



Access the article online

Quick Response Code



[www.jacjournal.org](http://www.jacjournal.org)

DOI:<https://doi.org/10.51648/jac111>

### \*Corresponding author

Sunita Acharya  
MD Scholar  
Ayurveda campus, Institute of Medicine  
Tribhuvan University  
Kathmandu, Nepal  
Email:[sunita.pokhara15@gmail.com](mailto:sunita.pokhara15@gmail.com)

Submitted: 06.08.2024

Received: 14.10.2024

Accepted: 29.10.2024

Copyright: © The Author(s) 2024. This is an open access article under the CC BY NC license.



## Patient care in Ayurveda with perspective to nursing: A Review

Anita Acharya<sup>1</sup>, Binod Kumar Singh<sup>2</sup>, Nirmal Bhusal<sup>3</sup>, Sunita Acharya<sup>4\*</sup>

<sup>1</sup>Assitant Professor; Pokhara Nursing Campus, Institute of Medicine, Tribhuvan University, Pokhara, Nepal, <sup>2</sup>Associate Professor; Department of Kayachikitsa, Ayurveda Campus, Institute of Medicine, Tribhuvan University, Kathmandu, Nepal, <sup>3</sup>Assitant Professor, Ayurveda Campus, Institute of Medicine, Tribhuvan University, Kathmandu, Nepal  
<sup>4</sup>MD Scholar, Ayurveda Campus, Institute of Medicine, Tribhuvan University, Kathmandu, Nepal

### ABSTRACT

**Background:** Nursing encompasses care of individuals of different ages, families, groups, and communities who are healthy and sick in all settings. It includes promotive, preventive, curative, and rehabilitative care of ill, disabled, and dying people. Ayurveda, a science of life, is an ancient health care system practiced in the Indian subcontinent. With advancements in the Western medical system, there are increasing complexities, such as being expensive and technology dependent, whereas the traditional medical system is preferred for having a holistic approach.

**Material and Methods:** This is a conceptual review. References regarding the Paricharaka have been collected, and relevant materials were compiled from various available Ayurveda classical texts like Charak Samhita, Sushruta Samhita, and Ashtanga Hridya, along with their commentaries and various text books of nursing. The information from various online published literatures regarding the concept of nursing was searched on Google Scholar, PubMed, Scopus, DOAJ, and ScienceDirect using key words such as “Ayurveda nursing,” “Ayurveda attendant,” “Ayurveda and nursing,” “nursing in traditional medicine,” “Paricharaka,” “Upasthata,” “TCM and nursing,” “Complementary and Alternative Medicines (CAM),” and “nursing.” The concept of Paricharaka has been reorganised and critically analysed, and a conclusion was drawn.

**Results and Discussion:** Ayurveda advocates four different components necessary for providing quality healthcare, termed Chikitsa Chatushpada. The components are Bhishaka (doctor/physician), Dravya (medicine), Upasthata (attendant/helper), and Rogi (patient). The description of each component has been mentioned in Samhitas. Ayurveda has documented the concept of nursing care. Nursing care was provided by traditional caretakers and Paricharaka in Ayurveda for years in tradition. Several classical texts have described the word Upasthata or Paricharaka within the context of treatment modalities. The words “Upasthata” and “Paricharaka” can be correlated with the nurse in Western medicine. The qualities of Upasthata or Paricharaka (nurse/attendant) are Buddhiman (intelligent), Daksha (skilled), Anurakta (affectionate), and Suchi (pure/clean).

**Conclusion:** The concept of nursing care for patients can be traced back to the ancients, with a description of Chikitsa Chatushpada in the Samhitas of Ayurveda. It is one of the Chikitsa Chatushpada, that is, “Upasthata” or “Paricharaka” who must be intelligent, skilled, affectionate, and neat and clean. The qualities of Paricharika resemble those of nurses in the Western healthcare system.

**Keywords:** Ayurveda, Paricharaka, Nursing, Patient Care, Upasthata

## INTRODUCTION

*Ayurveda*, the science of life, is an ancient health care system practiced in the Indian subcontinent. With advancements in the modern medical system, there are increasing complexities of being expensive and technology dependent. Meanwhile, the traditional medical system is being preferred because it has a holistic approach. There is a slight variation between the traditional medical system and the western medical system in terms of the care of patients. The traditional medical system is used for a variety of reasons in preventive and curative approaches for a number of diseases. The main objective of *Ayurveda* is to maintain and preserve the health of the healthy and to treat the diseased one.<sup>1</sup> *Ayurveda* has described the code of conduct for achieving holistic health. It has described four different components for providing quality healthcare termed as *Chikitsa Chatushpada*, which include *Bhishaka* (doctor/physician), *Dravya* (medicine), *Upasthata* (attendant/helper), and *Rogi* (patient).<sup>2</sup> The characteristics or qualities of every component are described in detail. The qualities of *Upasthata* or *Paricharaka* (nurse/attendant) are *Buddhiman* (intelligent), *Daksha* (skilled), *Anurakta* (affectionate), and *Suchi* (pure/clean). The nursing profession originated independently and existed throughout history.<sup>3</sup> The family members provided the nursing needs of the sick in early times, and patients are still seeking the family nursing needs.<sup>4</sup> In the current scenario of the healthcare system, nurses are trusted health care professionals who play a vital role in patient care and treatment of diseased ones.<sup>5</sup> The development of western medicine and surgery into complicated technical areas requiring many procedures has brought much more importance to nursing. In the western nursing profession, nurses have distinct autonomous roles such as caregiver, employee or service contractor, and citizen, each with rights and obligations.<sup>6</sup> The aim of this review is to gather information regarding nursing care in the classics of *Ayurveda* as well as the similarities with nursing care in the Western medical system.

## MATERIAL AND METHODS

This is a conceptual review. References regarding the *Paricharaka*, have been collected, and relevant materials were compiled from various available *Ayurveda* classical texts like *Charak Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya* and their commentaries, and various text books of nursing. The information from various online published literatures regarding the concept of nursing was searched on Google Scholar, PubMed, Scopus, DOAJ, and ScienceDirect using keywords such as “Ayurveda nursing,” “Ayurveda attendant,” “Ayurveda and nursing,” “nursing in traditional medicine,” “Paricharaka,” “Upasthata,” “TCM and nursing,” “Complementary and Alternative Medicines (“CAM”), and “nursing.” The concept of *Paricharaka* has been reorganised and critically analysed, and a conclusion was drawn.

## RESULTS AND DISCUSSION

There is no significant documented evidence available on nursing care in ancient times.<sup>7</sup> Techniques utilised in the treatment

included beatings, starvation, magic ceremonies, nauseating medications, loud noises, and abrupt terror. The ability to massage, ferment bones, amputation, take hot and cold baths, and apply heat to reduce bleeding were among the skills of prehistoric man. Women were involved in the care of children, the elderly, and sick family members.<sup>8</sup> Nursing care evolved in response to the desire to provide comfort to the sick, which is reflected in caring for, comforting, nourishing, and cleansing patients. The love and hope were part of nursing practice. The ancient medical practices in the Indian subcontinent are found in *the Vedas*.<sup>9</sup> *Ayurveda* has documented the concept of nursing care.<sup>10</sup> Several classical texts have described the word *Upasthata* or *Paricharaka* within the context of treatment modalities, in which the words *Upasthata* and *Paricharaka* resemble educated nurses in western medical science. *Charaka Samhita* and *Sushruta Samhita* describe four wings of treatment in which the success of treatment fully depends upon “*Chatushpadachikitsa*.”<sup>11</sup> The four *padas* (limbs) to make successful treatment include 1. *Bhishaka/Vaidya* (doctor/physician), 2. *Dravya* (medicine), 3. *Upasthata/Paricharaka* (attendant/helper), and 4. *Rogi* (patient). When the *padas* (limbs) function appropriately, the treatment will be successful. For the treatment of all types of diseases, four *padas* of medicine are equally applicable. In the past, hospitals were constructed as a room that was made in a corner near the main wards by keeping a window opening towards the wards to look after the patients for nurses and attendants.<sup>12</sup>

*Paricharaka* is described as a person as a cleaver, loving to patients and having a pious mind who is involved in the treatment of patients, preparing methods of drug administration, and assisting in eating food and materials.<sup>13</sup> The attendant should be affectionate with patients, clean, and intelligent.<sup>14</sup> According to *Astanga Samgraha*, *Paricharaka* should be clever in all the subjects; loving and devoted towards the patients physically and spiritually; fit and knowledgeable who follows the instruction of the physician as well and takes care of the diseased one with enthusiasm; provides safety and security; and does not feel sense of being tried.<sup>15</sup> According to *Yogaratanakar*, of the four factors of *Chikitsa*, *Paricharaka* is one of the important branches known as *Upasthata*. *Upasthata* should be 1. *Anurakta*, which means caring and loving towards the sick patients; 2. *Suchi*, which means clean and morally good; 3. *Daksha*, which means managing capacity during care of patients; and 4. intelligent.<sup>16</sup> In *Astanga Hridaya*, it was said that *Upasthata* should be *Anurakta*, which means caring and loving towards the sick patients; *Suchi* means taking care and maintaining cleanliness during food habits and administration of medications; and *Daksha* means skilled and having the power of intelligence.<sup>17</sup> According to *Kalyankaraka*, *Paricharaka* should be endowed with its own good qualities and employed to advise and assist in matters of caring for patients.<sup>18</sup> According to *Astanga Samgraha*, the attendant should be elegant, friendly, and admiring of the patients, and energetic and brilliant as well.<sup>19</sup> In *Sushruta Samhita*, the features of *Paricharaka* are described as showing love and affection towards the patients, having no sense of nausea with excreta, urine, and vomitus, being powerful, devoted to the safety

and security of patients, following the directions of doctors, and not getting klama (fatigue).<sup>20</sup> The qualities of nursing staff should be nimble, physically, mentally, and economically sound with whole-body care, including massaging and *Pathyapathya*. The success of treatment depends on *Chatushpada*, which includes *Bhishaka*, *Dravya*, *Upastha*, and *Rogi*.<sup>21</sup> The characteristics of *Upasthata* (nurse) are *Suchi* (pure or clean physically and mentally), *Daksha* (skilled/competent), *Anuraktha* (willing to care), and *Buddhiman* (intelligent).<sup>22</sup>

A nurse was someone who cared for people with infirmities. The term nurse originates from the Latin word “*Nutire*, which means suckle. The word suckle means the primarily wet nurse in the early days, and then in the present context, it only evolved into a person who cares for the sick person in the late 16<sup>th</sup> century.<sup>23</sup> Nursing is closely related to caring for both illness and health. The history of nursing can be traced back to the beginning of humankind. Nursing has been called the oldest of the arts and the youngest of the professions.<sup>24</sup> In the mid-nineteenth century, the nursing origins predate, but traditionally nursing began with “Florence Nightingale.” Today, nursing practice is basically founded in her beliefs. Her beliefs and approach to the care of sick persons were strongly influenced by the experience during the Crimean War in 1959, she published her nursing care views in “Note on Nursing.”<sup>25</sup> A nurse should possess the relevant knowledge with good communication skills, problem-solving skills, a flexible working nature, and empathy towards patients and their families.

Nursing encompasses care of individuals of different ages, families, groups, and communities, healthy and sick, in all settings. It includes promotive, preventive, and curative care of ill, disabled, and dying people. Major nursing roles include care of patients, research, policy advocacy, participation in nursing services, and health education.<sup>26</sup> The defined codes of ethics are fundamental guiding principles for the nursing profession as well as other professions. The International Council of Nurses (ICN) Code of Ethics is a guide for setting up nursing codes throughout various settings. The national code of ethics provides nurses with culturally adapted guidance and helps them to make culturally accepted ethical decisions.<sup>27</sup> The ICN Code of Ethics for Nurses (2012) has linked some crucial aspects to nursing practice, like social values for a positive practice environment and maintaining safe, equitable, social, and economic working conditions. Nurses should possess privacy, confidentiality, self-respect, and other personal values such as self-control, moral courage, and integrity.<sup>28</sup> Characteristics of attending staff are also described in *Ayurveda*. Good conduct, cleanliness, appropriate behaviour, devotion, compassion, proficiency in nursing, and willingness to do all duties are qualities of the attending staff. Attending staff should be able to prepare soups, rice, other food recipes, and formulation preparations for patients. Attending staff should also be able to give baths, massages, and handle bedridden patients. In *Ayurveda*, a quick learner, obedient staff with good knowledge of time and place, and who is able to sing songs, play musical instruments, and recite short stories are said to be appointed for nursing care. *Paricharaka* (attendant) is *Snigdho* (affectionate),

desirous of protecting the patient, *Balwaan* (strong), attentive to the requirements of the patient, and strictly follows the instructions given by the physician.<sup>29</sup>

The concept and practices of nursing care in *Ayurveda* are, to some extent, similar to nursing in the western medical system. Before the institutional development of western nursing practice, religious people such as nuns and monks often provided care of patients. There are practices of nursing care in almost all the traditional societies and traditional medicine. Traditional nursing practices were influential in developing recent nursing practice.<sup>30</sup> The basics of recent nursing care still remain in religious evidence, even in the current scenario in many countries.

In Hippocratic collection, male attendants had the role of nurse, which is described for observation and skilled care of patients.<sup>31</sup> The qualities of a nursing staff/caretaker as described in *Ayurveda* include *Buddhiman* (intelligent with knowledge of taking care of patients, preparing, dispensing, and administering medicines and food recipes), *Dakshya* (skilled and alert to perform duties quickly), *Anurakta* (affectionate), and *Suchi* (pure/clean body and mind), which are similar to nurses in western medicine. As nursing practice is a combination of art and science<sup>32</sup>, there are similar descriptions in *Ayurveda* that the nursing staff should be able to handle different situations, be compassionate to patients, be knowledgeable to understand the advice of physicians, and should possess cleanliness.

Nursing in the current scenario incorporates the cultural beliefs of society and individuals to enhance the quality of care. Nurses are supposed to practice in a wide range of settings, like a hospital, community health centres, care homes, industries, geriatric homes, rehabilitation centres, and even in schools. Nurses work to address the root causes of poor and ill health.<sup>33</sup> It is important to recognise and understand people’s individual variations and utilise these into care approaches.<sup>34</sup> Nurses should avoid conflict in cultural practices and guide individuals in need. Nurses face many challenges, but they utilise various strategies to maintain quality and person-centred care.<sup>35</sup> Despite equal opportunity, still in the current era, nursing is a female-dominated profession globally.<sup>36</sup>

In *Ayurveda*, there is no gender variation. More males and older women were involved in nursing care. Traditionally, women provided nursing care at home to the sick, injured, and old family members. The core theme of the nursing profession is the same: taking care of people from ancient times to today. To provide better care, nurses must be satisfied and enjoy their work.

At present, nursing is not only a service but a way of earning a living. The professional roles of nurses will increase the quality of service that they will provide to society.<sup>37</sup> With the development of institutional service delivery, the nursing care is being provided by the nurses educated in western medical science. The distinctive content includes the concepts of *Dosha*, *Dincharya* (daily regimen), *Ritucharya* (seasonal regimen), *Prakriti* (genotype), *Aushada Sevan Kala* (time drug administration), *Ahara Vidi* (dietary regimen), *Yoga*, *Sadvritta* (good code of conduct), etc. Due to a lack of *Ayurveda* nursing courses and no registered *Ayurveda*



nurse in *Ayurveda* hospitals and health care centres, the nurses educated in western medical science are providing the services. There is a need to provide *Ayurveda* training to incorporate the holistic approach of *Ayurveda* in nursing care. Earlier, one study suggested that an awareness of *Ayurveda* may help nurses to be cognisant of its benefits and potential complications when used with conventional medicine.<sup>38</sup> The concept of holistic nursing care is very important in recent days.<sup>39</sup> In one similar study, the similarities and differences between *Ayurveda* and western health care from the perspective of nursing care are discussed.<sup>40</sup>

Even traditional Chinese medicine and western nursing care have much more common concepts.<sup>41</sup> *Ayurveda* is a comprehensive healthcare system that is consistent with western medical science.<sup>42</sup> Continuing education/training in *Ayurveda* medicine is needed for nurses to provide holistic care<sup>43</sup> because Sanskrit is the medium of *Ayurveda* literature and its terminologies, which differ from medical literature and its terminologies as well as other health/medical systems.<sup>44</sup> Nurses should be sensitive towards cultural beliefs and should be efficient and equipped enough to provide services.<sup>45</sup> Hence, by combining western medical science and traditional medicinal approaches, especially *Ayurveda* approaches to nursing, it can be better implemented.

## CONCLUSION

Knowledge, intelligence, alertness, activeness, affectionateness, purity of body, and thoughts are the qualities of *Upasthata/Paricharaka*. The *Upasthata* should be able to follow the physician's instructions. The suggested code of behaviour should be followed by nurses to mitigate the chances of conflicts in the medical profession. Soft skills like patience, positive approach, good communication skills, and mental toughness are the critical personality traits expected in nursing practice. The traditional code of ethics of *Upasthata/Paricharaka* are vital for the nursing profession and can be achieved by better patient care and clinical outcomes amalgamating them together.

## RECOMMENDATION

Further systematic reviews of different traditional medicines on the topic are required.

## ACKNOWLEDGEMENT

Not applicable

## CONFLICT OF INTEREST

The authors declare no conflict of interest

## SOURCE OF FUNDING

Nil

## REFERENCES

1. Shastri RD. Arthedasmahamuliya, Charaka Samhita. Varanasi: Choukhambha Bharati Academy. 2007.
2. Tripathi B & Pandey GS, Commentator. Charak Samhita with Charak Chandrika Hindi Commentary, Sutra Sthana. Varanasi: Chaukhamba Surbharti Prakashan. 2007.
3. Dingwall R, Rafferty AM, Webster C. An introduction to the social history of nursing. Routledge; 2002 Sep 11. DOI: [10.4324/9780203403310](https://doi.org/10.4324/9780203403310)
4. Unesoko A, Ozawa N, Sugimura A, Sato K, Ando S. Nursing-care for family caregivers of terminally ill cancer patients to enhance preparedness for death. Nagoya J Med Sci. 2024 Feb;86(1):121-134.
5. Lemmers AL, van der Voort PH. Trust in intensive care patients, family, and healthcare professionals: The development of a conceptual framework followed by a case study. In Healthcare 2021 Feb 15;9(2):208. DOI: [10.3390/healthcare9020208](https://doi.org/10.3390/healthcare9020208)
6. Sharma M. Nursing concepts and principles. 1st ed. Baneshwor, Kathmandu: Medhavi Publication. 2012.
7. Hajar R. The air of history: early medicine to galen (part I). Heart Views. 2012 Jul;13(3):120-8. DOI: [10.4103/1995-705X.102164](https://doi.org/10.4103/1995-705X.102164)
8. Caldwell JC, Caldwell P. Roles of women, families, and communities in preventing illness and providing health services in developing countries. In: Gribble, JN, Preston, SH, Editors. The Epidemiological Transition: Policy and Planning Implications for Developing Countries: Workshop Proceedings; National Research Council (US) Committee on Population. 1993.
9. Raikwar A. The Ancient Indian Knowledge System and the Medical Sciences. Qeios. 2023 Jul 4. DOI: [10.32388/8D3ZSX](https://doi.org/10.32388/8D3ZSX)
10. Panda AK, Mohanta SC. Nursing perspective of ayurvedic concept and therapies. Asian Journal of Nursing Education and Research. 2022;12(2):165-9. DOI: [10.52711/2349-2996.2022.00033](https://doi.org/10.52711/2349-2996.2022.00033)
11. Kumar J. An overview of Chikitsa Chatushpada. Journal of Ayurveda and Integrated Medical Sciences. 2021 Nov 11;6(5):279-82.
12. Rao MV. A Text book of Swasthavrita. Varanasi: Chaukhambha Orientalia. 2019;371
13. Adhikari R, Editor. Charak Samhita of Agnivesh. Kathmandu: Active printing press. 2073;27.
14. Murthy KRS, Editor. Astanga Samgraha of Vagbhata. 9th ed. Varanasi: Chaukhambha Orientalia. 2005;2.
15. Chhaangaari G, Editor. Astanga Samgraha of Vagbhata. Varanasi: Chaukhambha Sanskrit Sansthan. 2064;20.
16. Tripathi and Tripathi, Editor. Yogratnakar. 4th edition. Varanasi: Chaukhambha Krishnadas Academy. 2013;3

17. Tripathi BN, Editor. Astanga Hridaya of Vagbhatta. New Delhi: Chaukhamba Sanskrit Prathisthan. 2019;21.
18. Shastri VP, Editor. Kalyankarak of Ugradityaacharya; Sholapur, page 10
19. Adhikari S, Editor. Astanga Samgraha of Vagbhatta. Dang, Nepal: Sutasthanam, Mahendra Sanskrit University. 2006;27.
20. Sastri AD, Editor. Sushruta Samhita of Sushruta. Vanarasi: Chaukhamba Sanskrit Sasthan. 2076;166.
21. Tripathi B & Pandey GS, Editors. Charak Samhita of Agnivesh. Vanarasi: Chaukhamba Surbharti Prakashan. 2007;207.
22. Tripathi B & Pandey GS. Editors. Charak Samhita of Agnivesh. Vanarasi: Chaukhamba Surbharti Prakashan. 2007;209.
23. Physicians: What's in a Name? Modern Nursing [Internet]. 2013 [cited 2024 July 29]: available from: [https://en.m.wikipedia.org/w/index.php?title=History\\_of\\_nursing&diffonly=true#Modern](https://en.m.wikipedia.org/w/index.php?title=History_of_nursing&diffonly=true#Modern)
24. Theofanidis D, Sapountzi-Krepia D. Nursing and caring: an historical overview from ancient Greek tradition to modern times, International Journal of Caring Sciences:2015 Sep 1;8(3):791.
25. King H. Using the past: Nursing and the medical profession in ancient Greece. In Anthropology and nursing.2015 Jul;3:7-24.
26. International Council of Nurses. Nursing Definitions[internet].2024[cited 2024 June 26] Geneva. Available from:<https://www.icn.ch/resources/nursing-definitions>
27. Zahedi F, Sanjari M, Aala M, Peymani M, Aramesh K, Parsapour A, Maddah SB, Cheraghi MA, Mirzabeigi GH, Larijani B, Dastgerdi MV. The code of ethics for nurses. Iranian journal of public health. 2013;42(Supple1):1.
28. Stievano A, Tschudin V. The ICN code of ethics for nurses: a time for revision. International nursing review. 2019 Jun; 66 (2):154-6.  
DOI: [10.1111/inr.12525](https://doi.org/10.1111/inr.12525)
29. Shastri AD, Editor. Sushruta Samhita. Sutra Sthana. 24th ed. Varanasi: Chaukhamba Sanskrit Sansthan. 2007.
30. Theofanidis D, Sapountzi-Krepia D. Nursing and caring: an historical overview from ancient Greek tradition to modern times. International Journal of Caring Sciences. 2015 Sep 1;8(3):791.
31. Hongbao M, Young M, Yan Y. Nursing History Literatures. Journal of Biomedicine and Nursing. 2015;1(2).
32. Henry D. Rediscovering the art of nursing to enhance nursing practice. Nursing Science Quarterly. 2018 Jan;31(1):47-54.  
DOI: [10.1177/0894318417741117](https://doi.org/10.1177/0894318417741117)
33. National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020-2030. The Role of Nurses in Improving Health Care Access and Quality. Flaubert JL, Le Menestrel S, Williams DR, et al., editors. In The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington (DC): National Academies Press (US); 2021 May 11.  
DOI: [10.17226/25982](https://doi.org/10.17226/25982)
34. Kelsall-Knight L, Stevens R. Exploring the implementation of person-centred care in nursing practice. Nurs Stand. 2024 Jan 3;39(1):70-5.  
DOI: [10.7748/ns.2023.e12190](https://doi.org/10.7748/ns.2023.e12190)
35. Shaban M, Mohammed HH, Gomaa Mohamed Amer F, Shaban MM, Abdel-Aziz HR, Ibrahim AM. Exploring the nurse-patient relationship in caring for the health priorities of older adults: qualitative study.BMC nursing. 2024 Jul 15;23(1):480.  
DOI: [10.1186/s12912-024-02099-1](https://doi.org/10.1186/s12912-024-02099-1)
36. Asif H. Men in female dominated professions. Indian Journal of Humanities and Social Sciences. 2019;7(1):29-42.
37. Karadeniz H, Gürkan ÖC. Women's Health Nursing in Traditional and Complementary Medicine Practices. Journal of Education & Research in Nursing/Hemşirelikte Eğitim ve Araştırma Dergisi. 2022 Dec 1;19(4).
38. Narayanasamy A, Narayanasamy M. Ayurvedic medicine: An introduction for nurses. Br J Nurs. 2006;15(21):1185-1190.  
DOI: [10.12968/bjon.2006.15.21.22378](https://doi.org/10.12968/bjon.2006.15.21.22378)
39. Panda AK, Mohanta SC. Nursing perspective of ayurvedic concept and therapies. Asian Journal of Nursing Education and Research. 2022;12(2):165-9.  
DOI: [10.52711/2349-2996.2022.00033](https://doi.org/10.52711/2349-2996.2022.00033)
40. Larson-Presswalla J. Insights into Eastern Health Care: Some Transcultural Nursing Perspectives. Journal of Transcultural Nursing. 1994;5(2):21-24.  
DOI: [10.1177/104365969400500204](https://doi.org/10.1177/104365969400500204)
41. Hao Y, Jiang J, Gu X. Traditional Chinese medicine and nursing care. International journal of nursing sciences. 2017 Jul 7;4(3):328.  
DOI: [10.1016/j.ijnss.2017.06.005](https://doi.org/10.1016/j.ijnss.2017.06.005)
42. Mishra LC, Singh BB, Dagenais S. Ayurveda: a historical perspective and principles of the traditional healthcare system in India. Alternative therapies in health and medicine. 2001 Mar 1;7(2):36-43.
43. Zarei M, Mojarab S, Bazrafkan L, Shokrpour N. The role of continuing medical education programs in promoting Iranian nurses, competency toward non-communicable diseases, a qualitative content analysis study. BMC Medical Education. 2022 Oct 24;22(1):731.  
DOI: [10.1186/s12909-022-03804-x](https://doi.org/10.1186/s12909-022-03804-x)

44. Panda AK, Mohanta SC. Nursing perspective of ayurvedic concept and therapies. Asian Journal of Nursing Education and Research. 2022;12(2):165-9.  
DOI: [10.52711/2349-2996.2022.00033](https://doi.org/10.52711/2349-2996.2022.00033)
45. Gunaydin N, Ozpulat F. The role of nurses in traditional-modern medicine conflict. September 2018, New Trends and Issues Proceedings on Advances Pure and Applied Sciences.  
DOI: [10.18844/gjpaas.v0i10.3751](https://doi.org/10.18844/gjpaas.v0i10.3751)