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Ayurveda and Preventive Healthcare in Japan: Insights for Healthy Aging

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Abstract

Background: *Japan is recognized for its exceptionally high life expectancy and comprehensive universal health coverage. However, population aging, chronic health problems, and concerns about quality of life in later years have highlighted the importance of healthcare approaches that extend beyond disease diagnosis and treatment. Ayurveda, India's traditional system of medicine, offers a holistic framework emphasizing daily routines, diet, sleep, seasonal rhythms, and the relationship between individuals and their environment.*

Objective: *This article describes the current development and diverse applications of Ayurveda in Japan and discusses its potential contribution to preventive healthcare, health promotion, and healthy aging.*

Main Content: *Drawing on the author's clinical experience and activities within the Ayurveda Society in Japan, this article reviews the development of academic and educational initiatives, professional training, community outreach, and international collaboration. It also examines the application of Ayurvedic principles in daily self-care, nursing and long-term care, post-disaster support, corporate and community health promotion, and wellness retreats. Particular attention is given to Dinacharya, the Ayurvedic concept of daily routine, as a framework for encouraging sustainable health-related behaviors.*

Conclusion: *Japan's experience illustrates how Ayurveda may contribute to a broader understanding of health that complements modern medical care. Its potential value lies not only in therapeutic practices but also in lifestyle education, self-care, and attention to individual well-being. Further research, professional education, and careful evaluation of safety and effectiveness are needed to clarify the appropriate integration of Ayurvedic principles into contemporary healthcare.*

Keywords: Ayurveda; healthy aging; health promotion; integrative medicine; Japan; preventive healthcare; traditional medicine

Introduction

Japan has developed a comprehensive healthcare system supported by universal health coverage, advanced medical technology, and broad access to medical services. Since the establishment of universal health insurance in 1961, the system has enabled people across the country to access medical care with relatively low out-of-pocket costs. Together with other social and public health developments, these arrangements have contributed to Japan's high life expectancy.

Nevertheless, longevity alone does not fully represent the health of a population. As the Japanese population ages, maintaining functional independence, preventing avoidable health deterioration, and supporting quality of life have become increasingly important. Chronic health problems, stress, and difficulties associated with everyday living also raise questions about how healthcare can support people before illness develops or alongside conventional treatment.

Modern medicine remains indispensable for the diagnosis and treatment of disease. However, healthcare may also benefit from greater attention to the everyday factors that influence well-being, including sleep, nutrition, physical activity, stress management, and self-care. This broader perspective encourages a shift from a predominantly disease-centered approach toward one that also emphasizes prevention, health promotion, and individual participation in maintaining health.

Ayurveda, India's traditional system of medicine, provides one framework for considering these issues. Rather than focusing exclusively on disease, Ayurveda emphasizes the maintenance of health through daily routines, appropriate diet, seasonal adaptation, and attention to individual constitution and the relationship between the person and the environment.

Interest in Ayurveda has gradually expanded in Japan through academic activities, professional education, public seminars, clinical practice, and exchanges with India. Its principles are being explored in settings that extend beyond conventional treatment, including nursing, long-term care, community health promotion, and wellness programs.

This article presents an overview of the development and current applications of Ayurveda in Japan, drawing on the author's clinical experience and activities in academic and educational settings. It discusses the potential relevance of Ayurvedic philosophy to preventive healthcare and healthy aging while identifying the need for further scientific evaluation.

The Development of Ayurveda in Japan

Academic foundations and professional activities

Academic interest in Indian traditional medicine in Japan dates back several decades. Early scholarly activities included seminars on Ayurveda and the establishment of research groups devoted to Indian traditional medicine. These activities helped establish a foundation for the subsequent development of Ayurveda education and research.

Ayurveda Society in Japan has played an important role in promoting academic exchange, professional education, public awareness, and the study of classical Ayurvedic texts. Its activities bring together participants from different professional backgrounds, including physicians, other healthcare professionals, scientists, students, and practitioners trained in Ayurveda.

The society's work includes academic conferences, educational programs, publication of scholarly material, and the translation of classical texts into Japanese. These activities provide opportunities to examine Ayurveda from historical, philosophical, clinical, and contemporary healthcare perspectives.

International collaboration and public awareness

Cooperation between Japan and India represents another important aspect of Ayurveda's development. The establishment of the Ayush Information Cell at the Embassy of India in Japan in 2023 (Fig.1) created an additional platform for information exchange, education, and academic collaboration.



Figure 1: The Launch Reception of Ayush Information Cell (AIC) at Embassy of India, Tokyo

In addition, Ayurveda has attracted attention in discussions concerning traditional medicine, preventive health, and international cooperation. Japan's policy discussions on the Asia Health and Wellbeing Initiative have included traditional medical systems, including Kampo and Ayurveda, as potential contributors to healthcare development.

These developments suggest opportunities for further exchange among academic institutions, healthcare professionals, public organizations, and the private sector. At the same time, broader awareness should be accompanied by clear communication about the evidence, limitations, and appropriate uses of different Ayurvedic practices.

Ayurveda and the Changing Concept of Preventive Healthcare

From treating disease to cultivating health

A central concept in Ayurveda is that maintaining health requires ongoing attention to the individual's way of living. Health is considered in relation to daily habits, food, rest, environmental conditions, and the balance of physical and mental life.

This orientation offers a useful perspective for contemporary healthcare systems facing the challenges of population aging and chronic health problems. Although conventional medicine provides essential diagnostic and therapeutic interventions, some determinants of well-being are addressed through repeated daily behaviors rather than through medical treatment alone.

Ayurveda may therefore contribute to discussions about how healthcare professionals can support patients in developing sustainable health-related habits. Its contribution should not be understood as a replacement for evidence-based medical care, but as a potential complement to appropriate clinical assessment, treatment, rehabilitation, and preventive services.

Dinacharya and daily self-care

Dinacharya refers to the Ayurvedic concept of a daily regimen. It emphasizes regularity and awareness in everyday activities, including waking, personal hygiene, eating, rest, and other practices intended to support health.

In practical settings, daily routines can provide an accessible starting point for conversations between healthcare professionals and patients. Rather than presenting health maintenance as a complicated program, clinicians may encourage individuals to consider manageable changes in their existing habits.

In my own otolaryngology practice, I discuss lifestyle factors alongside the diagnosis and treatment of ear, nose, and throat conditions. Sleep, nutrition, stress, breathing, and self-care may be relevant to patients' experiences and their ability to maintain well-being.

I also introduce selected Ayurvedic-inspired practices, such as tongue cleaning, oil pulling, and nasal oil application, where appropriate. The author reported that, following one month of Nasya treatment in healthy volunteers, various subjective

symptoms improved. The findings also suggested that Nasya may have the potential to improve chronic epipharyngitis, which has attracted attention as one of the possible causes of persistent nonspecific symptoms [1]. These practices have different traditional rationales and levels of scientific support. Their traditional use should not itself be interpreted as proof of clinical efficacy, and their suitability should be considered in relation to individual circumstances and safety.

The broader objective is to encourage patients to participate actively in their own health maintenance. In this context, Dinacharya can serve as a framework for discussing everyday health behaviors rather than as a standardized prescription for every individual.

Applications beyond Conventional Clinical Treatment

Education of healthcare professionals

Interest in Ayurveda among healthcare professionals in Japan extends beyond physicians to include nurses, pharmacists, dentists, dental hygienists, therapists, and care workers. Educational seminars introduce participants to Ayurvedic concepts of individualized care, daily routines, and supportive practices. Such programs provide opportunities to consider how traditional health concepts can be discussed alongside modern clinical knowledge. Postgraduate educational initiatives have also explored Ayurveda and related approaches within broader discussions of body and mind. These activities may encourage healthcare professionals to reflect on the relationship between clinical treatment, prevention, lifestyle, and compassionate care.

However, educational exposure should be distinguished from professional qualification or demonstrated clinical effectiveness. Further development of curricula should include appropriate training, clear professional boundaries, safety considerations, and critical appraisal of the evidence.

Nursing and long-term care

Nursing and long-term care represent practical settings in which selected Ayurvedic-inspired approaches may be explored as supportive care.

Educational workshops in Japan have introduced simple oil-based practices, including head massage (Shiro Abhyanga), ear massage (Karna Abhyanga), and foot massage (Pada Abhyanga). Their appeal lies partly in their potential adaptability to routine care environments.

These practices may offer opportunities for gentle touch, personal attention, and supportive interaction. Nevertheless, their use should be tailored to each person's preferences and clinical condition. Skin integrity, allergies, infection-control requirements, mobility limitations, and other relevant risks must be considered.

Such approaches should complement, rather than replace, established nursing care and evidence-based treatment (Fig.2). In particular, drawing on Ayurvedic massage practices that emphasize care of the head, auricles, and feet, we are promoting the potential therapeutic benefits of auricular interventions [2]. Research examining acceptability, safety, patient experience, and measurable outcomes would help determine where they may be appropriately incorporated into care services.



Figure 2: The authors demonstrating Ayurvedic massage techniques during a seminar for nurses and care workers

Community health promotion and corporate initiatives

Ayurveda-related education in Japan is not limited to healthcare institutions. Lectures and seminars have also been organized for local governments, community members, and companies.

At the community level, these activities introduce the relationship between daily habits and health maintenance. They can provide opportunities to discuss nutrition, rest, lifestyle regularity, and individual responsibility for health.

Companies have also shown interest in employee health management and in the broader philosophical principles associated with traditional medicine. Concepts emphasizing harmony with nature, individual well-being, and sustainable living may provide themes for discussion in corporate health promotion and organizational values.

These initiatives illustrate the diversity of settings in which Ayurvedic ideas are being communicated. Their existence does not, however, establish that they improve health outcomes or organizational performance. Systematic evaluation of participation, behavioral change, well-being, and longer-term outcomes would strengthen the evidence base.

Ayurveda in post-disaster support

Japan is frequently affected by natural disasters, including earthquakes. In the aftermath of a disaster, health challenges may continue long after emergency rescue operations have ended.

Survivors may experience physical exhaustion, worsening of chronic conditions, reduced activity, inadequate nutrition, dehydration, disrupted sleep, psychological distress, and social isolation. Maintaining everyday routines and access to

supportive human contact can be difficult in temporary living environments.

Following the 2024 Noto Peninsula earthquake, members of our team participated in support activities that included an Ayurvedic café, herbal and Japanese teas, and gentle touch-based care involving the head, hands, and feet [3]. This photograph (Fig.3) shows Ayurvedic massage and other forms of care being provided on-site in the affected area following the earthquake.



Figure 3: Providing Ayurvedic massage in an earthquake-affected area in the aftermath of the disaster

These activities were intended to provide opportunities for rest, interaction, and supportive care during recovery. They illustrate how selected traditional medicine-related practices may be adapted to community support settings beyond conventional clinical treatment.

Such experiences should be interpreted cautiously. Observations from support activities do not establish the effectiveness of Ayurveda for post-disaster mental health conditions. Future studies could assess feasibility, acceptability, safety, and patient-reported outcomes, while ensuring that people who require medical or psychological treatment can access appropriate services.

Any future implementation should be culturally sensitive, voluntary, and coordinated with established disaster-response and mental health services.

Ayurvedic retreats and restoration of daily balance

Retreats and wellness programs provide another setting for the application of Ayurvedic principles. In Japan, these programs may incorporate traditional treatments, individualized dietary approaches, meditation, time in nature, and opportunities to reduce digital distractions.

For people whose daily lives are characterized by work-related demands and persistent stress, a structured opportunity to pause and reconsider everyday habits may be attractive. The Ayurvedic emphasis on the relationship between the individual and the environment offers a philosophical framework for such programs. A retreat may also encourage participants to reflect on which aspects of the experience can be incorporated into daily life after returning home. This photograph (Fig.4) shows the author receiving an Ayurvedic treatment from a Japanese Ayurvedic practitioner at a retreat facility in Japan. I hope that more facilities offering Ayurvedic treatments will become available throughout Japan in the future.

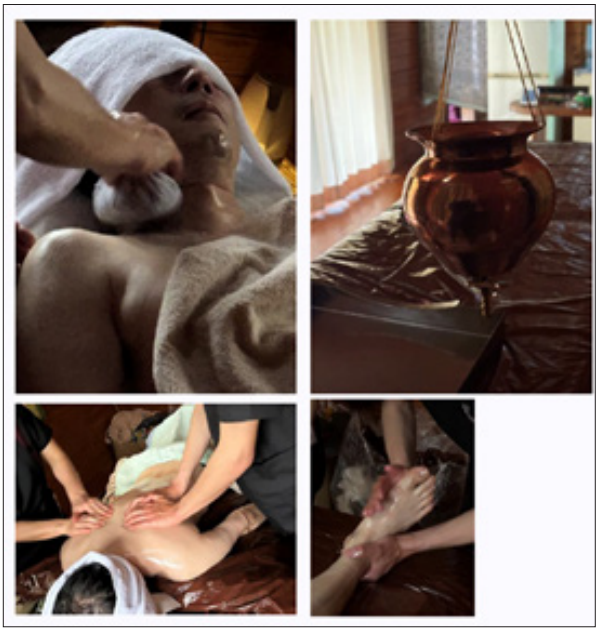


Figure 4: The author receiving an Ayurvedic treatment at a retreat facility in Japan

However, the effects of retreats depend on their specific components, participants, and context. The general concept of a retreat should not be assumed to have established therapeutic efficacy. Appropriate evaluation should distinguish subjective experiences of relaxation from measurable clinical outcomes and should consider the safety of any treatments offered.

Discussion

The Japanese experience suggests that Ayurveda is being explored across several interconnected domains: academic education, professional training, clinical self-care guidance, nursing and long-term care, community outreach, corporate health promotion, disaster support, and wellness retreats.

This diversity is important because it demonstrates that traditional medicine can have a social and educational role beyond the treatment of specific diseases. Ayurveda may offer concepts through which people can reflect on their daily habits, their relationship with the environment, and their participation in maintaining health.

At the same time, the integration of traditional medicine into contemporary healthcare requires a clear distinction between philosophical value, practical feasibility, and demonstrated clinical effectiveness. A practice may be meaningful to an individual or community without necessarily producing a specific medical benefit. Conversely, an accessible practice that appears promising may warrant further investigation.

Three priorities are particularly relevant.

First, education should promote a balanced understanding of Ayurveda. Healthcare professionals and members of the public should be able to understand its historical and philosophical foundations while also recognizing the limits of current scientific evidence.

Second, safety and appropriate professional practice must remain central. Traditional practices should be assessed individually, with attention to contraindications, potential adverse effects, interactions with medical care, and the needs of vulnerable populations. Ayurveda should not delay or replace indicated diagnosis and treatment.

Third, future research should examine both clinical and nonclinical outcomes. Depending on the intervention, relevant measures may include safety, acceptability, adherence to daily routines, quality of life, sleep, patient-reported well-being, and healthcare utilization. Carefully designed observational studies and controlled studies, where appropriate, could help identify which practices are beneficial, for whom, and under what conditions.

A broader view of health may also require consideration of individual values and meaningful living. Evidence-based and science-based medicine remain fundamental to modern healthcare, but patients' experiences, preferences, social relationships, and perceptions of well-being also matter. Ayurveda provides one philosophical perspective for engaging with these dimensions.

The challenge is not to choose between traditional and modern medicine. It is to identify how useful and safe elements of traditional knowledge can be evaluated and, where appropriate, incorporated into a pluralistic and scientifically informed healthcare system.

Conclusion

Japan's experience provides an opportunity to consider the role of Ayurveda in a society characterized by high life expectancy, universal health coverage, and the challenges of population aging.

The development of Ayurveda in Japan extends beyond therapeutic applications to include academic education, professional training, daily self-care, nursing and long-term care, community health promotion, post-disaster support, and wellness retreats.

These activities suggest that the contribution of Ayurveda may lie partly in its emphasis on daily living, individual awareness, and the cultivation of health, rather than exclusively in the treatment of disease. Its potential relevance to contemporary healthcare should nevertheless be assessed through careful attention to safety, scientific evidence, and the distinction between traditional principles and demonstrated outcomes.

A constructive approach would combine the strengths of modern medicine with critical examination of traditional knowledge, supporting healthcare that addresses not only disease but also prevention, quality of life, and meaningful living.

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