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Sustainable Development Goal: Good Health and Well-Being through Ayurveda and Yoga

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EDITORIAL

BACKGROUND

The Rio Summit or Earth Summit on the United Nations Conference on Environment and Development (UNCED) was held in Rio de Janeiro, Brazil, from 3–14 June 1992. It was the founding block of setting global issues of development. Eight years later, eight international goals and twenty-one targets for the year 2015 were established following the Millennium Summit of the United Nations in 2000, which was known as “millennium development goals” (MDGs). The Millennium Development Goals (MDGs) were eight international goals and twenty-one targets for the year 2015 that had been established following the Millennium Summit of the United Nations in 2000. Out of eight goals and 21 targets, three goals were related to health and wellbeing. The MDGs were not completely achieved at the end of the ambitious plan, including health-related Goals 4, 5, and 6 and environment-related Goal 7. The main targets of health-related goals were reducing under-5 child health; related to maternal health; and three targets related to reversing the speed of HIV/AIDS and the incidence of malaria; and treating HIV/AIDS. The seventh goal of MDGs was environmental sustainability, having 4 targets. One of the 4 targets was protection and preservation of biodiversity loss. The eighth goal was global partnership for development 2000.¹ At the end of 2015 A.D., the goals and targets set for the period were partially achieved, and new global issues also arose, such as climate change, deforestation, and pollution (ocean, atmosphere, and soil). It can be implicated that there might be a lack of integration, collaboration, and partnership among local stakeholders and assets to achieve the plan. Maternal child health is interlinked with basic needs such as proper diet and food, which ultimately result from financial crises in the family, i.e., poverty in the family. The local nutritious plants can be used to reduce nutritional deficiency among mother and child, even other members of the family. There is well-described nutrition of food in local or regional traditional medicinal systems.

The policy and strategies for sustainable utilisation of natural resources, especially non-timber forest products (NTFPs) and medicinal plants, foster livelihood generation for local people and self-employment, ultimately resulting in income generation and national and international trade commodities for manufacturing traditional medicine, food supplements, cosmetics, spices, etc. The sustainability utilisation of biodiversity also contributes to reducing global warning because of maintaining greenery across the globe.

The nations seek to build on the Millennium Development Goals and complete what these did not achieve. To address existing and new global challenges, the world leaders adopted the Sustainable Development Goals (SDGs) on September 25, 2015, at a historic UN Summit aimed at transforming our world. The nations worldwide are calling to action to end poverty and inequality, protect the planet, and ensure that all people enjoy health, justice, and prosperity by 2030. It is also known as Agenda 2030.² In total, it has 17 goals and 169 targets and 231 indicators. The total number of indicators listed in the global indicator framework of SDG indicators is 248, though the global indicator framework includes 231 unique indicators because of repetition of thirteen indicators under two or three different

targets.³

Sustainable development goals (SDGs) are the Agenda 2030 of the United Nations adopted by member states in 2015. This agenda is a plan of action for people, planet, and prosperity. It has been recognised that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. The planet's people must resolve to free the human race from the tyranny of poverty and want and to heal and secure our planet. The United Nations is determined to take the bold and transformative steps that are urgently needed to shift the world onto a sustainable and resilient path. As the whole planet embarks on this collective journey, the nations' pledge is that no one will be left behind.

In recent years, some of member states of Sustainable Development Goals have already met or are on track to meet the SDG 3 target on under-5 mortality, effective HIV/AIDS and neglected tropical disease, however, inequalities in health care access still persist. Most, if not all, of the goals are unlikely to be met by 2030. Rising inequalities, climate change, and biodiversity loss are topics of concerns threatening progress. The COVID-19 pandemic in 2020 to 2023 made these challenges worse. The pandemic impacted all 17 goals and emphasized the interconnectedness of global health, economic, social, and environmental challenges.⁴ Some regions, such as Asia, have experienced significant setbacks during that time. The global effort for the SDGs calls for prioritizing environmental sustainability, understanding the indivisible nature of the goals, and seeking synergies across sectors. The aim is to achieve universal health coverage, and provide access to safe and affordable medicines and vaccines for all. To overcome these setbacks and address long standing health care shortcomings, increased investment in health systems is needed to support countries in their recovery and build resilience against future health threats. A significant portion of the global population still lacks access to vital healthcare services. To bridge this gap and ensure equitable healthcare provision, addressing disparities is critical. Various determinants of health, including environmental and commercial factors, need attention to pave the way for achieving our common objective of Health for All and achieving the Sustainable Development Goal targets.

Universal health coverage (UHC) aims to ensure that everyone can access quality health services without facing financial hardship. Inequalities continue to be a fundamental challenge for UHC. Coverage of reproductive, maternal, child and adolescent health services tends to be higher among those who are richer, more educated, and living in urban areas, especially in low-income countries in comparison to their counterparts. These disparities can be reduced by promoting and protecting one's own health and the health of those around them, by making well-informed choices, taking promotive and preventive measures, creating community awareness about the importance of good health, healthy lifestyles as well as people's right to quality healthcare services, especially for the most vulnerable such as women and children (maternal and child health). One third premature mortality from non-

communicable diseases can be mitigated through prevention and treatment; and promotion of awareness on mental health and well-being.⁵

They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social, and environmental. The goals and targets are stimulating action over the next fifteen years in areas of critical importance for humanity and the planet.

This planet will be safe, peaceful, and prosperous when an intelligent creature of the planet, that is, a human being, starts showing respect to the other creatures on this planet, including plants and animals. It is only possible when we accept the quote "Live naturally, and go naturally."

The authors have expertise in traditional medicinal systems (TMS/s), especially Ayurveda, so they searched policy, strategies, plans, and projects related to Ayurveda and Yoga, and TMSs worldwide, contributing to achieve sustainable development goals (Agenda 2030). They also explored the integration, partnership, and collaboration of traditional medicinal systems with the United Nations, governments, and non-government regional agencies working for the achievement of sustainable development goals-3. We merely found that any other national or international organisations are working to achieve SDGs-3 using the traditional medicinal systems of their nations. However, regional offices of the World Health Organisation have developed many guidelines, strategies, policies, and documents on various traditional medicinal systems, collaborating with the respective traditional knowledge holders' nations in the region. The United Nations Industrial Development Organisation (UNIDO) is one of the United Nations organisations working on capacity building, technology development, techniques, and methods for sustainable utilisation of local traditional knowledge on natural resources, especially medicinal herbs and their products. In this editorial, authors discuss the applicability of uses of traditional medical knowledge for achieving SDGs-3 collaborative effort throughout the globe.

SDG 3: Good health and well-being

Good Health and Well-being is one of the 17 sustainable development goals for Agenda 2030. Good health and well-being are the third goal among 17 sustainable development goals (SDGs). In total, it has 13 targets and 28 indicators set by experts meeting the United Nations Sustainable Development Goals. Over the past 15 years of millennium developments goals and 9 years of the sustainable development goals has been passed away, however the slogan "Health for All" is not meeting for people of the planet. In recent years, there has been insignificant improvement in the state of world health. The SDG-3 objective on under-5 mortality, for instance, has been met already or is on course to be met by 146 of 200 nations or regions. Since 2010, the number of AIDS-related fatalities worldwide has decreased by 52% because to effective HIV therapy, and 47 nations have eradicated at least one neglected tropical illness. But there hasn't been enough success in other

areas, including increasing universal health coverage and lowering maternal mortality. In 2020, almost 800 women worldwide lost their lives to pregnancy or delivery per day. Additionally, in 2019, out-of-pocket medical expenses pushed 381 million individuals into or further pushed into severe poverty. Progress has been hampered by the COVID-19 epidemic and other challenges. The continuous problems and the COVID-19 epidemic have hindered the achievement of Goal 3. Malaria and TB fatalities have risen relative to pre-pandemic levels, and childhood immunisation rates have dropped the most in thirty years.⁶ Increased investment in health systems is required to overcome these setbacks, solve long-standing health care shortcomings, assist in countries' recovery, and foster resilience against potential health risks.

Targets and Indicators under Good Health and Well Being (SDG-3) achievable through Holistic Health Approach:

Among targets and indicators mentioned under SDG 3, target 3.4 deals with reduction of one-third premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health and well-being. It has two indicators, namely 3.4.1 to measure mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease, and indicator 3.4.2 to measure suicide mortality rate. The WHO is a responsible agency to implement, intervene, and assess the outcomes worldwide.

Target 3.5 deals with strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. Indicator 3.5.1 evaluates coverage of treatment interventions (pharmacological, psychosocial, rehabilitation, and aftercare services) for substance use disorders, and indicator 3.5.2 assesses alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol. The WHO is the custodian agency for assessing these three indicators.

Target 3.9 discusses a substantially reduced number of deaths and illnesses from hazardous chemicals, air, water, and soil pollution and contamination. Indicator 3.9.1 determines the mortality rate attributed to household and ambient air pollution; and indicator 3.9.2 determines the mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe Water, Sanitation, and Hygiene for All (WASH) services); and indicator 3.9.3 determines the mortality rate attributed to unintentional poisoning. The WHO is the custodian agency for assessing these three indicators.

Additional target 3.b copes with supporting the research and development of vaccines and medicines for communicable and noncommunicable diseases that primarily affect developing countries and providing access to affordable essential medicines and vaccines in accordance with the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health. It affirms the right of developing countries to use the full provisions in the TRIPS regarding flexibilities to protect public health and, in particular, provide access to medicines for all, which consists of three indicators in total. Indicator 3.b.2 identifies net total

official development assistance to medical research and basic health sectors—the OECD is a custodian agency to implement and evaluate the indicator, whereas indicator 3.b.3 assesses the proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis. The WHO is the custodian agency for implementation and evaluation of related programs and policies. Furthermore, target 3.c deals with substantially increasing health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing states. It has only one indicator, 3.c.1, which determines health worker density and distribution. The WHO is the custodian agency for determining the health workforce worldwide.

Above mentioned targets and indicators under Good Health and Well-Being⁷, can be optimally achieved by integrating local or regional traditional medicinal system with contemporary medical system. Ayurveda and Yoga strongly advocates promotive, preventive and rehabilitative management of health problems. These health problems successfully treat through holistic approach to health, balancing the body, mind, and spirit through diet, herbal remedies, and lifestyle choices.

Communicable and noncommunicable diseases: The top 10 causes of mortality accounted for 39 million fatalities in 2021, or 57% of the 68 million deaths that occurred globally. In terms of the total number of deaths, the two main categories of causes of death worldwide are respiratory (COVID-19, chronic obstructive pulmonary disease, lower respiratory infections) and cardiovascular (ischaemic heart disease, stroke). COVID-19 is the second leading cause of death worldwide. Noncommunicable illnesses accounted for 7 out of 10 of the top 10 causes of mortality worldwide in 2021, which accounted for 38% of all deaths, or 68% of the top 10 causes. Ischaemic heart disease is the leading cause of mortality worldwide, accounting for 13% of all fatalities. The number of fatalities from this illness has increased the most since 2000, from 2.7 million in 2000 to 9.1 million in 2021. Among the top 10 causes of mortality globally are renal illnesses, diabetes, and Alzheimer's disease.⁸

Hence, World Health Organization are focusing on incorporating locally and regionally available traditional medicinal practices to fulfil the primary healthcare need and has been developing various strategies, standards, guidelines, regulations collaborating their regional offices with local governments and government agencies worldwide.

Ayurveda: Ayurveda is a centuries-old system of medical practice in the Indian subcontinent that focuses on a holistic approach to health, balancing the body, mind, and spirit through diet, herbal remedies, and lifestyle choices.⁹ In rural areas, Ayurveda has often been the main source of primary healthcare, especially where western medical facilities are hard to access and challenging. It has also been demonstrated that Ayurvedic therapies may effectively control chronic diseases such as diabetes and hypertension.¹⁰ Ayurveda is an ongoing approach to well-being owing to its focus

on prevention, personalised care, and the equilibrium of physical, mental, and spiritual health.¹¹ Ayurveda provides beneficial methods for enhancing overall health and wellbeing by combining curative, preventative, and promotive measures.

Promotive and Preventive Care focused on Dinacharya (daily routines) and Ritucharya (seasonal practices) impacting healthy living. By emphasising diet, herbal remedies, and lifestyle adjustments, Ayurveda helps prevent chronic diseases, reducing the burden on healthcare systems.¹² *Therapeutic interventions:* Ayurveda offers a variety of treatments, including panchakarma (detoxification) and personalised herbal therapies, which can manage existing conditions effectively. Studies have shown that Ayurvedic treatments can improve quality of life for patients with chronic illnesses.¹³ Furthermore, the use of herbal remedies and detoxification methods is integral to Ayurveda.

Yoga: The ancient concept of Yoga places a strong focus on physical postures, breathing techniques, and meditation as ways to enhance general wellbeing.¹⁴ It's regular practice has been shown to improve physical fitness, mental health, and lower stress levels.¹⁵ Additionally, as holistic and preventive health choices, Yoga and Ayurveda are becoming more and more popular among younger generations. Nowadays, they have been crucial in fostering physical, mental, and spiritual well-being¹⁶, offering useful resources for wellbeing in a world that is changing rapidly. Ayurveda and alternative therapies are becoming increasingly common across the world, and the United Nations has proclaimed June 21st to be the International Day of Yoga.¹⁷ Yoga promotes harmony, self-realisation, and general health in addition to its mental and spiritual advantages. It has developed into a holistic practice that promotes a healthy way of living by nurturing the body and the mind. It also improves flexibility, lowers stress, and fosters mental clarity in today's hectic society which is a popular way for individuals to enhance their physical health and achieve balance in their hectic lives. As more people look for methods to improve their mental and physical health, its significance only increases. It's critical to recognise that it is a comprehensive philosophy that incorporates breathing exercises, meditation, and moral behaviour in addition to physical activity. There are several health advantages to incorporating it into one's daily practice, including improved physical and mental well-being.

The resolution stated that Yoga supports the enhancement of physical and mental health, as well as the overall well-being of individuals. The United Nations Sustainable Development Goal 3 highlights the importance of ensuring healthy lives and promoting well-being for all individuals at every stage of life. Integrating traditional practices such as Ayurveda and Yoga supports this goal by providing complementary methods for enhancing health and wellness. The World Health Organisation (WHO) has emphasised that traditional medicine, such as Ayurveda and Yoga, plays a crucial role in providing primary health care, particularly in countries with limited access to standard medical services.

Lifestyle and wellness: Meditation, Yoga, and a sattvic diet are a few examples of Ayurvedic practices and ideas that are gaining

popularity among modern wellness and lifestyle trends. These techniques are acknowledged for their capacity to improve general quality of life, reduce stress, and support physical and mental health.¹⁸

In addition to enhancing the immune system to fight communicable diseases like COVID-19, the combination of Ayurvedic and Yogic promotive and preventive measures, lifestyle, and wellness helps lower risk factors for noncommunicable diseases including diabetes, cardiovascular diseases, and renal diseases. One of the sustainable development goals, health and wellbeing, can only be attained via holistic approaches to healthcare and illness prevention.

According to WHO, around 80% of people in developing nations continue to get their primary healthcare from traditional medical practices, mostly using medicinal herbs and herbal products.¹⁹ The Nepali government has made Ayurveda stronger by creating a robust network in both urban and rural areas of the nation. Traditional medicinal systems are widely used in the community; and local people rely on locally available medicinal plants, knowledge, and technology that have been used since centuries ago. The World Health Organisation (WHO) urges nations to promote local traditional medicines through the development of regulations and guidelines that include the incorporation of promotive, preventive, and curative health practices.²⁰

Integrative healthcare: The integration of lifestyle medicine, complementary and alternative therapies, and conventional medicine is known as integrative health. It is the outcome of a multidisciplinary healthcare, patients and professionals' integration towards patient-centered, scientific, and evidence-based health practices. The patients and their personal representations of care are included in the total management of their health, and this is what makes it unique. Integrative health care aims to integrate all necessary medical care, whether it be complementary or traditional, with each patient's unique physical, mental, spiritual, and social aspects.²¹ This type of healthcare provides optimal benefits preventing and curing communicable as well as noncommunicable diseases and helps to achieve the health and well-being (SDG 3).

Environmentally Sustainable health system: The WHO strategic plan supports the claim that health systems may have positive environmental effects while still having a major environmental impact. An environmentally sustainable health system, according to one vision, is one that improves, maintains, or restores health while minimising negative environmental effects and seizing opportunities to improve and restore it, all for the benefit of the health and well-being of current and future generations.²² Sustainable health systems can be described or created to minimise their negative effects on the environment while offering high-quality, affordable, and effective healthcare and advocate use of locally available assets to get overall health benefits. In the end, it lowers healthcare expenses and benefits the environment by reducing illnesses attributed to adverse environmental factors like temperature, air pollution, climate change, and others. This type of health system provides optimal health benefits and protection of

environment as well.

Integration of Ayurveda and Yoga with western medicine:

Ayurveda is increasingly being integrated with western medicine to provide an inclusive approach to healthcare. Ayurvedic principles and practices are being studied and incorporated into mainstream medical care, particularly in areas such as chronic diseases, stress management, and mental health.²³ The integration of Ayurveda and Yoga helps addressing gaps in the western healthcare system, particularly in promotive, preventive, and rehabilitative care for chronic diseases related to pain and stress. According to WHO strategies document for sustainable health system, locally available assets for healthcare may be local and regional traditional medicinal systems which can be incorporated to achieve holistic healthcare approaches. In case of Nepal, it may be Ayurveda and Yoga, deeply rooted in our social and cultural traditions, and gaining recognition for their positive influences on health and well-being that can be endorsed for integration to achieve SDGs 3. It is essential to integrate these traditional practices into the overall health system to develop sustainable healthcare solutions and improve health equity and community well-being.

Traditional Medicinal Systems: Complementary and Alternative Medicine (CAM) has been defined as a group of diverse medical and healthcare systems, practices and products that are presently not considered to be a part of conventional medicine.²⁴ Complementary and alternative medicine (CAM), is a broad field within medicine that includes a variety of medical and health care systems, practices, and products that are currently not classified as part of allopathic medicine; alternative medicine is used in place of allopathic medicine, while complementary medicine is used in addition to allopathic medicine.^{25,26} There is growing interest in complementary and alternative medicine (CAM).²⁷ Worldwide, most of the traditional medicinal systems use locally available medicinal herbs and their semi-finished products, minerals and animal byproducts as medicinal ingredients for traditional formulations. It is also similar in case of Ayurveda medications.

World Health Organisation (WHO): According to three worldwide survey reports conducted in Member States countries; one from 2005, the second from 2010–2012, and the third from 2016–2018; 88% of WHO Member States (170 Member States) have admitted to using T & CM. For instance, by 2018, 98 Member States had developed national policies on T & CM, 109 had launched national laws or regulations on T & CM, and 124 had implemented regulations on herbal medicines. These are the nations that, for instance, have established official T & CM policies, laws, rules, programmes, and organisations. It is likely that many more nations use T & CM in practice. By creating national laws, regulatory frameworks, and strategic plans for T & CM products, practices and practitioners, these nations have also made strategies towards the proper integration of T & CM into healthcare. Traditional and complementary medicine (T & CM) is a valuable and sometimes underappreciated health resource with a wide range of uses, particularly in managing and preventing chronic illnesses linked to lifestyle choices and in addressing the medical demands of

ageing populations. At a time when consumer expectations for care are growing, expenditures are skyrocketing, and most budgets are either stagnating or being cut, several nations are attempting to increase the coverage of critical health services. T & CM is experiencing a resurgence in popularity due to the particular health issues of the 21st century.

The World Health Organization's 13th General Programme of Work (GPW13) aims to reach 3 billion more people in order to achieve universal health coverage (UHC), address health emergencies, and promote healthier populations, all of which contribute to the achievement of Sustainable Development Goal 3 (SDG 3), which is to ensure healthy lives and promote well-being for all at all ages. By being included into the delivery of necessary health care, traditional and complementary medicine (T&CM) can significantly advance the objective of UHC.²⁸

Enhancing equitable access to safe, quality and effective T & CM services may help communities fulfil their requirements and provide primary healthcare that is additionally culturally sensitive and sustainable. The effectiveness of primary healthcare will be powered by the application of both traditional and scientific knowledge, as well as by expanding access to a variety of healthcare services, including traditional medicines.²⁹

It is evident that traditional medicine has taken the forefront in addressing the health needs of people throughout the world and is using primary healthcare in order to achieving UHC and the SDGs. In addition to analysing the various ways that T&CM and conventional medicine differ from one another, nations hoping to integrate the best features of both systems should also consider how they may work together to address the particular health issues of the twenty-first century. In a perfect world, a healthy, people-centered healthcare system that strikes a balance between preventative and curative treatment would include traditional medicine as a choice.³⁰

The focus of healthcare is shifting globally from sickness to wellness, from treatment to prevention and early diagnosis, and from a broad approach to individualized therapy. Alternative medicines are steadily gaining ground on the global market. Natural products are driving the expansion of the global market because they are thought to have fewer side effects than contemporary pharmaceuticals and are also less expensive in comparison. In the western world, which is accustomed to natural products with no side effects, while alternative medical disciplines including Ayurveda and Yoga are currently gaining more appeal. The focus of both the modes of treatment, is on the patient's health and the holistic treatment of disorders, with the patient being the focal point rather than the illness

International Organisations

World Health Organisation (WHO), WHO Framework Convention on Tobacco Control (WHO-FCTC), The Organisation for Economic Co-operation and Development (OECD), United Nations International Children's Emergency Fund (UNICEF), United Nations Department of Economic and Social Affairs

(UN DESA) Population Division, The World Bank, Joint United Nations Programme on HIV and AIDS (UNAIDS) and United Nations Office on Drugs and Crime (UNODC) are custodian agencies, whereas United Nations Economic Commission for Europe (UNECE), UN Environment Programme (UNEP), and The United Nations Population Fund (UNFPA) are partners agencies for planning, implementation and evaluation, documentation and periodical reporting of recent development in the achievement of SDG 3 (Good Health and Well-Being).⁷

The government of Nepal should integrate Ayurveda and Yoga into the country's health systems. This integration is an important step toward creating a sustainable healthcare system that promotes health equity and enhances community well-being. This combined model has the potential to empower individuals and communities, ensuring that health systems are inclusive, culturally relevant, and sustainable in the long term. This approach is especially beneficial for populations residing in remote areas with limited access to western medical facilities. This integration has greatly helped to improve overall well-being by focusing on holistic health.

CONCLUSION

Ayurveda focuses on a holistic approach to health, balancing the body, mind, and spirit through diet, herbal remedies, and lifestyle choices, whereas Yoga is crucial in fostering physical, mental, and spiritual well-being. The integration Ayurveda and Yoga fills gaps in the western health system, particularly in promotive, preventive, and rehabilitative care for pain and stress-related chronic diseases or noncommunicable diseases. It is especially beneficial for populations living in remote areas where access to western medical facilities is limited. This approach has greatly helped to enhance overall well-being by emphasising holistic health, thereby contributing to achieve sustainable development goal (SDG-3) and universal health coverage.

The focus of healthcare is shifting globally from sickness to wellness, from treatment to prevention and early diagnosis, and from a broad approach to individualized therapy. In a perfect world, a healthy, people-centered healthcare system that strikes a balance between preventative and curative treatment would include traditional medicine as a choice.

REFERENCES

1. The Millennium Development Goals Report 2015 [Internet]. Millennium development goals report. 2016. DOI: [10.18356/6cd11401-en](https://doi.org/10.18356/6cd11401-en)
2. Martin. United Nations sustainable development agenda [Internet]. United Nations Sustainable Development. 2018. Available from: <https://www.un.org/sustainabledevelopment/development-agenda-retired/>
3. United Nations Statistics Division. SDG Indicators - SDG Indicators [Internet]. Available from: <https://unstats.un.org/sdgs/indicators/indicators-list/>
4. Biermann F, Hickmann T, S nit CA, Beisheim M, Bernstein S, Chasek P, et al. Scientific evidence on the political impact of the Sustainable Development Goals. *Nature Sustainability* [Internet]. 2022 Jun 20;5(9):795-800. DOI: [10.1038/s41893-022-00909-5](https://doi.org/10.1038/s41893-022-00909-5)
5. Howden-Chapman P, Siri J, Chisholm E, Chapman R, Doll CNH, Capon A. GOOD HEALTH AND WELL-BEING [Internet]. Available from: <https://council.science/wp-content/uploads/2017/03/SDGs-interactions-3-healthy-lives.pdf>
6. Ant nio Guterres. The Sustainable Development Goals Report. 2023.
7. UN Statistical Commission. Tier Classification for Global SDG indicators as of 6 March 2024 [Internet]. 2024 Mar. Available from: https://unstats.un.org/sdgs/files/Tier%20Classification%20of%20SDG%20Indicators_%206%20Mar%202024_web.pdf
8. World Health Organization: WHO. The top 10 causes of death [Internet]. 2024. Available from: <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death#:~:text=The%20world's%20biggest%20killer%20is,9.1%20million%20deaths%20in%202021.>
9. Verma SK, Pandey M, Sharma A, Singh D. Exploring Ayurveda: principles and their application in modern medicine. *Bulletin of the National Research Centre/Bulletin of the National Research Center* [Internet]. 2024 Aug 5;48(1). DOI: [10.1186/s42269-024-01231-0](https://doi.org/10.1186/s42269-024-01231-0)
10. Sharma R, Goyal A, Singh R, Khanduri S, Ota S, Goel S, et al. Effect of Ayurveda intervention in the integrated management of essential hypertension- a retrospective observational study. *Journal of Ayurveda and Integrative Medicine* [Internet]. 2021 Jul 1;12(3):521-8. DOI: [10.1016/j.jaim.2021.04.012](https://doi.org/10.1016/j.jaim.2021.04.012)
11. Amelia W. Importance of Ayurvedic Medicine and its Significance. *Longdom* [Internet]. 2023 Oct 2; Available from: <https://doi.org/10.35248/2167-0412.23.12.452>
12. Kumar V, Singh V, Rai S. Ayurveda daily regimen practices (Dinacharya): a scientific system model approach suitable as a quaternary prevention strategy for non-communicable diseases. *TMR Integrative Medicine* [Internet]. 2022 Jan 1;6(0):e22020. DOI: [10.53388/TMRIM202206020](https://doi.org/10.53388/TMRIM202206020)
13. Shrivastava S, Soundararajan P, Agrawal A. Ayurvedic approach in chronic disease management. In: Springer eBooks [Internet]. 2020. p. 783-98. DOI: [10.1007/978-3-030-30730-1_45](https://doi.org/10.1007/978-3-030-30730-1_45)
14. Taylor MJ, Yarian R, Cooper C. Yoga Therapeutics: a Biopsychosocial approach. In: Cooper C, editor. *Fundamentals of Hand Therapy*. Second Edition. St. Louis: Mosby; 2014. p. 197-205. DOI: [10.1016/B978-0-323-09104-6.00020-1](https://doi.org/10.1016/B978-0-323-09104-6.00020-1)

15. Goyal M, Singh S, Sibinga EMS, Gould NF, Rowland-Seymour A, Sharma R, et al. Meditation programs for psychological stress and well-being. *JAMA Internal Medicine* [Internet]. 2014 Jan 6;174(3):357. DOI: [10.1001/jamainternmed.2013.13018](https://doi.org/10.1001/jamainternmed.2013.13018)
16. Yatham P, Chintamaneni S, Stumbar S. Lessons from India: A narrative review of integrating yoga within the US healthcare system. *Cureus* [Internet]. 2023 Aug 14; DOI: [10.7759/cureus.43466](https://doi.org/10.7759/cureus.43466)
17. [Http://gwashtington.blogspot.com](http://gwashtington.blogspot.com) [Internet]. Available from: <https://gewashington.blogspot.com/2015/?view=classic>
18. Palileo-Villanueva LM, Palafox B, Amit AML, Pepito VCF, Ab-Majid F, Ariffin F, et al. Prevalence, determinants and outcomes of traditional, complementary and alternative medicine use for hypertension among low-income households in Malaysia and the Philippines. *BMC Complementary Medicine and Therapies* [Internet]. 2022 Sep 30;22(1). DOI: [10.1186/s12906-022-03730-x](https://doi.org/10.1186/s12906-022-03730-x)
19. Sheng-Ji P. Ethnobotanical approaches of Traditional Medicine Studies: Some experiences from Asia. *Pharmaceutical Biology* [Internet]. 2001 Jan 1;39(sup1):74-9. DOI: [10.1076/phbi.39.s1.74.0005](https://doi.org/10.1076/phbi.39.s1.74.0005)
20. Headquarters W. Legal status of traditional medicine and complementary/alternative medicine: a worldwide review [Internet]. 2001. Available from: <https://www.who.int/publications/i/item/WHO-EDM-TRM-2001.2>
21. Bagot JL, Theunissen I, Mouysset JL, Wagner JP, Magné N, Toledano A. Integrative Health Care: Definition and examples of implementation in Oncology in France. *La Revue D Homéopathie* [Internet]. 2021 Oct 29;12(4):e61-6. DOI: [10.1016/j.revhom.2021.10.007](https://doi.org/10.1016/j.revhom.2021.10.007)
22. Martinez GS, Von Krauss MK, Menne B, Permanand G, World Health Organization. Environmentally sustainable health systems: a strategic document [Internet]. World Health Organization; 2017. Available from: <http://www.euro.who.int/pubrequest>
23. Sharma R, Prajapati PK. Predictive, preventive and personalized medicine: leads from Ayurvedic concept of Prakriti (Human Constitution). *Current Pharmacology Reports* [Internet]. 2020 Oct 3;6(6):441-50. DOI: [10.1007/s40495-020-00244-3](https://doi.org/10.1007/s40495-020-00244-3)
24. National Library of Medicine (US). Collection development Guidelines of the National Library of Medicine [Internet]. NCBI Bookshelf. 2019. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK518693/>
25. Ernst E. The role of complementary and alternative medicine. *BMJ* [Internet. 2000 Nov 4;321(7269):1133-5. DOI: [10.1136/bmj.321.7269.1133](https://doi.org/10.1136/bmj.321.7269.1133)
26. Fan KW. National Center for Complementary and Alternative Medicine website [Internet]. 2005. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC1176230/>
27. Clarke TC, Black LI, Stussman BJ, Barnes PM, Nahin RL. Trends in the use of complementary health approaches among adults: United States, 2002-2012 [Internet]. 2015. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4573565/>
28. World Health Organization. THIRTEENTH GENERAL PROGRAMME OF WORK 2019-2023 [Internet]. WHO/PRP/18.1. 2019. Available from: <https://iris.who.int/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf?sequence=1>
29. Declaration of Astana [Internet]. Global Conference on Primary Health Care. World Health Organization; 2018 Oct. Available from: <https://iris.who.int/bitstream/handle/10665/328123/WHO-HIS-SDS-2018.61-eng.pdf?sequence=1>
30. World Health Organization. WHO Global Report on Traditional and Complementary Medicine 2019 [Internet]. 2019. Available from: <https://iris.who.int/bitstream/handle/10665/312342/9789241515436-eng.pdf?sequence=1> cholesterol, and fat absorption rate.