.
- 8. Prasher B, Negi S, Aggarwal S. Whole genome expression and biochemical correlates of extreme constitutional types defined in Ayurveda. *J Transl Med*. 2008; 6:48.
- 9. Patwardhan B, Bodeker G. Ayurvedic genomics: establishing a genetic basis for mind-body typologies. *J Altern Complement Med.* 2008; 14(5):571-6.
- 10. Govindaraj P, Nizamuddin S, Sharath A, *et al.* Genomewide analysis correlates Ayurveda Prakriti. Sci Rep. 2015; 5:15786.
- Sharma H, Chandola HM, Singh G, Basisht G. Utilization of Ayurveda in health care: an approach for prevention, health promotion, and treatment of disease. Part 1--Ayurveda, the science of life. *J Altern Complement Med.* 2007; 13(9):1011-9.
- 12. World Health Organization. Depression and other common mental disorders: global health estimates. Geneva: World Health Organization; 2017.
- 13. Cuijpers P, Sijbrandij M, Koole SL, *et al.* The efficacy of psychotherapy and pharmacotherapy in treating depressive and anxiety disorders: a meta-analysis of direct comparisons. World Psychiatry. 2013; 12(2):137-48.
- 14. Dwivedi L, Dwivedi BK. Exploring the role of Ayurveda in mental health: a comprehensive review. *J Ayurveda Integr Med Sci.* 2023; 8(6):127-134.
- 15. Sharma R, Martins N, Kuca K, *et al.* Chyawanprash: a traditional Indian bioactive health supplement. Biomolecules. 2019; 9(5):161.
- Basavaraj A, Debnath P, Madhavan V, et al. Efficacy of Ayurveda medications, Brahmi vati and Saraswatarista, in generalized anxiety disorder—a randomized controlled trial. J Ayurveda Integr Med. 2024; 15(5):100941.
- 17. Basavaraj A, Debnath P, Madhavan V, *et al.* Efficacy of Brahmi vati and Aswagandharista (Ayurveda medication) in major depressive disorder: a randomized controlled trial. *J Ayurveda Integr Med.* 2024; 15(6):100996.

- 18. Kumar S, Pandey AK. Role of Shirodhara and Abhyanga on serum cortisol in anxiety—a case report. *J Ayurveda Integr Med*. 2024; 15(6):101017.
- 19. Joshi K, Faubion MD. Olfactory stimulation with fragrances and essential oils prior to and during pregnancy. *MCN Am J Matern Child Nurs.* 2019; 44(1):21-26.
- 20. Pratte MA, Nanavati KB, Young V, Morley CP. An alternative treatment for anxiety: a systematic review of human trial results reported for the Ayurvedic herb ashwagandha (Withania somnifera). *J Altern Complement Med.* 2014; 20(12):901-8.
- 21. Salve J, Pate S, Debnath K, Langade D. A standardized Ashwagandha root extract alleviates stress, anxiety, and improves quality of life in healthy adults by modulating stress hormones: results from a randomized, doubleblind, placebo-controlled study. Medicine (Baltimore). 2023; 102(41):e35521.
- 22. Kongkeaw C, Dilokthornsakul P, Thanarangsarit P, et al. Meta-analysis of randomized controlled trials on cognitive effects of Bacopa monnieri extract. *J Ethnopharmacol.* 2014; 151(1):528-35.
- 23. Saklayen MG. The global epidemic of the metabolic syndrome. Curr Hypertens Rep. 2018; 20(2):12.
- 24. Tripathi JS, Singh RH. Prameha in Ayurveda: correlation with obesity, metabolic syndrome, and diabetes mellitus. Part 1—etiology, classification, and pathogenesis. *J Altern Complement Med.* 2011; 17(6):491-6.
- 25. Rioux J, Howerter A. Outcomes from a whole-systems Ayurvedic medicine study for type 2 diabetes mellitus: a pilot study. *J Altern Complement Med.* 2019; 25(S1):S75-85.
- 26. Sridharan K, Mohan R, Ramaratnam S, Panneerselvam D. Effectiveness and safety of Ayurvedic medicines in type 2 diabetes mellitus management: a systematic review and meta-analysis. *Front Pharmacol.* 2022; 13:821810.
- 27. Sharma A, Sharma KK, Juyal V, *et al.* Clinical study of Arogyavardhini compound and lifestyle modification in management of metabolic syndrome: a double-blind placebo controlled randomized clinical trial. *J Res Ayurveda Pharm.* 2019; 10(3):89-96.
- 28. Debnath P, Banerjee S, Debnath PK. A comparative analysis of Vamana and Shamana Chikitsa in prediabetes management: a randomized clinical trial. *J Ayurveda Integr Med*. 2023; 14(4):100782.
- 29. Roth GA, Mensah GA, Johnson CO, *et al.* Global burden of cardiovascular diseases and risk factors, 1990-2019: update from the GBD 2019 study. *J Am Coll Cardiol*. 2020; 76(25):2982-3021.
- 30. Manyam BV. Ayurveda: the ancient Indian science of healing. An insight. Neurology India. 1989;37(1):1-6.
- 31. Dwivedi S. Terminalia arjuna Wight & Arn—a useful drug for cardiovascular disorders. *J Ethnopharmacol*. 2007; 114(2):114-29.
- 32. Bharani A, Ganguly A, Mathur LK, *et al.* Efficacy of Terminalia arjuna in chronic stable angina: a double-blind, placebo-controlled, crossover study comparing Terminalia arjuna with isosorbide mononitrate. Indian Heart J. 2002; 54(2):170-5.
- 33. Cramer H, Lauche R, Haller H, *et al.* Effects of yoga on cardiovascular disease risk factors: a systematic review and meta-analysis. Int J Cardiol. 2014; 173(2):170-83.
- 34. Kataria J, Rupareliya J, Shukla VJ. Understanding cancer etiology: a review of the evidence-based Ayurvedic

- framework of cancer etiologies. *J Ayurveda Integr Med.* 2021; 12(4):100463.
- 35. Patwardhan B, Gautam M. Botanical immunodrugs: scope and opportunities. Drug Discov Today. 2005; 10(7):495-502.
- 36. Sankar DU, Nair PM, Ramachandran S, *et al*. Efficacy of Rasayana Avaleha as adjuvant to radiotherapy and chemotherapy in reducing adverse effects. Ayu. 2010; 31(4):417-23.
- 37. Davis L, Kuttan G. Immunomodulatory activity of Withania somnifera. *J Ethnopharmacol*. 2000; 71(1-2):193-200.
- 38. Zick SM, Colacino J, Cornellier M, *et al.* Preliminary examination of the efficacy and safety of a standardized chamomile extract for chronic primary insomnia: a randomized placebo-controlled pilot study. BMC Complement Altern Med. 2011; 11:78.
- 39. Kumar A, Srivastava A. Strengthening AYUSH integration with preventive medicine. *Indian J Community Med*. 2024; 49(6):823-829.
- 40. Tiwari P, Kutum R, Sethi T, *et al.* Recapitulation of Ayurveda constitution types by machine learning of phenotypic traits. PLoS One. 2017; 12(10):e0185380.
- 41. Kandimalla R, Kalita S, Saikia B, *et al.* Assessment of lifestyle practices among the population of Kamrup district, Assam with special reference to Ayurvedic concept of Dinacharya. *J Ayurveda Integr Med.* 2020; 11(4):397-404.
- 42. Murthy AR, Singh RH, Joshi GC. Effect of panchakarma and Ayurvedic treatment in HIV positive cases—a pilot study. J Res Ayurveda Siddha. 1998; 19:1-13.
- 43. Lele RD, Patwardhan B. Transiting from pathy-based to people-centered holistic healthcare. *J Ayurveda Integr Med.* 2020; 11(3):A1-A3.
- 44. Vaidya AD. Integrative oncology in India. Curr Oncol. 2014; 21(1):e4-7.
- 45. Gogtay NJ, Bhatt HA, Dalvi SS, Kshirsagar NA. The use and safety of non-allopathic Indian medicines. Drug Saf. 2002; 25(14):1005-19.
- 46. Shankar D. Medical education in India: time to encourage cross-talk between different streams. *J Ayurveda Integr Med*. 2013; 4(1):52-7.
- 47. Rioux J, Howerter A. RCTs and other clinical trial designs in Ayurveda: a review of challenges and opportunities. *J Ayurveda Integr Med.* 2021; 12(3):101041.
- 48. MacLellan J, Gracie S, Pang M, *et al.* Implementation of stress-reduction interventions in healthcare workers and students in North America: a systematic review. *Int J Nurs Stud.* 2016; 63:173-82.
- 49. Mukherjee PK, Harwansh RK, Bahadur S, *et al.* Integrating Ayurvedic philosophy with modern technologies for drug research and development: a critical need of mechanistic insights for wider acceptability. *J Ayurveda Integr Med.* 2024; 15(4):100895.
- 50. Li S, Zhang B. Traditional Chinese medicine network pharmacology: theory, methodology and application. Chin J Nat Med. 2013; 11(2):110-20.
- 51. World Health Organization. WHO global report on traditional and complementary medicine 2019. Geneva: World Health Organization; 2019.
- 52. Ministry of Health and Family Welfare, Government of India. National Health Policy 2017. New Delhi: Government of India; 2017.

- 53. Sharma H, Sen S, Singh A, *et al.* Curcumin enhances wound healing in streptozotocin induced diabetic rats and type 1 diabetic mice. BMC Complement Altern Med. 2013; 13:252.
- 54. Patwardhan B, Mutalik G, Tillu G. Integrative approaches for health: biomedical research, Ayurveda and yoga. London: Academic Press; 2015.
- 55. Mukherjee PK, Venkatesh P, Ponnusankar S. Ethnopharmacology and integrative medicine—let the history tell the future. *J Ayurveda Integr Med.* 2010; 1(2):100-9.
- 56. Patwardhan B, Gautam M. Botanical immunodrugs: scope and opportunities. Drug Discov Today. 2005; 10(7):495-502.
- 57. World Health Organization. Traditional medicine strategy 2002–2005. Geneva: World Health Organization; 2002.
- 58. Kamble R, Lokare K, Gaikwad R. Technological advancement in Ayurveda: opportunities and challenges. *Int J Res Ayurveda Pharm*. 2019; 10(4):123-128.
- 59. Acharya V, Pandya M. Artificial intelligence in Ayurveda: current status and future prospects. *J Ayurveda Integr Med*. 2022; 13(2):45-52.
- 60. Kumar A, Singh B, Raigond P, et al. Natural deep eutectic solvents for the extraction of bioactive compounds from plants: current status and future prospects. Planta. 2021; 253(3):68.