



UNLOCKING THE SECRETS FOR EFFECTIVE PANCHAKARMA PRACTICE: A DEEP DIVE INTO THE BASICS

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ABSTRACT

Ayurveda is a medical science known for its principles, it has stood the test of time owing to its Treatment Principles and the success of *Ayurvedic* treatments depends on a deep understanding of these core principles that govern the body, along with the expertise to apply them effectively in clinical practice. *Panchakarma*, a highly specialized therapeutic approach, is designed to restore *Dhatusamyata* and promote optimum health. Its efficacy is maximized only when administered in strict adherence to fundamental *Ayurvedic* principles, or *Chikitsa Siddhanta*. Administering *Panchakarma* therapies without a thorough understanding of fundamental *Ayurvedic* concepts such as *Rogi-Roga Pariksha*, *Dosha-Vikruti Pariksha*, and *Kala* will often lead to unsatisfactory results and adverse effects. This Article elucidates the essential Fundamental principles that govern effective *Panchakarma* Practice including selection of subject and Modification of *Poorvakarma*, *Pradhanakarma* and *Paschat Karma* accordingly. A standardized yet individualized approach to *Panchakarma* is crucial for its success in modern clinical settings.

KEYWORDS: *PanchaKarma*, *Chikitsa Siddhanta*, *Basic Principles*, *Dhatusamyata*, *Yukti*, *Prerequisites*.

INTRODUCTION

In the present era, although numerous *Panchakarma* centers are functioning and new ones continue to emerge, many fail to adhere firmly to the fundamental principles of *Ayurveda*. As a result, neglecting these core guidelines may compromise the therapeutic outcomes. These treatments are often provided without a proper assessment of the subject's *Prakriti* and *Vikriti*, leading to potential discrepancies in therapeutic outcomes. It is essential to emphasize the application of Basic Principles for treatment approaches to uphold the authenticity and efficacy of *Ayurvedic* practice.

Panchakarma is a unique purification and rejuvenation therapies in which the *Karma* refers to *Bahu Dosha Nirharana shakti* and The Objective of *Karma* is *Dhatusamyata*. *Acharya Chakrapani* in his commentaries describes the characteristics of *Dhatusamyata* – *Karya Lakshana*^[1] as *Vikaropashamana*, *Ruk Upashamana*, *Swara Varna Yogaha*, *Shariropachaya*, *Balavridhhi* etc. These are achieved by the *Chikitsa Chatushpada*, i.e *Bhishak*, *Dravya*, *Upasthata*, *Rogi*.

The balancing state of *Doshas*, *Dhatus*, *Agni* and *Malas* are responsible for normal health status while imbalance leads pathological manifestation. *Ayurveda* emphasizes more on Fundamental concepts, Understanding of which is very essential for maintaining and promoting health, which includes *Tridosha Siddhanta*, *Panchamahabhuta Siddhanta*, *Samanya Vishesh Siddhanta*, *Shadvidhopakrama*, *Dosha Vyadhi Pratyanka Siddhanta*, *Vyatyasa Chikitsa*, *Avarana Siddhanta*, *Dhatugata Chikitsa*, *DoshaMargaanusara Chikitsa*.

MATERIALS AND METHODS

Different Concepts and Principles are Highlighted in the *Samhithas* and they are as follows.

Panchakarma based on Tridosha Siddhanta

The *Tridosha Siddhanta*, a fundamental principle of *Ayurveda*, serves as the foundation for understanding health, pathology, and treatment through the dynamic interplay of *Vata*, *Pitta*, and *Kapha*. The selection of *Panchakarma* is guided by the *Pradhanyata of Dosha*, *Dushya*, and *Sthana*, adhering to the principles of *Yathasannam marga* and *Dosha Pratyanka Chikitsa* to ensure elimination of *Doshas* and enables *Dhatusamyata* for effective therapeutic interventions.

Table No 1: Tridoshas and its Sthana and Panchakarma through Yathasanna Marga.^[2]

Tridoshas	Sthana	Panchakarma Chikitsa according to Yathasanna Marga with Examples
Vata	Nabher adho	Basti in Vatavyadhi
Pitta	Hrd nabhi madya	Virechana in Amlapitta
Kapha	Hrudayad Urdhwam	Vamana in Kushta

Panchamahabhuta Siddhanta

Everything in the universe, including the Chikitsapurusha and Dravyas, is composed of the Panchamahabhutas (five fundamental elements). When an imbalance in any of these mahabhutas leads to disease, restoration of equilibrium is achieved by administering Dravya through Panchakarma and Ahara possessing properties opposite to those of the disturbed Mahabhuta, thereby reinstating harmony within the body.

For egs. Vamana Dravya is Agni and Vayu mahabhuta predominant - to combat Kaphaja diseases predominant of Jala and Prithvi Mahabhuta.

Similarly, Virechana Dravya Prithvi and Jala Mahabhuta Predominant - to combat Pittaja diseases predominant of Agni Mahabhuta.

Table No 2: Chikitsa and its Panchamahabhuta Predominance.^[3]

CHIKITSA KARMA	PANCHAMAHABHUTA
Shamana dravyas	Akasha
Deepana dravyas	Agni
Brimhana dravyas	Prithvi + Jala
Vamana dravyas	Agni + Vayu
Virechana dravyas	Prithvi +Jala

Hence, the knowledge of Panchamahabhuta is integrated into Panchakarma to restore Dhatusamyata.

Samanya Vishesh Siddhanta

Samanya Vishesh Siddhanta^[4] based on the gunas of Dravyas, which either increase or decrease quality and quantity of Bhavapadartha. The concept of samanya and vishesh helps in attaining Dhatusamyata.

Dhatu Vriddhi – Vishesh Dravya chikitsa

For Example: Nirharana is done through Shodhana

Dhatu Kshaya - Samanya Dravya Chikitsa

For Example: Brimhana Basti in Dhatu Kshaya

According to Acharya Sushruta, the core Chikitsa Siddhanta rooted in Samanya-Vishesh Siddhanta emphasizes a structured therapeutic approach based on the state of Doshas. In Ksheena Avastha, Brimhana chikitsa should be administered. Kupita Doshas require Prashamana. In Vriddhi Avastha, Nirharana is necessary. Sama Doshas should be preserved through Paripalana to maintain Swasthya.^[5] These principles align with the fundamental concept of Samanya-Vishesh Siddhanta in Ayurveda.

Guna Pratyanka Chikitsa^[6] is also based on the concept of Samanya Vishesh Chikitsa. It is the Antagonistic Treatments where sheetopachara in disease manifested with excessive heat or Pitta Vikaras and Ushnopachara in Disease manifested with excessive cold or Kaphaja and Vataja vikaras. There are certain conditions where even both Ushnopachara and Sheetopachara cannot be given. For example, in Dandalasaka.^[7]

Prerequisites for Panchakarma

Acharyas have emphasized the importance of Samikshya Bhavas^[8], which must be carefully evaluated in assessment of Vyadhis to determine the appropriate

Chikitsa. These include Dosha, Aushadha, Desha, Kala, Satmya, Satva, Vaya, and Bala. A comprehensive understanding of these factors ensures a precise and individualized therapeutic approach.

Panchakarma Based on the Magnitude of Dosha vitiation and Rogi Bala

Assessment of Rogi Bala, Roga Bala, and Dosha Avastha is essential before administering Panchakarma to ensure appropriate treatment with minimal discomfort to the patient. Acharya Charaka also emphasizes the importance of eliminating vitiated doshas regardless of the patient's strength.

If patient is Durbala, Bahu Dosha Avastha, Virechana can be administered

If patient is having Alpa dosha Avastha in a vyadhi, Mrdu Bhesaja has to be administered.

If Doshas left untreated, it causes harmful to patient.

Table No 3: Chikitsa Based on Rogi-Roga Bala.

Rogi Bala	Dosha Bala	Chikitsa
Alpa Rogi Bala	Alpa	Langhana
Madhyama Rogi Bala	Madhyama	Langhana-Pachana
Bahu Rogi Bala	Bahu	Doshavasechana

For effective *Panchakarma*, the *Doshas* must be brought into an *Upasthita Avastha*, which is achieved through *Poorvakarma* procedures such as *Snehana* and *Swedana*. These preparatory therapies help direct the vitiated *Doshas* toward the *Koshta*, from where they can be efficiently eliminated based on appropriate *Matra* and *Kala*.

Even in individuals classified as *Sadatura*^[9] (those who are suffering from chronic or recurrent diseases), *Snigdha Shodhana* is recommended. This ensures effective detoxification while maintaining the subject's strength and vitality.

Poorvakarma for Shodhana

Table No 4: Samanya and Vishista Poorvakarma for Shodhana.

Samanya Poorvakarma ^[10]	Vishista Poorvakarma
<i>Pachana – Paktatvam</i>	<i>Rookshana Poorvaka Vamana or Virechana in Mamsala, Medura, Bhuri Shleshma, Vishamagni.</i> ^[11] Egs; <i>Prameha, Aadyavata, Grahani, Urustambha</i>
<i>Deepana – Dhatubhya Pritakatvam</i>	<i>Basti as Poorvakarma for Virechana in Rooksha, Bahu anila, Krura Koshta, Atyagni</i> ^[12]
<i>Snehana – Utklishtatvam</i>	<i>Amashayagata vata - RookshaPoorva Swedana</i>
<i>Swedana - Koshtagatatvam</i>	<i>Pakvashayagata vata - SnehaPoorvaka Swedana</i>

Paschat Karma for Shodhana

Table No 5: Samanya and Vishista Paschatkarma for Shodhana.

Samanya Paschat karma	Vishista Paschat karma
<i>Vamana: Pani pada Prakshalana Dhoomapana, Peyadi Samsarjana krama</i>	<i>Tarpanaadi krama In Kapha pitte vishudde alpam Madhyape, Vatapaaittike</i>
<i>Virechana: Pani pada Prakshalana, Peyadi Samsarjana Krama</i>	<i>Yushadi samsarjana krama</i>
<i>Basti: Mamsa rasa Odana, Yusha, Ksheera</i>	<i>Antarapana</i> ^[13]
<i>Nasya: Dhumapana</i>	<i>Rasayana and Vajeekarana chikitsa</i>

Panchakarma for Rasayana and Shamana

Rasayana Chikitsa^[14]: After *Shodhana*, based on the *Shuddhi Samsarjana krama* need to be administered followed by Administration of *Yavaka* for 3/5/7 days based on *Shuddhi* till *Doshas* and *Varchas* get expelled out.

Shamana: After *Shodhana*, based on *Shuddhi* Advising *samsarjana Krama* followed by *Shamana aushadhi* can be administered.

Shadvidhopakrama and Panchakarma: *Shadvidhopakarama*^[15] forms the basic core of treatment in Ayurvedic science. The Knowledge of *Shadvidhopakarama* and its principles are essential for

an expert physician and to adopt it in a Clinical Practice. *Acharya Charaka* has mentioned *shadvidhopakrama* for planning *chikitsa* based on *Dosha*, *Dushya* and *Roga Bala*. It includes *Langhana*, *Brumhana*, *Rookshana*, *Snehana*, *Swedana* and *Stambhana*. *Vagbhatta* concept of *Dwividhopakrama*^[16] embraces the importance as it includes these six under the heading of two modalities of the treatment as *Santarpana* and *Apatarpana*. This Classification holds well as even there is a classification of disease as *Santarpana janya vyadhi* and *Apatarpana Janya Vyadhi*. Hence to manage *Santarpanajanya Vyadhi*, *Apatarpana* line of treatment is adopted and to manage *Apatarpana janya Vyadhi*, *Santarpana* line of treatment is adopted.

Table No 6: Shadvidhopakrama and its Applications.

Shadvidhopakrama	Examples
<i>Langhana</i>	<i>Langhana</i> consists of both <i>shodhana</i> and <i>shamana</i> . <i>Shodhana: Vamana</i> in <i>tamaka shwasa</i> <i>Virechana</i> in <i>Pitta pradhana vyadhi</i> like <i>Amlapitta</i>

Swedana	Upanaha swedana in Vatavyadhi Nadi Sweda: Ksheeradhooma in Ardita
Rukshana	As Bahya: Udwartana, Takradhara As Abhyantara: Takrapaana, Rooksha annasevana
Brmhana	Indicated in Krusha, vrddha, durbala, kshata, ksheena Matra basti in Krusha by karma, bhara, vyayama, adhva
Snehana:	According to Action: Shodananga, Shamananga, Brmhana According to Route of Administration: Bahya, Abhyantara Applications: Nasya in Apabahuka Shirodhara in Anidra
Stambhana:	Avapeedana Nasya with Durva Swarasa in Raktapitta, Piccha Basti

Concept of Kriyakala with reference to Panchakarma

Manifestation of a disease is understood by a process involving 6 milestones or stages, these are known as Kriyakala.^[17] It helps us understand the stage of disease and also provide opportunities of intervention. The concept of Shatkriyakala can be used to plan the Samshamana or Shodhana Karma.

Rutu Kriyakala

Based on the Rutukriyakala, Rutushodhana or Panchakarma is planned and can be administered only if there is Chaya poorvaka Prakopa in Swastha.

Table No 7: Rutushodhana according to rutus.

Rutu	Doshas	Panchakarma
Pravrt Rutu	Vata Prakopa	Basti
Sharad Rtu	Pitta Prakopa	Virechana
Vasanta Rutu	Kapha Prakopa	Vamana

Vyadhi Kriyakala

Vyadhi Kriyakala is a unique concept in Ayurveda that explains the sequential stages of disease progression, which provides insight into understanding disease

manifestation and its management. Understanding Vyadhi Kriyakala helps in timely intervention with Panchakarma therapies, ensuring that diseases are either prevented or treated at an early stage.

Samprapti Vighatana Chikitsa is Adopted to break the Dosha dushya samurchana that takes place in the formation of Vyadhi. The Chikitsa need to be employed based on dosha Avastha in different kriyakala.

Margaanusara Chikitsa

Samargaharana Chikitsa: If the Normal Gati of Dosha is affected in its own sthana, then it is corrected by treating the dosha that has affected that sthana.

Pratimargarana Chikitsa: Removal Of doshas in Opposite Direction. Example: Vamana in Adhoga Raktapitta, Virechana in Urdhwaga RaktaPitta.^[18] Similarly, If the doshas are in tiryak gati, Immediate Shodhana should not to be done, instead it has to be treated with either Shamana or Doshas to be brought to Koshta and Nirharana to be done through Asanna Marga.

Table No 8: Chikitsa in Different Avastha of Vatavyadhi.

Avastha	Condition of Doshas	Chikitsa
DhatuKshaya Avastha ^[19]	Dhatu undergoing Kshaya, Srotas filled with Vata causes Dhatu Shithilata of Srotas and cause Dhatukshayajanya Vatavyadhi	Control Vitiation of Vata Treat Vata by Vishesh Chikitsa like Snehana, Swedana, Basti
Avarana Avastha ^[20]	Marga of Srotas obstructed by Kapha, Pitta, Dhatu, Mala, Upadhatu which obstructs Vata and moves in Pratiloma Gati causing Vimargagamana	Removal Of Avarana Correcting the Direction of flow of Vata by Vamana, Mrudu Virechana and Basti
Ama Avastha	Dosha, Dhatu and Mala combine with Ama and causes Vyadhi such as Amavata, Autoimmune Diseases	Langhana, Langhana Pachana, Doshavasechana, Antarapana is mentioned after Shodhana for Koshta Upalipita Dosha

Importance of Agni and Koshta in Panchakarma

Koshta and Agni Pariksha are essential diagnostic tools in Ayurveda, playing a crucial role in the administration of Aushadha, Ahara, and every stage of Panchakarma, If Agni is not functioning optimally, even the most potent medicines will be ineffective.

In Panchakarma, Koshta and Agni Pariksha help determine the appropriate dosage of Shodhana Aushadha, Kala, and the diet regimen for Samsarjana Karma. The success of Vamana and Virechana therapies largely depends on Agni and Koshta.

Since *Agni* and *Koshta* are interdependent, both must be thoroughly examined before initiating any therapeutic procedure to ensure safe and effective treatment.

For Example

- *Mridukoshta*, *ajirna* are one among main reasons for *adha pravruithi* of *vamana aushadha* and *urdwa pravruithi* of *virechana aushadha*.

Vyatyasa Chikitsa^[21]: It is one of the Special Treatment Modality where the adoption of Alternative treatment as per the need is done. *Sheetopachara* and *Ushnopachara* is adopted and are administered alternatively.

Egs; *Arshas* – *Madhura* and *Amla* or *Sheeta* and *Ushna Dravyas* given Alternatively.

Vataja Grahani – *Vyatyasa Chikitsa* given in the form of *Snigdha* and *Ruksha*.

Table No 9: Dhatugata Chikitsa^[22]

Dhatu	Chikitsa
Rasa	Langhana
Rakta	Virechana, RaktaMokshana
Mamsa	Samshodhana
Meda	Lekhana Basti, Apatarpana Chikitsa
Asthi	Tikta Ksheera Basti, Panchakarma
Majja	Madhura tikta Aushadhi
Shukra	Madhura Tikta Aushadhi

Kriya Sankara^[23]

Acharya Sushruta has emphasized an important concept that a *Vaidya* should adopt while treating any patient, *Kriyasankara* is where when by one treatment the desired result is not obtained, then another treatment should be administered, but only after the effect of earlier treatment has subsided. It's not beneficial to mix treatments. Also, any treatment once given takes minimum of 5 to 6 nights to exhibits its effect. This understanding forms the basis for managing *Vyadhi Sankara*, enabling a strategic and phased approach to dismantle the disease process effectively.

DISCUSSION

Chikitsa can be understood as goal and journey required in tackling or treat a disease while *chikitsa sutra* are the methods said to achieve the goal. *Panchakarma* is a specialized Ayurvedic therapy aimed at *Shodhana*, targeting the root cause of disease. Since it directly impacts the body's internal balance, it must be administered with precision to avoid complications and ensure effectiveness. For instance, improper *Snehana* can result in various *Vyapats*. Thus, every *Panchakarma* procedure must be carefully tailored to the patient's condition. Disease originates from *Dosha* vitiation, leading to *Mandagni*. When these aggravated *Doshas* encounter a *Khavaigunya* in the body *Dosha-Dushya Samurchana* occurs, resulting in disease. *Panchakarma* addresses this by restoring *Dosha* balance, rejuvenating the body, and preventing recurrence. Ultimately, its success lies in methodical, individualized administration, ensuring both safety and optimal therapeutic outcomes.

While administering *Panchakarma Chikitsa*, a thorough assessment of *Samikshya Bhavas* is essential, and the therapy must be guided by the fundamental principles of *Ayurveda*. However, in emergency or in *Atyayika Avastha*, These Principles can be modified and adopted. *Panchakarma* should be administered after assessing *vaya*, except for *Nasya* and *Basti*, which can be given irrespective of age.

Panchakarma is ideally performed in a *Nirama* state. Administering it in the presence of *Ama* or *Agnimandya* is ineffective, akin to extracting juice from an unripened fruit. Hence, *Ama* should first be treated with *Dipana-Pacana*, followed by *Doṣha-specific* *Panchakarma*. In *Leena Avastha*, *Shodhana* is contraindicated. Therefore, *Purva Karma* helps achieve *Utklishta Avastha*, making the body suitable for *Shodhana*.

Rutushodhana or *Panchakarma* is administered only in the *chayapoorvaka prakopa* as in this *Avastha doshas* starts getting *chaya* and then undergo *prakopa*.

In treating *Sthanika* and *Agantuja Doṣhas*, the *Sthanika* component is addressed first. Additionally, the *Doṣha Prabala Avastha* should be treated as a priority. This structured approach ensures effective and precise *Panchakarma* interventions.

In *Tadarthakari chikitsa^[24]*, *Acharya Vagbhata* mentions *Chikitsa* though neither actually *hetu vipareeta* nor *vyadhi vipareeta* but still produces desired result when *doshas* are in *Pakva Avastha*, *Abhyanga* or *snehapana* or *basti* are beneficial when used appropriately considering the *agni* of the patient.

In cases of *Avara Bala*, *Sukumara*, *Atyayika Avastha*, or *Utklishta Doṣha Avastha*, therapies like *Sadyovamana* or *Ghreyva Vamana* or *Nitya Virechana* are recommended, or minimal *Shodhana* can be done repeatedly. For *Kushta*, *Acharya Chakrapani* advocates periodic *Shodhana*, ensuring gradual (*Stoka-Stoka*, *Alpa-Alpa*, *Punaha-Punaha*) elimination of *Doṣhas*. Sudden expulsion of *Vaikruta Doṣha* can cause *Bala Kṣhaya*. In individuals with *Avara Bala*, *Mṛdu Shodhana* with *Mṛdu Veerya Dravyas* like *Aragvadha* is preferred, ensuring safety of subject without excessive depletion.

Based on *Bala* and *Sadhya-asadhyata* of *Vyadhi* and *Yukti* of physician, Appropriate *Panchakarma* has to be administered.

CONCLUSION

Panchakarma therapy is a fundamental aspect of *Ayurveda*, playing a vital role in nearly every therapeutic approach. As per classical principles, *Samshodhana* is considered a prerequisite for all *Shamana* treatments, ensuring optimal efficacy. Its applications extend across various domains, including *Swasthavrutta* (preventive and promotive healthcare) to maintain overall well-being. Moreover, it plays a crucial role in the

management of chronic diseases, addressing the root cause rather than merely alleviating symptoms. Additionally, *Panchakarma* serves as an essential preparatory process for *Rasayana therapy* and *Kayakalpa*, enhancing rejuvenation and longevity. This multifaceted approach highlights *Panchakarma's* significance in restoring balance and promoting holistic health. So, for this to be true, The Approach needs to be clear and with appropriate basic principles applied through the *Tarka* and *Yukti* of *Bhishak*. The *Bhishak* who uses both *Samhitha* or Scientific Knowledge, Clear understanding and right application with good practical experience is considered as *Pranabhisara Vaidya*. Considering this Adopting *Chikitsa Siddhanta* paves a way for an Efficient Physician well equipped in tackling disease.

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