

AUTOMATION AND ROBOTICS IN PANCHAKARMA THERAPY: A CONCEPTUAL PROPOSED REVIEW ON MODERNIZING TRADITIONAL AYURVEDIC PRACTICES

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ABSTRACT

Background: Panchakarma therapy, a key part of Ayurvedic Clinical practice. While its benefits are well-known and documented, the manual nature of these treatments presents challenges like standardization, therapist intensity, and consistent therapeutic delivery. there's a noticeable gap in integrating automation and robotics into traditional Panchakarma practices, which limits its scalability and accessibility. **Proposed Concept** The idea is to integrate automation and robotics into Panchakarma therapy to improve precision, consistency, and efficiency. Some practical implementations could include: **Robotic Massage Systems:** Developing robotic arms that can perform Ayurvedic massages with programmed precision, replicating the techniques of skilled practitioners. **Automated Massage Beds:** Designing massage beds with built-in mechanisms for various Sweda (sweating therapies), like Pottli Sweda (herbal bolus massage). These beds could have compartments for heating and dispensing herbal

boluses, ensuring uniform application across therapy sessions. **Oil Dispensing Systems:** Automated in bed systems that release medicated oils accurately during therapies like Abhyanga, ensuring consistent dosage and even distribution. **Patient Monitoring Tools:** Adding sensors and monitoring systems to track vital signs and feedback during therapy,

enhancing safety and enabling real-time adjustments to the treatment. **Way Forward** To make this concept a reality, an interdisciplinary approach is needed. The initial step would be designing and prototyping the robotic and automated systems, followed by pilot testing in controlled settings. Collaborating with Ayurvedic practitioners, robotics engineers, and healthcare experts would ensure the authenticity and effectiveness of the developed systems. The next steps would include conducting clinical trials to validate the safety and efficacy of these automated therapies, with ongoing refinements based on user feedback. This approach aims to combine traditional Ayurvedic practices with modern technological advancements, making Panchakarma more accessible and standardized.

KEYWORDS: Ayurved, Panchakarma, Robotic Massage, Automated Bed.

1. INTRODUCTION

1.1 Problem Description

Panchakarma therapy is an integral part of Ayurvedic medicine, designed for detoxification, disease management, and health promotion.^[1] It involves five major therapeutic procedures—Vamana (emesis), Virechana (purgation), Basti (medicated enema), Nasya (nasal administration), and Raktamokshana (bloodletting)—each tailored to specific disease conditions and individual constitutions. While its efficacy is well-documented,^[2] the manual nature of Panchakarma procedures presents significant challenges in clinical practice. The success of these therapies is highly dependent on the skill, experience, and endurance of the therapist, leading to variability in treatment outcomes. Therapist fatigue, inconsistencies in technique, and the labor-intensive nature of these procedures contribute to limitations in scalability and accessibility. Moreover, maintaining precision in therapy duration, pressure application, and temperature control remains a challenge, impacting the reproducibility of results across different treatment centers.

As global interest in Ayurveda grows, there is an increasing demand for standardization and integration with modern healthcare technologies. Unlike conventional physiotherapy and spa treatments, where automation has enhanced precision and efficiency, Panchakarma therapies have remained largely dependent on manual execution. This gap in technological integration limits the reach of these therapies in modern medical setups and research-based healthcare institutions. Addressing this issue requires a shift towards innovative solutions that maintain therapeutic authenticity while improving efficiency and standardization.

1.2 Available Knowledge: Several studies have demonstrated the effectiveness of Panchakarma therapies in treating chronic diseases, metabolic disorders, and musculoskeletal conditions.^[3,4] Research has shown that procedures like Abhyanga.^[5] (therapeutic massage with medicated oils) enhance circulation, reduce inflammation, and promote musculoskeletal relaxation. Swedana.^[6] (sudation therapy) has been linked to improved toxin elimination and enhanced microcirculation. Studies on Basti.^[7] therapy have highlighted its benefits in neurological and gastrointestinal disorders. However, despite these clinical findings, there is minimal research on incorporating automation or robotics into Panchakarma procedures.

In the broader field of healthcare, robotic massage systems and automated physiotherapy devices have been successfully implemented to improve precision and reduce therapist workload. Technologies such as robotic-assisted physical therapy^[8] have demonstrated significant improvements in patient outcomes by ensuring consistent force application, movement accuracy, and real-time feedback monitoring. Similarly, in the wellness industry, automated massage beds^[9,10] and oil-dispensing systems have been developing to enhance uniformity and ease of application. However, these advancements have yet to be adapted for Ayurvedic therapies. The challenge lies in integrating automation while preserving the individualized and holistic approach fundamental to Ayurveda.

1.3 Rationale: The integration of robotics and automation into Panchakarma therapy is based on the principle of enhancing precision, consistency, and efficiency without compromising the therapeutic essence of Ayurveda. Robotics and artificial intelligence (AI) have revolutionized various aspects of modern medicine, including surgery, rehabilitation, and diagnostic imaging.^[11,12] The application of these technologies in Panchakarma can address key limitations by reducing therapist dependency, ensuring uniform application of therapies, and improving patient safety through real-time monitoring.

Developing robotic-assisted massage systems could replicate the hand movements of skilled therapists with precise control over pressure, duration, and motion patterns. Automated massage beds with built-in heating and herbal bolus dispensing mechanisms can optimize the efficacy of therapies like Pottli Sweda. Oil-dispensing systems can standardize dosage and distribution, minimizing wastage and ensuring therapeutic consistency. Additionally, integrating patient monitoring tools—such as temperature sensors, pressure sensors, and biometric feedback systems—can provide objective data to personalize therapy in real-time, making treatments safer and more effective.

The theoretical framework for this proposed intervention is rooted in the concept of Yukti Vyapashraya Chikitsa.^[13] (rational therapeutics), which emphasizes the role of technology in enhancing treatment outcomes when used appropriately. Ayurveda also recognizes the importance of Kala (timing) and Matra (dosage) in therapeutic efficacy, both of which can be optimized through automation.^[14] By combining traditional Ayurvedic wisdom with modern technological advancements, this approach aims to bridge the gap between heritage-based medicine and contemporary healthcare innovations.

1.4 Aims

This project aims to develop and evaluate automated and robotic-assisted Panchakarma therapies to enhance standardization, efficiency, and accessibility while preserving therapeutic efficacy.

- Designing and prototyping robotic massage systems that replicate Ayurvedic massage techniques with precise control over pressure, speed, and hand movements.
- Developing automated massage beds integrated with heating elements and herbal bolus dispensers for therapies like Swedana and Pottli Sweda.
- Implementing automated oil-dispensing systems to ensure accurate and uniform application of medicated oils during procedures like Abhyanga.
- Integrating real-time patient monitoring tools, including sensors to track vital signs, body temperature, and pressure feedback during therapy.
- Conducting pilot testing in controlled settings to assess feasibility, safety, and efficacy of these automated therapies in comparison to traditional Panchakarma practices.

2. METHODOLOGY

2.1 Context: This proposal explores the feasibility of automating key aspects of Panchakarma by leveraging robotic massage systems, automated oil dispensers, and patient monitoring tools. The primary objective is to conceptualize an interdisciplinary approach that merges Ayurvedic principles with modern technology, ensuring the interventions are both effective and authentic

2.2 Proposed Intervention

1. Robotic Massage System

A robotic massage system could be designed to simulate traditional Abhyanga (therapeutic oil massage) techniques with a high degree of precision and consistency. This system may

incorporate programmable robotic arms.^[15,16,17] capable of replicating the specific pressure, stroke length, and rhythmic movements used by skilled Ayurvedic practitioners. To enhance patient safety and comfort, the robotic mechanism could include sensor-based feedback technology, allowing real-time adjustments based on skin elasticity, muscle tension, and neurological response.

Additionally, the system might integrate thermally controlled oil application mechanisms, ensuring that the medicated oils are maintained at an optimal temperature throughout the procedure. This could improve oil absorption and therapeutic efficacy while also reducing therapist fatigue and ensuring treatment standardization across multiple sessions.

2. Automated Massage Bed for Swedana Therapies

Swedana (sudation therapy) is a crucial preparatory step in Panchakarma, facilitating vasodilation, detoxification, and metabolic activation. An automated massage bed could be developed with built-in heating elements,^[18] designed to maintain a uniform temperature during therapies like Pottali Sweda (herbal bolus fomentation therapy). The system might feature mechanized dispensers capable of releasing pre-heated herbal boluses at predefined intervals, ensuring consistency in treatment delivery.

This technology could help eliminate variations in therapist technique, reducing the risk of burns or inadequate heat application. The system might also incorporate infrared sensors to monitor skin temperature and blood circulation, allowing for real-time adjustments and enhanced safety.

3. Automated Oil Dispensing System

An automated oil dispensing system could be developed to ensure precise quantity control and uniform distribution of medicated oils in therapies such as Abhyanga and Shirodhara (continuous oil pouring therapy). This system might feature calibrated nozzles that dispense oil at predefined flow rates and temperatures, reducing wastage while enhancing therapeutic efficacy.

For Shirodhara, where maintaining a consistent oil flow at a regulated temperature is essential for inducing neural relaxation and stress reduction, the automated system could ensure smooth and uninterrupted oil application. The system might also be equipped with

temperature sensors to auto-adjust oil temperature based on dosha-specific therapeutic requirements, ensuring optimal absorption and nervous system stimulation.

4. Patient Monitoring Tools

To improve patient safety and personalize treatments, biosensors could be integrated into the therapy setup to monitor physiological parameters such as heart rate variability (HRV), body temperature, skin conductivity, and oxygen saturation levels. These data points could provide insights into the patient's autonomic nervous system response and overall relaxation state during therapy.^[19]

An AI-based feedback system might be incorporated to analyze real-time data^[20] and suggest dynamic adjustments to therapy parameters such as massage intensity, oil temperature, and heat exposure. This could allow for personalized treatment protocols, ensuring that the therapy aligns with the individual's Prakriti (Ayurvedic constitution) and Vikriti (current health status).

3. DISCUSSION

The integration of robotics and automation into Panchakarma therapies presents a transformative approach to overcoming the challenges associated with manual execution while maintaining the therapeutic integrity of Ayurveda. The proposed interventions focus on enhancing precision, standardization, and patient safety, thereby addressing key limitations such as therapist dependency, procedural variability, and inefficiencies in treatment delivery. One of the primary advantages of robotic-assisted massage systems is their ability to replicate complex manual techniques with controlled pressure, stroke length, and rhythm. This ensures consistency in therapy sessions, reducing inter-therapist variations that may affect patient outcomes. Moreover, the incorporation of sensor-based feedback mechanisms allows real-time adaptation to individual patient responses, improving therapeutic efficacy and comfort. This level of precision, difficult to achieve in manual therapies, could significantly enhance the reproducibility of treatment outcomes in clinical practice.

Similarly, automated Swedana therapy using mechanized massage beds with built-in heating elements ensures uniform thermal exposure, minimizing risks associated with excessive or inadequate heat application. The integration of pre-calibrated herbal bolus dispensers can further standardize therapy, ensuring optimal therapeutic effects without therapist fatigue.

Additionally, the ability to monitor skin temperature in real time enhances patient safety by preventing burns or insufficient heat penetration.

The automation of oil dispensing systems addresses key concerns in therapies such as Abhyanga and Shirodhara, where the consistency of oil flow and temperature is critical for therapeutic benefits. An automated system not only minimizes wastage but also ensures uniform application, optimizing the absorption of medicated oils. The capacity to auto-adjust oil temperature according to individual dosha requirements could further personalize therapy, aligning it with classical Ayurvedic principles.

Another crucial aspect of technological integration is the incorporation of patient monitoring tools. The use of biosensors to track physiological parameters like heart rate variability, body temperature, and skin conductivity offers an objective assessment of the patient's response to therapy. AI-based feedback systems can facilitate dynamic modifications to therapy protocols, ensuring a personalized and adaptive approach. This real-time monitoring is particularly relevant in the context of stress-relieving therapies, where autonomic nervous system responses play a critical role in therapeutic efficacy.

Despite these potential benefits, the implementation of robotic and automated systems in Ayurvedic practice necessitates a careful balance between technological innovation and the preservation of traditional therapeutic essence. Ayurveda emphasizes individualized treatment based on Prakriti and Vikriti, which requires a degree of flexibility that automation must accommodate. Future research should focus on refining AI-driven customization to ensure that automated therapies align with Ayurvedic diagnostic principles.

Additionally, the acceptability of such interventions among Ayurvedic practitioners and patients must be considered. Traditional Panchakarma therapies are deeply rooted in human touch, which plays a vital role in their therapeutic effect. Therefore, any automation strategy must incorporate mechanisms that replicate the tactile feedback and intuitive adjustments made by skilled therapists. Blending robotic precision with human expertise through hybrid models, where automation assists rather than replaces the therapist, could be a viable approach to maintaining authenticity.

Challenges and Limitations

The integration of robotics and automation in Panchakarma therapy presents several challenges. Maintaining the authenticity of human touch, which is central to Ayurvedic healing, remains a significant concern. Customizing automated therapies to align with individualized Prakriti-based treatments requires advanced AI adaptations. High costs, technical complexities, and maintenance of robotic systems may limit accessibility in traditional Ayurvedic settings. Additionally, ensuring patient acceptance and trust in automated therapies poses a challenge. Regulatory approvals and clinical validation are essential before widespread adoption. Finally, the need for trained personnel to operate and monitor these systems highlights the importance of a balanced human-technology approach.

By addressing key limitations in manual Panchakarma therapy, this initiative aims to create a scalable, standardized, and technologically integrated model for Ayurvedic treatments. Future steps will involve clinical validation, user feedback analysis, and interdisciplinary collaborations with robotics engineers, Ayurvedic physicians, and healthcare researchers to refine these systems further.

This study represents a critical step toward modernizing Panchakarma while maintaining its foundational Ayurvedic principles, ensuring that these ancient therapies remain relevant and accessible in the evolving landscape of integrative medicine.

CONCLUSION

The integration represents a transformative approach to enhancing standardization, efficiency, and accessibility while maintaining the therapeutic essence of Ayurveda. By leveraging robotic massage systems, automated oil dispensers, and real-time patient monitoring tools, these advancements have the potential to improve precision, reduce therapist fatigue, and ensure uniform treatment outcomes. However, challenges such as preserving the authenticity of human touch, high implementation costs, and regulatory considerations must be addressed. A balanced approach that combines Ayurvedic principles with modern technology can bridge traditional healing with contemporary healthcare, paving the way for future innovations in Ayurvedic therapy.

REFERENCES

1. Vinjamury SP, Vinjamury M, Sucharitakul S, Ziegler I. Panchakarma: Ayurvedic detoxification and allied therapies—is there any evidence?. *Evidence-Based Practice in Complementary and Alternative Medicine: Perspectives, Protocols, Problems and Potential in Ayurveda*. 2011 Dec 15; 113-37.
2. Conboy LA, Edshteyn I, Garivaltis H. Ayurveda and Panchakarma: measuring the effects of a holistic health intervention. *The Scientific World Journal*, 2009; 9(1): 272-80.
3. Panda AK, Binitha P, Kar BR, Indu S. Ayurveda panchakarma treatment success in a case of chronic spontaneous urticaria non-responding to conventional medicine—A case study. *Journal of Ayurveda and Integrative Medicine*, 2022 Apr 1; 13(2): 100549.
4. Arya R, Ghoshal S, Pal K, Mangal G, Dutta A. A Systematic Review on Panchakarma-Based Ayurveda Treatment in Janu Sandhigata Vata. *International Journal of Ayurvedic Medicine*, 2023; 14(1): 29-41.
5. Pillai CC, Chacko J, Soman D, Kundagol MC. Pre and post test clinical study to assess the combined effect of Brahmigritha-Nasya, Ksheerabalataila-Abhyanga and Saraswatha-Churna in reducing the symptoms of Generalized Anxiety Disorder on Hamilton anxiety rating scale. *Indian Journal of Traditional Knowledge (IJTK)*. 2023 Mar 31; 22(1): 63-7.
6. Wairagade SD, Nagrare AV, Wairagade T, Chandi DH. Efficacy of Ayurvedic Formulations along with Swedana Therapy in the Management of Amavata (Rheumatoid Arthritis)-a Clinical Study. *International Journal of Current Research and Review*. 2020 Aug; 12: 79-87.
7. Shukla G, Bhatted SK, Dave AR, Shukla VD. Efficacy of Virechana and Basti Karma with Shamana therapy in the management of essential hypertension: A comparative study. *AYU (An international quarterly journal of research in Ayurveda)*. 2013 Jan 1; 34(1): 70-6.
8. Banyai AD, Brişan C. Robotics in physical rehabilitation: Systematic Review. *InHealthcare* 2024 Aug 29; 12(17): 1720 MDPI.
9. Cardoso L, Khadka N, Dmochowski JP, Meneses E, Lee K, Kim S, Jin Y, Bikson M. Computational modeling of posteroanterior lumbar traction by an automated massage bed: predicting intervertebral disc stresses and deformation. *Frontiers in Rehabilitation Sciences*. 2022 Aug 1; 3: 931274.
10. Paul A, Usman J, Ahmad MY, Hamidreza M, Maryam H, Ong ZC, Hasikin K, Lai KW. Health efficacy of electrically operated automated massage on muscle properties,

- peripheral circulation, and physio-psychological variables: a narrative review. *EURASIP Journal on Advances in Signal Processing*. 2021 Dec; 2021: 1-22.
11. Robotics and artificial intelligence (AI) have revolutionized various aspects of modern medicine, including surgery, rehabilitation, and diagnostic imaging.
 12. Khang A, editor. *Medical Robotics and AI-Assisted Diagnostics for a High-Tech Healthcare Industry*. IGI Global; 2024 Mar 4.
 13. Chavda K, Jyani HP, Kumari A. A conceptual study of Yukti as Pramana or Guna and its utility in Ayurveda: A Review. *Journal of Ayurveda and Integrated Medical Sciences*. 2023 Sep 1; 8(7): 54-8.
 14. Chand SA, Sachin C. *International Journal of Applied Ayurved Research* ISSN: 2347-6362 UNDERSTANDING OF MATRA OR DOSAGE SYSTEM IN PANCHAKARMA.
 15. Pang Z, Zhang B, Yu J, Sun Z, Gong L. Design and analysis of a Chinese medicine based humanoid robotic arm massage system. *Applied Sciences*. 2019 Oct 12; 9(20): 4294.
 16. Yang J, Lim KH, Mohabbat AB, Fokken SC, Johnson DE, Calva JJ, Do A, Mueller MR, Chon TY, Bauer BA. Robotics in Massage: A Systematic Review. *Health Services Research and Managerial Epidemiology*. 2024 Feb; 11: 23333928241230948.
 17. Huang Y, Li J, Huang Q, Liu C. Design and control of anthropomorphic BIT soft arms for TCM remedial massage. In 2013 IEEE/RSJ International Conference on Intelligent Robots and Systems 2013 Nov 3 (pp. 1960-1965). IEEE.
 18. Zhao DL, Guo YX. The development of an intelligent portable fumigation treatment bed. In *Future Mechatronics and Automation: Proceedings of the 2014 International Conference on Future Mechatronics and Automation, (ICMA 2014), 7-8 July, 2014, Beijing, China* 2015 Feb 28; 1(79): CRC Press.
 19. Robinson S, Divakaran S, Kumar AM, Premkumar J, Janney JB, Prince PG. Intelligent Mattress for Monitoring and Therapeutic Relief from Bedsores. In 2023 International Conference on Advances in Computing, Communication and Applied Informatics (ACCAI) 2023 May 25; (pp. 1-6). IEEE.
 20. Abdulghafor R, Abdelmohsen A, Turaev S, Ali MA, Wani S. An analysis of body language of patients using artificial intelligence. In *Healthcare* 2022 Dec 10; 10(12): 2504 MDPI.