



## AN INSIGHT INTO THE APPLICABILITY OF THE STANDARDIZATION FOR PANCHAKARMA PROCEDURES

**Dr. Nitin V.\*<sup>1</sup>, Dr. Ananta S. Desai<sup>2</sup> and Dr. Ahalya Sharma<sup>3</sup>**

<sup>1</sup>Ph.D. Scholar, Dept. of Panchakarma, Govt. Ayurveda Medical College, Bangalore.

<sup>2</sup>Guide – Prof. and Head, Dept. of Panchakarma, Govt. Ayurveda Medical College, Bangalore.

<sup>3</sup>Principal – Prof. Dept. of Shalya Tantra, Govt. Ayurveda Medical College, Bangalore.

**\*Corresponding Author: Dr. Nitin V.**

Ph.D. Scholar, Dept. of Panchakarma, Govt. Ayurveda Medical College, Bangalore.

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### INTRODUCTION

- Panchakarma, a comprehensive, and an integral part of Ayurvedic treatment and has 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 is not used in proper dose, in recommended indications and with proper environment, it may lead to hazardous effects. 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.
- Panchakarma therapy should be carried out only by an expert person to provide better therapeutic efficacy and to avoid complications. Whether there is a need for standardizing (in terms of the dosage schedule, exact procedures, medicaments and effects) the classical panchakarma procedure in consideration of today's panchakarma practice is what to be thought, discussed and implemented.
- To **standardize something** is to make it fit a certain guideline or requirement. Standardization is a method which confirms or ensures validity of adopted procedure or formulation or mechanism in a view to average out, equalize, homogenize & systematize a standard, or to bring into conformity with a standard especially in order to assure consistency and regularity.<sup>[1]</sup>
- In today's modern era standardization has gained great importance. Efforts are being made to standardize everything in each field. Ayurveda is also not an exception for that. In Panchakarma various researches are going on for standardization of equipments, procedure and aushadhi matra used in different karma etc.
- Taking an example of the aushadhi matra, it is usually decided taking into consideration the agni bala, aatura bala and vyadhi bala, vyadhi avastha, vaya, prakruti, etc. Ayurveda has described matra as Prasruta for Basti, Prastha for Raktamokshana, Bindu for Nasya, Angulee pramana for the measurement of various body parts, Anjalee pramana for measuring quantity of body fluids, etc.

### NEED FOR STANDARDIZATION

- In today's era standardization is needed everywhere. There are various researches going on which compare classical dose with routinely practiced dose for standardization of matra. But Acharyas mentioned that those matra will change according to the agni bala, aatura bala, vyadhi bala. It means that standardization derives minimum and maximum limit of any dose according to condition.<sup>[2]</sup>
- Physician can be classified in to two categories, i.e. **vikalpavid** and **avikalpavid**.<sup>[3]</sup> Vikalpavid is one, who is able to assess the agni, koshta and similar other parameters, 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, ayoga and mithya yoga, and to get adequate and optimum effects in a systematic manner within desired time period.

### Recommended guidelines for panchakarma standardization

- All the procedures of panchakarma should be performed by the same person till the clinical trial.
- The medicine used for standardization setup should not be change during the trial period.
- The participant's belongings & inclusion criteria should be similar during trial period.
- The shodhana karma need to be done as per seasonal recommendations (rutu shodhana).<sup>[4]</sup>

### Steps for Panchakarma Standardization

- Recommended literary review.
- Protocol designed by field experts.
- Uniform selection of participants: patient should possess madhyama koshta/ madhyama agni/ madhyama bala/ madhyama vaya.
- Fixation of dose, duration and anupana uniformly.

- Pilot study at least on 50 volunteers.
- Initial clinical trial on specific area, then at different geographical regions in different population.
- Advanced clinical multi-centric study (Phase 3).

## METHODOLOGY FOR STANDARDIZATION

### Poorvakarma

1. Materials required with quantity and specifications.
2. Therapist requirement.
3. Drugs required for therapy - genuinity and quantity.
4. In case of non-availability of genuine drugs, the best possible alternatives to be used.
5. Formulation/ medicine preparation method.
6. Selection of medicine based on dosha, dhatu, prakruti, vayah, agni, koshta.
7. For external treatment procedures - temperature of the oil, quantity of oil used, frequency of changing of oil.

### Pradhana karma

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

### Paschath karma

1. Duration of rest.
2. Bath- Medicated or non-medicated.
3. Ahara - Quantity, quality, frequency.
4. Vihara and Achara.

### For example - Samsarjana Krama

Foods used during panchakarma treatment course cannot be standardized owing to the cultural sensitivity of the patients of different regions in which Panchakarma is practiced. Even though food items cannot be standardized, the principle behind designing the diet used during different stages should be standardized. Scientifically designed diet protocol just after panchakarma therapy aiming at the restoration of the body functioning is known as samsarjana krama. The principle of samsarjana krama, which begin with carbohydrates then proteins and then ending with fats should be standardized and implemented. Also, the dietary regimen advised during poorvakarma and pradhana karma should be standardized on scientific lines.

The phala-shruti of vama and virechana karma largely depends on the samyak snehana, swedana and the diet consumed during poorvakarma.

### Standardization of Panchakarma theatre

Panchakarma theatre should be set and standardized as per NABH criteria which includes proper light supply and ventilation, hygienic measures, with distinguished areas for therapies, cleaning, washing, storage etc. and recovery room, hot water supply etc. with accurate

equipments. The theatre should have adequate safety measures against fire, electrical hazards, with provision for remedial measures.

### Standardization of investigations needed during panchakarma treatments

Investigations done before / during panchakarma procedure is to ensure the safety of the procedure and to make scientific assessment on parameters. Vitals should be checked before and after every procedure.

The specific investigations vary as per the procedure, for example, a complete hemogram including BT, CT, HIV, HBsAg before rakta mokshana. Gastroscopy, USG abdomen, ECG, ECHO to rule out conditions like cardiac abnormalities, portal hypertension, oesophageal varices before planning vama therapy. Per rectal examination, USG abdomen, colonoscopy (if required) in case of planning basti or virechana to rule out IBS, hemorrhoids, fissure, ulcerative colitis etc. Conditions like hypotension and severe electrolyte imbalances should be screened and taken care of before planning virechana. The investigation list needed to be done before and after specific panchakarma should be validated.

### Limitations for Standardization

- The nature of dosha, dhatu and mala varies due to seasonal variations & other factors.
- Variations in agni, koshta, prakriti, desha, kala, bala & vaha may also affect the outcome of therapy.
- Sometimes standardization results may come out contrary to literary/ textual results which lead to more confusions.
- Validation of standardization method is also required.

## DISCUSSION

- Standardization is not a new topic in Ayurveda, 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.
- Standardization methodology should be done only on scientific lines without losing the basic principles of panchakarma therapy.
- Standardization methodology should cover the rationale behind designing of a panchakarma protocol, standardization of dietary regimens, investigations, standardization of panchakarma theatre and designing of **standard operative procedure protocol** for each of the procedure.

योगमासां तु यो विद्यादेशकालोपपादितम् ।  
पुरुषं पुरुषं वीक्ष्य स ज्ञेयो भिषगुत्तमः ॥ (च.सू - १/१२३)

A Vaidya who thinks that each person is different from another person and gives proper treatment on the basis of desha, kaala, satmya, bala, prakruti, vaya etc. is known as "Uttama Bhishak."<sup>[5]</sup>

- Ayurveda has different parameters / dosage for different procedures such as prasruta for basti, bindu for nasya, prastha for raktamokshana, vamana and virechana. Those matra derived from such parameter are standard.
- That dose of medicine which brings about samyak lakshanas is said to be the ideal dose, but this dose differs to each individual according to vaya, bala, dosha, vyadhi avastha etc. Standardization may give us the minimum and maximum limit based on the references from the Samhita but the physician should have the liberty to decide the dose fixation to each patient.
- Example: Parama pramana of niruha is said to be 12 prasruta. प्रसृतो ऽत्र कुंचितांगुलिः पाणिः न तु पलद्वयमिति । (गयदास टीका - सु.चि - ३५/७)

Acharyas opine that 1/4<sup>th</sup> quantity of niruha basti should be taken as Sneha basti and half of Sneha basti quantity is anuvasana basti and half of anuvasana basti matra is said to be matra basti. ह्रस्वायाः स्नेहमात्रायाः मात्राबस्ति समो भवेत् ॥ (च.सि - ४/५३).

Here, the calculation of dose is standardized but administration of the above said doses wont remain as a standard to all patients under all circumstances.

- Similarly the dose of nasya is calculated in terms of bindu, and Vagbhata gives an explanation in Ashtanga Hridaya Sutra sthana 20/9 about the calculation of bindu pramana that, the quantity of drava which dribbles down when the patient's index finger is dipped into the oil upto the first two creases and removed. But the same cannot be compared to a drop, which is roughly 0.05ml and approximately 1 bindu comes upto 10 drops. Here too, since the patient's finger is used to measure the bindu pramana, the same quantity may not be suitable for other patients. Routinely practiced dosage is much lesser than the classical recommended dose

## CONCLUSION

- Standardization is one of the important aspects of scientific or medical field which should be established after thorough clinical evaluation and documentations. Panchakarma is one of the vital therapeutic approaches of Ayurveda which also needs standardization to achieve uniformity of methodology. Standardization of Panchakarma offers effective and safe procedural protocol. But to

what extent / which all the areas standardization to be implemented is given below.

- योगमासां तु यो विद्यादेशकालोपपादितम् ।  
पुरुषं पुरुषं वीक्ष्य स ज्ञेयो भिषगुत्तमः ॥ (च.सू - १/१२३)

A Vaidya who thinks that each person is different from another person and gives proper treatment on the basis of desha, kaala, satmya, bala, prakruti, vaya etc. is known as "Uttama Bhishak." Hence, the dose / drug cannot be and should not be standardized, which might result in gradual loss of clinical skills of a physician.

- On the other hand, standardization has to be essentially implemented for certain areas like the treatment protocols, orderly performance of the treatments, setting up a panchakarma theatre with NABH standard, administration of vamana, virechana, basti, nasya oushadha in the particular time period and in a particular manner.
- It is now very high time to do researches on standardization of panchakarma procedures to ensure its complete safety with uniform and maximum possible efficacy and thereby redacting Ayurvedic medical sciences.

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