

# Preface

It is almost 5 years back, when I came in touch with Prof Francesco Chiappelli. A foundation to this book was laid at that time, although it took almost 5 years for the preliminary thoughts to get refined and mature in the shape of a book.

A clinical practice based upon evidences of comparative effectiveness, safety, efficacy, and cost-effectiveness of chosen interventions and also upon reliability and validity of diagnostic tools which were used to make a diagnosis is mandatory to give prevailing health care a realistic face. Accountable decision making in terms of disease diagnosis and in choosing the most appropriate medical care in light of best available evidences is an utmost requirement to give rise to transparency and accountability in medical care ultimately aiming to provide the best possible care to everyone. This had been a well-cherished dream sought long back at the Alma-Ata declaration of “Health for All.”

It is beyond the scope of discussion any more that CAM should also be brought into the purview of evidence-based practice of medicine (EBPM). Any medical intervention where a patient is given hope of betterments in terms of improvements of quality of life or through changing end point measures should essentially be brought under the purview of regular monitoring to prevent substandard practices and eventually to maximize the prospective benefits from a chosen therapy. The same would also be important to give rise to a uniform status to health care for its impacts spreading beyond the geographical boundaries or the type of care involved.

It is important to understand here that an evidence-based practice in CAM is not as straightforward as it is seen in conventional medicine. Paucity of secondary documentary evidences (in the form of published research documents) and treatment protocol variations reflecting the caregiver’s or patient’s preferences, inclinations, needs, or beliefs together make decision making in CAM a unique exercise which is difficult to be replicated at any other similar situation. It should therefore be clearly understood that applying evidence to CAM would have to be a novel exercise at its own, requiring a cautious introspection into all of its resources and practice styles including the subjective methods of decision making in intervened clinical conditions.

Evidences in Ayurveda (to CAM in general) would require to be crafted carefully and diligently while keeping each such subset population of clinical entity in mind, where a differential decision making would warrant, based upon the specifications

observed on account of *Roga* (disease) or *Rogi* (patient). A whole system research (WSR) brings a beautiful model to evaluate such interventions in the true spirit of their practice in real-life situations. It is however important to understand that a WSR should again be fractioned in various subsets of practices to make it a real representative to the CAM practices. Ayurvedic diagnostics are found lagging behind in the evidence synthesis when the same is compared to its interventions. It is again important to reiterate that an evidence-based diagnostic decision making is rather more important in CAM compared to their efficacy evidences based upon contemporary end point measures. As therapeutic decision making in Ayurveda relies solely upon the *dosha*, *dushya*, and *prakriti* status of the patient, it is imperative to develop tools for such diagnoses, which may eventually help decision making referring to the choice of suitable intervention.

Finally, the rapid emergence of CAM globally is partly in repercussion to complexities associated with conventional therapy for their over-reliance upon technical breakthrough, making them more mechanical and less human. CAM, through its holistic principles and patient-centered approach, offers more solace in conditions where conventional medicine is unable to offer any. A resurgence of CAM therefore lies in its simplicity, accessibility, affordability, and humanistic and cultural bindings. Any approach to make it more standardized (eventually making it more complex) should always be weighed against the benefits and losses it may cause. It is mandatory to care for the basic attributes of CAM while approaching for any exercise to amend its practice style.

It is clear that practicing evidence-based Ayurveda (EBA) in view of such intricacies and limitations is an uphill task which would require Herculean efforts. The present work is a modest compilation of works from different streams of thoughts in Ayurveda and evidence-based medicine aiming to bring more accountability in Ayurvedic practice through synthesizing the evidences initially and disseminating these evidences eventually to help Ayurvedic practice for optimizing its impacts. Being first of its kind, the book represents innumerable ideas and thoughts as foundation, upon which a strong EBA can be built in future if the same vigor and zeal to “bring the best of Ayurveda before the world” is continuously sustained.

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Evidence-Based Practice in Complementary and  
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