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Integrative dermatology and Ayurveda in the management of lower limb lymphedema in India

Terence J. Ryan¹, FRCP, Kathajee S. Bose², LICHL, DNB, and Ganepasad M. Aggithaya³ MD

¹Department of Integrative Dermatology, Institute of Applied Dermatology, Kavaratti, India, and ²Department of Dermatology, University of Oxford, Oxford, UK

Correspondence

S. P. Naythau, MD
Department of Integrative Dermatology
Institute of Applied Dermatology
Kavaratti, 751121
India
E-mail: snaythau@iadyam.net.in

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Abstract

Background: Globally, governments have recognized the growing popularity of Complementary and Alternative Medicines and the potential for their integration into the biomedicine. Decisions within the Government of India to encourage an environment for conducting clinical studies, to achieve a system of medicine, so that their combined benefits can be used to treat difficult-to-treat conditions.

Aim: To develop integrative dermatology treatment protocols for lower limb lymphedema in India.

Materials and Methods: A team of doctors from modern medicine, and homoeopathy studied involved patients to develop a therapeutic system and a working knowledge of approach to their clinical diagnosis.

Results: Six hundred fifty-eight patients affected by lower limb lymphedema requiring skin care as a major part of treatment were treated integrating modern dermatology and Ayurveda. Three hundred eighty-one village patients were examined and treated to understand the clinical presentation and treatment options in Ayurveda.

Discussion: A two-step cluster analysis performed by SPSS Version 16 showed average volume reductions of 13.3% and 22% on day 14, 19.7% and 31.1% on day 45, and 23.4% and 36.7% on day 90 of treatment in small and large lymphedematous limbs. Inflammatory episodes before the onset on this treatment was reported by 79.5% of our lymphedema patients, and 3.4% reported this at the end of three months after our treatment. Among village patients, we found that 36.4% of patients had kapha, 36.8% pitta, 10.8% had vata and 15.2% had shobhaja presentation. There are over 100 treatment options available in Ayurveda to treat village.

Conclusion: Each system of medicine recognizes the same disease albeit with minor difference in description. Skin care procedures like washing and emollients restore the barrier function and skin health. We have converged Ayurvedic skin care with that of dermatology with an aim of achieving patient management that is better than that achievable by a single system alone. Overload of the lymphatic system due to loss of epidermal barrier function and consequent inflammation from bacteria and soil irritants is responsive to selected Ayurvedic herbal preparations.

Conclusion: It is evident that integration of the therapeutic level is possible, although the pathological basis is interpreted differently. In spite of background understanding of the given disease, a mutually oriented multi-system therapeutic team was able to effectively use medicines from more than one system of medicine and to develop guidelines for their prescription and a patient care algorithm.

Introduction

The global scenario

The practice of integrating biomedicine with other systems of healthcare is growing in popularity and is reported in the USA, the UK, and other countries. Having

in its real approval on the term "alternative medicine" with the establishment of its Office of Alternative Medicine in 1992, the National Institutes of Health proceeded to initiate a National Center for Complementary and Alternative Medicine in 1998, thereby emphasizing the suggestion that many systems of alternative medicine can

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