PANCHAKARMA CONCEPTS IN SHALYA TANTRA: A REVIEW
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Received on: 28/02/17 Accepted on: 18/04/17

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DOI: 10.7897/2277-4343.08277

ABSTRACT

Panchakarma is an indispensable therapy inhabiting all the eight branches of Ayurveda. Broad spectrum of its applicability extends to the field of Shalya Tantra (school of ancient Indian surgery). Numerous acute and chronic surgical conditions like Vrana (wound), Bhagna (musculo-skeletal injuries), Arsha (hemorrhoids), Bhagandara (fistula in ano), Arbuda (tumours), Shalipada (filariasis), Shoppa (swellings), and Vidradhi (abscess) etc. require management by the five purificatory therapies of Panchakarma, that constitute Vamana (therapeutic vomiting or emesis), Virechana (therapeutic purgation), Basti (therapeutic enema), Nasya (elimination of toxins through the nose / errhine therapy) and Raktamokshana karma (therapeutic bloodletting). In the classical texts of Ayurveda, an emphatic description of Panchakarma is available, with special relevance in the management of various surgical pathologies. In this article, an endeavor has been made to explore the applied concepts of Panchakarma in the field of Shalya Tantra.

Keywords: Panchakarma, Shalya Tantra, Surgery, Bio-purification, wound management.

INTRODUCTION

Panchakarma is an integral part of Ayurveda, the recognised Traditional System of Medicines as per W.H.O specifications.1 In Ayurveda, it belongs to the speciality of Kayachikitsa (Ayurvedic discipline of medicine). It is constituted of specially designed five therapies for internal purification of body through the nearest possible routes. These are Vamana (emesis therapy), Virechana (purgation therapy), Basti (therapeutic enema), Nasya (errhine therapy) and Raktamokshana karma (bloodletting therapy).2 The procedure of Raktamokshana karma is directly related to the practice of Shalya Tantra. It is carried out with the help of different surgical instruments like Yantra, Shasra and Anushastra.3-5 Acharya Charaka has enumerated these five therapies with a little difference; to include two types of therapeutic enemas (Niruha basti and Anuvasana basti) in lieu of Raktamokshana Karma. Panchakarma is not merely a bio-purificatory therapy, but involves a wide range of therapeuticics such as replenishing, depleting and rejuvenating therapies etc.6 It has a broad spectrum of applications with a special place in the practice of Shalya Tantra (Ayurvedic discipline of surgery). Numerous textual references are available where the procedures of Panchakarma have been adopted as an important measure along with institution of surgical intervention.

Effect of Panchakarma Therapy

In all the eight branches of Ayurveda, Panchakarma has an indispensable contribution.7 A cascade of pathologies related to Shalya Tantra requires Panchakarma procedures.8-15 In Shalya Tantra, Panchakarma has a versatile and important role to play. The fundamental principle of treatment as expounded by Acharya Sushruta is replenishing the deficiency, reducing the exaggerated levels, and preservation of equilibrium of doshas (Bio-humors-Vata, Pitta and Kapha).16 As a pathology grows chronic, it becomes progressively difficult to manage it conservatively. Advanced states of ailments usually require surgical intervention. In chronic diseases, gross vitiation of channels (Srotodushhti), weakness of digestive fire (Agnimandya), improper nourishment of tissues and decreased immunity (Ojokshaya) result, warranting purification of body.

By the practice of Panchakarma, not only the purificative goal, but the facilitation of desired pharmacokinetic effect of therapeutic remedies administered is also achieved. It eliminates toxins, stagnated excreta and metabolites from the body, cleanses the macro and micro channels, maximizes the absorption and metabolism of nutrients and drugs, and helps in minimizing their dose and toxicity.17 Panchakarma works at various levels viz. somatic level, psychic level and neuro-endocrine level as well.18 According to Acharya Sushruta, the means to prevent and alleviate diseases can be obtained by proper application of Shodhana (purification), Shamana (pacification), Ahara (diet) and Achara (behaviour).19 By adopting the bio-purification modalities of Panchakarma, recurrence of ailments is not there.20 Like surgical interventions, these are said to be the radical therapies that destroy diseases from the root level.

Scientific Validation

In recent years, Singh L.M. and associates from B.H.U. Varanasi (1986-90) have reported the effects of Basti karma in management of chronic Obstructive/Nonobstructive uropathies viz. chronic recurrent urinary infection, benign enlargement of prostate and urethral syndrome, chronic recurrent urinary infection, benign enlargement of prostate and urethral syndrome. Treatment of these patients with Anuvasana Basti has proved to achieve substantial symptomatic and clinical relief including relief from recurrence of acute episodes of urinary tract infections.21

In the field of Surgery, the component of blood is of prime importance.22 Haematogenic spread of toxins in body may lead
to manifestation of various pathologies and deterioration of the existing ones. There is a proven detoxification potential of Panchakarma therapy. Scientific validation of purification treatments to eliminate the environmental toxic substances such as polychlorinated biphenyl (PCB’s) and pesticides from the body is there. A study was conducted by the Institute of Science, Technology and Public Policy at Maharishi University of Management in Fairfield, Iowa in collaboration with a special laboratory at Colorado University. This study has revealed the fact that classical Panchakarma treatment has the potential to eliminate detectable toxins circulating in blood to a significant extent of 50%.21

Role of Panchakarma in the field of Shalya tantra

Trividha Karma viz Poorva Karma (Pre-operative), Pradhana Karma (Operative) and Pashchata Karma (Post-operative) are the divisions of operative surgery by Sushruta that simulate with the rational division of Panchakarma procedures. Acharya Dalhan has described that Langhana (desaturation) to Virechana karma (purgation) are the main pre-operative measures that include important Panchakarma procedures like Snehana (unction), Svedana (fomentation), Visravana (bloodletting), Yamana (therapeutic emesis) and Virechana (therapeutic purgation).24 Shalya Tantra is meant for extraction of various foreign substances out of the body.25 Not only the foreign bodies, but all those which cause painful disorders have been termed as ‘Shalya’, such as excessive accumulation of mala (excreta/toxins) and dosha (bio-humours-Vata, Pitta, Kapha).26 There is a direct indication for purification procedures in extensive vitiation and accumulation of doshas and mala encompassing the pathologies of surgical interest.27 Owing to their importance in managing surgical pathologies, Acharya Sushruta has elaborated the procedures of Panchakarma in Chikitsa Sthana along with pre-procedure preparations, complications and management.28 Major surgical conditions requiring Panchakarma procedures are described as under:

Vrana (Wounds)

Proper healing of wound is the culmination of a good surgical intervention. Vrna Chikitsa (wound management) is the most vital part of practice of Shalya Tantra. Etiological classification of vrana (wounds) constitutes Nija/Shareera vrana (intrinsic wounds-caused by vitiation of dosha) or Agantuja vrana (exogenous wounds or traumatic wounds).29 Panchakarma procedures have a significant place in the management of both these types of wounds. Owing to Rakta kshyaya (severe haemorrhage) in case of Chhinna (severed/excised), Bhinna (ruptured), Vidhha (punctured) and Kshata (lacerated) wounds, vata dosha gets aggravated resulting in severe pain. To alleviate vitiation of vata dosha, Sneha-pana (unction therapy), Snigdha upchar (local application of unctuous poultries), Sneha basti (medicated unctuous enemas) are specifically indicated.30 All the Panchakarma procedures have been included under ‘Shashhti Upkrama’ (sixty modalities) of wound management as described by Sushruta.31 More specifically the indications for individual procedures include:

Snehana Karma (Unction Therapy): Intake of Sneha processed with drugs has been indicated in patients who have complications and are rough, emaciated and consumptive due to wound.32 In all these conditions, gross aggravation of Vata dosha is there, that gets easily pacified by Snehana karma.

Svedana Karma (Sudation Therapy): Local application of different types of fomentations has been indicated in inflammatory swellings that are painful, harsh and hard, and in similar type of wound also.33 Svedana exerts a local anodyne effect.

Vaman Karma (Therapeutic Emesis): In case of wounds having inflammation along with granulation tissue and vitiated darkish blood, therapeutic emesis is useful particularly in that caused by Kapha.34 It is the best remedy for alleviating vitiated Kapha dosha.

Virechana Karma (Therapeutic Purgation): The experts of wound management recommend therapeutic purgation in wounds vitiated with pitta associated with vata and which are chronic in duration.35

Basti Karma (Medicated Enema): In case of wound that is rough, severely vitiated by vata and is particularly situated in the lower part of the body, enema is indicated.36 Basti karma has been rendered as the best treatment for vitiation of vata dosha.

Uttar Basti Karma (Douches): Particularly in retention of urine, disorders of urine and semen, wounds caused by calculus and in menstrual disorders; administration of Uttarbasti is helpful.37

Shiro-virechana Karma (Errhine Therapy): Wounds and inflammatory swellings that are located in supraclavicular region (oordhava-jatragata vrana) require management with Shiro-virechana karma by the experts.38

Raktamokshana Karma (Therapeutic Bloodletting): In acute inflammatory swellings, Raktamokshana karma may prove helpful to relieve pain and to prevent suppuration. It is particularly indicated in the wounds with inflammation, hardness, dark-red discoloration, pain and uneven surfaces. In poisoned wounds, bloodletting has been prescribed with leeches and scarification.39

While describing the management of wounds, Acharya Charakaa has expounded that evacuation with Vamana (emesis), Virechana (purgation), Shasstra karma (surgery) and Basti karma (enema) are the main treatment modalities that should be adopted; because the wounds get pacified quickly in the patients with cleansed body.40

Component of Infection

In the entire field of practice of Surgery, component of infection is of vital importance. Prevention of wound from infection and management of infected wounds is a potential challenge to the surgeons of modern times as well. Ayurveda embarks upon management of Dushha vrana (infected wound) that chiefly incorporates the procedures of Panchakarma.41

Arsha Chikitsa (Hemorrhoids)

Acharya Gayadasa considers Arsha as one of the main pathologies related to the field of Shalya Tantra.42 The Nidana-samprapti (aetio-pathogenesis) of Arsha includes Manda-agni (suppression of digestive fire) and Mala-Uphchaya (excessive accumulation of excrements).43,44 The bio-purificatory measures of Panchakarma are absolute indications for its effective management. In the context of Vataj Arsha, snehan, sudvana, virechana, anuvasana and asthapana basti karma have been indicated. Also in Pittaj Arsha, virechana karma has been mentioned as one of the main treatment modalities.45
Gud-Bhransha (Prolapse of Rectum)

Administration of Pichha basti (slimy enema) has the indication in rectal prolapse and bleeding per anum.46

Parikartika (Anal Fissures)

Management with Pichha basti and sneha basti (Anuvasna basti) have been indicated in Parikartika (anal fissures).47-49 Local soothing, demulcent and healing properties of these specially designed medicated enemas are effective in relieving the condition.

Ashmari Chikitsa (Urinary Calculus)

Post operative svedana karma (sudation), uttar basti (urethral douche), Asthapanas and Anuvasna Basti karma (non-irritant and unctuous enemas) are the main Panchakarma procedures.50 These procedures help in preventing and relieving the postoperative pain and complications.

Bhagandara (Fistula in Ano)

Diverse range of Svedana karma and Virechana karma have been indicated to help get rid of the vitiated dosha. Specifically, in Kapha type (Parisravi Bhagandra), mild laxatives followed by drastic ones have been advised to be administered.51

Shopha (Oedema)

According to the level of vitiation of Doshas, teekshana Vamana (drastic emetics), Virechana (purgation), Asthapanas basti (non-irritant enema), Sneha (unction), Svedana (sudation), Upnahana (poultices) along with frequent Sira-vedha (venepuncture) are the main indications.52

Bhagna (Musculo-Skeletal Injuries)

Asthi (bones and cartilages) has been stated as one of the main seats of Vata dosha.53 Traumatic inflections result in aggravation of vata. As an important adjuvant therapy, the Panchakarma procedures have a good role to play. Mainly the practice of Nabha karma in fractures and dislocations involving the parts above neck, Anuvasna Basti in prashakha bhagna (fractures of extremities), Basti karma in the management of kati bhagna (fractures of pelvic bones), Svedana and Nasya karma dislocation of Hanu (mandible) may prove helpful.54

Prameha Pidika (Diabetic Boils)

Treatment with Vamana (emesis), Virechana (purgation) and Sira vedha (venepuncture) has been prescri bd along with surgical intervention. The patients suffering from Madhumeha (Diabetes mellitus) are difficult to purgate because their body is pervaded by fat. So, the administration of drastic purgatives has been advised.55

Apachi (Scrofula), Granthi, Arbuda (Tumours)

Ghiratapanas, Taila pana (oral administration of medicated ghee and oil), svedana karma along with main Panchakarma procedures constitute the general management of all these conditions.56 In advanced scrofula, medicated ghee should be administered to the patient to eliminate impurities from both ways (emesis and purgation). Shirovirechana karma has also been included in the line of treatment.57

Granthi Roga (Cystic Lesions)

In vataj granthi, different types of sudations and poultries are useful to alleviate the local symptoms. Bloodletting with leeches has a role in Pitta granthi roga.58

Shalipada Roga (Elephantiasis)

To get rid of impurities in the circulating blood, Raktamokshana karma by Sira vyadhya has been specifically indicated in the management of all the three types of Shalipada.59

Pranashtha Shalya (Retained Foreign Bodies)

Out of total 15 methods of extraction of retained foreign bodies, vaman (emesis), virechana (purgation), dhmapana (snuffs) are the procedures that have the practicability till date.59

Vidradhi (Abscess)

In addition to the surgical interventions like incision and drainage, Panchakarma procedures are also beneficial. The Shodhana (purification) procedures like Yamana and Virechana exert curative effects.61 Acharya Sushruta has prescribed Panchakarma therapies according to stage and involvement of dosha.62

Udara Roga (Abdominal Enlargements)

Having roots in aggravated Vata and accumulation of Mala (excrements), all types of Udara roga require frequent purgation.63 The administration of medicated enemas is particularly helpful in getting rid of waste deposits in the body.64

Yakridalodara (Enlargement of Liver) and Pleehodara Roga (Spleenomegaly)

Sirvedha (venepuncture) karma has been indicated after Sneha and Svedana Karma.65 Both Yakrit (liver) and Pleeha (spleen) are the seat of Rakta-vaha srotasa.66 Bloodletting directly corrects the vitiation of Rakta.

Vridhdi/Bradhna (Hernias)

Raktamokshana karma by Siravedha (venepuncture) has been indicated by Acharya Sushruta, although its effects are still undetermined.67 Similarly, in the context of Bradhna (inguinal hernia), Virechana and Niruha Basti have been described as the main treatment modalities.68

Atyayika Chikitsa (Emergency Management)

Emergency management is an integral part of discipline of Surgery. Acharya Sushruta has indicated the procedure of Siravyadhya (venepuncture) to relieve acute conditions owing to its rapid action. Raktamokshana karma by Sira vyadhya has been said to contribute as half of the total surgical management. It has also been rendered as the last measure to be adopted, when all other measures fail to provide relief.69 In the management of excessive blood loss, Rakta-basti karma (enema with blood) has been indicated as an effective means of replenishment.70 In the management of Dhoom-op-hata (suffocation by smoke), vaman karma and shirovirechana karma help to evacuate the accumulated toxins.71 For managing the condition of "Bahu-raju-lata pasha kantha peedana" (throatling), there has been a prime indication for Shirovirechana karma.72 Treatment of diseases caused by intake of incompatible food has been
described to be carried out by incorporating the procedures of Panchakarma, mainly vaman (emesis) and virechana karma (purgation). Similarly in poisonous cases, the rational management protocol requires Panchakarma procedures. In Dushi visha or poisons situated in blood, venepuncture along with all the five evacuative measures of Panchakarma have been advised by Acharya Charaka.

CONCLUSION

Panchakarma has an international recognition as major, supportive or preparatory therapy in the preservation, maintenance and conservation of health, along with promotion of longevity. In the field of Shalya Tantra (Surgery), the procedures of Panchakarma can play an incredible role. Successful peri-operative management of numerous surgical conditions requires adjuvant therapies of Panchakarma. Standardization and scientific validation of efficacy of these procedures along with necessary modifications is the need of the hour and a major thrust area also. By adopting these procedures, the practice of Shalya Tantra is sure to be benefitted with improved outcomes.

REFERENCES

32. Priyavrat Sharma. Editor and Translator of Sushruta Samhita, Volume II, Chikitsa Sthana, Chapter 1/30, 1st


Cite this article as:


Source of support: Nil, Conflict of interest: None Declared

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