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EDITORIAL

STANDARDIZATION OF PANCHAKARMA PROCEDURES

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Introduction:

Panchakarma, a comprehensive, and an integral part of Ayurvedic treatment and have its role in every therapeutic condition. Due to its long lasting and radical relief of chronic diseases, it is now developing globally. If Panchakarma therapy not used in proper dose, in recommended indications and with proper environment, it may leads to hazardous effects such as hemorrhage, prolapse of organs, shock etc. To avoid these effects, scholars have advocated many subjective parameters and few objective parameters. But they need to be standardized for the effective application in current practice.

During the post independence era no attempts have been made to revive the practice of panchakarma at institutional level. Very few centers have created clinical units for practice of panchakarma. Gujarat Ayurveda University, Jamnagar, Gujarat, India is one of the centers where classical panchakarma therapy is carried out.

Panchakarma therapy should be carried out only by expert person to provide better therapeutic efficacy and to avoid complications. There is an urgent need of standardizing the classical panchakarma procedure in consideration of the need of today. The dosage schedule, exact procedures, medicaments, effects, and side effects are to be standardized so that uniform

procedure of practice may be developed to be practiced at all centers.

According to the oxford dictionary, the verb "to standardize" means average out, equalize, homogenize, systematize or conform to "a standard", where the noun 'standard' stands for the meaning like grade, measurement, model, pattern, average, mean, level or norm'.

Need for standardization:

Physician can be classified in to two categories, i.e. vikalpavid and avikalpavid. Vikalpavid is one, who able to assess the agni (bio-fire), koshtha (nature of bowel) and considering all variations, he fixes the dose and duration. But in contrary, avikalpavid is not able to do so. Standardization is the need of hour for second category physician, to prevent atiyoga (over activity), ayoga (less or no activity) and to get adequate effects in a systematic and sophisticated manner within desired time period.

Limitations for standardization:

Standardization becomes difficult because of the following factors-

- Dosha, dhatu and mala are unstable due to diurnal variations, seasonal variations etc.¹
- Variations in the effect of therapy due to different agni, koshtha, prakriti, desha, kala, bala, vaya etc.

References of standardization in classics

Many references are available in classics

- Madanaphala dose - antarnakhamushthi pramana (measurement equal to closed fist) of patient who is undergoing Vamana².
- Dose of snehana described by vangasena³
- Dose of vamana dravya⁴
- Dose of niruha basti according to age⁵

General guidelines

- All the panchakarma procedures should be performed by the same therapist/ physician till the completion of clinical trial.
- The medicine which is used in the trial for the participants shouldn't be changed.
- The participants belonging to the same region should be considered for the clinical Trial.
- The shodhana karma (bio-purification therapy) should be conducted in the respective season. e.g.- emesis in vasant ritu (spring season).

Protocol for standardization of panchakarma procedures:

Steps of standardization⁶

- Literary review
- Designing the protocol by a team of expert comprising ayurveda researcher, clinical pharmacologist and bio-statistician.
- Selection of participants/patients
 - madhyama kosta/ madhyama agni/madhyama bala/madhyama vaya
- Dose, duration and anupana should be fixed.
- Pilot study at least on 20-50 healthy volunteers
- Phase 1 and phase 2 clinical study
 - Specific area of procedure at different geographical regions of India and abroad
 - In different population (sex, age, race, constitution, essence of dhatu, etc.)
- Phase 3: multi-centric clinical study

Methodology⁷:

Pre-operative procedure:

1. Materials required with quantity and specifications
2. Therapist requirement
3. Drugs required for therapy-number, quantity
4. Use of the genuine drugs
5. In case of non-availability of genuine drugs, the best possible alternatives should be used
6. Formulation/medicine preparation method
7. Selection of medicine based on bio-humors, tissues, constitution, bio-fire, nature of bowel.
8. For external treatment procedure temperature of the oil, quantity of oil used, frequency of changing of oil.

Operative Procedure:

1. Standard operating procedure of panchakarma therapy
2. Suitable time
3. Frequency of therapy
4. Duration of procedure
5. Course of therapy

Post-operative procedure:

1. Rest-duration
2. Bath-medicated or non medicated
3. Meal- quantity, quality, frequency
4. Dietetic and behavioral restrictions

Conclusion:

Standardization is not a new topic in ayurveda, though the reference are dated from BC, but scholars have concluded only after repeated clinical evaluation. Standardization is essential for performing effective and safe panchakarma

The data obtained after phase 3 clinical study can be considered as Standard. The standards of the procedure should be applied only to the geographical region, where the clinical trial is carried out. The above said standard operative procedure (SOP) guidelines can be adopted for all panchakarma therapy standardization.

References:

1. Sushruta Samhita of Sushruta, Sutrasthana, chapter 15, verse no. 37, 7th edn, Varanasi; Choukhambha orientalia; 2002; p74.
2. Charaka, Charaka Samhita of Agnivesha, Kalpa sthana, chapter 1, verse no.14, 2nd edn, New Delhi, Rashtriya Sanskrit Sansthanam; 2002; p.654.
3. Patil Vasant. Principles and Practice of Panchakarma, 3rd edition, Ilkal: Atreya Ayurveda Publications; 2012; p.103.
4. Patil Vasant. Principles and Practice of Panchakarma, 3rd edition, Ilkal: Atreya Ayurveda Publications; 2012; p.291.
5. Charaka, Charaka samhita of Charaka, Siddhithana, chapter 3, verse no.31-33, 2nd edn, New Delhi, Rashtriya Sanskrit Sansthanam; 2002; p.695.
6. Patil Vasant. Principles and Practice of Panchakarma, 3rd edition, Ilkal: Atreya Ayurveda Publications; 2012; p.637.
7. Patil Vasant. Principles and Practice of Panchakarma, 3rd edition, Ilkal: Atreya Ayurveda Publications; 2012; p.637-38.

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