A Clinical Approach of Ayurvedic Panchakarma Therapy

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Abstract

Panchkarma therapy is one of the important branches of Ayurveda which deals with purification of the provoked Doshas (physiological or pathological) from the body. The Doshas (toxins and waste materials) should be purified from natural as well as from the nearest root of the body. Ayurveda advocates an unique approach of therapeutics by introducing the two fold therapy viz. Sanshamana (Pacification) and Sanshodhana (Purification). It is the only system of medicine in the world which proposes the need of under-taking the purification of biological system from gross channels up to the molecular levels aiming to clean the entire organism to render it suitable for self recovery and therapeutic responsiveness.

Keywords
Panchkarma, Poorvakarma, Pradhanakarma, Paschatakarma, Sansarjanakarma

Introduction

India bears a longstanding medicare system i.e. Ayurveda, with rich heritage evolved on a continuous process of experienced base scientific research. Since its origin is thousands of years ago, it has a continuous practice, research and education. Ayu the span of life is considered to be a live process between birth and death and the health means a perfect harmony between inner and outer environment with the three specific component i.e. physical, mental and spiritual well being of human body. Ayurveda propounds that the cause of all human disease are the failure of harmonies, at the level of three basic factors Kal (time), Budhi (Intelect) and the Indriya-arth (The sensory perception of all the objects) which are popularly known as Parinam, Pragya–aparadha and Asatmya indriyarth samyoga and the process of pathogenesis begins with the accumulation of morbid wastes and toxins, in the body. The purification therapy is described classically in terms of Sanshodhana by Panchakarma procedures. These five procedures (Vamana, Virechana, Vasti, Nasya and Raktamokshana) have been applied in almost all diseases. It has also been claimed that this therapy affords a permanent cure. Specially designed five procedures of internal purification of body at -(i) Gross level - G.I.T., respiratory tract etc. and (ii)
Subtle level - cell, molecules, cell membranes etc. by this procedure biological system returns to normalcy, rejuvenation of Dhatus (body tissues), potentiates desired pharmacokinetic effect if curative remedies administered, eliminates toxins, stagnated malas (waste materials) and metabolites from the body and facilitates the transport of ions and molecules through the cell membrane. So Panchakarma is a full therapeutic role as a promotive, preventive, curative and rehabilitative procedure.

**Objective of Panchakarma**

Panchakarma is performed with three main objectives:-

(i) **Preventive Panchakarma** - Promoting the health of a healthy individuals

(ii) **Curative Panchakarma** - Eradicating the disease of a diseased persons

(iii) **Conservative Panchakarma** - Disease suppression and rehabilitation.

*Maharshi Sushruta* divided the Panchakarma procedure in three sub-categories as *Poorvakarma* (Preparatory procedures), *Pradhanakarma* (Main procedures) and *Paschatkarma* (Post therapeutic dietic regimen)³.

A) **Poorvakarma** (Preparatory procedures)- The set of procedures which Ayurveds prescribes to facilitate the removal of toxins from the tissues is collectively called *Poorvakarma.* *Poorva* means “before” and *karma* means “action.” These procedures help to loosen *Ama* (toxic and waste materials) and move it out of the deep structures into the G-I trct, where *Panchkarma*,s main therapies can then eliminate it. The preparatory procedures for taking the patient for *Pradhana Karma* (main purificatory processes) consist of (i) *Deepana,* (ii) *Pachana* and (iii) *Snehana-* (a) external (b) internal, (iv) *Swedana.*⁴

**Purpose of Poorvakarmas:**- To facilitate morbid Doshas to move from Shakha (body tissues) to Koshtha (G.I.T.), improve the digestion of *Ama* (*Ama-Pachana*) at gut level as well as at cellular level, duration may be 3-7 days, action to support biopurification.⁵

B) **Pradhana Karma** (Main procedures):- Includes-(1) *Vamana* (Therapeutic emesis), (2) *Virechana* (Therapeutic purgation), (3) *Vasti* (Enemata)- two types (i) *Anuvasan Vasti* (Oil based enamata), (ii) *Asthapana Vasti* (Decoction based enamata), 4) *Shirovirechana* (Insuflation) and (5) *Raktamokshana* (Blood letting).⁶

C) **Pashchata Karma** (Post therapeutic dietic regimen)- called as Sansarjana Karma which done by *Peya, Vilepi, Mansarasa* etc.⁷

**Poorvakarma**- *Snehana Karma* (Oleation therapy)
Procedure adopted to induce lubrication of internal and external body channels and tissues with Sneha Dravyas.

Snehana Karma is of two types-

(i) Abhayanga (External oleation) by massage with medicated oils and

(ii) Snehapana (Internal oleation) for purification or shamana.

Snehana Karma leads to- (i) Oleation (ii) Liquifaction (iii) Increased fluidity (iv) Softening of morbid doshas and tissues.

Indications of Abhyanga (External oleation):- For proper massage of each and every part of the body seven postures (in sequence) are recommended, which are (1) Sitting (2) Lying (3) Left lateral (4) Back (5) Right lateral (6) Lying (7) Sitting, Massage / Abhyanga carried out in these postures yields excellent results.

A) As a part of daily regime (Dincharya):- Application of oil over head, Karna-purana (Application of oil in ears), Sneha Gandusha (Oil gargling), Pada Abhyanga (Massage of feet by oils), Mardana/Unmardana (Application of oil with pressure), Samvahana(Gentle application of oil), Lepa (Application of medicated unctuous paste), Udvartana and Pariseka (Medicated oil poured all over body) as explained by Dalhana.

B) As part of disease palliation:- Shira Tarpana (Oleation of head), Akshi-Tarpana (Oleation of eyes), Nasa-Tarpana (Instillation of oil in nose), Dhoomapana (Inhalation of unctuous medicated powder fumes) in the form of Snehika Dhoomapana and Vasti as Anuvasana Vasti (Oil based therapeutic enema).

Contra-indications of Abhyanga (External Oleation):-

1. Kapha dosha dominant disorders,
2. In case of indigestion, fever and Sama dosha etc and
3. After Vamana (Emesis therapy) or Virechana (Purgative therapy).

Probable Mode of Action of External Snehana (Massage):-

1. Lubricates the Srotamsi (Microcirculatory channels),
2. Displaces exudates and thus may relieve tension and pain,
3. Softens muscles, ligaments and tendons, corrects stiffness and rigidity and induces elasticity in body and
4. Prepares smooth passage (Microchannels) for elimination of vitiated Doshas during swedana therapy.

Poorvakarma- Swedana (Fomentation / Sudation therapy)

Swedana (Fomentation/Sudation therapy) relieves stiffness, heaviness and coldness of body and induces the sweating.
It is useful in treatment of Vata and Kapha dominant diseases. Swedana (fomentation/sudation therapy) is preceded by Snehana (oleation therapy). As a result the waste materials blocked in the body channels become unctuous and the channels become lubricated. Through Swedana these waste materials are brought into the main body channels (Maha Kostha), before it is expelled through the main techniques of Panchakarma24.

Types of Swedana (Fomentation Therapy)25

1. Sagni Sweda (Involves the application of fire),
2. Niragni Sweda (Without application of fire)

Indications of Swedana (fomentation therapy)

1. Hemiplegia / Paraplegia (pakshaghata),
2. Facial palsy,
3. Sciatica,
4. Stiffness of back, waist and abdomen,
5. Excessive heaviness and numbness in body,
6. Neuralgia of upper and lower extremities,
7. Constipation,
8. Earache, headache
9. Distension of abdomen
10. Cough, hiccups and coryza
11. Before Panchakarma.26

Contraindications Swedana (Fomentation Therapy)

1. Obese persons/Obesity,
2. Debilitated persons,
3. Alcoholics,
4. Raktapitta (bleeding disorders),
5. Diabetes mellitus,
6. Diarrhoea,
7. Inflammation and prolapse of rectum,
8. Jaundice, Anaemia,
9. Gout,
10. Unconsciousness.
11. Pregnant women.27

Signs and Symptoms of proper Swedana (fomentation therapy):-

(A) Ideal Fomentation:- 1. Subsides symptoms like cold, pain, stiffness and heaviness,
2. Duction of sweating and 3. Body musculature becomes soft28

B) Improper Fomentation:- 1. Symptoms like cold, pain, stiffness and heaviness still persist, 2. No sweating is induced, 3. No softening of body musculature.


Management of over/excessive Swedana (Fomentation):-
1. Treatment of over/excessive fomentation either in external or internal form should be unctuous, sweet and cold in nature,
2. Advice the patient to sleep in air cooled room after the therapy,
3. Apply paste of Chandana powder over affected area or all over the body,
4. Prescribe Pitta alleviating medicines like Sutashekhara Rasa, Pravala Pishti or Shankha Bhasma etc. Light and liquid diet is advised throughout the procedure.

Probable mode of action of Swedana (Fomentation):
1. Induces sweating and removes body toxins,
2. Induces Srotoshudhi (Cleanses microchannels),
3. Liquifies morbid Doshas and expels them out with sweat,
4. Recovers vascular insufficiency of the joints, muscles,
5. Cause relaxation of muscles and tendons and
6. Activate the local metabolic processes which intern produce relief of pain, swelling, tenderness and stiffness etc.

Pradhanaka Karma (Main procedures)
(1.) Vamana Karma (Therapeutic emesis):- Vamana (therapeutic emesis) is induced vomiting in which endotoxins (vitiated Kapha or Pitta) which are present in stomach, in cells or tissues of intire body (mainely upper part) are eliminated through mouth. Here medicated drugs are given internaly in the form of powder, decoction, juice and vomiting is induced.

Patho-physiology of Vamana (Therapeutic emesis)
Vomiting occurs due to stimulation of vomiting centre present in the medulla oblongata, the multiple pathways can induce vomiting. The chemo-receptor trigger zone (CTZ) located in the brain which has direct linked to the GIT, throat and other viscera. The CTZ is also accessible to blood born drugs, mediators, hormones and toxins: because this area is not protected by blood brain barrier. Cytotoxic drugs, radiation and other GI irritant release 5-HT (5-hydroxytryptamine) which have direct stimulus to CTZ. There are two groups of emetics these are-
1) Which act on CTZ. Eg. Apomorphine.
2) Which act via reflex and CTZ. Eg. Epachac.

However mustard suspension and strong salt solution may also induce emesis by producing irritation to stomach area, smell, pain, sight, psychogenic stimulus, motion, cerebellum pressure GI irritation, chemotherapy, hyper-thermia, infections various drugs, morphine, digitalis may induce vomiting; but these all emetic process
disturb the homoeostasis whereas *Vamana Karma* maintain the homoeostasis.

**Indications of Vamana Karma (Therapeutic emesis):**
- *Kasa* (Cough),
- *Swasha* (Asthama),
- *Amlapitta* (Hyperacidity),
- *Apasmar* (Epilepsy),
- *Unmada* (Insanity),
- *Putinasha* (Sinusitis),
- *Gulma* (Tumour),
- *Kustha* (Skin diseases),
- *Sleepad* (Elephantiasis),
- *Ajeerna* (Indigestion),
- *Visha* (Poisoning),
- *Medoroga* (Obesity) etc. \(^{31,32}\)

**Contra-Indications of Vamana Karma (therapeutic emisis):**
- Children, Old age,
- Pregnant lady, *Hridroga* (Heart diseases),
- *Urdhaga raktapitta* (Haemoptysis, Epistaxis),
- *Pleeha-vridhi* (Spleenomegaly),
- *Udara roga* (Ascitis),
- *Timira*, *Shira shoola* (Headache) etc. \(^{33}\)

**Vamaka Dravya (Drugs cause therapeutic emesis):**
- *Madana-phala* (Randia dumatorum),
- *Jeemutaka* (Luffa echinata),
- *Ekshwaku* (Legnaria vulgars),
- *Dhamargava* (Luffa agyptica),
- *Krutavedhana* (Luffa amara),
- *Kutaja* (Writia tinctorea).

**Preparation of Vamana Aushadhi (medicine cause therapeutic emesis):**
- *Madan-phala* (Randia dumatorum) seed powder -6 to 10 gm (*Antarnakha musthi* feestfull of patient),
- *Vacha* (Acorus calamus powder) 3 to5 gm and *Saindhava* (rock salt) 2-3gm, make paste with honey and give to patient.

### Pharmacokinetic of Madan-phala as emetic:
*Madan-phala* pulp and seed contains large numbers of saponins. Saponins are the chemical compounds which form colloidal solution in water and after shaking precipitate cholesterol. Saponin act as detergent on mucous membrane and they produce irritation and due this irritation the reflex effect of vomiting are seen through vagus nerve. The saponins also have adrenergic effect. The saponin of *Randia dumetorum* are (a) Randic neutral saponin and (b) Randic acid saponin, which after hydrolyses convert into Oleonolse acid (saponin) which act as emetic.

**Materials and Medicine for Vamana Karma:**

**Vamana Lakshana (Symptoms of therapeutic emesis):**

1. **Laingiki:**
   - a) Lightness of the body,
   - b) *Indriya parasannata* (Cheerfullness),
   - c) Vegas stops automatically,
   - d) Lightness in chest and other regions and
e) Felling happy.
(2) Vegiki: a) Pravara suddhi - 8 vegas, b) Madhya suddhi - 6 vegas and c) Avara suddhi -4 vegas

(3) Maniki: The input (Vamanaopaga and vanama dravyas) and output of the vomitus should be measured or weighed a) Pravara – 2 Prastha, b) Madhya – 1.5 Prastha, c) Avara – 1 Prastha

(4) Antiki: “Pittantamistham Vamanam” i.e. Pitta should be come out at last.

Paschat Karma (post therapeutic regimen): After Samyak Vamana the patient should be advised to take complete rest i.e. physically and mentally and should not be allowed to take normal diet. Digestive power becomes very weak after vanana karma do the dhumapana, pariharya vishaya, sansarjana krama.

Vamana Vyapata (Complications of therapeutic emesis):– (Ten in number)

These are as following- 1. Adhmana (Gaseous distention) 2) Srava (Excessive salivation), 3) Gatra-graha (Bodyache and stiffness), 3) Vibhramsa (Mental confusion), 5) Upadrava (Other complication), 6) Parikritika (Prying pain in anal region), 7) Hrid-graha (Heaviness in chest region) 8) Jeevadana, 9) Swasha (Dyspnoea) and 10) Klama (Letharginess).

These can be devided into two catagories- (i) Ayoga (ii) Atiyoga.

In Vamana Ayoga (Improper therapeutic emesis)- The patient may get adhmana, parisrava, hrid-graha, anga-graha and klama and in Vamana Atiyoga (Excess)- The patient may get parikartika, jeevadana, alpa pravrutti of vegas and asamyak pravrutti vegas where as in atiyoga the vyapat may produce due to atippravrutti.

Vamana Vyapata Karana (Causes of complications of therapeutic emesis):- Improper snehana i.e. internal oelation as well as external application of snehana, improper swedana, selection of improper drug and dose, old less potency drug, Krura or Mrudu Kostha, Teekshna or Mandagni, strong body or weak body and predominance of Ama.

Peyadi Sansarjana Karma (Post therapeutic diegetic regimen): 35

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**Vamana Ayoga and management**:- If we are administer the *vamana* drugs for the patient who is having more appetite, teekshna *Agni*, *mrudukostha*, *swalpa utklishita kapha*, then instead of *Vamana*, he may get *Virchana* due to *ayoga*. In above conditions the *doshas* are not evacuated properly hence patient may get *alpavega* or *avega*.

**Management**:- 1. *Yasthimadhu Kwatha* and *Lavana Jala* should be given according to the condition of the patient. 2. **Mechanical stimulation**: *Madanaphala* churna mixed with honey should be kept on tongue and ask the patient to do *utklesha* with his fingers. After getting few *Vegas* the patient may be kept on *pachana* drugs like *sutshekhar*, *shankhavati*, *trikatu churna* etc.

**Conclusion of Vamana therapy**:- Now a days, due to life style and stress we are getting various dreadful diseases having unknown etiology. *Shodhana* therapy (detoxification) is a mandatory treatment for every one, particularly *Vamana* therapy can be admistrated in a modified way by drinking about one and half liter of lukewarm saline water (about 1% saline) as quickly as one can until feel like vomiting it out. Because it inhibits the excess secretion of HCl (Hydrochloric acid) and brings the peristaltic movement into normalcy, thus it enhances bowel motility. It helps in cleansing the lower GI track and inhibits the excess absorption of glucose. All Vomiting (pathological) process disturb the homoeostasis where as *Vamana Karma* (therapeutical) maintain the homoeostasis. After complete of procedure *Sansarjana karma* (dietic regimen) should be follow for proper results.

(2) **Virechana Karma (Therapeutic purgation)**:- *Virechana* is a process by which *doshas* (vitiiated humors) are made to pass through *adhomarga* i.e.anus. It is said to be the important therapy for evacuation of *Pitta dosha* (vitiated *Pitta* humors). By *Virechana* the *Pitta dosha* and *malas* (waste materials) are cleaned not only from the colons and rectum but also from whole body i.e. from cellular level. *Virechana* cleans the intestines properly and enhances the better circulation to the visceral organs and avoids the ischemia by reversing the pathology and restores the physiology of all the visceral organs. *Virechana* mainly purified the vitiated *doshas* situated below the diaphragm (Upper boundry of the abdomen) and above the umbellicus (ileocaecal junction of intestine).
Important issues in Virechana Karma:-

Snehapana and its assessment, selection of Virechana Yoga, assessment of Virechana karma, planning of Samsarjana Krama.


Contraindications of Virechana Karma:-


(I) Poorvakarma of Virechana Karma (pre-operative procedure ):-
Sambhara sangrah (collection of materia), Atura siddhata (preparation of patient), Selection of drug and dose, Rukshana with Ahara, Deepana and Pachana (Tab. Amapachana vati: 1 gram three times/day, Panchakola Churna 2 grams three times a day, Tab Chitrakadi vati: 1 gram three times/day), For 3 to 7 days or till Nirama lakshana and Agnideepti is achieved than Abhyantara Snehapana, (adequate internal oleation) and swedana (external fomentation) done.

Abhyantara Snehapana, (Adequate internal oleation):-
Selection of Sneha, dose, duration, dose pattern need to be standardized to some extent- select preferably Shuddha Sneha (plain ghee or oil) or medicated Sneha as per the patient and disease, dose, duration, dose pattern: give 3 to 7 days in increasing dose as per Agnibala and Koshtha or till Samyaka snigdha Lakshana achieved. Start with test dose (Hrasiyasi Matra), Vishrama Kala (gap period)- 03 days, Bahya snehana and swedana (external oleation and
fomentation) for 30 minutes both times in these three gap days, rice and meat soup/green gram soup in moderate quantity with moderate quantity of fat, spices and salt, sour fruits like grapes,frequent drinking of arm water, no complex food is permitted.

Ensure the day of the Virechana:- Patient had proper sleep in the night, proper digestion of food taken by previous day, Proper clearance of natural urges, no Kaphavruddhi Lakshana developed in the patient, Sarvanga Abhyanga and Svedana at virechana day, time of administration shold be after passing Kaphakala (about 10.00 AM).

(II) Pradhana karma of Virechana karma (main Procedures):- Administration of Virechana Yoga:- Common Virechana drugs (purgative medicines with dose):- Avipattikara choorna: 20-40g, Bahushala guda: 20-40g, Trivrit lehya: 20-40g, Manibhadra guda: 20-40g, Patolamooladi kwatha: 90-120 ml, Eranda Sneha preparations: 25-50ml, Abhayadi modaka, Icchabhedi rasa etc.acccording to Kostha of tha patient and disease cronocity. It may be 1) Eranda tail (castor oil) 30to 50ml + 250-500 mg of Icchabhedi rasa with water or 2) Trivrut churna (Operculina terpathum) Katukarohini (Picrorhiza curro) or Swarnpatri + 200 ml of water =50 ml + 250-500 mg of Icchabhedi rasa. (for ladies and delicate persons give only castor oil and decoction without Icchabhedi Rasa)

Observation of patient:- As soon as the drug is administered, due to bad taste in some sensitive patients they get nausea or vomiting sensation, hence these patients should be given lavang or shatapuspa.Within one or two hours, patient starts passing motions.The pulse, heart rate, blood pressure, respiration rate should be recorded during the vegas. After getting the samyak virechana lakshanas the patient is asked to take complete rest.

Clinical symptoms of Samyak Virechana:-
1.) Laingiki- a) Lightness of the body. b) Indriya prasannata (cheerfulness), c) Alleviation of vitiated doshas.d) Passing of flatus. e) Increase of digestion, f) Feeling happy,
2.) Vegiki - Pravara Shuddhi - 30 vegas, Madhyaama Shuddhi- 20 vegas, Avara shuddhi-10 vegas,
3.) Maniki-Pradhan- 4 Prastha (216 tolas), Madhyama -3 Prastha (162 tolas),Avara-2 Prastha (108 tolas) and 4) Antiki-“Kaphantam virechanam” in virechana, the kapha should be come out at last.

Samyak Virechana Lakshanas:- (i) Initial expulsion of stools followed by Pitta (observed as golden yellow colored viscous fluid with a characteristic bilious odor) and at last Kapha (mucous).(ii) Lightness of the
body, (iii) Subsiding of the Vega by itself without causing excessive weakness.

**Pashchat karma (Post-operative procedure):** Assessment of Virechana (purgation), Sansarjana Krama (post therapeutic dietetic regimen)- After the subsiding of Vegas and ensuring Jeerna Aushadha Lakshana patient must be advised to take warm water bath in the evening and dietetic schedule should be advised as per the Shuddhi achieved once the patient feels hunger. After getting proper appetite, Samsarjana Krama should be done as per Shuddhi.

**Samsarjana Krama (post therapeutic dietic regimen):** -i) Rice gruel with more water- Rice gruel with less water- rice with mudga yoosha (Khichdi) - if non veg rice with meat soup is advised for 3/2/1 annakalas depending upon shuddhi. Three annakalas are practiced if agnibala is good, ii) Peya (thin rice gruel), Vilepi (thick rice gruel), Odana (rice) with Mudga Yusha (green gram soup)/Mamsa Rasa (meat soup) for three, two, one Annakala for Pravara Madhyama and Avara Shuddhi respectively.

**Virechana Vyapat (complications of therapeutic purgation)**– Ayoga (incomplete purgation)- the Virechana drugs administered to the patient who is having poor appetite and predominence of shleshma will get--Urdwavega, Admana, Srava, Hritgraha, Angagraha Klama or the patient who is Asnigda Asweda, Ruksha shareera receives old and heenavirya virechana drug may get Vibhramsa Oedema, Hikka, Giddiness, pain in calf muscles. 

(3) **Vasti karma (bio-purificatory therapeutic enemata):** Vasti is a therapeutic procedure designed to produce biopurification especially of Vata Dosha (vitiated Vata humor) through ano-rectum. Classically it may be of two types-(i) Niruha Vasti or Asthapana Vasti) i.e. predominantly decoction based enemata, (ii) Anuvasana Vasti i.e predominantly oil based enemata while administration of Vasti (enemata) through Vaginal / Urethral route is referred to as Uttara Vasti.

(i) **Niruha Vasti or Asthapana Vasti** (decoction based therapeutic Enemata):- The therapeutic procedure which arrests restricts or slows down the advancing of age and aggravation of Doshas is termed as Asthapana (Niruha) Vasti. The essential procedure in Vasti Karma is to introduce the medicated liquid (decoction / oils / ghee) into the rectum / sigmoid colon. Certain amount of pressure is required to push the medicine to the desired side.

**Indications of Niruha Vasti (Decoction based therapeutic Enemata):** As a
purificatory process before all promotive and preventive measures, such as seasonal purification and before Rasayana therapy and for treatment of Vata predominant diseases, all kinds of paralysis, degenerative diseases of C.N.S, neuromuscular and osteoarticular diseases, myopathies, diseases of the lower intestinal tract like chronic colitis, irritable bowel syndrome / chronic constipation, senile problems, residual psychoses, benign hypertrophy of prostate.\textsuperscript{42}

**Screen of the patients eligible for Niruha Vasti\textsuperscript{43}**:- Prepare Vasti Dravya (contents of Vasti) in required quantity according to the age group, Prakriti (constitution) and disease conditions of the individual, the medicine i.e. Vasti Dravya should be made slightly warm by indirect heat by putting the container in a hot water bath, a Kalka such as Yavanyadi Kalka may be added and mixed in enemata decoction.

**Standard procedure of Niruha (Asthapana) Vasti\textsuperscript{44}**:- Niruha Vasti should be performed on empty stomach between 5-7 p.m. i.e. during Vata Kala after subjecting the patient for gentle massage and mild sudation. For practical convenience Vasti can also be given in the morning hours. Then ask the patient to lie down on the Vasti table / Droni in the left lateral position. Apply the oil at catheter and anus and introduce the Vasti applicator into the rectum gently and properly. Then squeeze the contents so as to introduce the medicine into the rectum in one slow go. During administration the patient may be advised not to sneeze, cough, laugh, yawn or shake the body. In case the patient develops an urge to maturate or defaecate then withdraw the Vasti applicator. After pushing the contents of Vasti into the rectum, slowly withdraw the Vasti instrument. Patient should then lie down in the supine position followed by in the right lateral position to allow the ascent of the Vasti Dravya towards the colon. While in the supine position, a gentle massage may be done over abdomen. Maximum period of retention of Vasti contents should be around one hour. If the medicine is not expelled out even after one hour, another Vasti can be given with Yavakshara, Gomutra (Cow’s Urine) and Amala Dravyas i.e. sour substances. If Vasti contents are expelled out immediately after administration then second dose of Vasti may be given. Ask the patient to rest for some time and then he may take bath with Luke warm water. The patient is required to follow specific Sansarjana Krama after the administration of Niruha Vasti. Anuvasma Vasti (oil based enemata) can be given in the evening hours i.e. Vatakala of the same day, but after meals.
Quantity of Niruha Vasti (according to age):

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Age</th>
<th>Quantity of Niruha Vasti</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1 year</td>
<td>½ Prasruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>nearly 40 ml</td>
</tr>
<tr>
<td>2.</td>
<td>10 year</td>
<td>5 Prasruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>400 ml</td>
</tr>
<tr>
<td>3.</td>
<td>15 year</td>
<td>9 Prasruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>720 ml</td>
</tr>
<tr>
<td>4.</td>
<td>15-70 year</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prasruit - 960 ml (stand.quantity)</td>
</tr>
<tr>
<td>5.</td>
<td>Above 70 year</td>
<td>10 Prasruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>800 ml (^{45}) (Ca.Si.3 / 31-33)</td>
</tr>
</tbody>
</table>

Even though the maximum quantity of Niruha Vasti has been stated as 1200 ml, in number of patients, doses more than 900 ml has produced practical difficulties. A dose between 500-800 ml was observed to yield good therapeutic responses. Hence for practical point of view, the dosage range should be kept between 500-800 ml.

Order of mixing of Vasti dravya (decoction based enemata materials)\(^{46}\):

The order of mixing of materials are as following. Continuous churning should be maintained at every stage of mixing:

Honey $\rightarrow$ Rock salt (Stage 1)
$\rightarrow$ Add oil (Sneha) (Stage 2) $\rightarrow$ Add medicated paste (Kalka) (Stage 3) $\rightarrow$ Add decoction (Kwatha) (Stage 4)

Quantity of Sneha in Niruha Vasti (decoction based enemata):

- Healthy / Pitta persons
  - 130 ml
- Vata disease
  - 200 ml
- Kapha disease
  - 100 ml

**Ratio of mixing --**

Kalka : Sneha : Kwatha

\[1 : 4 : 8\]

Complications of Niruha or Asthapana Vasti:

- Commonly encountered complications are:
  1.) Sensation of burning / irritation / discomfort, injury, bleeding per rectum,
  2.) General feeling of uneasiness,
  3.) Headache, constipation/diarrhea
  4.) Abdominal pain/discomforts.

In case of complications, further administration of Vasti may be avoided and the condition may be treated symptomatically.\(^{47}\)

(II) Anuvasana Vasti (Oil based therapeutic enemata):

Predominantly oil based enemata that can be administered in healthy and diseased individuals are called Anuvasana Vasti. Dose wise there are three types of Anuvasana Vasti:

- (i) Sneha Vasti - 240 ml (1/4 of Niruha=3Prasrit=6Pal=24tola=240ml)
approx.), (ii) Anuvasana Vasti - 120 ml (1/2 of Sneha Vasti), (iii) Matra Vasti - 60 ml (1/2 of Anuvasana Vasti). Such Vasti has more Shamana and Brahamana effect than actual Sanshodhana and hence is not counted among Langhana measures.  

**Indications of Anuvasana Vasti (oil based therapeutic enemata):**
- 1. Persons eligible for Asthapana Vasti (decoction based enemata),
- 2. Dryness of body,
- 3. Increased digestive power,
- 4. Vata Dosha dominant diseases such as-(a) Degenerative and neurological diseases (b) Debilitating disease conditions (c) BPH and Udavarta syndrome.

**Contraindications of Anuvasana Vasti (oil based therapeutic enemata):**
- 1. Persons contraindicated for Asthapana Vasti,
- 2. Empty stomach,
- 3. Acute Fevers,
- 4. Anaemias,
- 5. Haemorrhoids, fistula-in-ano, fissure and rectal prolapse,
- 6. Hepatosplenomegaly,
- 7. Jaundice,
- 8. Diabetes mellitus,
- 9. Worm Infestations,
- 10. Medo Roga (obesity and lipid disorders),
- 11. Filariasis with chyluria.

**Season wise time of administration of Anuvasana Vasti (oil based therapeutic enemata):**
- 1. In winter and spring season – Morning,
- 2. In summer and rainy season – Evening.

**Procedure of administration of Anuvasana Vasti (oil based therapeutic enemata):** The procedure of administration of Anuvasana Vasti is the same as that of Niruha Vasti. However it should be administered 15-30 minutes after having light diet, 5-10 gms of rock salt (Saindhava Layana) should be added to the Sesame oil (tila taila). Medicated oil is to be used for Anuvasana Vasti. Usually maximum duration of retention of Anuvasana Vasti is 09 hours. However if expulsion does not occur with in stipulated time, no further treatment is required. If the Vasti is expelled out immediately, second dose should be given. Complications of Anuvasana Vasti are far less than that of Asthapanas Vasti. After administration of Anuvasana Vasti, light and warm diet should be given especially in evening hours. Anuvasana Vasti should be used alternately with Niruha Vasti. Neither Niruha nor Anuvasana Vasti should be given continuously without alternating with each other, in order to avoid aggravation of Vata and / or Kapha dosha respectively.

**Numbers of Anuvasana Vasti:**
Considering the chronicity and specific indication of Vasti therapy the physician should choose one of the following there Vasti schedules namely -(i) Yoga Vasti -8 in number, (ii) Kala Vasti-16 in numbers and (iii) Karma Vasti-30 in numbers.

**Bio-clinical markers for assessment of Vasti karma clinical / physiological**
parameters:- Feeling of well being and lightness in lower abdomen, improved functions of A.N.S., remission of symptoms, improved appetite and digestion, improved haemodynamic status, improved skin lusture and elasticity to be assessed “blindly” by before and after photographs.52

Humoural parameters:- Test the functions of Enteric Nervous System, estimation of blood level of Vit. B12 (cyanocobalamine) in blood, free radical estimation, immunoglobulin estimation, analysis of expelled material and comparison of its contents with the composition of original Vasti Dravya.

Difference between Enema and Vasti:- Enema- purpose- simple bowel wash, Vasti- its own therapeutic importance, flow, pressure, temperature, viscosity, position, time more importance given in Vasti. Use of enema pot can not be considered as option or improvisation for Vasti yantra, use of Vasti yantra need more skilled hands.


(4.) Nasya Karma (Nasal Insufflation):- One of the Panchakarmas, Nasya therapy is a process where the drug (herbalized oils and liquid medicines) is administered through the nostrils. To Ayurveda the nose is the gateway of the head, so systematically performed Nasya karma cures almost all the diseases of the head easily. Systematic administration of drugs through nose as per classical methods mentioned in ayurveda is called as Nasya karma (nasal insufflation).

By late modern pharmacology has recognized that certain medicines can be effectively administered through nasal route and a separate section has been listed under ‘nasal administration of drugs. Shirovirechana, Shirovireka, Murdhavirechan, Navan etc. are Synonyms. For the treatment of Urdhwa-jatrugata Roga (supraclavicular region), nostrils are taken as opening of head. Drugs administered through nostrils reaches head and gets scattered all over in the head and cure the diseases of Urdhwa-jatrugat.


Nasya can impart in healthy individuals:- Good sleep, good memory, good functioning
of eyes, ear and senses, sturdy and strong skull bones, delay graying of hair and fall of scalp hair, delay ageing process of head/brain.

**Contraindications of Nasya:** The Nasya can not be given in any disease, if the season is no appropriate, *Peeta sneha, Peeta toya, Peeta madya or Patum- ikshtam, Bhuktabhakta, Shirahasnat, Snatukam, After Raktamokshan, Navapeenas, Vegart, Sutika, Shwas, Kaas, After Shodhan karam, Anuvasit etc.*

**How it is done:** Nasya therapy begins with a relaxing foot massage. Warm medicinal herbal oils are applied to the face and neck. Specific care is given to the cheekbones, temples and nasal cavity, helping to release impurities and alleviate pressure. A deep steam inhalation is followed by a warm moist towel over the sinus areas. A few drops of medicinal Nasya oil are slowly dropped into each nostril. The sinus areas are massaged once more with the warm herbal oils. A brief massage of the head, ears and neck follows. This is followed by herbal gargle and mouth wash soothes and clears the throat.

**A-Poorva karma (Preparatory procedure):** Selection of the patient done as following: **Age:** 8 yrs to 80 yrs for *shodhan Nasya*, **Pratimarsh:** It can be used in any age, **DhoomNasya:** more than 18 yrs, **Kawal dharan:** not below 5 yrs. of age, **time (Seasons):** *Pravritta, Sharad, Vasant.*

**Doshas:** Kaphaj- Poorvahana, Pittaj- Madhyahana, Vataj- Aprahana.

**B-Pradhana Karma (Main procedure):** Lie down on a Nasyapeeth with his head bent a little backward. A vessel containing the Nasya medicine is put into hot water so that it becomes little warm. After closing one nostril the Nasya medicine is put into the other nostril and vice versa. His feet, shoulders, hands and ears should be massaged well at that time. Head should be not bended too much. Patient should lie for one minute after giving Nasya medicine at about 100 matra. Then asked to patient to sit and expell out the kapha again and again. Then *Gandoosh* should be done with lukewarm salt water again and again. *Dhoompan and dhoom Nasya* should be given with *Ghrit bhabita Erandnal* or Yava and asked to expel the aggravated Kapha.

**C- Pashchat Karma:** Nasya yogayoga lakshanas- **Samyak**- Patient should feel lightness of head. Patients have good sleep without any discomfort. **Asamyak**- Vata Vikar, Indriya rukshata, Kandu, Angagaurava, discharge from nose, eyes and mouth. **Atiyoga**- Heavy discharge of Kapha form nose, heaviness in the body, and abnormal functions of Indriyas.
Note:- After Shodhan Nasya, the Nasya of Sneha is to be given. Paittika Vikara- Ghrita should be used, Vatika Vikara- Tail should be used, Gandoosha and Kawala, Dhoompana should be done.

Parihar Vishaya (Post therapeutic diet and life style):- Always lukewarm water should be used for every purpose, light diet should be taken, Rajodhoom, Shoka etc. are contra indicated. Patient should keep in a room where no direct air should reach to him. He should be kept awaken on daytime.

Course of Nasyakarma:- According to Charaka -7 days Nasya Karma should be given. According to Sushruta, Nasya can be given upto 21 days. In Manyastambha, Swarbhedha Nasya may be given two times a day. After given 7 days Nasyakarma, the Raktamokshan can be performed. If Raktamokshan is not necessary then Rasayana- Vajikarna or Shamana treatment should be given.

Some Important Nasya Kalpa:- A- Powders used for Dhamapan Nasya as well as for Avapeeda Nasya-Kataphala, Trikatu Apamarg, Vidang, Shigru, Vacha, Swaskuthar ras, Pippali churna. B- Medicated Sneha Nasya as-Anutail, Shadbindu tail, Vacha tail, Apamarga tail, Jyotismati oil, Triphala Ghrit, Bramhi ghrit etc. C- Swaras - Doorva Tulsi, Apamarga, Anar, Sugarcane, Angoor, etc.D-Dhooma-Guggulu, Kantakari, Ajwayan, Vidang, Dhatura etc.

(5.) Raktamokshana (blood letting);- Raktamokshan (blood letting) is one of the best therapies mentioned in Ayurvedic classics for Rakta vikaras (blood disorders) and Pittaja rogas. Further, Acharya Sushruta stated that it is one of the important measures for treating the surgical disorders. As in Kayachikitsa, basti is said to be half Chikitsa, in the same manner Rakata mokshana has been considered as half chikitsa in Shalya tantra. It lets the impure blood from the body. Now a day, this treatment is widely practicing through out the Globe.

Blood letting and Dosha:- A) Shringavacharana - Vata, B) Jalaukavacharana - Pitta, C) Alabu avacharana -Kapha and D) Ghatiyantra - Kaphaand Vata

This procedure can be done in two ways- 1.Blood letting with Instruments.

2. Blood letting without Instruments

I. Blood letting with Instruments:- Siravedha is one of the varieties of blood letting and it can be done with the help of needle and some physicians perform veinisection . But blood letting with needle is very simple and easy method and can be
done any where without any operation theatre.

**Indications of Siravedhana:**
1) Vicharchika, 2) All other skin disorders, 3) Wounds, 4) Tumors, 5) Unhealed wounds.

**Materials:**
1) Scalp vein set 18 no, 2) Kidney tray, 3) Cotton and 4) Bandage.

**Poorva Karma (pre-operative procedure):**
- Patient should be asked to take complete rest mentally and physically. He should be asked to pass natural urges before coming to the table. The part where we are doing the Siravedhana should be cleaned with any lotion.

**Pradhana Karma (Operative procedure):**
- Patient should be asked to lie down on the table. Introduce the scalp vein (No.18) into the Brachial vein and allow blood slowly into the kidney tray up to 50 to 100 ml or till the blood turns from dark red to bright red and do proper bandage.

**Paschat Karma (Post-operative procedure):**
- Patient should be asked to take complete rest for ne hour, then he can be allowed to do normal work. It should be repeated 4 to 5 times at the intervals of 5 days. Sometimes it can be repeated another 4 to 5 times according to the condition of the disease.

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**II. Blood letting without Instruments (Leech application):**

**Indications:**
- 1) Gulma (Tumors), 2) Arsha (Hemorrhoids), 3) Vidradhi (Abscess), 4) Vatarakta (gout), 5) Netra rogas (Eye diseases), 6) Visarpa (Erysepalas), 7) Psoriasis (Kitibha Kushtha), 8) All types of skin disorders, 9) Deep vein thrombosis.

**Poorva karma (Pre-operative Procedure):**

**a) Preparation of leeches:**
- Before application of leech it must be purified by putting in water containing Haridra (turmeric powder). It should be kept for 10 to 15 minutes. After vomiting the saliva and abdominal contents leeches should be transferred into fresh water for 10 to 15 min. By doing this, it’s appetite and blood sucking power will be increased.

**b) Preparation of the patient:**
- Snehapana, Abhyanga Snehana and Swedana should be avoided before this therapy. If it is necessary the external application of oil and fomentaion can be performed one day before to the raktamokshan. Before the application of leech that part should be cleaned with Triphala quath or hot water.

**Pradhana karma (Operative procedure):**
- After cleaning the part, patient should be asked to sit or lie down on the table comfortably. Pick up the leech with the help of cotton swab and keep on clean part (wear the rubber gloves) and cover it with
cotton. After few minutes it starts to search the suitable place and after that it starts sucking the blood. Then allow it to suck the blood for 25-30 minutes. After sucking the blood automatically it leaves that area. If it won’t leaves after 25-30 minutes apply turmeric powder at mouth.

**Paschata karma (Post-operative procedure):** It includes treatment of leech and the patient. 

a) **Treatment of Leech:** Leecha should be kept in a vessel, then put turmeric powder on mouth of the leech. It vomits total blood instantly whatever it has consumed from the patient. Then transfer the leech into fresh water container and sees that the leech is moving freely in water or not, when it is moving freely it has vomited the blood completely. Then the leech should be kept in a separate container.55

b) **Treatment of the patient:** As soon as the leech is removed from the body, clean the area with cotton. It won’t clot easily because of hirudin. Apply turmeric powder and do proper bandage. The patient should be asked to take complete rest for 1 to 2 hours.

**Conclusion:** At last it can be concluded that *Panchakarma* therapy is the boon of *Ayurveda* for the chronic incurable diseases as disclosed by the western medicine. It is the safe and cost-effective procedures of *Ayurveda*. It not only increase the life of patient (curative purpose) but also can be used as rejuvenive (prevention of premature aging), as well as for increasing the lusture and tone of the skin (preventive and cosmetic purpose).
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