

A CRITICAL REVIEW ON METHODOLOGY OF PANCHAKARMA AND ITS CLINICAL IMPORTANCE

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Article Received on
26 May 2022,

Revised on 15 June 2022,
Accepted on 06 July 2022

DOI: 10. 20959/wjpr202210-24919

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INTRODUCTION

In this Article the hidden findings of Panchakarma which are very minute but unexplored are being comprehended because of its realistic approach towards the in depth inside. This very chapter termed as comprehensive review will be luminated with the absolute design incorporating all the relevant branches in arranged sequences which will ultimately enrich the outstanding knowledge of the subject.

In the course of study of any subject, the core contents have been explained by different commentators and those were being adopted for the utmost application of the contents or the context and the relevancy of those is still persisting with its extended meanings and the significance is explained in the way of inculcated knowledge. The commentary and its specific relevancy of the concerned subject

explore the distinguished therapeutic measures in the analysis of progressive study. This tune has been magnified in the processing of comprehensive review of the commentaries written by Chakrapani Dutta and Gangadhar Roy in their commentaries named Ayurveda Dipika and Jalpakalpataru respectively in relation to Pancha karma as depicted in Siddhisthana and other relevant chapters of different sthana. The glory of the commentaries in respect to Siddhisthana and others which are related to Pancha karma will be here by categorically analyzed in the following way to make a significant modulation of the therapy. In the preceeding writing, the contextual explanation has been arranged in a specific group

specifying particular references but in some places the categorical explanation has been made to clarify the doubts.

Revealing the exceptional significant commentaries on the definition of some terms, clarification of words in respect to general terms, Anatomy, Physiology, Pathology, Drugs, Kalpana, Mode of action, Therapeutics, Diets, Grammatical clarification, Commentaries in general and specific, controversial arguments, Quotation from others and Pathabheda, the modulation is made but prior to that in the proceedings, the aforesaid commentaries will be explained.

Chakrapani, Gangadhar and other commentators have commentated on the different chapters of Siddhisthana along with the special terms related to panchakarma which had been quoted previously along with their literal and contextual meaning in the chapter of 'Terminology', but in this part the terms along with their contextual interpretations and the matter as a whole along with interpretation and appropriate modulation are made to make the subject palatable to the readers of different merits. In the preceeding writing the contextual explanation have been arranged in a specific group specifying particular references but in some places the categorical explanation has been made to clarify the doubts which are not interpreted by the commentators.

CONCEPTUAL REVIEW

Thereputic Indications and contra-indications

Panchakarma is a therapy which can be administered to the healthy person to maintain their all humours in harmony as well as to the diseased persons to mitigate their disease. But as it is a precious and complicated measure, it cannot be given to any individual irrespective of some considerations even if there is indication for the therapy and similarly the apparently forbidden people sometimes becomes liable for the said therapy. The people who really need the therapy for different purpose but 'vairi' (inimical) to physician should not be advised panchakarma. The term 'vairi' means enemy of the physician. By this term, two meanings may be taken- inimical to the physician or the person who hates the physician. Other such persons who should not be treated by panchakarma are 'sadrajabhishajam dvesta', 'tadvista', 'vaidyavidagdha', 'bhishajamavidheya'. The term 'sadrajabhishajam dvesta' means the person who hates good persons, kings and physicians or otherwise the word 'sad' i.e. goodness may be interpreted as the adjective of king and physician.

‘Tadvishta’ denotes the person who is hated by kings, physicians, or good persons or otherwise by the good physicians and good kings. The term ‘vaidyovidhagdha’ denotes the imposter who considers himself as a physician. ‘Bhishajamavidheya’ means he who performs forbidden acts. The other meaning is the person who is beyond the control of the physician.

‘Yadrichchhiko’ denotes the persons who are not aesthetic. The other meaning of this term is the person who acts everything according to his own desire. They are also not to be allowed for panchakarma as they will not abide by any stipulation. Panchakarma should not be administered to ‘sukumara’ i.e. the person having tender health as because they cannot tolerate the potency of medicine and if administered; the therapy could strain the heart causing haemorrhage through the upward and downward tracts.

Panchakarma therapy should not be administered to chanda (fierciful), sahasiko (rashful) and bhiru (cowardly) as because in such patients therapies do not produce the desired effects. In kritaghna (ungrateful) and vyagra (fickle minded), therapy does not produce desired effect due to their sinful disposition. More over, the physician himself incurs the sin by treating these patients.

Pathology

Siddhisthana is not the proper place to discuss the pathology of the disease, but the terms which contextually have come during the description of therapy are clarified by the commentators for the easy understanding of the subject.

In most of the cases Dosha has been used to magnify disease but sometimes ‘roga’ has been used to denote Dosha. ‘Dosha’ in some context refers to complication. ‘Vishvakdosha’ means sthira Dosha i.e. Dosha lodged in a particular area. ‘Doshavrita’ denotes something occluded by Dosha, but in this context it is the condition in which the sphincters are constricted due to aggravated Dosha³⁷. The other meaning is when the basti material is obstructed by the Dosha.

The term ‘avashyayo’ denotes cold due to dew-fall. The term ‘ama’ implies to the undigested product of food due to weakness of the Agni that remains adhered to the wall of the gastrointestinal tract.

Vamana or virechana medicines should not be administered in ajirna condition as because it enhances reverse action of the therapy i.e. virechana occurs when vama is intended and vise versa.

Oral administration of sneha along with anuvasana should always be avoided as because this practice vitiates both Vayu and Agni and the reason behind vitiation of Vayu is avarana by the manifestation of ajirna. The uncooked sneha i.e. ama sneha should not be administered through anuvasana as because it adheres the rectum causing stiffness. According to Gangadhar the administration of āma sneha through anuvasana is contraindicated only to the person who is not eligible for the therapy by every day rather suitable to take the therapy with three days of interval.

‘Vatativridhe’ denotes the condition in which sneha can not reach to its destination due to obstruction of vata and returns back quickly. ‘Alpabale gude’ implies to the condition in which the anal sphincter can not hold the sneha due to its pathological weakness.

‘Pratihato-anilah’ denotes obstructed and repelled Vayu in the rectum due to interruption and again compression of the receptacle during the therapy. After first administration of basti fluid, it aggravates Vayu but because of its lesser quantity it can not eliminate Vayu through the rectum. After an interruption, when the basti is again attempted that Vayu repelled back to the chest or head region to cause several complications.

The term Urdhvata is mentioned in the Complication of basti which has been modified by the term Kanthika by Gangadhar and it signifies the complication which is arisen due to the excessive pressure over receptacle and due to the suppression of the urges. The administered basti dravya comes into the throat and causes different abnormalities in that site along with other symptoms.

The term ‘basti-stambha’ denotes stiffness of the urinary bladder and not to the retention of basti material. The word ‘bhagna’ denotes ghristakaya and ‘rugna’ to joint dislocation. ‘Kshinendriya’ denotes the person having oligozoospermia or anozoospermia. ‘Kunapa’ denotes the smell of a dead body. It is the symptom of amaja atisara. ‘Kundala’ denotes spiraling spasm in the bladder. ‘Mutrakrichchra’ mentioned in Trimarmiya Siddhi is different from the diseases of similar name mentioned in Trimarmiya Chikitsa. Mutraukasada is of three types caused by Vayu and Kapha, Vayu and Pitta or by all three Dosha. The red or

yellow colour of the urine is for Pitta and white colour is for Kapha. In this disease Vayu gets aggravated due to avarana of Kapha and Pitta and for that reason needs the therapy for correcting Pitta and Kapha.

‘Klomakarshana’ denotes pain having sensation as stretching of the kloma. ‘Vestana’ is the pain felt like tightening with string. ‘Nihsanga’ can be defined as the condition in which eyes are fixed, consciousness is gone and cooing from throat is seen.

DISCUSSION

DIET- Diet in panchakarma is as essential and important as the prime therapy as because it not only maintains the nourishing value of the body but also takes part in the procedure.

A. Before therapy

Prior to vamana, unctuous liquid which is warm, porridge along with meat juice of aquatic and marshy land inhabiting animals should be continued for one day and these diet should be Kapha exciting in nature. On the day of vamana, the therapy should be administered in empty stomach (niranna) who is properly oleated (anati-snigdha) and after giving yavagu and ghrita who is under-oleated. In tender health, younger children, old aged and timid person, kshira, dadhi, takra or yavagu etc. should be swallowed as much as he can take (lit. up to the throat) to make the process easy and convenient.

Prior to virechana, Dosha (Pitta) aggravating diet which is termed as ‘pritibhojana’ is to be given for three successive days. The nature of this diet should be unctuous, liquid (drava) and warm (ushna) porridge (odana) along with meat juice which are not Kapha exciting by nature. Simultaneously phalamla, warm etc. are advised to be given which is for excitation of Pitta but according to some others it is for controlling the excitement of Kapha. Administration of foods which are typically exciter of both Pitta & Agni should not be given as because by increased Agni, the virechana medicine may get digested without causing desired effect and this is the implication of mentioning Kaphavriddhikara instead of Pitta vriddhikara. On the day of virechana nothing is to be taken per mouth prior to taking of medicine.

Prior to niruha ‘natibubhukshita’ state of the person should have to be considered which implies to ‘not very hungry’ because it may cause upward movement of niruha. Anuvasana is to be given after taking laghu and small amount of food only when the sneha adhered to the

intestinal lumen is completely digested. According to Gangadhar, digestion of the food taken in the lunch is intended prior to administer anuvasana. The anuvasana should be given just after meal without wasting time which is denoted by Sushruta as 'adrapaninam' i.e. before the washed out hands becomes dried out as because it may cause jvara. The quality of foods prior to anuvasana is also clarified as to take anatisnigdha, alpa snigdha (yukta sneha) yusha, kshira and rasa etc. considering the diseased state. Excessive unctuous food may lead to mada, murchha, agnisada, hrillasa etc. because of administration of sneha by both oral and rectal route. Ununctuous food may lead to vistambha, balavarna hani. Lesser amount of liquid diet may lead to avarana of basti fluid. The quantity of food is to be decided accordingly and to be given half or one fourth of the standard amount the person used to take in his usual diet.

Uttar basti is said to be given after taking meat jusha or milk etc. Yavagu with ghrita, milk etc. is also said to be taken according to ones strength. After completion of utara basti milk, meat soup, yusha are to be taken considering the doshika state. Any kind of food or drinks prior to nasya is strictly prohibited though pratimarsha is indicated after taking food as because it clears up channel and brings lightness in the body.

B. After therapy

After completion of vamana, the person is advised to take some regimented diet on that evening or on the next morning considering his power of Agni. If all the signs and symptoms of digestion of vamana medicine are manifested, only then person is allowed to take some food on that night otherwise he should be kept on fast; on the next day when the signs of digestion of medicine is seen, diet in the form of peya etc. are to be given after taking bath. The diet after virechana should be considered similarly as mentioned in vamana. The diet after niruha should be rice made of shali along with jangala mamsa rasa (made of from the meat of animals inhabiting in forest zone) to promote strength. After returning back of anuvasana from rectum on the next morning, food should be given to the person on the lunch time and in the evening. Why the evening meal has been uttered in the text is not clarified by any of the commentators. According to Chakrapani, after returning of anuvasana, meal should be given on both the day and night. Gangadhar has opined the meal during night as the consequence of anuvasana of the third day which does not seem logical. Actually the meal of day time is indicated only if the anuvasana returns back in that morning or otherwise if it retains inside totally, the person may be given food in the evening considering his hunger or strength of Agni etc. To digest the sneha adhered to the lumen, that person is advised to take

warm water or water boiled with dhanyaka and shunthi as per shadanga vidhi. Not only after anuvasana, may it be given after vamana, virechana and niruha also. Food having anabhishtyandi property is to be given after nasya to avoid obstruction of the channel. Food after utara basti is not stated directly in Charaka Samhita rather mentioned to do like post measures of anuvasana. Chakrapani, by the term ‘anuvasaniko vidhi’ has clarified diet, prohibition, complication and signs and symptoms of proper-improper administration of utara basti therapy to consider as anuvasana. In Sushruta Samhita, this matter is pointed out properly to take milk, yusha or rasa as per the involvement of the Dosha.

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