ISSN: 2249-5746

International Journal of Ayurvedic and Herbal Medicine 15:2 (2025) 4914-4917

Journal homepage: http://www.interscience.org.uk

DOI: 10.47191/ijahm/v15i2.21 Impact Factor: 8.254



Ayurveda Need Equilibrium in Expectation and Implementation Indeed

Raj c Arpita

M.D [Ayurveda] Govt. Ayurveda Hospital Prayag Raj.

ABSTRACT: Ayurveda on the global front may act as a whistle-blower in healthcare reforms by seizing opportunities, exploring the enshrined principles depicted in Ayurveda, and uncovering its secrets and practical applications with a scientific orientation. Principles and Policies just on paper are actual obstacles. It's high time to shatter the silence, and implementation on the ground level is the first and foremost requirement for upliftment. Therefore, it's time to opt for a forward-thinking strategy.

Diseases are the tax on pleasures.

JOHN RAY

As in the present era, we all know technology drives changes in health care. Science of communication like deploying telemedicine consultants, surveillance, virtual expansion introduction of artificial intelligence [AI], and 3-dimensional technological innovations is basking in appreciation for their assistance in the healthcare sector in presenting precise pictures and status of the disease. Sometimes, needlework works efficiently as compared to a sword, so the case studies do not have Less importance as they are being executed with diversified geographical, social, and environmental conditions, and also patients with diverse mental, physical, and economic statuses enhance the spectrum of research work.

In this article, from the clinician's point of view, the proposed designed model may add vibrancy to stagnant research, case studies, and scientific documentation. strategically a framework for the district-wise model can be executed assuming that if there are 40 Ayurveda dispensaries or 15-25 bed hospitals in a particular district every medical officer assigned a task for at least ten new cases in a month with proper documentation, Investigation, ultrasonography reports from the commencement, follow-ups, post-treatment outcomes. Ten cases per medical officer in a month means four hundred cases can be accumulated as a record or documents, in turn around forty-eight hundred documents in a year. The outcomes from these case studies on the ground level can provide actual data to premium research institutes to discriminate impact over health between rural or urban area populations. As we all know sudden emergence of infectious diseases like COVID-19 or pandemics requires big and diverse sample sizes or bulk data for assessment and conclusion, so such implementations need of the hour.

Let us not squander opportunities to explore, reinvent, and re-establish Ayurveda on the same designation as envisioned by our ancient intellects just amplify stories of resilience, and channel its potential into fostering hope for the future establishment of our pathy as it assists in flattening the curve of emerging disorders in the healthcare sector and reshaping the health landscape of the country.

KEYWORDS: Infections, Lifestyle-disorder, Technology, Case-study

INTRODUCTION

For so many decades, Ayurveda has witnessed serious resistance from the research fraternity, which has always emphasized scientific literacy on statistical grounds. It's high time to break the self-inflicted silence not by words but with mission-oriented documentation and ground-level research. Ayurveda covers a wide horizon, but its applicability as compared to the expansion of contemporary science is still in a nascent stage as well, and one of the critical flaws is its pacing. Ayurveda deals with many disorders and is very much relevant in the present scenario. Covers communicable diseases as well as non-communicable diseases, lifestyle disorders embracing diabetes, cardiovascular disease, hypertension, obesity, cancer, and hormonal adversities that can be relieved through treatment modalities of Ayurveda like Shodhan [purification/detoxification] and shaman chikitsa [pacification].

India is deemed as world's capital of diabetes due to its current exponential rise and other diseases causing deteriorating health conditions can be resolved by following the entire Ayurveda regime as a preventive aspect and "labhopaya hi shastanaam rasadeenam rasaynam" [1] Rasayan for rejuvenation process exploring new avenues as an antiaging agent as well can be a milestone in the geriatric study a study to retain consistency in old age issues. Ayurveda considers aging as the Jaivika Swabhawa [5], i.e. biological nature of the living being, and believes in the natural cycle of birth-senescence-death-rebirth as the very destiny of life. Hence what is needed is to retard the rate of aging to a limited extent and to promote healthy aging.

The Vedas, too, pray for a healthy long life of a hundred years – "Jivem sharad shatam". The medicine boosts Agni, thus enhancing metabolic activity in geriatric persons. The Rasayana drugs potentiate Dhatu, thus maintaining physical integrity and general appearance. 'Rasayanam cha tajjgeyam yajj Jara vyadhi nashnam .3 Vajikaran for impaired physical or sexual issues not only for performance and potential but for healthy progeny. "Swasthasyaurjaskar yatt tad vrishyam tadrasayanam" [1]. Rich experiences of Ayurveda in dealing with psychological aspects through mental discipline and adherence to moral values grabbed global attention. The welfare state ought to focus on curative, preventive aspects as well as mental status as acknowledged by the World Health Organisation by the inclusion of the term mental well-being in its definition. The best part of Ayurveda is not just the surface image; the underlying picture is equally reassuring.

Challenges:

Apart from the grievances of lacking ample resources, sensing and superseding the lacuna of fraudulent claims is also a big challenge and is often more disorienting and scarier. So, focusing primarily on the unyielding struggle and finding an appropriate way to its exclusion is essential to retain the patient's trust. An elongated time span, slow pace, and inconsistency further dilute the impact. Sometimes feels like a rushed attempt to tie up loose ends rather than a meaningful conclusion to the treatment.

Another obstacle is the explanation for the efficacy of the drug on qualitative and quantitative scales, concern for adulteration, its side effects or aftereffects, and serious concern for hepatotoxicity or renal toxicity. Last but not least is about patients' trust or general perception about Ayurveda from conditioned or biased minds. Maintaining scientifically calibrated, codified evidence and peer-reviewed research adhering to the recognized scientific protocol is a need of the hour, and the patient's prognosis to retain authenticity is also a challenge. Overcoming and clearing these hurdles positively propelled Ayurveda into a new era of sustainability.

Technology is diverse and surprising:

Now, technology has facilitated the entire world to be interconnected, interdependent, and interactive. So, moulding and upgrading ourselves is essential, and it can assist in reinventing and re-establishing Ayurveda on diverse platforms. As emerging advances technology is now an integral part of social fabric as a game changer for the health sector.

Raj c Arpita, International Journal of Ayurvedic & Herbal Medicine 15(2) March-April, 2025 (4914-4917)

Access to the internet even in rural areas and the science of communication like deploying telemedicine, e-consultants, surveillance, and virtual expansion. Telemedicine has the advantage of scale and convenience. The introduction of artificial intelligence [AI], Bluetooth exposure notifications, and 3-dimensional technological innovations are basking in appreciation for their assistance in the healthcare sector in exposing precise pictures and the status of diseases.

The designed model may add vibrancy to stagnant research, case studies, and scientific documentation. technology drives changes in healthcare. Technologies or a few potentially transformative developments are going to transform our whole approach to illness and health.

Proposed model:

Research institutes indulging in various Ayurveda research following modern protocol are performing well at their level. The cumulative impact of individual actions shapes the course of shared outcomes. The case studies do not have less importance as they are being executed with diversified geographical, social, and environmental conditions and also patients with diverse mental, physical, and economic statuses, interestingly enhance the spectrum of research work.

Strategically, a Framework for a district-wise model can be executed. Assuming that there are 40 Ayurveda dispensaries or 15-25 bed hospitals in a particular district every medical officer assigned with a task for at least ten new cases in a month with proper documentation, pictures of Investigation, ultrasonography reports from the commencement of follow-up, and then post-treatment outcomes either positive, negative, or neutral. Ten cases per medical officer in a month means four hundred cases can be accumulated as a record or documents in turn around forty-eight hundred documents in a year, and their collaborative efforts can result in the creation of documentation with vital impact.

The inclusion of data entry operators in dispensaries can be a great asset for proper compilation and documentation just to swap the un- usability of piles of paper. this information can be aggregated and help discover variations in treatment and outcomes as mentioned in Ayurveda and, hence, help improve quality of life as well. Such exemplary efforts can illuminate the future of research fields.

Future Prospects:

In the future, the quantity of information will increase dramatically because of genomics and personalized medicine, and as more patient data more insights will become available. If computers collect data on patient illness, treatments, and outcomes, one automatically obtains valuable information on the effectiveness of those treatments or relations between side effects and patient characteristics across whole populations. Once the infrastructure has been set up, the incremental cost of adding one new patient will be essentially nothing, and this economy of scale will drive further technical developments. In the present scenario, pandemics like SARS, Mars, or COVID-19 have exposed a new nature of health threats. From compiled data on the latest gazettes, epidemiologists will benefit enormously, but the benefits to individuals are less obvious, except in the long run from big data's contribution to the progress of medical science more generally. In time-pressured environments, humans often suffer from tunnel vision—focusing on the original task and overlooking larger situational awareness. All the aspects should be considered equally for the concept of entire Wellness.

INITIATIVES

By concentrating on actionable measures, we empower ourselves and others to be part of the solution. For a fresh start, the authorities could use its robust grass root system for awareness campaigns regarding lifestyle modifications, attention to women-centric health policies with priority for teenagers issues, menstrual hygiene, and camps providing social platforms for discussion on women pertaining issues which were considered as

Raj c Arpita, International Journal of Ayurvedic & Herbal Medicine 15(2) March-April, 2025 (4914-4917)

stigma by conditioned minds, for Lifestyle disorders entire Ayurveda regime from the diet (Aahar vihara) yogasan, Pranayama, meditation, and their positive impact can be prioritized as a governments flagship programs. Framing positive intervention policies and hastening the execution of its existing project needs to be a top priority.

Ayurveda is redefining its role on the global front. Let us not squander opportunities to explore and re-establish Ayurveda on the same designation as envisioned by our ancient intellects and help flatten the curve of emerging disorders in the healthcare sector. In the medium to long term, India needs to strengthen its research approaches in the field of Ayurveda and health technologies. The proven utility of the preventive aspect of Ayurveda during the pandemic compelled me to take it as a wake-up call to rethink the roles and responsibilities as well chance to invest in the healthcare system like never before. Initiating and ending with these lines, 'Ayurveda Need Equilibrium in Expectation and Implementation Indeed' explains how important it is and intellects from this fraternity should come forward for acknowledging responsibility and endorsing its authenticity and relevance in the current scenario.

REFERENCES

- 1. Charak Samhita, Chaukhamba Surbharti Prakashan, Chikitasthanam chapter 1.
- 2. Role of Kayachikitsa and Ayurveda Modality Towards Geriatric Care: A Review
- 3. Neeraj Kanungo Zahida Nagor, Vijayata Kanungo. Srikantha murthy, KR. Sarangadhara samhita by Sarangadhara. Seventh edition. Varanasi Chaukhambha Orientalia;
- 4. <u>Strengthening patient outcome evidence in health technology assessment: a coproduction approachMark Rasburn, Heidi Livingstone</u>. Sarah Escott.
- 5. The Contemporary strength of ayurvedic Geriatrics: Ram Harsh Singh Annals of Ayurvedic Medicine 2012 vol.1pg.23