

Fundamentals of Panchakarma

Fundamentals of Pañcakarma

(Based on the classical texts – Caraka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya and allied Nighaṅṭus)

1. Introduction to Pañcakarma

1.1 Etymology & Concept

- pañca = five, karma = therapeutic actions
- The term therefore denotes the group of five bio-purificatory procedures meant for **śodhana** (elimination of morbid doṣa) from the body-mind system.
- These procedures are preceded by **pūrva-karma** (pre-operative measures) and followed by **paścāt-karma** (post-operative measures), forming a complete therapeutic package.

1.2 Objectives

1. Śodhana – complete expulsion of vitiated doṣa, āma, mala
2. Āgneya utthāpana – rekindling of jatharāgni & dhātvaṅni
3. Dūṣyapraṭiṣṭhāpana – restoration of qualitative purity of dhātu
4. Vyādhi pratimardana – curative management of disorders
5. Nivṛtti & rasāyana – disease-prevention and promotion of rasāyana / vājīkaraṇa therapies

1.3 Classical References

- CS. Siddhi 1/1-7, SS. Cikitsā 33, AH. Sūtra 19 • “Tatrānvāsanaṃ nāsyam nirūhaḥ śirovirecanamiti ...” – CS. Siddhi 1/6

1.4 Structural Components

Component	Purpose	Illustrative Measures
Pūrva-karma	Loosening & mobilising doṣa	1. Deepana-pācana 2. Snehana (abhyantara/bāhya) 3. Svedana
Pradhāna-karma	Actual expulsion	1. Vamana (emesis) 2. Virecana (purgation) 3. Nirūha/Āsthāpana Basti (decoction enema) 4. Anuvāsana Basti (unctuous enema) 5. Śirovirecana/Nasya (errhine) 6. Raktamokṣaṇa often considered the 6th
Paścāt-karma	Recuperation & rasāyana	Samśarjana krama (graduated diet), dhoopana, yoga, āhāra-vihāra niyama

2. Pañcakarma in Svastha (health maintenance) & Ātura (disease management)

2.1 Role in Svasthavṛtta (Preventive & Promotive Aspect)

Rtu (Season)	Predominant Doṣa	Recommended Śodhana	Classical Citation
Vasanta (spring)	Kapha	Vamana	AH. Sūtra 3/22
Varṣā (monsoon)	Vāta	Nirūha Basti series	CS. Sūtra 6/44
Śarad (autumn)	Pitta	Virecana	SS. Sūtra 24/10
Nitya (daily/minor)	All – esp. for head/neck	Pratimārśa Nasya	CS. Sūtra 5/56

**Benefits for the healthy:**

- removes seasonal doṣa-accumulation
- sustains optimum agni and vyādhi-kṣamatva
- potentiates rasāyana & vājīkaraṇa regimens

2.2 Role in Āturacikitsā (Curative Aspect)

- **Samprāpti-vighatana** - breaks the pathogenic pathway by forcefully dragging doṣa from śākha/srotas to koṣṭha and expelling them.
- Indispensable in chronic, relapsing, auto-immune, metabolic and neurological disorders where śamana alone is inadequate, e.g. Vātarakta, Prameha, Āma-vata, Psoriasis, Migraine, IBS, etc.

3. Indications & Contra-Indications of Śodhana**3.1 General Indications**

1. Bahudoṣa-avasthā (gross vitiation & accumulation)
2. Doṣotpāta at sthāna of origin (K, P, V - Uras, Āmāśaya, Pakvāśaya)*
3. Chronicity, relapse, or non-responsiveness to śamana
4. To ensure rasāyana/vājīkaraṇa success
5. Prophylactic use in high-risk occupations (chemical, heavy-metal exposure), elite sports, etc.

3.2 Therapy-specific Indications

Śodhana	Selected Classical / Contemporary Indications
Vamana	Kaphaja kasa, śvāsa, medoroga, psoriatic skin diseases, kapha-pradhāna psychiatric disorders
Virecana	Pittaja rakta disorders, āma-pitta, dadru, urticaria, hepatobiliary disorders
Nirūha Basti	Vātavyādhi spectrum - Sandhivāta, Gridhrasi, degenerative spine, infertility
Anuvāsana Basti	Vāta-kaphaja diseases with dryness, post-paralytic states
Nasya	Śīroroga, Ārdhāvabhedaka, danta-netra disorders, snoring, hormonal imbalance
Raktamokṣaṇa	Varicose ulcer, eczema, gout, hypertension (Sirā-vyadha, Jalauka)

3.3 General Contra-Indications

1. Bāla (< 7 yrs) & Vṛddha (> 70 yrs) with low bala
2. Garbhavātī, Sūtikā (<45 days)
3. Kṣata-kṣīṇa, cachexia, uncontrolled diabetes
4. Acute infective fever, diarrhoea, severe dehydration
5. Post-MI, severe cardiac, renal or hepatic failure
6. Recent major surgery or fractures

3.4 Procedure-wise Contra-Indications

Therapy	Important Contra-indications
Vamana	Uncontrolled HTN, active GIT bleeding, hiatus hernia, peptic ulcer, pneumothorax, glaucoma
Virecana	Severe diarrhoea, rectal prolapse, pregnancy, anal fissure, chronic kidney disease
Basti	Intestinal obstruction, perforation, ascites, 3rd trimester pregnancy, rectal bleeding
Nasya	Immediately after meals, acute rhinitis with severe blockage, during menstruation
Raktamokṣaṇa	Anaemia, haemophilia, thrombocytopenia, hypotension, anticoagulant therapy

4. Agni & Koṣṭha Parīkṣā in Pañcakarma

4.1 Why Agni Assessment is Critical

- Ensures proper digestion of snehapāna
- Prevents ama-utpatti during procedure
- Determines strength of vamanopaga / virecanopaga drugs

4.2 Types of Jatharāgni & Planning

Type of Agni	Features	Panchakarma Planning
Sama-agni	Balanced appetite, clear belch, formed stools	Standard protocol
Tikṣṇa-agni	Excess hunger, acidity	Lesser deepana, milder snehapāna; quicker schedule
Manda-agni	Poor appetite, heaviness	Strong deepana-pācana (Trikatu, C. carvi); slow incremental snehapāna
Viṣama-agni	Erratic appetite, gas, spasms	Vāta-pacifying measures; avoid strong purgation initially

4.3 Koṣṭha Parīkṣā

Type	Predominant Doṣa	Reaction to Drugs	Virecana Dose Example
Mṛdu	Kapha	Quick purgation even with small dose	3-4 g Trivṛt-lehya
Madhyama	Pitta	Moderate response	6-8 g
Krūra	Vāta	Delayed / resistant	10-12 g plus sneha anulomana

4.4 Simple Bed-side Tests

1. Castor-oil test: observe latency & number of motions
2. Harītakī test: stools within — 2 h (mṛdu), 2-4 h (madhyama), >4 h (krūra)

5. Principles Guiding Śodhana

5.1 The Doṣa-Mārga-Karma Correlation

1. Kapha - Urdhva-mārga - Vamana
2. Pitta - Adho-mārga (middle GI) - Virecana
3. Vāta - Sarva śarīra but seat in pakvāśaya - Basti
4. Urdhvajatrugata doṣa - Nasya
5. Dūṣita rakta - Raktamokṣaṇa

5.2 Sequential Logic

1. **Deepana-pācana** - prāgvai śodhanaṃ na kuryāt (CS. Siddhi 1)
2. **Snehana** - śleṣmāna iva loṣṭo snehenālepayet (lubricates, loosens)
3. **Svedana** - dilates srotas, liquifies doṣa
4. **Utkleśa** → **Koṣṭha-ānāyana** → **Nirharāṇa** - “kaphāntaṃ vamanam” etc.
5. **Samśarjana** - restore agni with mātṛā-baddha peya → vilepī → yavāgu → normal diet
6. **Rasāyana/Śamana** - consolidation phase

5.3 Criteria of Proper Śuddhi

Procedure	Samyak-lakṣaṇa	Ayoga	Atiyoga
Vamana	Kaphānta, lightness, clarity of chest & senses	< 4 vegas	Exhaustion, epistaxis
Virecana	Pittānta, yellow/green stools, clarity of abdomen	< 10 motions	> 30 motions, dehydration



Procedure	Samyak-lakṣaṇa	Ayoga	Atiyoga
Basti	Proper evacuation, softness of abdomen, normal appetite	Retention > 1 h	Premature expulsion, cramps

5.4 Management of Upadrava (Complications)

- Ati-vamanam – give madhura sneha + thin gruel
- Ati-virecanam – oral hydration, śarkara-kṣīra pāna, madhuka yawagu
- Basti-janya udāvara – mild svedana, hingu-kastūri yoga

6. Panchakarma Theatre (PKT) - Infrastructure & Logistics

6.1 Location & Layout

1. Quiet, well-ventilated, isolated from OPD rush.
2. Minimum space: 150–200 sq ft per therapy room + attached bath/toilet.
3. Wooden or insulated flooring; non-slippery tiles near shower area.

6.2 Environmental Controls

- Temp 24–28 °C, RH 50–60 %
- Soft lighting, mild instrumental / vāta-śāmanī music
- Periodic herbal fumigation – Aparājita dhoopana, Nimba-Guggulu fumes for - microbial load.

6.3 Essential Furniture & Equipment

Category	Item	Remarks
Patient Handling	Dhroṇi / Taila-yantra (teak or medicinal plywood)	Slight head-down gradient, side channels for oil collection
Svedana	Steam chamber (closed / portable), bashpa-sveda stool, oil boiler	Digital thermostat with auto-cut
Basti	Nīruha-basti netra & basti-putaka, enema stand, lubricant	Prefer SS-316 steel netra for sterility
Vamana & Virecana	Comfortable emesis chair, kidney trays, emesis bucket, measuring jar, digital BP/HR monitor	Resuscitation kit to tackle vasovagal events
Nasya / Śirobasti	Reclining chair, nasal dropper, cotton swabs	Head-support band
Raktamokṣaṇa	Sterile surgical trolley, syringes, scalp-vein sets, <i>jalauka</i> aquarium	Bio-medical waste bins (yellow/red)

6.4 Consumables

Til-taila, Kṣīra, śuddha ghr̥ta, mṛdu kapha-utkleśak yoga, harītakī cūrṇa, saindhava, linen gowns, disposable gloves, ECG electrodes, SPO₂ probe etc.

6.5 Man-power

1. 1 qualified Ayurveda physician (MD/Panchakarma)
2. 2 trained therapists (male/female pair) per room
3. 1 attendant for cleaning & sterilisation
4. Periodic BLS/ACLS training for entire staff

6.6 SOPs & Safety

1. Pre-therapy checklist – vitals, consent, NBM status.
2. Record proforma – ārogya-patrika (vitals, vegas, samyak-lakṣaṇa).
3. Emergency drugs – Inj. Atropine, Hydrocortisone, IV fluids, glucometer.
4. Biomedical waste segregation per BMW Rules 2016.



References

1. Caraka Saṃhitā - *Siddhi Sthāna 1, 2, 8*
2. Suśruta Saṃhitā - *Cikitsā Sthāna 33; Sūtra 35*
3. Aṣṭāṅga Hṛdaya - *Sūtra Sthāna 19, 20*
4. Kaviraj Atridev Gupta, **Caraka Saṃhitā with Ayurveda-Dipikā**, Chaukhamba, 2015.
5. Ghanekar BG, **Sārthāsāra - Panchakarma Vidnyāna**, Pune, 2017.

AYURVEDBHARATI.ORG