

**AYURVEDA AND  
CONVENTIONAL MEDICINE**

**CROSS REFERRAL  
APPROACH FOR SELECTED  
DISEASE CONDITIONS**



**Central Council for Research in Ayurvedic Sciences  
Ministry of Ayush, Govt. of India**

**Ayurveda and Conventional Medicine**  
***Cross Referral Approach for Select Disease Conditions***



**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

Ministry of AYUSH, Government of India

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Ministry of Ayush, Government of India, New Delhi.

ISBN: 978-81-954096-6-2

**Published by:**

Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi-110058

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**Printed at:**

Dolphin-Printo Graphics, New Delhi



# **Ayurveda and Conventional Medicine**

## ***Cross Referral Approach for Select Disease Conditions***

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## MESSAGE

Ayush is a well-organized sector in India providing healthcare services in both public and private sector. In view of the strength of Ayush systems in reducing the disease burden, the efforts to promote these systems and integrate with mainstream medicine are on for last few decades. Off late, the National Health Policy (NHP) 2017 has advocated mainstreaming the potential of Ayush systems promoting a pluralistic system of Integrative healthcare.



Effective integration strategies will promote communication and mutual understanding among different medical systems, evaluate medical care in its totality, ensure equitable distribution of resources, provide a training and educational programme for both traditional and conventional medicine, and finally generate a holistic healthcare system. Due to various policy initiatives, India has achieved physical integration to a great extent, in terms of collocation of AYUSH units in different levels of health care delivery facilities. However, for the successful mainstreaming the operational integration in terms of communication, information sharing, cross referrals between conventional and AYUSH systems are very important.

The Central Council for Research in Ayurvedic Sciences, functioning under the Ministry of Ayush has contributed significantly in conducting research adopting interdisciplinary approach and developed some integrative treatment protocols for diseases such as Osteoarthritis, Cancer Quality of Life etc. In addition, several such initiatives have been taken up by different Scientific Organizations and have generated extensive evidences. Now, the Council is bringing out a document titled "*Ayurveda and Conventional Medicine- A Cross Referral Approach for Select Disease Conditions*" embodied with evidence based information through extensive consultative process.

This cross referral guideline is a first ever effort to bring clarity to healthcare providers of both Ayurveda and Modern Medicine of referrals of suitable case. I hope this document will help to harmonize the assimilation approaches to successfully achieve functional integration for the benefit of the society. Guidelines are never static and revisions will take place whenever the new evidences emerge in the area. I appreciate the efforts put in by the Council in bringing out this document.

New Delhi

(Rajesh Kotecha)

Dated: 09<sup>th</sup> July, 2021





## PROLOGUE

Cross-referral is an important component of the hierarchical health care delivery system that ensures adequate and quality health care to all health seekers, as appropriate. Within the pluralistic health culture existing in India, formal or informal referral system exists in place within the tiered health care system. The need to have a structured cross-referral system, which is transparent, accountable and responsive, is indeed a matter of great priority. The existing referral system is most often unidirectional with referral being done from Ayush Systems of Medicine to contemporary biomedicine, which has led to the concept of setting a referral guideline for improvement of cross referral across different systems of medicines and to the different hierarchical levels as per the requirement. This would enable delivery of timely, appropriate, cost-effective, and skill oriented health service to all health seekers. The dynamics established from the development of a referral/counter-referral system aids in the development of mutual respect and trust, essential to the emergence of a seamless team dynamic between specialists across different systems that would ultimately benefit the patients and care givers.



The successful establishment of a cross referral system in a resource-limited setting is highly challenging, considering the specialised skill and infrastructure requirement, establishment of levels of communication between the systems, maintaining a healthy and responsive relation with the patients and caregivers.

This document has been developed with inputs from different stakeholders and domain experts through an extensive consultative process to make it comprehensive and pragmatic. In the emerging scenario of integrative medicine, cross-referral across the traditional and conventional systems of medicine plays a pivotal role to realize the objectives of the functional integration of these systems. Evidence based approaches comprise the core component to ensure the efficacy and safety of these approaches as standalone therapies or as add-on to conventional care. Further, in certain contexts, the cross referrals may also be intended to improve the quality of life of individual, alongside the main therapies. I appreciate the efforts of the contributors, reviewers and other experts in bringing out this document.

Date: 08.07.2021

Place: New Delhi

(Narayanam Srikanth)

Director General I/c, CCRAS







## ABBREVIATIONS

ACL	<i>Anterior Cruciate Ligament</i>
ADHD	<i>Attention Deficit Hyperactivity Disorder</i>
AIDS	<i>Acquired Immune Deficiency Syndrome</i>
ALS	<i>Amyotrophic Lateral Sclerosis</i>
ANC	<i>Antenatal Care</i>
ASD	<i>Autism Spectrum Disorder</i>
ASHA	<i>Accredited Social Health Activist</i>
ATT	<i>Anti Tuberculosis Treatment</i>
AVN	<i>Avascular Necrosis</i>
AYUSH	<i>Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy</i>
B/L	<i>Bilateral</i>
BP	<i>Blood Pressure</i>
Ca	<i>Carcinoma</i>
CCRAS	<i>Central Council for Research in Ayurvedic Sciences</i>
CD	<i>Celiac Disease</i>
COPD	<i>Chronic Obstructive Pulmonary Disease</i>
CT	<i>Computed Tomography</i>
DDD	<i>Degenerative Disc Disease</i>
ECG	<i>Electrocardiogram</i>
eGFR	<i>Estimated Glomerular Filtration Rate</i>
ENT	<i>Ear, Nose and Throat</i>
GCS	<i>Glasgow Coma Scale</i>
GCT	<i>Giant Cell Tumour</i>
GERD	<i>Gastro-Esophageal Reflux Disease</i>
GIT	<i>Gastro-Intestinal Tract</i>
gms	<i>grams</i>
H/o	<i>History of</i>
Hb	<i>Hemoglobin</i>
HbA1c	<i>Glycated hemoglobin</i>
HBsAg	<i>Hepatitis B surface Antigen</i>



HIV	<i>Human Immunodeficiency Virus</i>
IBD	<i>Inflammatory Bowel Disease</i>
IBS	<i>Irritable Bowel Syndrome</i>
LDL	<i>Low-density Lipoprotein</i>
MI	<i>Myocardial Infarction</i>
mmHg	<i>Millimetre of mercury</i>
MRI	<i>Magnetic Resonance Imaging</i>
NAM	<i>National AYUSH Mission</i>
NHM	<i>National Health Mission</i>
NHP	<i>National Health Policy</i>
PCL	<i>Posterior Cruciate Ligament</i>
PIVD	<i>Prolapsed Intervertebral Disc Disease</i>
PUO	<i>Pyrexia of Unknown Origin</i>
RCH	<i>Reproductive Child Health</i>
SRUS	<i>Solitary Rectal Ulcer Syndrome</i>
THR	<i>Total Hip Replacement</i>
TKR	<i>Total Knee Replacement</i>
WHO	<i>World Health Organisation</i>
X-ray	<i>X-radiation</i>
UTI	<i>Urinary Tract Infection</i>
PIH	<i>Pregnancy Induced Hypertension</i>
kg	<i>Kilogram</i>
COVID	<i>Coronavirus disease</i>
HIE	<i>Hypoxic Ischemic Encephalopathy</i>
VDRL	<i>Venereal Disease Research Laboratory</i>
BPH	<i>Benign Prostatic Hyperplasia</i>
CRF	<i>Chronic Renal Failure</i>
CKD	<i>Chronic Kidney Disease</i>
MRD	<i>Medical Renal Disease</i>



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## CHAPTER 1

# INTRODUCTION

India has a very unique health care system. It widely accepts both indigenous medical systems like Ayurveda and foreign systems like Homeopathy and Unani. Among these, Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy (AYUSH) are officially recognized and practiced as parallel to the mainstream allopathic system of medicine. Government of India, in collaboration with state/UT governments and other stake holders has taken active initiation to extend AYUSH system of medicine to general public. AYUSH along with other modern medical facilities across India, through various programs such as National Health Mission (NHM), National AYUSH Mission (NAM) etc. has brought proximity among various systems of medicine thus facilitating emergence of integrative system to bring about an architectural correction and re-inforce the existing public health care delivery system, to facilitate the use of natural, safe time tested, accessible, affordable and holistic care to all. Among all AYUSH systems, Ayurveda is the most popular one in India.

As per the World Health Organization (WHO), definition “referral” is a process in which a health worker at one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the help of a better or differently resourced facility at the same or higher level to assist in. Common reasons for referral (either an emergency or routine cases) are: A) For taking expert opinion B) For seeking additional services C) For seeking better treatment D) For using of high end diagnostic and therapeutic tools, which is not available at current level.

Health referral not only involves direct extensive patient care but also includes support services such as transportation or transfer of patient from one health facility to another. It is a two-way relationship that requires cooperation, coordination and exchange of information between the healthcare providers during the referral and discharge of the patient. Referral can be from the community to a nearby health centre, from one facility to another or within the internal departments of a healthcare facility.

An ideal referral mechanism ensures that people receive the best possible care, promotes cooperation & complementation of primary, secondary & tertiary health facilities as well as continuity of treatment and sustainability. Timely and properly coordinated referral and appropriate care can prevent morbidity and mortality to a great extent. Therefore to establish an effective cross referral mechanism between the Allopathy and Ayurveda, being the more accepted system among AYUSH, a guideline delineating the necessary criteria was felt essential. By considering the strengths and



limitations of these two medical systems, a broad referral guideline has been devised with following objectives:

1. To have a standard facilitating scientific document for managing referrals by the healthcare providers of Ayurveda and Allopathy
2. To facilitate provision of best possible health care service to any health seeker
3. To safely direct patients to appropriate levels of care
4. To effectively triage patients with medical emergencies and to offer appropriate care
5. To have a strategy to strengthen the public health care delivery through promotion of comprehensive health care and delivered through functional cross referral mechanism between Allopathy and Ayurveda

The document is primarily intended to be used in the Government facilities where both Ayurveda & Modern medicine services are available under one roof or in proximity, such as AYUSH Health & Wellness Centres under Ayushmana Bharat, Primary Health Centres, Ayurveda dispensaries, Community Health Centres/District Hospitals, State Teaching Hospitals, National level institutions and Research Councils. Yoga is also included in referral in certain conditions where it is commonly recommended as integral part of Ayurveda.

### **General guidelines**

This cross referral document is a first ever effort to bring clarity to healthcare providers of both Ayurveda and Allopathic Medicine for referrals of suitable case. Guidelines are dynamic and will be periodically reviewed to incorporate newly emerged evidences in the area.

During referral, the need, merits, advantages, service availability, accessibility and even cost effectiveness and patient preference should be taken into account. The continuum of care has to be ensured throughout the care period. To make it an effective cross referral system, every member of the team should understand his roles and act with utmost care. The responsibilities of both referring and consulting physician are pivotal and some of them are mentioned below, however it is up to the attending physician to judge what is best for a patient.

### **Roles and responsibilities of referring physician**

- ◆ Should know what, when, whom, and where to refer. A patient should be referred only if there is a definite and convincing indication felt by the referring doctor for expert opinion, diagnostic purposes or for further management
- ◆ Should be empathetic about the socioeconomic condition of the patient and plan to link government facilities/schemes and insurance packages to patients so that they do not face financial hardship



- ◆ Should connect the patient to the specialist through telemedicine, if the facility is available. This may enable the specialist to have a preliminary understanding of the case and also can avoid unnecessary travel to the referral facility
- ◆ It is expected that the referring doctor, should furnish the requisite information in the referral slip including probable diagnosis, available information regarding co-morbidities, allergies, medicines given, and reason for referral. Referral should be accompanied with all available medical records
- ◆ Should provide complete details of the receiving hospital like name, address, contact number and name of the attending physician with contact number if possible
- ◆ Should facilitate scheduling and transportation specially in case of life threatening or emergency situation
- ◆ Should explain the rationale/reasons for the choice of doctor/hospital, preparation, expected cost, possible outcome of the referral.
- ◆ Should ensure continuity of care, provide accurate patient information so that they return to the facility after referred services
- ◆ The details about the patient being referred should be recorded at the referral institute, a format is provided at the end of the chapter.

### **Roles and responsibilities of consulting physician**

- ◆ Should attend to the request for consultation with appropriate and early care should during emergency or life threatening conditions
- ◆ Ensure effective communication with the referred doctor
- ◆ Should communicate to the patient/patient's family in detail about the medical condition and expenses involved in further management.
- ◆ Should provide an update to the referred care provider on the management of the patient, inform if the patient is referred to another specialist/ facility.
- ◆ Ensure that the patients are referred back(back referrals) as and when appropriate by mentioning medical/treatment details of the patient in the slip
- ◆ Should not attempt by word or deed, to usurp or undermine the role of the primary physician.





### Register of Referrals -OUT

Date of referral	Patient Name (M/ F)	Identity No.	Referred to	Referred for	Back referral date	Follow-up required Yes / No	Follow-up completed Yes/No	Appropriate referral Yes/No

### Register of Referrals- IN

Date referral received	Patient Name (M/ F)	Identity No.	Referred from	Referred for	Back referral date	Appropriate referral Yes/No

This protocol does not include already developed referral pathways within the particular stream of medicine. The referral system is also open to revision in the light of practical experience and emergence of new evidences to meet the goals of the health system.



## CHAPTER 2

# COMMUNICABLE DISEASES

### 2.1. Ayurveda to Allopathy

- ◆ Suspected or confirmed case of tuberculosis (pulmonary or extra-pulmonary)
  - Fever for more than 1 week
  - Pyrexia of unknown origin (PUO)
  - Unexplained weight loss
  - Extreme and unexplained tiredness
  - Chronic cough of more than 3 weeks
  - Hemoptysis (blood in the sputum)
- ◆ Continuation or worsening of dyspnea, cough , fever suggesting pneumonia
- ◆ Suspected or confirmed case of lepromatous or tuberculoid leprosy
  - Discolored patches of skin, usually flat, that may be numb and look faded (lighter than the skin around)
  - Growths (nodules) on the skin
  - Thick, stiff or dry skin
  - Painless/ decreased sensation in ulcers
  - Painless swelling or lumps on the face or earlobes
  - Loss of eyebrows or eyelashes
  - numbness in the hands, arms, feet, and legs
- ◆ Suspected or confirmed case of HIV/AIDS
- ◆ Infective hepatitis- Fever, Jaundice, loss of appetite, nausea/vomiting, weakness and fatigue
- ◆ Severe sepsis
- ◆ Septic arthritis
- ◆ Infective pneumonia



- ◆ Acute cholangitis- Pain in the upper right part of the abdomen, fever, jaundice, nausea and vomiting, clay-colored stools, dark urine
- ◆ Prolonged swelling of the lymph glands in the armpits, groin or neck
- ◆ Acute gastroenteritis- loss of appetite, nausea/vomiting, abdominal pain, diarrhea/bloody stools
- ◆ Sores of the mouth, anus, or genitals
- ◆ Discharge from the penis
- ◆ Unusual smelling vaginal discharge
- ◆ Any infection in person belonging to high risk category like pregnancy, old age, suffering from serious illnesses should be immediately referred to a higher centre and their follow up should be ensured.

## **2.2 Allopathy to Ayurveda**

- ◆ Patient with Tuberculosis receiving ATT for adjuvant treatment to manage minor symptoms like loss of appetite, general weakness, cough
- ◆ General immunity enhancement measures to prevent any communicable disease
- ◆ Prevention through immunity building measures during outbreak of communicable diseases
- ◆ Seasonal flu as standalone or add on Ayurveda management
- ◆ All cases of hepatitis for standalone or add on intervention
- ◆ Recurrent urinary tract infection
- ◆ Adjuvant treatment for any communicable disease like Malaria, Dengue etc.
- ◆ Recurrent respiratory tract infections
- ◆ Sequel of infection such as chronic cough, chronic dysentery, arthritis, debility, digestive diseases.



## CHAPTER 3

# ENT, OPHTHALMOLOGY & ORAL HEALTH

### 3.1. Ayurveda to Allopathy

- ◆ All acute ENT infections with high fever and severe symptoms
- ◆ All high risk patients such as pregnancy, severe COPD, postpartum period, uncontrolled diabetes/hypertension, heart diseases, chronic kidney disease, cancer, immune compromised etc. with ENT problems
- ◆ Airway obstruction due to inhaled foreign body, epiglottitis, quinsy, anaphylaxis/angio-oedema, croup, facial fractures
- ◆ Breathing difficulty due to croup, inhaled foreign body aspiration
- ◆ Circulatory compromise due to haemorrhage (for example, epistaxis, from facial fracture), secondary haemorrhage after ENT surgery (for example tonsillectomy)
- ◆ Difficulty in swallowing, lump or non-healing ulcer
- ◆ Severe eye pain or blurring/ sudden impairment/loss of vision
- ◆ Severe eye discharge
- ◆ All refractive errors for correction
- ◆ Dry eyes associated with Sjogren's Syndrome
- ◆ Dental caries
- ◆ Cracked or broken teeth
- ◆ Periodontitis with infection
- ◆ Suspected cases of malignancy of ENT, eye or oral cavity with symptoms like difficulty in opening mouth, ulcers/patch /growth, ulcers bleeding on touch, fast growing swellings, foul smelling bloody nasal discharge etc.

### 3.2 Allopathy to Ayurveda

- ◆ Chronic and recurrent rhinitis, sinusitis, pharyngitis, tonsillitis, and laryngitis (prevention & management)
- ◆ Dry eye syndrome
- ◆ Computer vision syndrome
- ◆ Non-specific burning of eyes
- ◆ Preventive oral health and treatment of Pyorrhea and periodontitis
- ◆ Recurrent oral aphthous ulcer



## CHAPTER 4

# GASTRO-INTESTINAL SYSTEM

### 4.1. Ayurveda to Allopathy

- ◆ All suspected and confirmed case of cancer of Gastro-Intestinal Tract with features like severe bleeding per rectum, progressive constipation, intermittent episodes of partial or complete intestinal obstruction, progressive weight loss, anemia etc.
- ◆ Intestinal obstruction with features of abdominal pain, abdominal distension, nausea, vomiting, constipation etc.
- ◆ Intestinal obstruction with complication such as perforation, peritonitis, septic shock with features like tachycardia, hypotension, cold clammy peripheries, and/or reduced urine output.
- ◆ Gastro enteritis with features of severe dehydration like tachycardia, hypotension, cold clammy peripheries, reduced urine output
- ◆ Inflammatory bowel disease (IBD) (Crohn's Disease and Ulcerative Colitis)- severe diarrhea, bloody diarrhea, fever, abdominal pain, and drastic weight loss
- ◆ Irritable Bowel Syndrome (IBS) if associated with severe psychological symptoms
- ◆ Celiac disease- with severe anemia and malnutrition
- ◆ Intestinal Tuberculosis with features like abdominal pain, hematochezia, increased frequency of defecation, weight loss, anorexia
- ◆ Peptic ulcer with suspected complication like bleeding or perforation
- ◆ Pancreatitis with suspected pancreatic necrosis or hemorrhage or features of shock
- ◆ Cases of liver abscess, liver cirrhosis, HBsAg positive (hepatitis B) and known case of HIV/AIDS infection
- ◆ Liver disease having increased levels of bilirubin (more than 20 mg/dl), with mental confusion, altered sensorium and severe persistent vomiting
- ◆ Patient showing signs of Jaundice with symptoms like severe nausea-vomiting, fever, abdominal pain, posing danger of dehydration, signs of hepatic encephalopathy etc.
- ◆ Patients in acute alcohol withdrawal state, intoxication, hepatic encephalopathy
- ◆ Severe acute abdominal pain not responding to Ayurvedic medical pain management



- ◆ Secondary fistula-in-ano associated with Crohn's disease, ulcerative colitis, carcinoma colon, intestinal tuberculosis etc.
- ◆ Gastro-intestinal strictures associated with Crohn's disease, ulcerative colitis, carcinoma, intestinal tuberculosis etc.

#### **4.2. Allopathy to Ayurveda**

- ◆ Irritable Bowel Syndrome (IBS) for Ayurveda management to restore psychosomatic balance
- ◆ Inflammatory Bowel Disease (IBD) as an adjuvant or standalone treatment if it is not associated with complication like obstruction, stricture, fistulae, malignancy etc.
- ◆ Coeliac Disease (CD) as an adjuvant or standalone treatment.
- ◆ Gastro-Esophageal Reflux Disease (GERD) with features like heartburn, epigastric discomfort, sour belching etc.
- ◆ Chronic gastritis with features like abdominal heaviness or fullness, indigestion etc.
- ◆ Recurrent Gastritis with features like burning pain, heartburn, indigestion etc.
- ◆ Peptic ulcer for add on treatment along with allopathic treatment
- ◆ Anorectal disorders such as
  - o Internal Hemorrhoids with or without bleeding
  - o Hemorrhoid with complications like profuse haemorrhage, strangulation, thrombosis, ulceration, gangrene, suppuration or abscess formation, fibrosis, perianal haematoma.
  - o Acute or chronic fissure-in-ano
  - o Anorectal abscess
  - o Fistula-in-Ano
  - o High level anal fistula
  - o Recurrent anal fistula
  - o Solitary Rectal Ulcer Syndrome (SRUS)
  - o Anal erosions



## CHAPTER 5

### GERIATRIC CARE

#### 5.1. Ayurveda to Allopathy

- ◆ All patients should be referred to appropriate facility as per the schedule for regular checkup and care
- ◆ All serious patients under different categories mentioned in other chapters of this document

#### 5.2. Allopathy to Ayurveda

- ◆ Frailty
- ◆ Musculoskeletal disorders
- ◆ GIT disorders like loss of appetite, indigestion, constipation, IBS, fissure-in-ano, etc.
- ◆ Palliative care of non-ambulatory patients
- ◆ Mental health issues (Yoga, meditation, medicines, spiritual counseling, Panchakarma procedures like Nasya, Abhyanga etc. can be considered for treatment)
- ◆ Insomnia
- ◆ Immunity boosting to prevent frequent infections
- ◆ Quality of life improvement
- ◆ Dietary advocacy for prevention and management of malnutrition
- ◆ Benign prostate hyperplasia
- ◆ Care of elderly women specifically for urogenital problems
- ◆ Referral for osteoarthritis, respiratory, gastrointestinal, reproductive, skin, ano-rectal, urological, metabolic diseases etc. will be done as mentioned under the other chapters of this document.



## CHAPTER 6

# MENTAL HEALTH

### 6.1. Ayurveda to Allopathy

#### A. Adults

- ◆ Suicidal tendency or risk of harm to others
- ◆ Marked violent/ aggressive behavior
- ◆ Grossly disorganized or catatonic behavior, visual hallucinations
- ◆ Substance dependence disorder with complicated withdrawal
- ◆ Diagnostic dilemma or need for specialized investigations like CT/ MRI scanning
- ◆ Suspected organic origin of illness due to neurological or general medical conditions
- ◆ Severe psychiatric illness in pregnancy or post-partum period
- ◆ Poor general medical status
- ◆ Refusal to take food or medications orally
- ◆ Severe or treatment-resistant illness
- ◆ Co-morbidity of two or more major psychiatric disorders.
- ◆ Partial or no response to treatment
- ◆ Need for specialized treatments like electroconvulsive therapy
- ◆ Need for specialized input for patient/ family from clinical psychology or psychiatric social work
- ◆ Poor social support system (e.g. homelessness)

#### B. Children and adolescents

- ◆ Severe Intellectual Disability (Mental Retardation)
- ◆ Autism
- ◆ Significant learning/ academic problems
- ◆ Suicidal or self-injurious behavior,
- ◆ Severe aggression or substance abuse





- ◆ Psychotic symptoms
- ◆ Severe mood or anxiety disorder
- ◆ Attention Deficit Hyperactivity Disorder (ADHD)

### **C. Elderly**

- ◆ Dementia with behavioral and psychological symptoms
- ◆ Complicated delirium
- ◆ Depression or anxiety not responding to medication
- ◆ Agitation or suicidal tendency
- ◆ Depression with psychotic/cognitive symptoms

### **6.2 Allopathy to Ayurveda**

- ◆ Primary Insomnia- Mild to Moderate.
- ◆ Depression: Mild – moderate.
- ◆ Anxiety disorder: Mild to moderate
- ◆ Schizophrenia - positive and negative symptoms as add on therapy
- ◆ Mild Cognitive impairment
- ◆ Alcohol use disorder – uncomplicated withdrawal syndrome
- ◆ Bipolar Disorder with mild depression or hypomania
- ◆ Patient preference for Ayurveda/ AYUSH treatment
- ◆ Patients who cannot tolerate allopathic medication
- ◆ Dietary and lifestyle advice for patients with any psychiatric disorder, particularly those with metabolic adverse effects of psychotropic medication
- ◆ Ayurveda management will usually be adjunct to modern medicine (sole therapy in selected cases) as a collaborative effort between the Psychiatrist and the Ayurveda physician.



## CHAPTER 7

# MUSCULOSKELETAL DISORDERS

### 7.1. Ayurveda to Allopathy

- ◆ Avascular Necrosis (AVN) of head of femur for Total Hip Replacement (THR)-Pain at hip joint, limping during walking, inability to bear weight etc.
- ◆ Severely advanced osteoarthritis of knee joint for Total Knee Replacement (TKR)-severely restricted movement, severe pain etc.
- ◆ Malignant Bone Lesions (with or without pathological fractures) like Osteosarcoma, Chondrosarcoma, Ewing's Sarcoma presenting as hard bony swelling at the lining of bone, sudden increase in the size of swelling, radiolucent lesion on X-ray
- ◆ Benign Bone Lesions (with risk of causing pathological fracture) like Giant Cell Tumor (GCT), Osteoma, osteochondroma etc which manifests as bony swelling at the line of bone, radiolucent lesion on X-ray
- ◆ Pathological Fracture- fracture of long bone with trivial injury, fracture with radiolucent lesion on X-ray
- ◆ Bone Metastasis- spread of malignancy from primary site to bone such as case of Metastatic Ca prostate, Ca breast etc.
- ◆ Complete Tear of ACL/PCL of knee for arthroscopic repair- inability to bear weight after trauma, severe pain while attempting to bear weight after trauma, persistent pain even after 3 months of trauma
- ◆ Recurrent Shoulder Dislocation- recurrent episodes of shoulder dislocation requiring frequent repositioning of shoulder joint
- ◆ Osteomyelitis (Acute Case)- pus discharging sinus at the line of bone
- ◆ Tuberculous spondylitis/Potts's Spine- sudden onset of paralysis, backache
- ◆ Transverse Myelitis (acute case)- sudden onset of paraplegia or quadriplegia along with loss of bladder and bowel control
- ◆ Sudden onset of paraplegia/quadruplegia
- ◆ Juvenile rheumatoid arthritis (acute case)- sudden onset of fever, joint pain & Stiffness in adolescent or young adult patient



- ◆ Prolapsed Intervertebral Disc Diseases (PIVD) or Degenerative Disc Disease (DDD) with red flag signs including progressive neurological deficits, bladder-bowel involvement, saddle anesthesia etc.
- ◆ Head Injury with sign of fracture base of skull, ENT bleeding, Loss of consciousness, post traumatic amnesia, compromised Glasgow Coma Scale (GCS < 15)
- ◆ Spine Injury- post traumatic onset of paraplegia or quadriplegia, loss of bowel or bladder control
- ◆ Abdominal /visceral or visceral injury of abdomen- bruises over abdomen, open laceration, haemodynamically unstable patient after trauma
- ◆ Acute case of nerve injury- sudden loss or compromise in function of area innervated by particular nerve
- ◆ Acute pain management

## **7.2. Allopathy to Ayurveda**

- ◆ Osteoporosis/osteopenia/Osteomalacia
- ◆ Degenerative spine disorders like Spondylosis, Spondylolisthesis etc.
- ◆ Ankylosing Spondylitis- progressive stiffening and fusioning of joints, particularly starting from spine and hip joints
- ◆ Degenerative Disk Disease (DDD)/Prolapsed Intervertebral Disc Disease (PIVD)
- ◆ Sciatica- pain starts from back and radiates upto one or both legs
- ◆ Transverse Myelitis (chronic case)- chronic & established case where phase of spinal shock is over and requires long term care
- ◆ Osteomyelitis (chronic case)- chronic pus discharging sinus along the line of bone
- ◆ Osteoarthritis- Patient with bilateral knee joint pain who is either not eligible or does not require joint replacement surgery
- ◆ Rheumatoid Arthritis- chronic case with fever, weight loss, loss of appetite, arthralgia, joint stiffness
- ◆ Psoriatic Arthritis
- ◆ Frozen Shoulder/Adhesive Capsulitis of Shoulder Joint- restricted range of motion of shoulder joint especially in diabetic patients
- ◆ Tennis Elbow- pain at the elbow joint (Lateral epicondyle)
- ◆ Golfer's Elbow- pain at the elbow joint (Medial epicondyle)



- ◆ Student's Elbow- pain at the elbow joint (Olecranon process)
- ◆ Dequervain's Disease- pain during abduction of thumb, Finkelstein test positive (pain at radial side of wrist while performing during ulnar deviation with closed fist)
- ◆ Carpal Tunnel Syndrome- numbness, tingling sensation, weakening of grip in thumb, index finger and middle finger due to compression of median nerve in carpal tunnel at wrist joint
- ◆ Cubital Tunnel Syndrome- numbness, tingling sensation, weakening of grip in ring finger and little finger due to compression of ulnar nerve in cubital tunnel at elbow joint
- ◆ Housemaid's knee- pain at front part of knee joint due to inflammation of prepatellar bursa
- ◆ Achilles Tendonitis- persistent pain at the heel and the calf region
- ◆ Plantar fasciitis- pain at the sole of the foot particularly at morning after getting up from bed
- ◆ Calcaneal spur- pain at heel region
- ◆ Tenosynovitis- pain at the lining of tendon due to inflammation of tendon sheath.
- ◆ Tenidnitis/tendinosis- degenerative/inflammatory pain at tendon
- ◆ Bursitis- inflammation of bursa
- ◆ Ganglion- cystic swelling mostly at the dorsum of the hand
- ◆ Chronic pain management- any type of chronic pain
- ◆ Post-surgical rehabilitation in cases of major corrective surgeries for congenital deformities, Fracture of hip and femur, tibial fracture, spina bifida, etc.



## CHAPTER 8

# NEUROLOGICAL CONDITIONS

### 8.1. Ayurveda to Allopathy

- ◆ Head Injury (intracranial hemorrhage/hematoma, cerebral laceration)
- ◆ Base of skull fracture (signs of ENT bleeding)
- ◆ Any type of neurological surgery
- ◆ Benign or malignant lesions in the nervous system
- ◆ Acute case of stroke/paraplegia/hemiplegia/facial palsy

### 8.2. Allopathy to Ayurveda

- ◆ Case of stroke/quadriplegia /paraplegia/hemiplegia/facial palsy after emergency treatment & early care
- ◆ Chronic case of nerve injury- chronic loss of function of an area supplied by a particular nerve
- ◆ Epilepsy for add on Yoga & Ayurveda
- ◆ Headache & migraine
- ◆ Trigeminal neuralgia
- ◆ Senile dementia
- ◆ Cognitive disorder
- ◆ Cerebral palsy
- ◆ Neurogenic bladder
- ◆ Bowel incontinence
- ◆ Bladder incontinence



## CHAPTER 9

# NON-COMMUNICABLE DISEASES

### 9.1. Ayurveda to Allopathy

#### 9.1.1. Hypertension

- ◆ The patients of hypertensive crisis (BP  $\geq$  180/110mmHg)with signs of retinal haemorrhage, papilledema or life-threatening symptoms such as new onset confusion, chest pain, signs of heart failure, or acute kidney injury
- ◆ Accelerated hypertension/malignant hypertension
- ◆ Hypertension with hypokalaemia/increased plasma sodium (e.g. Conn's syndrome), haematuria or proteinuria, any hypertension under 20 years, sudden onset hypertension etc.
- ◆ If hypertension is associated with heart disease, stroke, or peripheral vascular disease
- ◆ Presence of urinary proteinuria
- ◆ Serum creatinine  $>$  1.6mg/dl
- ◆ Persistent hypertension (BP  $\geq$  140/90 mmHg) despite 3 months of treatment
- ◆ Associated with co-morbidities such as heart disease, stroke, or peripheral vascular disease and presence of urinary proteinuria

#### 9.1.2. Diabetes

- ◆ Type 1 or type 2 diabetes with suboptimal diabetes control after providing treatment (HbA1c  $>$  7%)
- ◆ Deteriorating glycemic control – HbA1c  $>$  7.5 % and/or rise in HbA1c by 0.5% in 6 months from any baseline
- ◆ Marked or symptomatic hyperglycemia not responding to current therapy
- ◆ Recurrent severe hypoglycemia
- ◆ Serious metabolic derangement or diabetes complication that is left untreated would lead to the need for hospitalization, or which requires immediate hospitalization
- ◆ Newly diagnosed type 1 diabetes with or without urinary ketones
- ◆ Recurrent severe hypoglycemia.



- ◆ Decompensate type 1 or type 2 diabetes with strongly positive urinary ketones, dehydration, or vomiting
- ◆ Non healing ulcer/ infection
- ◆ Progressive micro or macrovascular complications despite being on therapy including retinopathy, nephropathy and autonomic neuropathies
- ◆ With serious comorbidities
- ◆ Osmotic symptoms, weight loss and ketonuria, eGFR persistently <45, acute visual loss, worsening claudication, acute foot ischaemia or progressive ulceration, gangrene or necrosis

### 9.1.3. Cancer

All suspected cases of cancer with clinical features such as

- ◆ Change in bowel or bladder habits
- ◆ A sore that does not heal
- ◆ Unusual bleeding or discharge
- ◆ Thickening or lump in the breast or elsewhere
- ◆ Blood stained discharge from the nipple
- ◆ Difficulty in opening mouth
- ◆ Ulcers /patch /growth in the mouth that has not healed in two weeks [erythro-plakia (red patch ) or erythro-leukoplakia (white patch) in the oral cavity]
- ◆ Indigestion or difficulty in swallowing
- ◆ Obvious change in a wart or mole
- ◆ Nagging unexplained cough with fatigue or shortness of breath or chest pain or weight loss or unexplained loss of appetite
- ◆ Any change in the tone of voice/ hoarseness
- ◆ Abdominal or rectal mass
- ◆ Upper abdominal mass consistent with an enlarged gall bladder/an enlarged liver
- ◆ Unexplained abdominal pain with or without rectal bleeding
- ◆ Abdominal pain with weight loss
- ◆ Nausea or vomiting with weight loss
- ◆ Rectal mass with ulceration or bleeding on touch



- ◆ Unexplained Bleeding, bruising or petechiae
- ◆ Unexplained haemoptysis or haematemesis
- ◆ Unexplained lymphadenopathy
- ◆ Ulceration in the oral cavity (unexplained and lasting for more than 3 weeks)
- ◆ Chest signs consistent with lung cancer
- ◆ Skin lesion that raises the suspicion of a squamous cell carcinoma or basal cell carcinoma
- ◆ Unexplained hepato-splenomegaly

### **Clinical features suspected for cancer specifically in females**

- ◆ Lump in the breast or in the axilla
- ◆ Blood stained discharge from the nipple
- ◆ Change in shape and size of breast
- ◆ Bleeding between periods
- ◆ Postmenopausal bleeding
- ◆ Bleeding after intercourse
- ◆ Foul smelling vaginal discharge
- ◆ Ascites and/or a pelvic or abdominal mass identified by physical examination (which is not uterine fibroids) in women
- ◆ Vaginal mass (unexplained and palpable) in or at the vaginal opening, vulval lump or ulceration

### **9.1.4. Cardiovascular diseases**

- ◆ Coronary artery disease in case of severe atherosclerosis, impending heart attack or stroke, peripheral vascular disease, and conditions requiring surgery and emergency management.
- ◆ Acute or suspected MI, acute unstable angina, new-onset angina, etc.
- ◆ In case of Myocardial infarction, recurrent arrhythmia, Congestive heart failure, and other cardiac-related disorders.
- ◆ Asymptomatic patients with abnormal ECG
- ◆ Underlying cardiac disease, palpitations or abnormal ECG
- ◆ Recurrent syncope (unexplained)
- ◆ Cardiac murmurs with associated cardiac disease, rapidly progressive symptoms or associated angina or syncope or history of rheumatic fever





- ◆ Any case of cardiac-related disorder having severe symptoms, co-morbidity and suspected complications

### 9.1.5. Other conditions

- ◆ Obesity-associated with the conditions like diabetes, hypertension, coronary artery disease, heart disease, stroke, certain cancers and obstructive apnea should be referred for allopathic treatment
- ◆ Patients suffering from chronic respiratory diseases like chronic obstructive pulmonary disease (COPD), asthma, cystic fibrosis, occupational lung disease, pulmonary hypertension and tuberculosis need emergency treatment
- ◆ Severe cases of chronic kidney diseases requiring dialysis or transplantation
- ◆ Road traffic accidents, injury and traumatic conditions requiring emergency treatment
- ◆ In cases of Alzheimer's disease, ALS, ADHD, Autism Spectrum Disorder (ASD), Bell's palsy, birth defects, and cerebral palsy
- ◆ Psychiatric disorders that require immediate care or institutionalization

### 9.2. Allopathy to Ayurveda

- ◆ Initial cases of hypertension not associated with any complications
- ◆ In case of uncontrolled hypertension, for add on AYUSH management
- ◆ Preventive diabetes in case of pre-diabetic condition /risk of developing diabetes
- ◆ In case of uncontrolled diabetes and related complications for add on AYUSH intervention and lifestyle advocacy such as on healing ulcer, neuropathy
- ◆ Any case of cancer to add on AYUSH intervention and lifestyle advocacy for improvement in quality of life (loss of appetite, cough, constipation, lack of sleep, chronic pain)
- ◆ Preventive cardiology as for coronary artery disease, hypercholesterolemia
- ◆ Coronary artery disease in the initial case of atherosclerosis to improve the elasticity of arteries and prevent them from hardening to reduce the risk of heart disease
- ◆ In the condition of hypercholesterolemia to reduce the LDL level
- ◆ As a supportive treatment in all cardiac conditions to improve the quality of life
- ◆ Yoga & lifestyle advocacy and treatment for improved quality of life (loss of appetite, cough, constipation, lack of sleep, chronic pain), immunity-boosting in cancer
- ◆ In case of peripheral vascular diseases like varicose vein for symptomatic relief and preventing complication like skin lesions, ulceration



- ◆ Common cases of respiratory disorders like, acute bronchitis, mild to moderate cases of asthma, sinusitis, tonsillitis (not requiring surgery), pharyngitis, and not associated with any complications or serious underlying cause
- ◆ Neurological conditions and after emergency treatment complications (eg. after stroke, paralysis, facial palsy)
- ◆ For management of common kidney-related disorders, in those who refuse allopathic treatment
- ◆ For management of post-traumatic complications or conditions (eg. frozen shoulder)
- ◆ Joint disorders such as rheumatoid arthritis, osteoarthritis, gout ankylosing spondylitis, cervical spondylosis, lower back pain, sciatica, and any other joint pain
- ◆ Anorectal conditions like fistula, hemorrhoids, fissure in Anoand conditions that persist despite repeated surgical procedures



## CHAPTER 10

# REPRODUCTIVE & CHILD HEALTH

### 10.1. Antenatal Care (ANC)

#### 10.1.1. Ayurveda to Allopathy facility

If the Ayurveda facility is not a designated delivery point or ante-natal care facility then the woman should be linked to ASHA (Accredited Social Health Activist) in her residential area for standard care under RCH (Reproductive & Child Health) as soon as the pregnancy is suspected. Specially, the following cases should be referred to higher level of care immediately:

- ♦ All high-risk pregnancies for further investigation and management.
- ♦ Hb less than 7 gm/dl
- ♦ History of bleeding per vagina during this pregnancy
- ♦ H/o of previous bad obstetric history like 2 or more abortions/premature births (< 36 weeks)/ congenital anomalies/still-births or marked low birth weight ie. = <2000 gms
- ♦ Woman who conceived after treatment for infertility or assisted fertilization
- ♦ Suffering from severe gastro-intestinal disturbances i.e. severe vomiting, diarrhoea etc.
- ♦ Suffering from cardiac disorders, UTI, specially recurrent renal infection, haemolytic disorders, gestational diabetesmellitus etc. in the present pregnancy
- ♦ Suffering from pregnancy-induced hypertension (PIH) or toxemia of pregnancy
- ♦ Generalised oedema, weight gain more than 1 kg./per week
- ♦ Severe vomiting leading to dehydration
- ♦ Suffering from cervix cancer or cervical/vaginal herpes infection
- ♦ Having pelvic or uterine growths with pregnancy
- ♦ Intrauterine growth retardation
- ♦ Having undergone last delivery by cesarean section within 2 years
- ♦ Breech/abnormal/unstable presentation
- ♦ Consider the following conditions as medical emergency for immediate referral:
- ♦ Bleeding per vagina



- ◆ Loss or exaggerated fetal movement
- ◆ Pain/contractions in abdomen
- ◆ Escape of fluid from the vagina
- ◆ Breathlessness and palpitation
- ◆ Excessive tiredness
- ◆ Oedema or puffiness of face or tightening of bangles or ring
- ◆ Dysuria
- ◆ Visual disturbance, headache, blurring of vision or appearance of bright objects before eyes
- ◆ High fever specially with chills & rigor
- ◆ Insomnia, emotional disturbances, mental confusion or drowsiness
- ◆ Previous history of post-partum haemorrhage
- ◆ COVID-19 positive pregnant women

### **10.1.2. Allopathy to Ayurveda facility**

- ◆ For yoga and lifestyle advice
- ◆ If the woman develops side effect to iron and folic acid tables or if the woman has persistent anemia inspite of medication
- ◆ Mild to moderate nausea and vomiting (morning sickness)
- ◆ Management of loss of appetite, heartburn, indigestion and constipation
- ◆ Any other minor ailment such as non-specific body pain, backache, weakness, cold, cough, chronic urinary tract infection not responding to conventional care

## **10.2. Postnatal Care**

### **10.2.1. Ayurveda to Allopathy**

If Ayurveda centre does not have facilities for delivery and infant care, every woman should be referred to an appropriate place for ante-natal care, delivery and post-natal care. However, if an Ayurveda doctor has to manage post-natal period, then the following woman should be referred to Allopathic specialty facility immediately under following circumstances.

- ◆ Puerperal infection and woman presents with fever, pulse more than 110/min, foul smelling lochia, sub involution of uterus
- ◆ Urinary Tract Infection–increased frequency of urine, burning sensation in urination, increased pulse and temperature



- ◆ Mastitis/Breast abscess-continuous pain in the breast, redness and tenderness in the breast, increased temperature and pulse,
- ◆ Thromboembolic disease- it is suspected when there is pain in legs and tenderness over calf muscles & chest pain
- ◆ Excessive vaginal bleeding
- ◆ Development of any other serious illness
- ◆ Deterioration in general health

### **10.2.2. Allopathy to Ayurveda**

- ◆ For yoga and lifestyle advice
- ◆ Insufficient lactation /lactation failure
- ◆ Episiotomy wound management
- ◆ Urinary bladder atony

## **10.3. Infants Care**

### **10.3.1. Ayurveda to Allopathy**

- ◆ Babies revived after prolonged resuscitation
- ◆ Birth weight less than 2 kg
- ◆ Unable/refusal to take feed
- ◆ Pre-term less than 36 weeks
- ◆ Babies born to COVID positive mother
- ◆ Respiratory problem with signs of lower respiratory tract involvement
- ◆ Severe birth injuries like fractures, dislocation of joint, paralysis, etc.
- ◆ Signs of jaundice, cyanosis
- ◆ Babies having convulsions, abdominal distension, unstoppable bleeding from any part
- ◆ Congenital anomalies in children
- ◆ High/low temperature
- ◆ Severe malnutrition
- ◆ Organic diseases of heart, lung, kidney, liver
- ◆ Serious illness
- ◆ Any illness not responding to the treatment



- ♦ Delay in umbilical drying or if the cord does not fall after 10 days
- ♦ Sudden distension of abdomen
- ♦ Babies with signs of Hypoxic Ischemic Encephalopathy (HIE)

### **10.3.2. Allopathy to Ayurveda**

- ♦ Measures for immunity booster
- ♦ If the physician feels the need for referral for any specific reason, same may be done after mutual discussion

## **10.4. Infantile & Childhood Disorders**

### **10.4.1. Diarrhea**

#### **10.4.1.1. Ayurveda to Allopathy**

- ♦ Dry mouth and tongue
- ♦ Sunken eyes
- ♦ Decreased skin turgor
- ♦ Restlessness, irritability
- ♦ Increased thirst
- ♦ Unable to drink/drinks poorly
- ♦ Lethargy, drowsy or unconsciousness
- ♦ Sunken anterior fontanelle
- ♦ Rapid feeble pulse – sometimes not palpable
- ♦ Oliguria or anuria
- ♦ Deep and rapid respiration
- ♦ Hyper or hypothermia
- ♦ Severe malnutrition

#### **10.4.1.2. Allopathy to Ayurveda**

- ♦ Recurrent diarrhoea
- ♦ Management of recovery period after diarrhoea
- ♦ Low appetite, indigestion



## 10.4.2. Vomiting

### 10.4.2.1. Ayurveda to Allopathy

- ◆ Associated with high fever
- ◆ Associated with severe diarrhoea
- ◆ Dry mouth and tongue
- ◆ Sunken eyes
- ◆ Decreased skin elasticity
- ◆ Oliguria/anuria
- ◆ Deep and rapid respiration
- ◆ Rapid feeble pulse
- ◆ Restlessness/irritability
- ◆ Lethargy / unconsciousness
- ◆ Cold extremities
- ◆ Other associated serious illness
- ◆ Severe malnutrition
- ◆ Any suspected organic lesions like pyloric stenosis, Intestinal obstruction

## 10.4.3. Cold and cough

### 10.4.3.1. Ayurveda to Allopathy

- ◆ Presence of high fever
- ◆ Stopped/not feeding well
- ◆ Wheezing
- ◆ Breathlessness or indrawing of chest
- ◆ Respiratory strider when calm
- ◆ Central cyanosis
- ◆ Drowsy
- ◆ History of apnoea or convulsion
- ◆ Severe malnutrition
- ◆ Cold to touch
- ◆ Other serious illness



### **10.4.3.2. Allopathy to Ayurveda**

- ◆ To boost immunity in case of recurrent respiratory tract infection
- ◆ Chronic bronchitis
- ◆ Intestinal worm infestations
- ◆ Allergic conditions
- ◆ Supportive therapy in chronic bronchial asthma
- ◆ Immune modulation therapies in Auto-immune disorders, Skin diseases like Eczema etc.

## **10.5. Reproductive Health**

### **10.5.1. Dysmenorrhea**

#### **10.5.1.1. Ayurveda to Allopathy**

- ◆ Acute pain abdomen with severe vomiting and nausea
- ◆ Patient under shock (low BP, rapid and feeble pulse and mentally confused or unconscious)
- ◆ Dysmenorrhea with profuse vaginal bleeding
- ◆ Severe anaemic and malnourished patient
- ◆ Patient with pelvic or intra uterine growth
- ◆ Acute pelvic infection (acute salpingoophritis, parametritis)
- ◆ Cervical stenosis such as pin hole cervix, narrow cervical canal
- ◆ Pelvic adhesions
- ◆ Serious mental illness
- ◆ Orthopaedic backache (prolapsed disc) worsening during menses
- ◆ Any serious systemic illness
- ◆ Patient not responding to the treatment or worsening of condition after treatment for 2 consecutive menstrual cycles

#### **10.5.1.2. Allopathy to Ayurveda**

- ◆ Mild to moderate dysmenorrhea
- ◆ It is preferable to have Ayurveda interventions before starting hormones
- ◆ All women who do not want to use hormones
- ◆ All cases of dysmenorrhea who are contraindicated for hormone therapy





- ◆ All cases of dysmenorrhea should be referred for yoga and Ayurveda lifestyle advice

### **10.5.2. Menorrhagia**

#### **10.5.2.1. Ayurveda to Allopathy**

- ◆ Patient not responding to treatment/deterioration after giving Ayurveda treatment consecutive menstrual cycles
- ◆ Development of any other serious disease
- ◆ Blood dyscrasias
- ◆ Associated uterine pathology like Intrauterine growth such as myoma, endometrial polyp etc.
- ◆ Cancer of cervix and or uterus
- ◆ Hb less than 7 gm/dl
- ◆ Endocrine disorders like hypothyroidism

#### **10.5.2.2. Allopathy to Ayurveda**

- ◆ It is preferable to have Ayurveda interventions for mild to moderate cases without serious underlying causes
- ◆ All women who do not want to use hormones or other allopathic interventions
- ◆ If contraindicated for hormone therapy
- ◆ For Yoga and Ayurveda lifestyle advice
- ◆ Non-responding cases of hormone therapies

### **10.5.3. Leucorrhoea**

#### **1.5.3.1 Ayurveda to Allopathy**

- ◆ Discharge is foul smelling and mixed with blood
- ◆ H/o post coital bleeding
- ◆ Syphilis/ HIV/AIDS, any other serious illness
- ◆ Partner having syphilis / HIV/AIDS, any other serious illness

#### **10.5.3.2. Allopathy to Ayurveda**

- ◆ Nonspecific leucorrhoea
- ◆ Leucorrhoea associated with backache
- ◆ Recurrent cases of leucorrhoea



## CHAPTER 11

# RESPIRATORY SYSTEM

### 11.1 Ayurveda to Allopathy

- ◆ Suspected or confirmed case of any type of tuberculosis (pulmonary or extra-pulmonary)
- ◆ Pyrexia of unknown origin (PUO)
- ◆ Extreme and unexplained tiredness or unexplained weight loss
- ◆ Chronic cough of more than 3 weeks
- ◆ Blood in the sputum
- ◆ Patients having persistent respiratory symptoms, patients with cyanosis (bluish lips, nails, skin)
- ◆ Suspected and diagnosed cases of lung cancer (persistent cough, coughing up blood or rust colour sputum, chest pain that is often worse with breathing, coughing and laughing), unexplained weight loss, loss of appetite etc.
- ◆ Asthmatic patients with altered level of consciousness, paradoxical thoraco-abdominal movement, cyanosis, bradycardia in children or arrhythmia/hypotension in adults and frequent night time symptoms, if symptoms are more often worse at night like wheezing, chest tightness and unusual experience while falling asleep
- ◆ All cases of COPD with fever, shortness of breath, persistent cough, increased heart rate, increased blood pressure, delirium and constant wheezing
- ◆ Suspected case of pneumonia in children [difficult breathing, respiratory rate  $> 60$  (age less than 3 months), respiratory rate  $> 50$  (age between 3 months and 5 years), severe chest in-drawing]
- ◆ Suspected cases of pneumonia in adults (central cyanosis, chest pain, tachypnea, inflammation of lungs, high fever and respiratory distress)
- ◆ Patient with recent history of chest injury (such as puncture wound from the broken rib/blunt force injury) or thoracic/heart surgery complaining of chest pain, difficulty in breathing and chest examination shows reduced breath sounds with increased heart rate
- ◆ Suspected case of cardiac asthma having symptoms of dyspnea, wheezing, cough, frothy/blood sputum and usually occur at night.



- ♦ Flue like illness along with co-morbidity
- ♦ Any case of respiratory related disorder having severe symptoms and complication

### **11.2 Allopathy to Ayurveda**

- ♦ Common cold, allergic, chronic bronchitis, mild to moderate cases of asthma, influenza, sinusitis, tonsillitis, pharyngitis, and are not associated with any complications or serious underlying cause
- ♦ Disease reoccurrence even after completing course of Allopathy medication
- ♦ Post-pneumonia, exacerbations of COPD or asthma, for increasing lung capacity through yoga and breathing exercise.
- ♦ Diet lifestyle advocacy of *Rasayana* for prevention and progression of respiratory disease
- ♦ Yoga–breathing exercises will help to improve quality of life, managing stress and anxiety in post Covid, pneumonia, COPD, asthma and bronchitis.



## CHAPTER 12

# SKIN DISORDERS

### 12.1. Ayurveda to Allopathy

- ◆ All communicable skin disorders like leprosy, herpes zoster, chicken pox, and Sexually Transmitted Diseases(STD)
- ◆ Patients suffering from severe skin infections
- ◆ Infections having skin manifestations such as chicken pox, measles
- ◆ Changes in skin, hair and nail due to thyroid disease
- ◆ Diabetic presentation such as boils, furuncles, carbuncles, vulvo-vaginal candidiasis, moles, warts, keloid, granuloma annulare not responding to Ayurveda
- ◆ Tumors requiring surgery
- ◆ Cancers of skin
- ◆ Patients not responding to Ayurveda treatment

### 12.2. Allopathy to Ayurveda

- ◆ Patient suffering from chronic skin diseases- melasma, fungal infection, contact dermatitis, atopic dermatitis, psoriasis, urticaria, eczema, vitiligo to add on with Ayurveda
- ◆ Acne
- ◆ Any chronic condition of skin where patient is not responding to Allopathy treatment and may be referred for *panchkarma*, *kshara karma*, *leech* therapy and other bloodletting therapies
- ◆ As a supportive therapy in malignant skin diseases for controlling the problems associated with cancer treatment (chemotherapy, radiotherapy)
- ◆ Morbid cases of filariasis wherever treatment is available .



## CHAPTER 13

# URINARY SYSTEM

### 13.1 Ayurveda to Allopathy

- ♦ Acute Urinary Tract Infections (UTIs) particularly with involvement of upper urinary tract like pyelonephritis, perinephric abscess, renal abscess etc.
- ♦ Benign Prostatic Hyperplasia (BPH) with associated complications like UTIs, hydronephrosis, chronic renal failure, acute retention of urine.
- ♦ Urolithiasis with associated complications like UTIs, hydronephrosis, pyonephrosis, chronic renal failure (CRF), acute retention of urine etc of acute or chronic renal failure
- ♦ Urolithiasis with stone size more than 10mm
- ♦ Urolithiasis with severe acute colicky pain
- ♦ Acute retention of urine
- ♦ Suspected or confirmed case of acute renal failure/oliguria/anuria
- ♦ Suspected or confirmed case of carcinoma of kidney/bladder/prostate
- ♦ Multisystem disease with evidence of progressive renal involvement
- ♦ Painless hematuria or passage of blood clots in urine, hematuria with proteinuria and worsening renal function

### 13.2 Allopathy to Ayurveda

- ♦ Benign Prostatic Hyperplasia (BPH)
- ♦ Recurrent urinary tract infection
- ♦ Non-specific burning urination
- ♦ Urolithiasis with stone size less than 10 mm without complications
- ♦ Chronic kidney disease (CKD) or medical renal disease (MRD) like hypertensive nephropathy, diabetic nephropathy with or without dialysis treatment for add on treatment.



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