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REVIEW ARTICLE

Daivavyapashraya Chikitsa in Cancer Care: Bridging Ancient Wisdom with Modern Oncology

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Abstract

Background: Cancer affects patients far beyond the physical burden of disease. Emotional distress, uncertainty, existential suffering, and unmet spiritual needs frequently accompany diagnosis, treatment, survivorship, and end-of-life care. In Ayurveda, Daivavyapashraya Chikitsa refers to spiritually oriented measures such as mantra, observances, ritual, fasting, and faith-based reassurance. Although this framework is well described in classical Ayurvedic thought, its role in modern oncology remains insufficiently defined.

Objective: To examine the potential supportive role of Daivavyapashraya Chikitsa in cancer care through an evidence-informed review of Ayurvedic scholarship, spiritual care literature, and integrative oncology research.

Methods: A focused narrative review was conducted using PubMed/ PubMed Central and authoritative oncology sources. Priority was given to English-language reviews, clinical guidelines, randomized controlled trials, meta-analyses, and major scholarly articles relevant to Ayurveda, spiritual care, meaning-centered interventions, mind-body practices, and mantra/mantram-based approaches in cancer care.

Results: Direct oncology-specific evidence on Daivavyapashraya Chikitsa is limited. However, adjacent evidence suggests that spiritually oriented and mind-body interventions may improve anxiety, depression, distress, fatigue, spiritual well-being, and quality of life in patients with cancer. Meta-analyses support modest benefits of psychosocial and spiritual interventions on spiritual well-being, while recent guidelines from the Society for Integrative Oncology and ASCO support selected non-pharmacological interventions for anxiety and depression in

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cancer settings. Mantra/mantram-based practices appear feasible and potentially beneficial in survivorship settings, although oncology-specific data remain preliminary.

Conclusion: Daivavyapashraya Chikitsa should not be presented as a proven anticancer treatment. Rather, it may be understood as a traditional Ayurvedic framework for addressing spiritual and existential suffering within supportive oncology. Its most appropriate contemporary role is as a complementary, patient-centered, culturally sensitive supportive approach, used alongside standard cancer treatment. More rigorous oncology-specific research is needed.

Introduction

Cancer is not experienced only in the body. It is also lived in the mind, the emotions, the family, and often in the deepest questions a person asks about meaning, hope, suffering, and mortality. Even when treatment is medically successful, patients may continue to face fear of recurrence, altered identity, uncertainty, and spiritual distress. Contemporary oncology increasingly recognizes that these dimensions are clinically relevant and closely tied to quality of life, coping, and patient-centered care [1,2].

Ayurveda has long described health as a state that includes harmony of body, mind, senses, and self. Within this framework, Daivavyapashraya Chikitsa is traditionally described as one of the therapeutic approaches used to relieve suffering, particularly where spiritual, moral, emotional, or unseen dimensions of illness are emphasized. In classical descriptions, it includes mantra, auspicious observances, ritual practices, fasting, offerings, repentance, and other spiritually grounded measures. In modern scientific writing, however, these concepts must be interpreted carefully and not overstated [3,4].

The present review was prepared in response to the need for a more scientifically grounded and clinically relevant discussion of this topic. Rather than asking whether Daivavyapashraya Chikitsa treats cancer directly, this paper asks a more appropriate question: Can this Ayurvedic framework help inform spiritually sensitive supportive care in oncology?

Methods

This article is a focused narrative review. Literature was identified through targeted searching of PubMed, PubMed Central, and major oncology information sources. Search themes included Ayurveda and cancer, spirituality in oncology, spiritual care, integrative oncology, mantra or mantram repetition, mindfulness, meaning-centered interventions, and quality of life in cancer. Priority was given to English-language publications with higher evidentiary value, including clinical guidelines, randomized controlled trials, systematic reviews, meta-analyses, and major review articles. Recent evidence was prioritized, while selected landmark studies were retained when relevant to conceptual framing. Because this was a narrative review, formal PRISMA flowcharting, risk-of-bias pooling, and quantitative synthesis were not performed.

Conceptual Background

Daivavyapashraya chikitsa in ayurvedic thought

In Ayurvedic literature, Daivavyapashraya Chikitsa is understood as a spiritually oriented therapeutic pathway. It is traditionally discussed alongside rational treatment approaches and mental-regulatory approaches. While it includes religious and ritual elements in classical texts, a modern clinical reading may interpret it more broadly as an attempt to address suffering that exceeds the material or pharmacological



dimension of illness. This makes it especially relevant to contemporary discussions of existential distress, spiritual pain, and the need for whole-person care [3,4].

Interpreting traditional explanations cautiously

Classical Ayurvedic texts and later commentators sometimes invoke ideas such as Achintya Prabhava, often translated as an effect that is difficult to explain through ordinary material logic. In a modern scientific manuscript, such concepts should be presented as traditional explanatory perspectives, not as experimentally proven biomedical mechanisms. At most, they may be discussed as reflecting ancient attempts to describe complex healing responses involving attention, belief, coping, social connection, meaning, and emotional regulation [3].

Why spiritual care matters in oncology

Spirituality has become an established domain of supportive cancer care. Patients with cancer often wish to discuss meaning, purpose, fear, faith, or sources of inner strength, yet these needs are frequently overlooked in routine practice. Reviews have shown that unmet spiritual needs may be associated with lower satisfaction with care and poorer quality of life. Spiritual distress itself can become a clinically important form of suffering and should not be dismissed as secondary or non-medical [1,2].

An interprofessional oncology literature review emphasized that spiritual care should be integrated into person-centered care and that clinicians should be able to screen for distress, identify resources of strength, and refer to chaplains or other trained professionals when appropriate [2]. National and international sources, including cancer supportive care resources, similarly recognize that spiritual concerns may emerge at any stage of the disease trajectory, not only near death [2,5].

Evidence Relevant to Daivavyapashraya Chikitsa in Cancer Care

Direct clinical trials of Daivavyapashraya Chikitsa as a defined Ayurvedic oncology protocol are lacking. Therefore, its contemporary relevance must be inferred from related evidence on spiritual care, psychosocial interventions, mind-body therapies, meaning-centered approaches, and mantra/mantram-based practices.

Spiritual and psychosocial interventions

A 2021 systematic review and meta-analysis of psychosocial interventions in adults with cancer found small-to-moderate improvements in spiritual well-being, suggesting that structured non-pharmacological supportive care can positively influence this domain [6]. More recently, a 2024 meta-analysis of spiritual interventions in cancer reported beneficial effects on fatigue, pain, anxiety, depression, meaning in life, spiritual well-being, and quality of life, although heterogeneity across interventions remained substantial [7]. These findings do not validate the full Ayurvedic framework directly, but they do support the broader idea that spiritual support may relieve clinically meaningful suffering in cancer populations [6,7].

Integrative oncology guidance

The 2023 Society for Integrative Oncology-ASCO guideline recommends selected non-pharmacological interventions for anxiety and depression symptoms in adults with cancer, including mindfulness-based interventions, yoga, relaxation, music therapy, tai chi/qigong, and other supportive approaches depending on clinical context [8]. This guideline does not address Daivavyapashraya Chikitsa specifically, but it is highly relevant because it confirms that integrative supportive strategies can have an evidence-based role in oncology when used appropriately and alongside standard treatment [8].



Meaning-centered and spiritually focused therapies

A 2024 meta-analysis on meaning therapy found beneficial effects on spiritual outcomes, psychological health, and quality of life in patients with cancer [9]. This is particularly relevant to Daivavyapashraya Chikitsa, because many of its traditional elements may be understood as attempts to restore inner order, hope, moral clarity, and existential steadiness in the face of illness. The overlap is conceptual rather than identical, but clinically meaningful [9].

Mantra and mantram-based practices

Among the classical elements of Daivavyapashraya Chikitsa, mantra-based practice is the most adaptable to research. In a randomized trial involving breast cancer survivors with cancer-related cognitive complaints, brief daily mantra meditation was associated with improvements in attention, verbal fluency, immediate memory recall, perceived cognitive impairment, and quality of life over time, although outcomes were similar to those of music listening and the sample size was small [10]. These findings suggest feasibility and supportive potential, but not disease-modifying efficacy [10].

A separate clinical study rooted in the Daivavyapashraya framework found that mantra chanting improved short-term memory measures in adolescent children, indicating possible cognitive and attentional benefits of such practices, though the population was not oncologic and direct cancer-related conclusions cannot be drawn [11].

Practical Clinical Interpretation

In modern cancer care, Daivavyapashraya Chikitsa is best interpreted not as a replacement for biomedical treatment but as a culturally grounded supportive framework. For patients

who value spiritual or faith-based coping, selected elements may be incorporated in ways that are ethical, non-coercive, and compatible with evidence-based oncology. Examples include mantra repetition, guided prayer, reflective silence, value-based observances, and referral for spiritual counselling or chaplaincy support [1,2].

The purpose of such integration is not to promise cure. Rather, it is to reduce distress, improve coping, strengthen meaning, and support dignity during treatment and survivorship. This distinction must remain explicit. Ayurveda-informed spiritual support may be clinically meaningful for some patients, but it should always be presented as complementary supportive care. Standard cancer therapies remain the cornerstone of treatment [3,8].

Discussion

This review suggests that Daivavyapashraya Chikitsa can be meaningfully discussed within oncology only when its role is clearly delimited. The current evidence does not show that it is an established anticancer therapy. However, a consistent body of modern literature indicates that spiritual and mind-body interventions may reduce anxiety, depression, fatigue, distress, and spiritual suffering while improving quality of life in patients with cancer [6-9].

The relevance of Daivavyapashraya Chikitsa, then, lies less in direct tumor biology and more in the humane and clinically important question of how people endure illness. Cancer often destabilizes not only physical health but also belief systems, emotional security, identity, and the capacity to imagine a future. A framework that attends to meaning, devotion, surrender, mental steadiness, and existential reassurance may therefore hold genuine supportive value, particularly in culturally appropriate settings [1,2,9].

At the same time, scientific caution is essential. The available literature is heterogeneous, and most interventions studied are not equivalent to classical Daivavyapashraya Chikitsa. Definitions of spirituality vary, intervention content is inconsistent, and many trials are limited by small sample size, single-center design, or selective populations. This makes overgeneralization hazardous. Strong claims regarding survival, tumor regression, or immune restoration should therefore be avoided unless supported by high-quality oncology-specific evidence [3,4,6,7].

A further strength of this discussion is its practical clinical relevance. Oncology teams do not need to become ritual specialists to respond meaningfully to spiritual distress. They can screen for it, listen respectfully, support patient-preferred practices, and collaborate with chaplains, palliative care teams, psycho-oncology services, and qualified integrative medicine professionals. In that sense, the enduring value of Daivavyapashraya Chikitsa may be that it reminds modern medicine of something patients have long known: healing is not always identical with cure, and suffering is often reduced when the whole person is seen [2,5].

Limitations and Future Directions

This review has several limitations. It is narrative rather than systematic, and no

formal meta-analysis was performed. The available evidence is largely indirect, because most clinical studies evaluate spiritual care or mind-body interventions rather than a formally standardized Daivavyapashraya protocol. Additionally, oncology-specific evidence remains sparse for several traditional elements such as ritual observances, fasting, repentance-based practices, and symbolic acts [3,7].

Future research should focus on developing clearly defined, culturally sensitive, and ethically sound Daivavyapashraya-informed supportive interventions for cancer settings. Trials should distinguish between symptom relief, psychological adaptation, spiritual well-being, and disease outcomes. Standardization of terminology, intervention content, and outcome measures will be essential if this field is to mature scientifically [6,7].

Conclusion

Daivavyapashraya Chikitsa offers a traditional Ayurvedic lens through which the spiritual and existential dimensions of cancer suffering can be understood. Its direct evidence base in oncology is limited, and it should not be portrayed as a proven anticancer treatment. However, converging evidence from spiritual care, psychosocial oncology, meaning-centered therapy, and mantra-based practice suggests that spiritually oriented supportive care may help improve coping, reduce distress, and

Table 1: Focus and approach of the present review.

Item	Description
Review type	Focused narrative review
Databases/sources	PubMed, PubMed Central, authoritative oncology sources
Main themes searched	Ayurveda and cancer; spirituality in oncology; spiritual care; integrative oncology; mantra/mantram; meaning-centered interventions; quality of life
Types of evidence prioritized	Clinical guidelines, systematic reviews, meta-analyses, randomized controlled trials, major narrative reviews
Language	English
Purpose	To evaluate the possible supportive role of Daivavyapashraya Chikitsa in cancer care
Scope limitation	Not a systematic review; no pooled risk-of-bias analysis or quantitative synthesis performed

Table 2: Evidence-informed interpretation of selected elements of Daivavyapashraya Chikitsa.

Traditional element	Contemporary supportive interpretation	Possible relevance in cancer care	Evidence status
Mantra / mantram repetition	Focused attention, calm breathing, spiritual anchoring	Anxiety, rumination, survivorship stress, cognitive burden	Preliminary supportive evidence
Niyama / observances	Routine, discipline, behavioral regulation	Emotional steadiness, self-regulation, treatment-period structure	Indirect rationale
Ritual / sacred observances	Meaning-making, symbolic reassurance, social-spiritual support	Existential distress, palliative support, caregiver involvement	Indirect supportive evidence
Upavasa / fasting	Restrained or symbolic discipline; must be medically supervised	Limited and context-dependent in oncology	Not routinely recommended without supervision
Prayaschitta / reconciliation	Forgiveness, emotional release, moral repair	Existential distress, spiritual pain, end-of-life reflection	Indirect evidence via spiritual and meaning-centered therapy

Table 3: Practical clinical integration in oncology.

Step	Clinical action
1	Ask whether the patient uses spiritual, religious, or meaning-based coping
2	Clarify whether these practices are helpful, neutral, or distressing
3	Support safe patient-preferred practices such as prayer, mantra, meditation, silence, or reflection
4	Refer to chaplaincy, psycho-oncology, palliative care, or integrative oncology when needed
5	Document relevant spiritual concerns and preferences in the care plan
6	Clearly state that these approaches complement rather than replace standard cancer treatment

enhance quality of life in selected patients with cancer. In contemporary oncology, its most appropriate role is as a complementary supportive approach used alongside standard cancer treatment, within a patient-centered and culturally respectful model of care [2,6-8] (Tables 1-3).

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Conflicts of Interest

The authors declare no conflicts of interest.

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