

# Panchkarma Assistant

Grade: XI

QP Code: HSS/ Q3603 V 3.0



**PSS Central Institute of Vocational Education**

(a constituent unit of National Council of Educational Research and Training (NCERT)  
under Ministry of Education, Government of India)  
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PSSCIVE Draft Study Material - Not to be Published

## Preface

Vocational Education is a dynamic and evolving field, and ensuring that every student has access to quality learning materials is of paramount importance. The journey of the PSS Central Institute of Vocational Education (PSSCIVE) toward producing comprehensive and inclusive study material is rigorous and time-consuming, requiring thorough research, expert consultation, and publication by the National Council of Educational Research and Training (NCERT). However, the absence of finalized study material should not impede the educational progress of our students. In response to this necessity, we present the draft study material, a provisional yet comprehensive guide, designed to bridge the gap between teaching and learning, until the official version of the study material is made available by the NCERT. The draft study material provides a structured and accessible set of materials for teachers and students to utilize in the interim period. The content is aligned with the prescribed curriculum to ensure that students remain on track with their learning objectives.

The contents of the modules are curated to provide continuity in education and maintain the momentum of teaching-learning in vocational education. It encompasses essential concepts and skills aligned with the curriculum and educational standards. We extend our gratitude to the academicians, vocational educators, subject matter experts, industry experts, academic consultants, and all other people who contributed their expertise and insights to the creation of the draft study material.

Teachers are encouraged to use the draft modules of the study material as a guide and supplement their teaching with additional resources and activities that cater to their students' unique learning styles and needs. Collaboration and feedback are vital; therefore, we welcome suggestions for improvement, especially by the teachers, in improving upon the content of the study material.

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## About the Textbook

जरां कृच्छ्रेण लभते चिरं जीवत्यनामयः ।  
तस्मात् संशोधनं काले युक्तियुक्तं पिबेन्नरः ॥

(च.सू. 16/17-19)

In Ayurveda, purification therapy (*Samśodhana*) is recognised as a disciplined and purposeful therapeutic practice. The above classical verse explains that although such therapy may require effort, when undertaken at the right time and with appropriate planning, it leads to long life and freedom from disease. This foundational insight establishes the central place of Panchakarma in holistic health care.

In contemporary India, the relevance and utilisation of Ayurvedic health systems have expanded significantly. According to the first all-India government survey on AYUSH conducted by the National Sample Survey Office (NSSO), nearly 46 % of rural and 53 % of urban individuals used one or more AYUSH healthcare systems—including Ayurveda—for treatment or prevention of ailments over the past year.

A Panchakarma Assistant plays a critical role in patient preparation, procedural support, hygiene maintenance, documentation, patient monitoring, and post-procedural care—ensuring that therapeutic outcomes are achieved safely and compassionately.

Organised into coherent units—from basic Ayurveda concepts to applied Panchakarma support tasks—this textbook has been developed specifically for Grade XI students enrolled in the Panchakarma Assistant Vocational Course (HSS/Q3603). Its purpose is to equip learners with a sound understanding of Ayurvedic principles, Panchakarma rationales, and the practical skills that are essential for competent assistance in clinical and wellness settings. The curriculum integrates theoretical foundations with experiential learning, emphasising professional behaviour, ethical responsibility, and patient-centred care. It follows the compulsory NOS and other qualification parameters, such as assisting in a) preparing the clients and medicaments as per instructions from the physician (HSS/N3610), b) providing support during Poorvakarma (HSS/N3609), with the understanding of the Professional code of conduct (HSS/N9625). The Grade XI textbook includes assistance to be provided during Pradhana Karma and Paschat Karma, and in following sanitation and infection control policies, as well as in biomedical waste management.

It is hoped that this textbook will nurture skilled, ethical, and service-oriented Panchakarma Assistants who will contribute meaningfully to the nation's traditional healthcare system, enhancing accessibility, quality, and public trust in Ayurvedic therapies.

## ***Preface***

## ***About the Textbook***

### **UNIT 1: Basic Principles of Ayurveda**

**Session 1: The Basic Concepts of Ayurveda**

**Session 2: Rachana Shareera**

**Session 3: Svasthavṛtta — Principles of Healthy Living**

**Session 4: Panchakarma training and Practice in India**

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**Session 1: Introduction to Panchakarma Procedures**

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**Session 1: Roles and Responsibilities of Panchakarma Assistant**

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**Session 3: External Procedures for Eyes, Nose and Oral Cavity**

**Session 4: Abhyanga**

## ***Answer Key***

## ***List of Credits***

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## UNIT - 1

# BASIC PRINCIPLES OF AYURVEDA

This unit introduces the fundamental principles of Ayurveda, focusing on the holistic understanding of life, health, and disease. It explains how the body, mind, and soul function together and highlights the importance of maintaining balance for overall well-being.

- **Session 1: Basic Concepts of Ayurveda**  
Covers core principles such as Panchamahabhuta (five elements), Tridosha (Vata, Pitta, Kapha), Sapta Dhatu, Trimala, and Prakriti. It builds a foundation for understanding human physiology and disease from an Ayurvedic perspective.
- **Session 2: Rachana Shareera**  
Focuses on the structural anatomy of the human body as described in Ayurveda, including Shadanga Sharira (six body divisions) and important anatomical landmarks relevant to Panchakarma procedures.
- **Session 3: Svasthavritta (Principles of Healthy Living)**  
Explains preventive healthcare concepts such as Dinacharya (daily routine), Ritucharya (seasonal regimen), and Sadvrta (ethical conduct), emphasising lifestyle management for maintaining health.
- **Session 4: Panchakarma Training and Practice in India**  
Introduces the evolution, education, and regulation of Panchakarma practices in India, including training levels, institutional frameworks, safety guidelines, and integration into the healthcare system.

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### **Introduction**

Ayurveda, one of the oldest systems of medicine, remains relevant for its unique scientific approach and explanations. This system emerged from ancient wisdom and clinical experience and has recently demonstrated the strength of its fundamentals through sophisticated scientific validations. Etymologically, “Ayu” means “life” and “Veda” means “knowledge”. The Atharva Veda, one of the four Vedas, decodes the earliest records on health and well-being, as well as their management principles. Ayurveda is described in the Atharva Veda and was later elaborated by different schools of thought, including Charaka, Sushruta, and Vaghbata, who are widely accepted as the Brihathrayee (The Great Trio) for their expertise in general practice and surgical interventions, respectively.

The holistic concept of health was approved at the International Health Conference held in New York from June 19 to July 22, 1946, and enforced on April 7, 1948. Sushruta had already detailed this concept in his treatise known as Sushruta Samhita. This text, dating back to the last centuries BCE, states that health, or Swasthya, is the rhythmic progression of the functions of the elemental constituents of the human body, such as dosha, dhatu, and mala, and the harmony between mind, senses, and even the soul. Ayurveda mentions two approaches towards Chikitsa (treatment): the conservation of health and the management of illness. Ayurvedic physicians consider these guiding principles when dealing with disease conditions and aim to implement preventive measures, technically known as Shudhah Chikitsa. In short, treatment not only employs medicine but also involves various lifestyle changes to correct diseases. This process highlights Chikitsa Chatushtaya (treatment quadruple), emphasising the importance of the Vaidya (treating doctor) along with the Upasthada (Assistant), Dravya (medicine) and the patient (Rogi) in the best treatment outcome. The success of treatment greatly depends on these interactions and their respective duties. The role of a Panchakarma Assistant, therefore, involves diligently fulfilling these duties and will be trained and supported in activities that promote and preserve health.

Ayurvedic concepts are influenced and organised by many contemporary philosophies that existed during that period, commonly called Darshana. Among them, the most closely related philosophies are from Sankhya, Nyaya, Vaisheshika, and others. There is also a widespread idea of equating the entire Universe with a living being, and vice versa. Therefore, the principles of water, wind, fire, etc., in the universe can be reflected in a human being, which helps in assessing the outcome of an applied treatment. These observations and theories are referred to as Loka Purusha Vaada. The book "Tao of Physics" by Fritjof Capra, published in 1975, explains this concept and is regarded as a bridge between eastern philosophy and western science.

The principles of Ayurveda mainly include the Panchabhuta Sidhantha (Prithvi, Jala, Agni, Vayu, Akasa: The Five elemental theory) and the Tridosha Sidhantha (Vata, Pitta, Kapha: the three humoral principles). Other than that, there is specificity regarding the primary elements of the body- the Saptha Dhatu and the excretory entities called Mala, which are the urine, stool, sweat and the excretions from the eyes, ears, etc. The metabolic outputs comprising the anabolic and the catabolic activities are generalised under the term 'Agni'. The Tridosha and the Panchabhuta can be extrapolated to mental attributes for studying the Triguna aspect (Sattva, Raja and Tama) of the human psyche. This overall picture of the human body at birth constitutes each individual's genetic pattern and can be called as Prakriti. While applying treatment

principles, the deviation of prakriti constitution can help a Vaidya select the particular diet, medicine or lifestyle modifications suiting the patient.

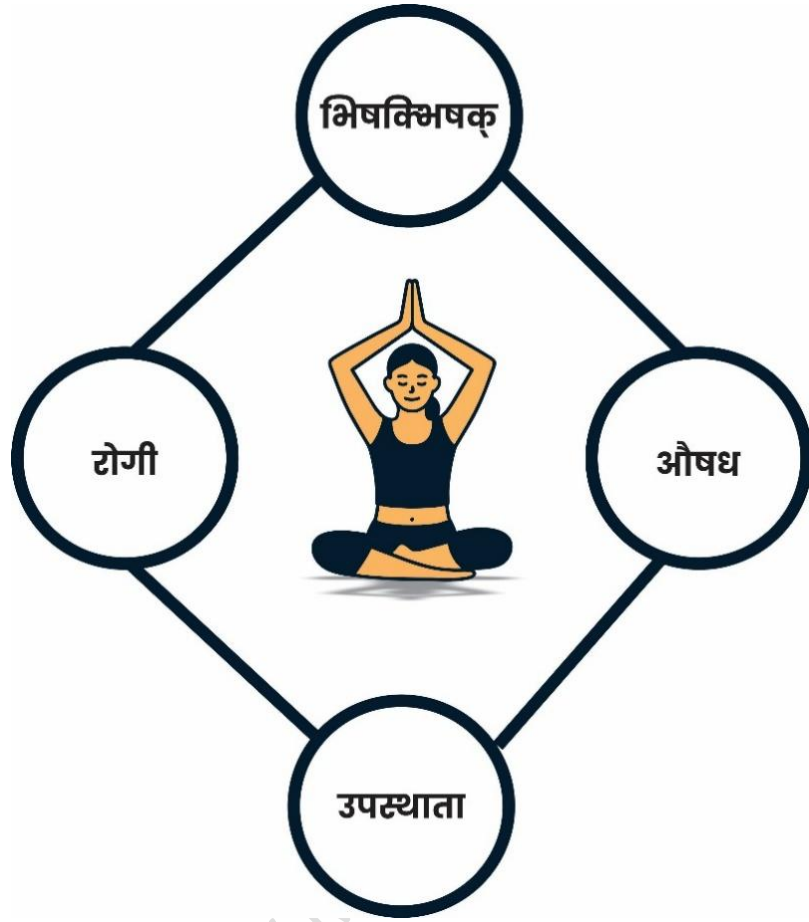


Figure 1.1: Chikitsa Chatushtaya

## Session - 1

### The Basic Concepts of Ayurveda

In Ayurveda, the term “Ayu” is frequently defined as the conjunction of Shareera (body matrix), Indriya (sensory-motor systems), Satwa (mind), and Atma (soul).

“शरीरेन्द्रियसत्त्वात्मसंयोगो धारि जीवितम्।  
नित्यगश्चानुबन्धश्च पर्यायैरायुरुच्यते॥४२॥

” (Charaka Samhitha Sutra Stana 1:42)

Every aspect of Ayurvedic science is concentrated on how to maintain the quality of life called hita or sukha ayu (beneficial life). Therefore, in the context

of a meaningful span of human life, salvation along with a long and enhanced quality of life is set as the main goal. The human body is regarded as the instrument for achieving these goals, and so to systematically provide the expected care, we are advised to follow Dinacharya (daily regimens), Ritucharya (seasonal regimes) and Sadvritta (ethical principles). The food is considered as medicine, and there are definite rules for maintaining a specific quantity unique to our individual digestive capacity, etiquette of ingestion, different dietary rules, ill effects of Virudhahara (incompatible foods), etc. Ayurveda considers food as medicine and has been described as Maha Bhaishajya (Greatest Medicine).

There are eight different compartmentalisations of this Science into the following respective groups: 1) Kayachikitsa (Internal Medicine), 2) Salakya (Dealing with the diseases of Ear, Nose, Throat, Eyes and Dental issues), 3) Shalya Tantra (Surgery), 4) Agada Tantra (Toxicology), 5) Bhutavidya (Psychiatry), 6) Kaumara bhritya & Prasuti Tantra (Paediatrics, Gynaecology & Obstetrics), 7) Rasayana Tantra (Rejuvenation therapy), 8) Vajeekarana (Aphrodisiac/ Andrology). Briefly, the science expresses the necessity to support Tridanda (a tripod concept): the Satwa (mind), Atma (soul) and Shareera (body).

“सत्त्वमात्मा शरीरं च त्रयमेतत्त्रिदण्डवत्।  
लोकस्तिष्ठति संयोगात्तत्र सर्वं प्रतिष्ठितम्॥४६॥”

(Charaka Samhitha Sutra Stana 1:46)

The major discoveries in literature are classified based on the different developmental eras of science. These are the Brihathrayee and Laghutrayee. Brihathrayee includes Caraka Samhita (1500-1000 B.C.), Susruta Samhita (1500-1000 B.C.) and Ashtanga Sangraha (600 A.D.). Laghutrayee consists of Madhava Nidana (700 A.D.), Sarangdhara Samhita (1300 A.D.) and Bhava Prakasa (1600 A.D.). The Drug & Cosmetic Act, 1940, has included these treatises as a whole total of 227 literatures that are mentioned under the First Schedule of the Act. There is a dedicated Ministry of AYUSH for the supervision of the respective Indian System of Knowledge (now recognised as the AYUSH system of medicines), and it is currently presided over by the Honourable Minister. Any untoward drug effects and misleading advertisements are regularly monitored through the web portal *Ayush Suraksha* to upgrade the standardisation and globalisation aspects.

### **Panchamahabhutam**

“Pancha” means five, and “mahabhutam” details the most fundamental units. This can be understood more simply as the living body being integrated by

these elements and being dissociated at death. The process of death is referred to as *Panchatvam prapyate* in Sanskrit due to the dissociation into the five elements. Those elements are respectively Prthvi, Jala, Agni, Vayu and Akasa. The interaction between the microcosm (our body) and the macrocosm (the universe), otherwise called the *Loka-Purusha Samanya Siddhanta*, as described before, can be clearly understood from the panchamahabhuta. This knowledge helps a Vaidya in all aspects to encounter a disease and also to estimate the Swasthya level. The tridosha are the balanced combinations of these five elements- *Vata* (Akasha + Vayu), *Pitta* (Agni), and *Kapha* (Prithvi + Jala).

Also, each element has its own unique qualities and functions in the body. Akasha means the spaces that reside in the various structures. The external auditory canal, different body channels like the alimentary canal and blood vessels are certain examples. Vayu initiates and controls all bodily movements such as breathing, circulation, and nerve impulses. Agni is responsible for transformation — digestion, metabolism, and vision. Agni is dominant in digestive enzymes and maintains the different textures of skin. Jala maintains fluidity and cohesion in the body's tissues and organs. The Jala principles can be seen in blood, urine, sweat, etc. Prithvi gives stability, structure, and endurance. Parthiva dominant elements are nails, bones, teeth, etc. These elements do not act in isolation but combine in varying proportions.

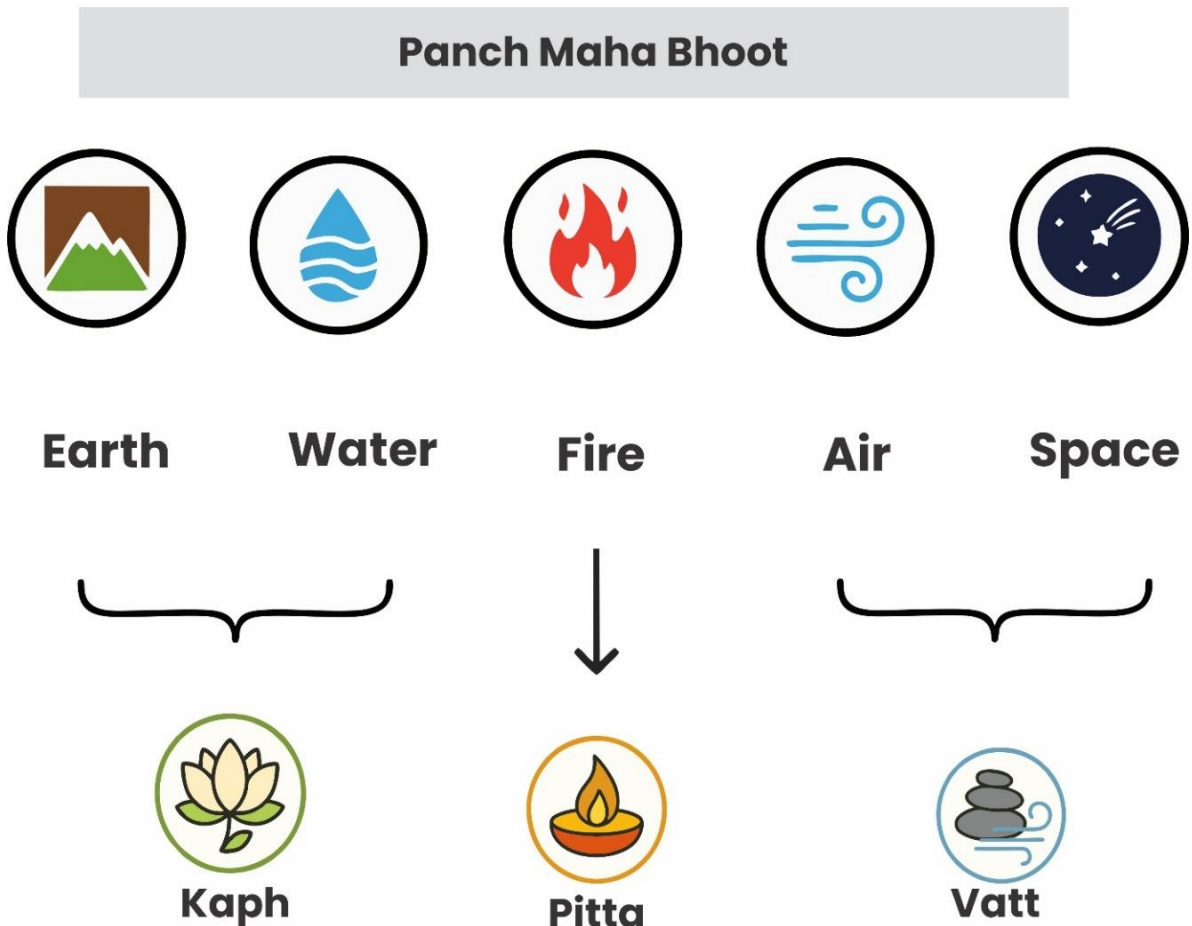
The simpler version of the applied aspect of Panchamahabhuta in treatment is- “Similar substances increase similar elements in the body and vice versa also”. A relative example for this is the abyanga or massage with *Shastika shali/ Oryza sativa* Linn., in cases of muscular dystrophies. The procedure provides a gradual enhancement of the muscle mass. In dryness of the skin, a simple oil application can remove the roughness due to nourishment of moisture and softness from Jalamahabhuta.

### **Tri-Dosham**

दोषधातुमलमूलो हि शरीरम् । *Dosha dhatu mala moolo hi shareera.* (The body is indeed rooted in Doṣha, Dhātu, and Mala). The Human Body is comprised of dosha, dhatu and mala. Among these, the dosha are explained as the ones that vitiate- “Otherwise, can be said as dosha has दुष्यते अनेनेति दोषः । दूषणस्वभावात् दोष इति । (*Dushyathe aneneti dosha. Dushana svabavat dosha iti* meaning “that by which the body gets vitiated is called doṣha. Because of the tendency to vitiate, it is called doṣha”.

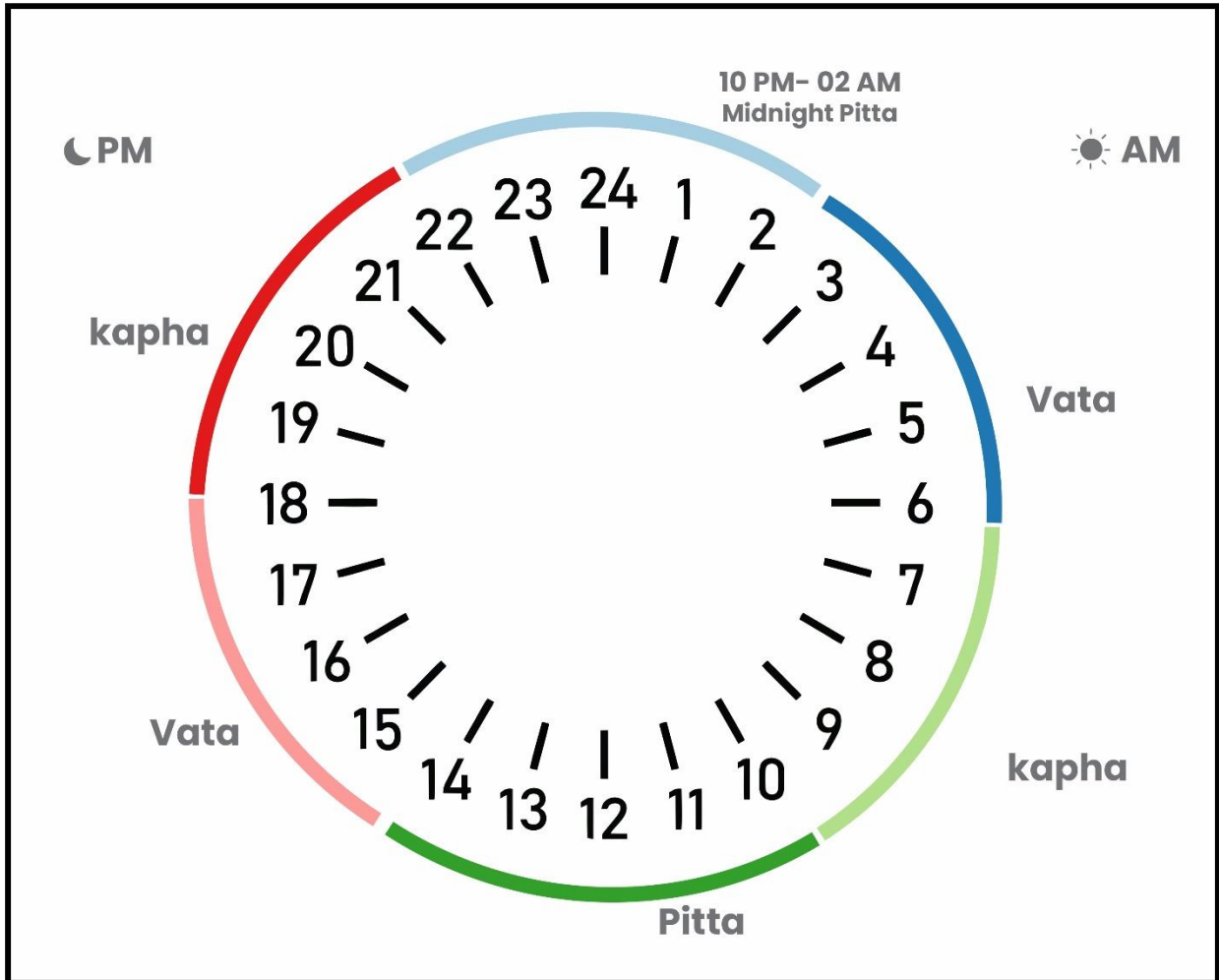
These doshas are also constituted with the panchamahabhuta, and the combinations are as follows:

- Vata (Air + Ether/Akasa) – Principle of movement
- Pitta (Fire) – Principle of transformation
- Kapha (Earth + Water) – Principle of structure and stability



**Fig 1.2: Panchamahabhuta concept**

Dosha can be recognised in every walk of life, every season and definite body spaces. Each dosha has its own gross dominant region, specific sites and also subdivisions which are located elsewhere in the body controlling the respective activities. There is a 24-hour scheduled variation for tridosha as the morning hours are kapha, the afternoon is ruled by pitta, the evening falls completely under the Vata period, and the cycle is repeated.



**Fig 1.3: The day-night variation of tridosha**

This type of scheduled derivations is used for the chronological administration of various medicines and understanding bodily functions. Therefore, the application of Chronotherapeutic, which aligns the circadian rhythm of our body, has been utilised in Ayurveda. When the doshas are in balance, a person experiences health, strength, and harmony. When they are out of balance, disease and discomfort develop. Therefore, in Ayurveda, which includes the Panchakarma practice, the main goal is to maintain or restore the balance of the doshas through diet, lifestyle, herbs, and therapeutic procedures.

## Age Wise Dosha Distribution

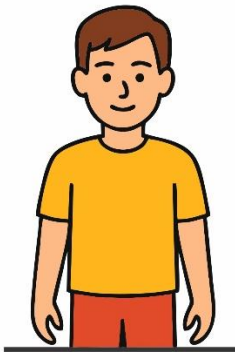
### Kapha Dosha

Childhood Stage



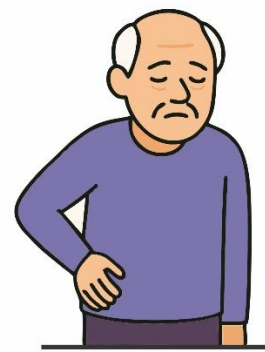
### Pitta Dosha

Youth/Middle Age



### Vata Dosha

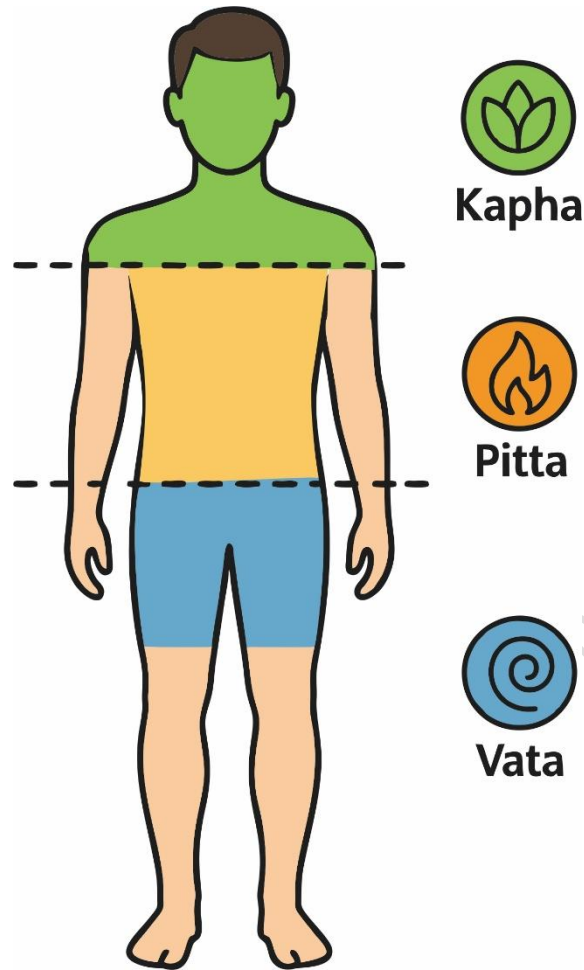
Old Age



**Fig 1.4: Agewise dosha distribution**

### Vata Dosha

The major site of Vata dosha is below the umbilical/navel portion, if grossly marked in our body. There are also some specific sites, namely, Large Intestine, Pelvic girdle, Thigh, Ears, Bone and Skin. Vata dosha is the principle of movement in the body and is also regarded as the most powerful dosha among the three due to this mobility factor. When the mobility is hindered, the response will be different forms of pain sensations, stiffness, numbness or even severe forms of diseases like stroke, paralysis, etc, in the affected individual. The unique properties of vata dosha are Ruksha (dryness), laghu (light-weightiness), sheeta (coldness), Khara(roughness), Sukshma(minuteness), and chala (motion).



**Fig 1.5: Sites of dosha**

There are sub-divisions for Vata dosha, and they are as follows: -

1. **Prana Vata**- Major sites of dominant activity are the head and chest. Specifically located in the throat, tongue, nose, and oral cavity. This vata is responsible for breathing, ingestion of food, sneezing, the mindful psyche, etc.
2. **Udana Vata**-The functions of this vata are more concentrated in the chest region. This vata is responsible for speech and memorising ability.
3. **Vyana Vata**- The vata responsible for cardiac activities, and the abnormality of this particular vata affects the whole body. The functions of the Vagus nerve, the 10<sup>th</sup> Cranial nerve, can be equated to this particular vata.
4. **Samana Vata**- The process of digestion is controlled by this vata factor.
5. **Apana Vata**- The process of excretory functions, as well as the expulsion of the fetus from the womb, is taken care of by this vata division.

When Vata is balanced, a person feels energetic, enthusiastic, and creative. However, when it is disturbed, it can lead to conditions like anxiety, insomnia, constipation, dry skin, joint pain, or nervous disorders. In Panchakarma, special attention is given to calming Vata through warm oil massages and nourishing food.

### **Pitta Dosha**

Pitta is located in the grossly dominant region between the umbilicus and the chest region. Whereas, the specific sites are the stomach, eyes, and activities related to sweat, blood, and lymph. Pitta is the dosha responsible for digestion, metabolism, maintenance of body temperature and vision. The qualities of Pitta are ushna (hotness), laghu (lightness), Visra (unpleasant smell), Sneha (oiliness), and Teekshna (penetrating). The mild, unpleasant smell of sweat can thus be understood from this pitta dominancy, which is a normal condition of the body.

The subdivisions of Pitta are-

- 1. Pachaka Pitta-** This is the main pitta which converts the ingested food to sara (nutrient portions), and the remaining part is called as kitta (eliminant). The digestive fire or Jataragni (Jatara- alimentary canal and Agni – fire), which is constantly discussed elsewhere in Ayurveda, is this particular pitta.
- 2. Ranjaka Pitta-** Ranjana- means to give colour. Haemoglobin is the protein inside our red blood cells. The haemoglobin has iron, which, when conjoined with oxygen, forms oxyhaemoglobin. This oxyhemoglobin reflects red light. This pitta is located in the yakrit(liver) and pleeha (spleen), which are the sites that contribute to red blood cell formation. So, Ranjaka pitta can be incorporated either as a contributing factor in the heme synthesis process, as a stimulant of liver enzymes, or as an element that aids in binding oxygen to iron atoms.
- 3. Brajaka Pitta-** Brajaka is derived from a Sanskrit word, which means to illuminate or simply shine. This pitta acts as the conversion factor for the cosmetically applied herbal dosage forms or oil massages to be incorporated beneficially for the skin.
- 4. Alochaka Pitta-** In Sanskrit, lochana means eyes, and so alochaka pitta is the one located in our eyes. Alochaka pitta can be understood as the photochemical process that happens when light falls upon the retinal layer, or the optical nerve conduction that identifies the visual images in the brain.

**5. Sadhaka Pitta-** is located in the heart. This can be correlated with the emotional intelligence that constantly motivates an individual towards a positive response. Briefly can be understood as different hormonal activities like those of Dopamine, Serotonin, Epinephrine, norepinephrine, etc.

When Pitta is balanced, a person has a good appetite, glowing skin, a sharp intellect, and strong digestion. But when aggravated, it may cause problems like acidity, ulcers, inflammation, skin rashes, irritability, or excessive anger. In Panchakarma practice, cooling therapies, a balanced diet, and lifestyle modifications are recommended to control excess Pitta and maintain inner harmony.

### **Kapha Dosha**

Kapha dosha is dominantly residing in the region above the heart and specifically in synovial joints, nose, tongue and head. Kapha is the principle that represents the structure and stability. It provides strength, endurance, immunity, lubrication to the joints, and mental stability. Kapha has qualities such as Guru (heaviness), Manda (slowness), Sheeta (coldness) and Snigdha (smoothness).

Kapha dosha has the following subdivisions: -

- 1. Kledaka Kapha-** located in the stomach and is responsible for moistening, lubricating and softening the ingested food bolus.
- 2. Avalambaka Kapha-** This kapha resides in the chest and delivers support to all other kapha-dominant regions.
- 3. Bodhaka Kapha-** resides in the tongue and is responsible for the taste perception.
- 4. Sleshaka Kapha-** lubrication of the joints is the function of this subtype.
- 5. Tarpaka Kapha-** This subtype is responsible for the nourishment and protection of the sense organs and resides in the head region.

When in balance, Kapha provides physical strength, emotional stability, and strong immunity. However, when aggravated, it can cause lethargy, obesity, congestion, excessive sleep, respiratory issues, and depression. Panchakarma therapies for Kapha emphasise stimulation, cleansing, and detoxification to eliminate stagnation from the body and promote lightness and vitality.

### **Sapta-Dhatu Concept**

“Dharanath dhatavaha”- (धारणात् धातवह)

Dhathu are structural elements in the body and are a total of seven. They are rasa, the nutritional fluids; rakta, the blood; mamsa, the muscle tissue; medas, the adipose tissue; asthi, the bone tissue; majja, which can be referred to as the bone marrow; and sukra, also called the reproductive elements. Ahara rasa, which is formed from the food we eat are responsible for building, nourishing, and maintaining the body. This ahara rasa is the initial element responsible for dhatu formation. Each Dhatu supports the next, creating a continuous chain of nourishment and balance. Dhatu has a sara/essence part and mala/byproducts of metabolism, which can be a part of excretory output as well as provide the necessary physiological output. The sara nourishes the subsequent dhatu and the upadhatu associated with each dhatu.



**Fig 1.6: Sapta-dhatu concept**

**Rasa Dhatu** is initially formed from the digested food elements. Its main role is to nourish the next dhatu Raktha as well as provide support to upadhathu-stanya/breastmilk and rajah/menstruation. The mala of rasa dhatu are secretions from the tongue, eyes and oral part.

**Rakta Dhatu** represents the blood. The essence of this dhatu nourishes the next dhatu mamsa and is the reason for varna prasadam/complexion. Raktha dhatu causes jeevana/sustainability to life, and the upadhthu-sira/blood vessels and kandara/ligaments are maintained. The ranjaka pitta discussed before is considered the mala of raktha dhatu.

**Mamsa Dhatu** indicates the muscles of the body. The dhatu nourishes the Meda dhatu and upadhatu-vasa/fat and tvacha/skin. Ear wax is the mala of mamsa dhatu.

**Meda Dhatu** refers to fat or adipose tissue. The skeleton of the human body is nourished from meda dhatu and provides support to upadhathu-snayyu/muscular tendons and sveda/sweat. The sticky secretions around the tongue and teeth, secretions from the axilla, and the glans penis are mala of meda dhatu.

**Asthi Dhatu** represents the bones and cartilage. It forms the body's structure, nourishes the Majja dhatu, and supports the upadhatu- danta/teeth. Nails and body hair eruptions are the mala factor of Asthi dhatu.

**Majja Dhatu** includes bone marrow and nerve tissues. This dhatu nourishes shukra dhatu and supports the hair growth, which is its upadhatu. The secretion from the eyes is considered the mala portion of Majja dhatu.

**Shukra Dhatu** is the final dhatu and represents the reproductive functions. It is responsible for fertility, vitality, and the formation of Ojah/ essence of dhatu or the immune factor or creative energy. Moustache, beard and sebaceous secretions that form the face acne are the mala portion of Shukra dhatu.

All Dhatus are made from *Pancha Mahabhutas* (the five basic elements) and are affected by the variation of dosha in the body. The balance of the Sapta Dhatu is essential for good health. Each Dhatu depends on the previous one, so an imbalance in one affects the others. Also, the conversion factor or Dhatvagni that performs the formation of adjacent dhatu are equally responsible for maintaining the dhatu conversion.

S.No.	Name of Dhatu	Equivalent in Modern Terms	Main Functions	Dominant Mahabhutas (Elements)
1	<b>Rasa Dhatu</b>	Nutrient Fluid	Nourishes all body tissues, transports nutrients and hormones	<i>Jala</i> (Water)
2	<b>Rakta Dhatu</b>	Blood	Circulates oxygen and nutrients, removes waste, maintains body temperature and colour	<i>Jala</i> (Water), <i>Agni</i> (Fire)
3	<b>Mamsa Dhatu</b>	Muscle Tissue	Provides shape, strength, and movement; supports organs	<i>Prithvi</i> (Earth), <i>Jala</i> (Water)
4	<b>Meda Dhatu</b>	Fat / Adipose Tissue	Stores energy, lubricates the body, provides insulation and protection	<i>Jala</i> (Water), <i>Prithvi</i> (Earth)
5	<b>Asthi Dhatu</b>	Bone and Cartilage	Provides structure, support, and protection; stores minerals	<i>Prithvi</i> (Earth), <i>Akasha</i> (Space)
6	<b>Majja Dhatu</b>	Bone Marrow / Nervous Tissue	Produces blood cells, supports nerve function,	<i>Jala</i> (Water), <i>Prithvi</i> (Earth)

S.No.	Name of Dhatu	Equivalent in Modern Terms	Main Functions	Dominant Mahabhutas (Elements)
			and strengthens immunity	
7	<b>Shukra Dhatu</b>	Reproductive Tissue	Responsible for reproduction, vitality, and regeneration	<i>Jala</i> (Water)

**Table 1.1: Overview of Saptadhatus**

### Trimalam

“Malineekaranath malam” (मलीनीकरणार्थ मलम्)

The Mala, even though it is the excretory portion, is held responsible for the normal balancing of the body's functions. The three main wastes, collectively called Trimalam, are Purisha (stool), Mutra (urine), and Sweda (sweat). This sustainable function of the mala portion is evident from its composition of toxins and waste products that are eliminated over time, without harming the body.

### Purisha

The waste product of food is purisha (faeces), and it has parthiva-dominant Panchamahabhuta constitution. The proper formation of faeces also supports the proper maintenance of digestive functions. The loss of appetite that always follows constipation or the stress and anxiety affecting the normalcy of faecal excretion should be understood as an interrelation between the functions.

### Mutra

Liquid waste products are called mutra. There is the Jala and Agni dominancy of Panchamahabhuta in mutra.

### Sweda

Sweda is the waste product of Medo dhatu. Dominance of the Panchamahabhuta is greater with Jala.

The Tridosha influences each Mala. When Vata governs the elimination of Purisha and Mutra, Pitta regulates urine formation and sweating, and Kapha provides lubrication for smooth excretion. The balanced excretion of Trimalam reflects strong metabolism and internal harmony, while disturbances lead to

toxin accumulation (Ama) and disease. Ayurveda emphasises maintaining regular elimination through proper diet, lifestyle, and detoxifying therapies such as Panchakarma (Virechana, Basti, Swedana) to preserve overall health and well-being.

### Prakriti

Prakriti refers to the natural constitution or body type of an individual, formed at the time of conception. It represents the unique combination of the three Doshas—Vata, Pitta, and Kapha—that determines a person's physical, mental, and emotional characteristics. Once established, Prakriti remains constant throughout a person's life, helping to understand their health patterns, disease tendencies, and appropriate treatment by focusing on individual personality. The structural and functional variations are the fundamental characteristics of human beings. Ayurveda deeply values this clinical individuality by recognising the mind-body dichotomy. It classifies psychological personality using the *Triguna* (*Sattvika*, *Rajasika*, and *Tamasika*) and determines the somatic constitution based on the relative dominance of the *Tridosha* (*Vata*, *Pitta*, and *Kapha*). The Ayurvedic process of Prakriti Pariksha assesses this integrated body-mind constitution to predict disease susceptibility and ensures that all prescribed diet, medicine, and treatment regimens are uniquely personalised.

### Types of Prakriti according to the dominance of Doshas:

Type of Prakriti	Dominant Dosha(s)	General Characteristics
Vata Prakriti	Vata	Thin body, dry skin, quick actions, irregular appetite, sensitive to cold.
Pitta Prakriti	Pitta	Medium build, warm body, sharp mind, good digestion, prone to anger or heat.
Kapha Prakriti	Kapha	Strong, well-built body, calm nature, good stamina, tendency to gain weight.
Vata-Pitta Prakriti	Vata & Pitta	Combination features—active, creative, but prone to stress and acidity.
Vata-Kapha Prakriti	Vata & Kapha	Lean but strong, balanced energy, may have a variable appetite.

Pitta-Kapha Prakriti	Pitta & Kapha	Strong digestion and endurance, but may face inflammatory or weight issues.
Sama Prakriti	Balanced Doshas	Healthy, balanced metabolism and good disease resistance.

**Table 1.2: Types of Prakriti according to the dominance of Doshas**

Understanding Prakriti helps healthcare workers in Ayurveda to:

- Plan a suitable diet and lifestyle for each individual.
- Predict disease susceptibility and healing tendencies.
- Choose appropriate Panchakarma and herbal treatments.
- Promote preventive health care and personalised therapy.

## **PART A**

### **ACTIVITY**

**I.** Visit an Ayurveda/Panchakarma centre. Write an observation report detailing the facilities, procedures and professionals in the centre.

### **PRACTICAL EXERCISE**

**II.** Prepare a flow chart showing the relation between the basic concepts of Ayurveda.

## **PART B**

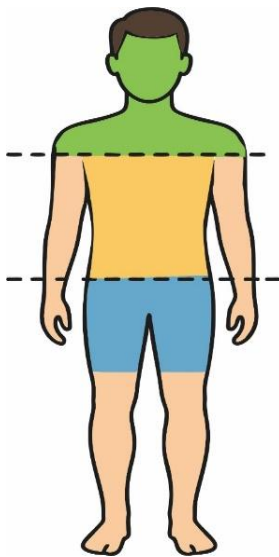
### **I. FILL IN THE BLANKS**

1. The five elemental theory that constitutes Prithvi, Jala, Vayu, Agni, Aakasha are the \_\_\_\_\_.
2. The ayurvedic science expresses the necessity to support \_\_\_\_\_ concept: the Satwa (mind), Atma (soul) and Shareera (body).
3. The human body is comprised of \_\_\_\_\_, \_\_\_\_\_ and Mala.
4. The structural identities known as \_\_\_\_\_ maintain the body in a compact and composed state.
5. The three main wastes, collectively called \_\_\_\_\_, are Purisha (stool), Mutra (urine), and Sweda (sweat).

6. Digestion and metabolism are controlled by \_\_\_\_\_ which extends its functions to various parts of the body.
7. \_\_\_\_\_ control body functions such as digestion, circulation, respiration, immunity, and mental balance.
8. \_\_\_\_\_ governs all activities related to motion, such as breathing, circulation of blood, functioning of the nervous system and sensory information, elimination of waste, and even the movement of thoughts in the mind.
9. \_\_\_\_\_ refers to the natural constitution or body type of an individual, formed at the time of conception.

### PART C

1. Describe your understanding of these concepts:
  - i. Tridosha
  - ii. Trimala
  - iii. Panchamahabhuta
  - iv. Prakriti
2. Prepare a flow chart to mass-educate about the basic concepts of Ayurveda.
3. Identify the sites of Tridosha



## Session - 2

### Rachana Shareera

**\*शिरोऽन्तराधिद्वौ बाहू सक्थिनीति समासतः ।**

**षडङ्गमङ्गं प्रत्यङ्गं तस्याक्षिहृदयादिकम् ॥**

(Aṣṭāṅga Hr̥daya, Śārīra Sthāna 3:1)

The human body is structurally classified into six major parts, collectively termed Śaḍaṅga Śārīra. These six principal divisions (Aṅga) include Śira (head), Antarādhi or Madhya Śārīra (trunk), two Bāhu (upper limbs), and two Sakthi (lower limbs). This classification represents the fundamental anatomical framework of the human body and forms the basis for the study of Rachana Śārīra

The concept of Śaḍaṅga facilitates a systematic understanding of the external and internal organisation of the body. Each Aṅga further consists of several subdivisions known as Pratyanga, which include important structures such as Akṣi (eyes), Hr̥daya (heart), and other organs. Knowledge of these divisions is essential for correlating gross anatomical structures with their functional and clinical significance.

In the previous session, gross bodily demarcation based on Doṣha predominance describes regional dominance of Kapha, Pitta, and Vāta (to understand physiological activity); however, in Rachana Śārīra, emphasis is placed on the structural demarcation of the body rather than physiological distribution. Understanding anatomical terminologies such as Aṅga, Pratyanga, and Koṣṭhāṅga aids in the precise localisation of organs, interpretation of disease origin, and serves as a foundation for advanced clinical and surgical understanding, for example, the bandaging techniques and Raktamokshana procedures.

The Sarvāṅga Sundarī Vyākhyā, a classical commentary on Aṣṭāṅga Hr̥daya, highlights the importance of Śaḍaṅga Śārīra knowledge, particularly in understanding bodily structure during special physiological states such as garbhāvasthā/pregnancy and prasava/parturition. Thus, the division of the body into Śaḍaṅga represents a comprehensive anatomical concept essential for the study of Rachana Śārīra.

Broad Structural Division of the Human Body (Śaḍaṅga Śārīra)

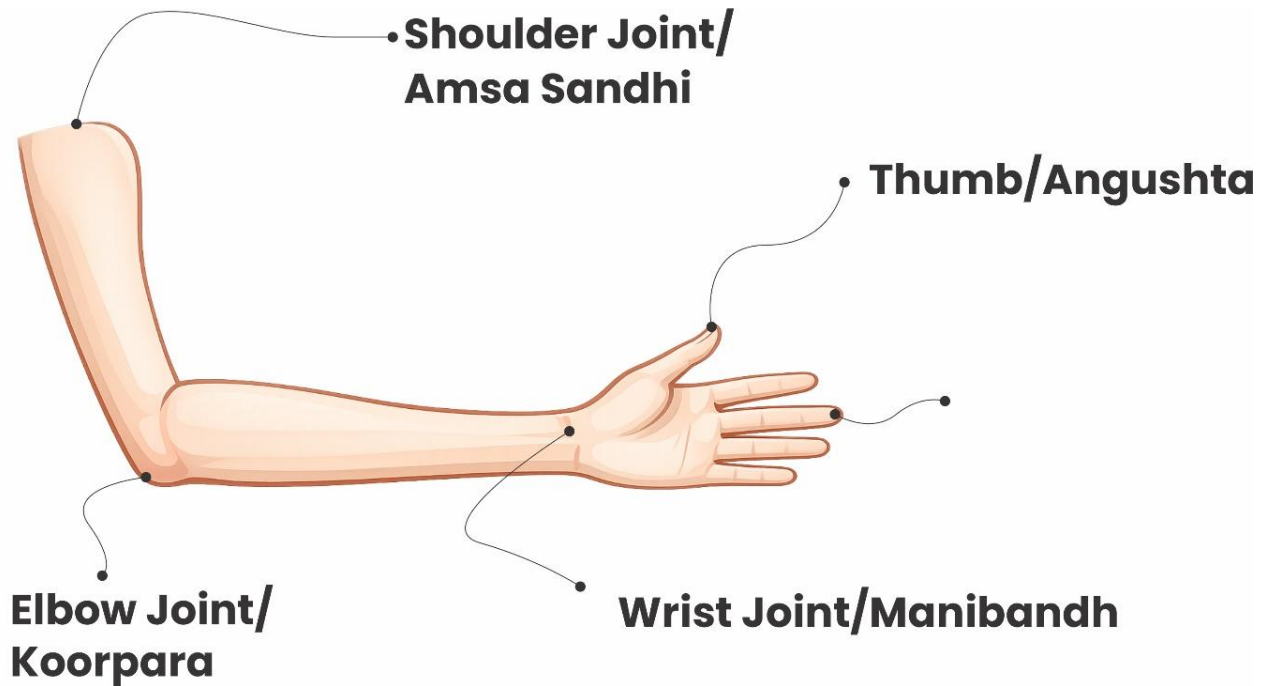
**Śira (Head)**

**Antarādhi / Madhya Śārīra (Trunk)**

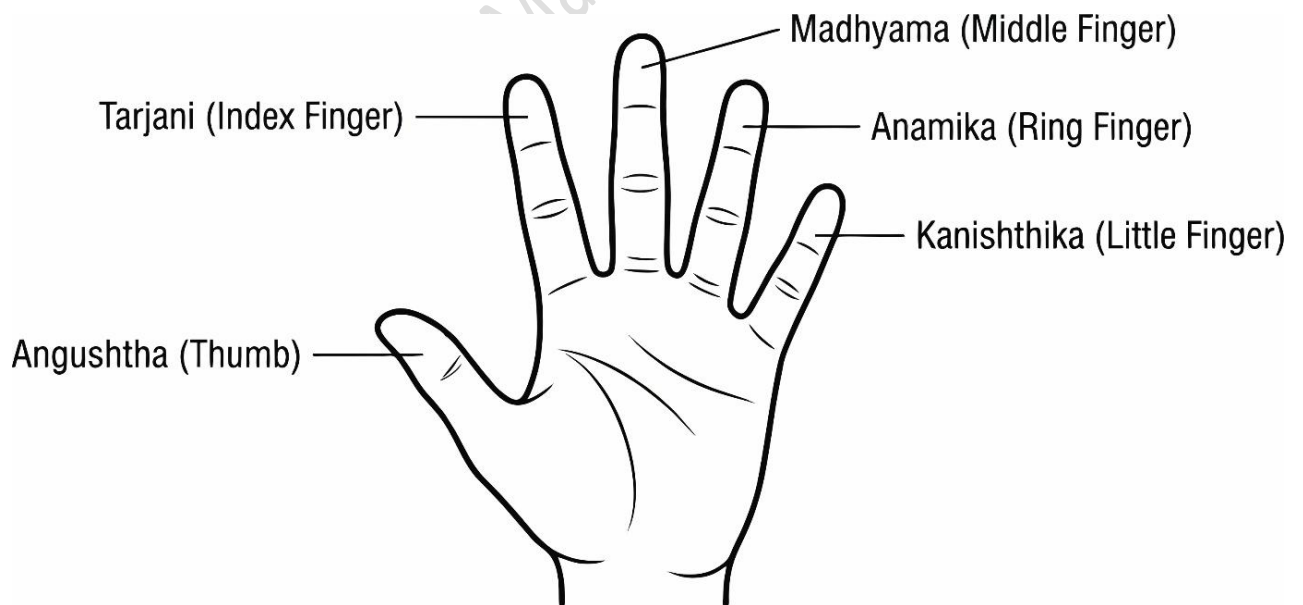
**Bāhu – Dvaya (Two Upper Limbs)**

**Sakthi – Dvaya (Two Lower Limbs)**

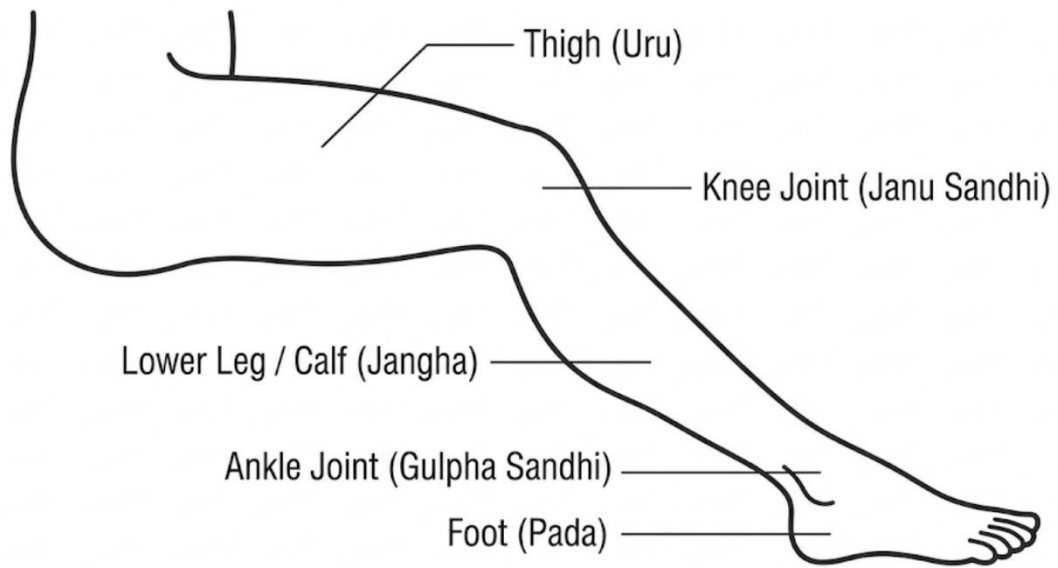
Ancient scholars did the cadaveric dissection only after the body had decayed by immersing it in flowing water.



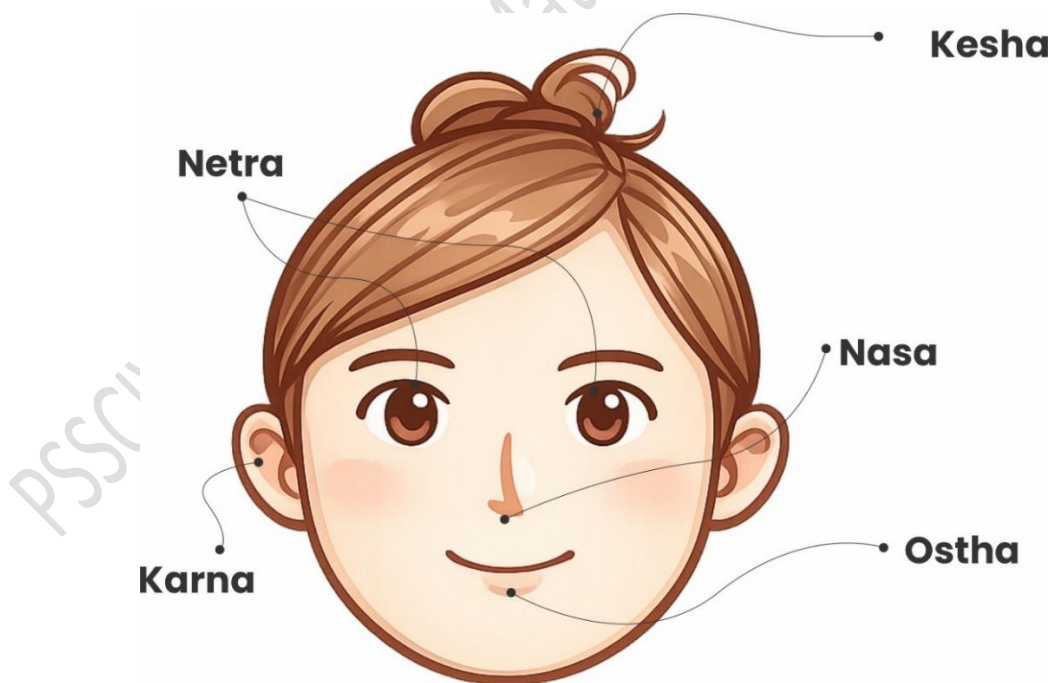
**Fig 1.7: Bāhu – Dvaya (Two Upper Limbs)**



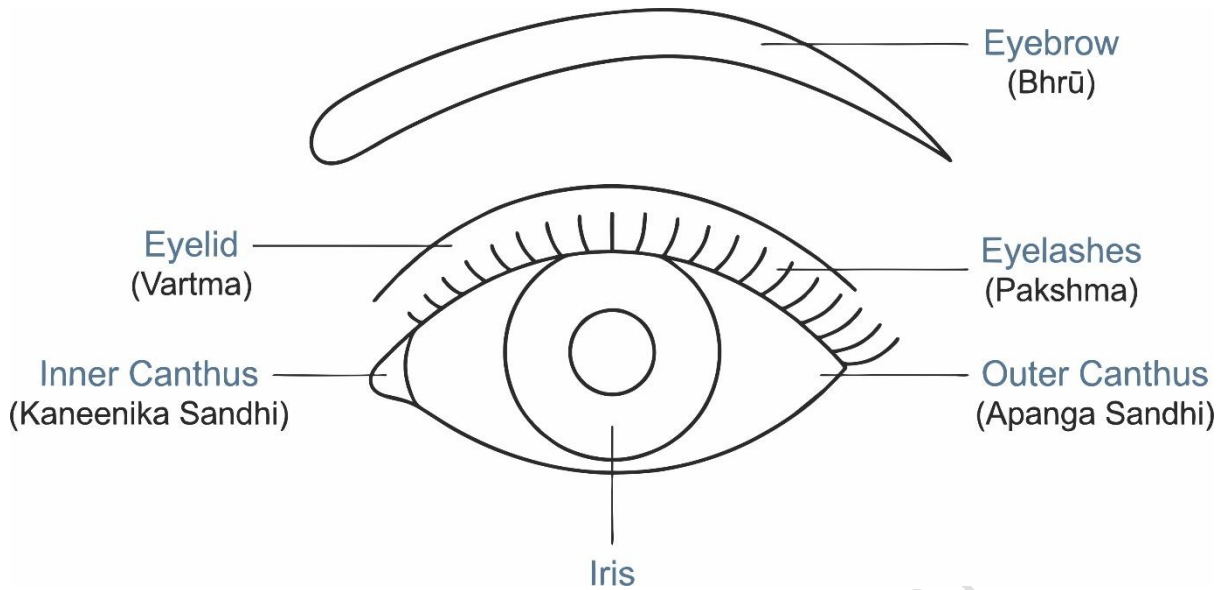
**Fig 1.8: Hastha and Anguli**



**Fig 1.9: Sakthi – Dvaya (Two Lower Limbs)**



**Fig 1.10: Śhira (Head Region)**



**Fig 1.11: Netra**

### **Śhira (Head Region)**

Śhira refers to the head region and contains many important vital points, of which one is known as Ādhīpa Marma. In modern anatomical terms, this point corresponds to the Bregma, the junction of the coronal and sagittal sutures of the skull. From an applied anatomical perspective, this region holds special significance in various Panchakarma procedures. The Panchakarma assistant must accurately identify the Bregma as the site for Thālam application. In procedures such as Śīro Pichu, a circular cotton pad soaked in medicated oil is placed over the Bregma. Similarly, during Uzhichil, Pizhichil, and Sarvāṅga Dhārā, Thālam is initially applied over the Bregma. After completion of the procedure, the medical paste is wiped off, and the area is rubbed with powders such as Rasnādi Cūrṇa, Kacūrādi Cūrṇa, and similar formulations.

The Śhira region is further classified with reference to the scalp as Kapāla, highlighting its structural importance in Rachana Śarīra.

### **Ūrdhva Jātrugata Aṅga (Region Above the Clavicle)**

Jātru denotes the clavicle (collar bone). The region above the clavicle is termed Ūrdhva Jātrugata Aṅga and is considered an important anatomical domain, especially in the context of diseases known as Mukha Roga, where Kapha Doṣa predominates.

Here, Mukha (oral cavity) is described as consisting of seven components:

1. Oṣṭha – Lips

2. Danta – Teeth
3. Danta Mūla – Gums
4. Jihvā – Tongue
5. Gaṇḍa – Cheeks
6. Tālu – Palate
7. Kaṇṭha – Throat

In addition to Mukha Roga, diseases affecting the sense organs are classified as:

**The total number of *Asthi* (bones) according to *Ashtanga Hrudaya* is 360, which includes the count of teeth and nails.**

- Netra Roga – Diseases of the eyes
- Karna Roga – Diseases of the ears
- Nāsa Roga – Diseases of the nose

While describing these disease entities, classical texts indirectly emphasise important anatomical landmarks. For example, in ocular procedures described under Netra Kriyā Kalpa, structures such as Kāñinika Sandhi (inner canthus), Apāṅga Sandhi (outer canthus), Vartma (eyelids), and Netra Pakṣma (eyelashes) are clearly identified.

### **Thoracic and Other Body Regions**

The chest region is referred to as Urah Pradeśa. In this region, Uro Vasti (Uro Basti) is performed by constructing a boundary using black gram paste and retaining medicated oil within it for a specified duration.

The same technique, when applied to different anatomical regions, is named accordingly:

- **Grivā Vasti** – Cervical region
- **Kaṭi Vasti** – Lumbar or sacral region
- **Jānu Vasti** – Knee joint (performed in a sitting position with extended legs)

The Udara denotes the abdominal region, while Pṛṣṭha refers to the dorsal aspect of the body. The flanks are termed Pārśva, and the ano-genital region is known as Guḍa-Bhaga Pradeśa. The Vanṅṣaṇa corresponds to the groin, and Kakṣa denotes the axilla (armpit).

The fingers are called Aṅguli, and traditional measurements of length are taken using one's own finger length, known as Aṅguli Pramāṇa.

## PART A

### PRACTICAL EXERCISE

I. Use a manikin to mark the shadanga sharira parts.

### ACTIVITIES

I. Use graphic design tools to understand the parts of the body mentioned in Ayurveda.

## PART B

### I. FILL IN THE BLANKS

1. The human body is structurally classified into six major parts which is collectively termed \_\_\_\_\_.
2. \_\_\_\_\_ is the site for Thālam application.
3. \_\_\_\_\_ is described as consisting of seven components.
4. \_\_\_\_\_ is performed by constructing a boundary using black gram paste and retaining medicated oil within it for a specified duration in the urah pradesa.
5. Traditional measurements of length taken using one's own finger length, is known as \_\_\_\_\_.
6. The dorsal aspect of the body is \_\_\_\_\_.

### II. MATCH THE FOLLOWING

- |               |   |           |
|---------------|---|-----------|
| 1. Oṣṭha      | - | a. Tongue |
| 2. Danta      | - | b. Throat |
| 3. Danta Mūla | - | c. Cheeks |
| 4. Jihvā      | - | d. Lips   |
| 5. Gaṇḍa      | - | e. Gums   |
| 6. Tālu       | - | f. Palate |
| 7. Kaṇṭha     | - | g. Teeth  |

### III. SHORT ANSWER QUESTIONS

1. Explain the concept of shadanga shareera.

2. Using a diagrammatic representation, mark the parts of the shadanga shareera.
3. Write a short note on Ūrdhva Jātrugata Aᅅga
4. Write a short note on Urah Pradesha.

PSSCIVE Draft Study Material - Not to be Published

## Session - 3

### Svasthavṛtta — Principles of Healthy Living

समदोषः समाग्निश्च समधातुमलक्रियः ।  
प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ॥४१॥

(Sushruta Samhita Sutra sthana15:41)

*(The equilibrium between the functions of tridosha, saptha dhathu, trimala. Having a pleasant and happy state of mind, soul and sense organs. An organised harmony between such a mind and body can be identified as swasthya/health.)*

*Svasthavṛtta* refers to the practice of observing daily and seasonal regimens that help maintain good health. These include daily routines (*Dinacharya*), seasonal adaptation (*Rtucharya*), and ethical behaviour (*Sadvṛtta*). The periodical practice of *Panchakarma* detoxification and *Rasayana* therapy further supports disease prevention and rejuvenation.

#### **Dinacharya**

The concept of *Tridoṣha* applies not only to an individual's constitution and disease manifestation but also to daily (diurnal and nocturnal) rhythmic variations and seasonal changes. These physiological fluctuations, when not supported by appropriate lifestyle practices, can disturb the natural equilibrium of the body and lead to the formation of *Āma* (biological toxins). Gradual accumulation of *āma* disrupts the normal cellular micro-milieu and contributes to disease development and accelerated ageing.

Ageing is a natural biological process in which cells progressively undergo telomere shortening (the shortening of terminal regions of chromosomes). Contemporary studies suggest that *Rasāyana* (rejuvenative therapy) in Ayurveda may help inhibit or delay telomere shortening. Similarly, consistent observance of *Dinacharya* (daily regimen) and *Ritucharya* (seasonal regimen) supports healthy ageing and disease prevention by addressing subtle physiological and cellular changes.

*Dinacharya* begins with early awakening and includes cleansing, physical activity, oil massage, and bathing. Each step has a specific sequence and significance, as described below.

#### **Components of Dinacharya**

**“Brāhme muhūrte uttiṣṭhet” (Early awakening)**

Immediately after waking, one should introspect on the condition of the body. The quality of belching is observed—if it is clear, without the taste or smell of undigested food, one may rise from bed and on feeling the contrary, one should continue sleeping.

### **“Kṛta śauca vidhi” (Evacuation of natural urges)**

Natural urges should be expelled without suppression, force, or strain, as improper evacuation disturbs *vāta doṣa* and leads to disease.

### **“Danta dhāvanam” (Brushing of teeth)**

Brushing should be performed in the morning and after meals using toothbrushes or traditionally described herbal sticks such as *Acacia catechu* and *Terminalia arjuna*. These drugs predominantly possess *Kaṣāya*, *Kaṭu*, and *Tikta rasa*, which help maintain oral hygiene and *doṣa* balance. “*Jihva nirlekhanam*” /cleansing tongue is also advised along with brushing for getting rid of foul smell and overall oral cleansing.

### **“Sauvēram añjanam nityam” (Application of collyrium)**

Regular application of Añjana (collyrium) promotes the healthy growth of eyelashes and enhances clarity of vision. Since *Kapha doṣa* predominance poses a threat to ocular health, weekly application of *Rasāñjana* helps eliminate *kapha* accumulation in the eyes.

### **“Navana, gandūṣa, dhūma, tāmbūla”**

- *Pratimārśa Nasya* (approximately 2 drops) may be practised daily, irrespective of age, to maintain nasal health and prevent early ageing.
- *Gandūṣa* (oil pulling) removes *kapha* accumulation even from *sūkṣma srotas* (subtle channels).
- *Dhūmapāna* (medicated smoke inhalation) helps eliminate *kleda* (excess moisture) responsible for *kapha* imbalance.
- *Tāmbūla* (betel leaf chewing) strengthens jaw muscles and enhances *vaiśadya* (clarity and freshness) of the oral cavity.
- “*Abhyaṅgam ācāret nityam*” (Daily oil massage)

Daily *Abhyaṅga* using suitable medicated oil delays ageing, relieves fatigue, and controls *vāta doṣa*. Special emphasis is given to the massage of the head, ears (pinna), and feet.

### “*Lāghavaṃ karma sāmāthyam*” (Vyayāma – exercise)

Regular exercise induces lightness of the body, improves functional efficiency, stimulates metabolism, reduces excess fat, and enhances muscular strength, resulting in a well-proportioned physique.

### “*Udvarthanam kaphaharam*” (Powder massage)

*Udvarthana*, performed with herbal powders, reduces *kapha doṣha*, disrupts the bulkiness of adipose tissue, strengthens the body, and improves skin complexion.

### “*Snānam dīpanam āyuṣyam*” (Bathing)

Bathing enhances metabolic activity, promotes longevity, improves strength and stamina, and supports proper *dhātvāgni* functioning through balanced tissue metabolism. It removes physical impurities as well as mental fatigue, pacifies *Tandrā* (drowsiness), *Tṛṭ* (thirst), and *Dāha* (burning sensation), thereby maintaining *tridoṣha* balance.

Precautions While Practising Dinacharya	
Routine	Precautions
<b>Danta dhāvanam</b> (Brushing of Teeth)	Care should be taken to avoid injury or bruising of the gums
<b>Vyayāma</b> (Exercise)	Exercise should be performed up to half of one’s strength; in cold and winter seasons, it should be mild. Overexertion may lead to bleeding disorders, fever, cough, or vomiting. A mild massage should follow exercise
<b>Snāna</b> (Bathing)	Warm water is recommended for areas below the neck, while normal or cool water should be used for the head and face. Warm water above the neck may harm the eyes and hair.

**Table no. 1.3: Precautionary measures**

Some *Dinacharya* routines are not suitable for all individuals and therefore require caution during their execution. These are as follows:

**Ritucharya (Seasonal Regimen)**

Ritu refers to seasons, and Ritucharya denotes the systematic adaptation of diet, lifestyle, and activities in accordance with seasonal variations to maintain health and prevent disease. Ayurveda recognises six ritu—Śiśira (late winter), Vasantā (spring), Grīṣma (summer), Varṣā (rainy season), Śarat (autumn), and Hemanta (early winter)—based on the climatic patterns of the Indian subcontinent.

<b>Contra-Indications of Selected <i>Dinacharya</i> Practices</b>	
<b>Routine</b>	<b>Contra-indications</b>
<i>Danta dhāvanam</i> /brushing the teeth	Fever, cough, asthma, oral ulcers
<i>Tāmbūla</i> /chewing of betel leaves	Bleeding disorders, eye diseases, poisoning, unconsciousness, severe emaciation
<i>Abhyāṅga</i> /oil massage	Indigestion, kapha predominance, immediately after <i>Pañchakarma</i> procedures ( <i>Vamana</i> , <i>Virecana</i> , <i>Basti</i> , <i>Nasya</i> , <i>Raktamokṣaṇa</i> )
<i>Vyayāma</i> /exercise	Small children, elderly individuals, indigestion, <i>vāta-pitta</i> dominant disorders (e.g., ASOM (Acute Suppurative Otitis Media), photophobic headaches)
<i>Snāna</i> /bathing	Immediately after meals, indigestion, bloating, diarrhoea, facial palsy, and ear disorders

**Table no. 1.4: Contraindications for *dinacharya* practice**

These seasonal changes are governed by the solar movement known as Ayana, which is of two types: Uttarāyana and Dakṣiṇāyana. Śīśira, Vasantā, and Grīṣma fall under Uttarāyana, during which solar intensity progressively increases and reaches its peak in Grīṣma. This intensified heat leads to a gradual depletion of bala (strength) in living beings. Hence, Ritucharya during Uttarāyana emphasises light, cooling, and easily digestible food, reduced physical exertion, and protective measures to conserve strength.

Varṣā, Śarat, and Hemanta occur during Dakṣiṇāyana. In this phase, environmental conditions are relatively cool and stabilising, promoting a gradual restoration and enhancement of bala, which attains its maximum during Hemanta ritu. Accordingly, Ritucharya recommends unctuous, nourishing diets, adequate physical activity, and the performance of more strenuous work during this period, especially in Hemanta, when digestive fire is strongest.

In the southern part of the Indian peninsula, a sharply defined cold winter is absent due to the low latitudinal position near the equator and the maritime influence of the Arabian Sea, Bay of Bengal, and Indian Ocean. Therefore, a predominantly tropical climate prevails, and Ritucharya practices are adapted with minor regional modifications while retaining the fundamental principles.

Thus, Ritucharya provides a season-specific guideline for regulating food intake, physical activity, sleep, and daily habits based on the natural fluctuation of bala across seasons. This is similar to adopting cotton cloths in summer and woollen garments in winter. Therefore, Ritucharya acts as a preventive health measure. However, Ayurveda extends beyond external adaptation and addresses seasonal influences at deeper digestive, metabolic, hormonal, and cellular levels, ensuring maintenance of health and equilibrium of dosha throughout the year.

Classically, the relationship between Ritu, Ayana, and Bala is depicted diagrammatically based on the climatic pattern of the northern Indian region, where the well-demarcated expression of 6 seasons can be observed.

Table of seasonal modification or *charya* recommended by different Brihatrayee:-

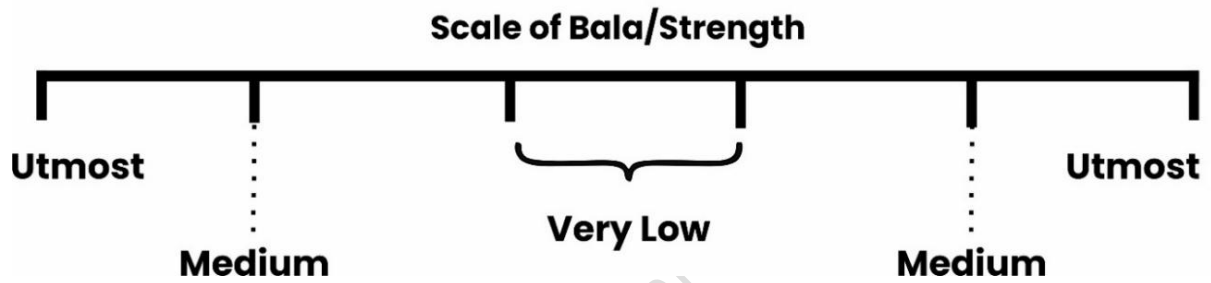
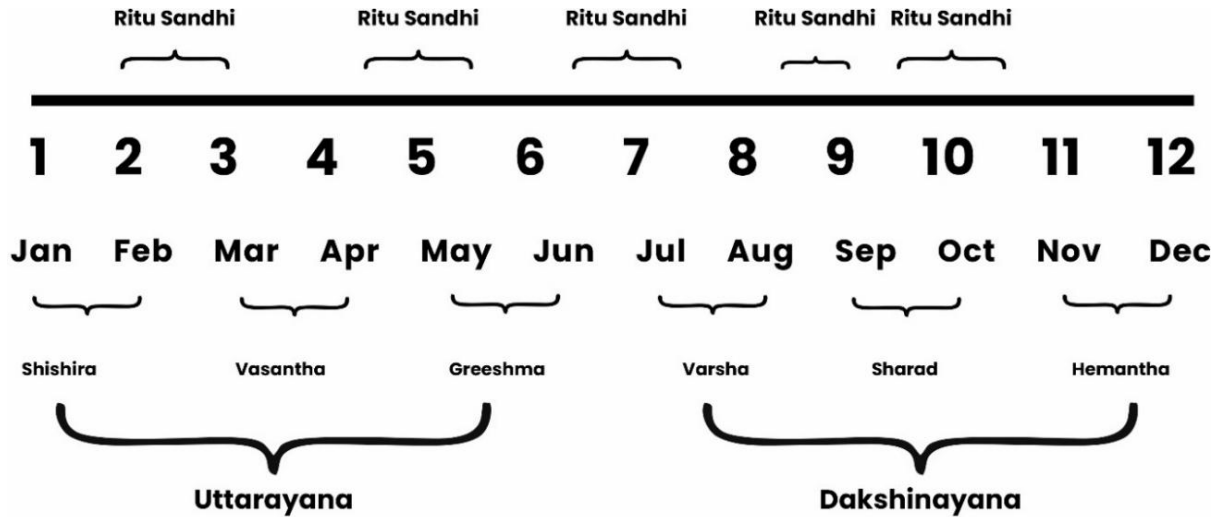


Fig 1.12: Table of seasonal modification or charya

### The indications and contraindications in seasonal regimens:

#### Hemanta and Shishira

Ahara/Food	Vihara/activities	Dosha
<ul style="list-style-type: none"> <li>Sweet, sour, salty rasa-dominant food.</li> <li>Paneer, oily foods</li> <li>Fermented drinks prepared from rice, barley, etc</li> <li>Jaggery-based preparations.</li> <li>Black gram (Masa) can be included.</li> </ul>	<ul style="list-style-type: none"> <li>Abhyanga with Vātahara taila, foot massage, and Mūrdha taila are advised.,</li> <li>Svedana procedures such as sun basking and other fomentation therapies.</li> <li>All types of strenuous exercises, including combat sports, can be performed to maintain body temperature against extreme cold weather.</li> </ul>	<p>This period is associated with Kapha doṣa increase, which is technically termed Kapha Sanchaya/chaya.</p>

<ul style="list-style-type: none"> <li>• Sugarcane juice or preparations from it</li> <li>• Newly harvested rice</li> </ul>	<ul style="list-style-type: none"> <li>• Śaucha using sukhoṣṇa jala (lukewarm water) is recommended.</li> <li>• Use of woollen clothes, blankets, and quilts is advised.</li> <li>• Hands and feet should be properly protected from cold exposure</li> <li>• Fumigation of the dwellings with agar wood for antimicrobial activity. The essence of the plant or oils can be used to anoint the body for protection.</li> <li>• Use of heaters to keep warm.</li> <li>• Sexual practices during this season have no adversities.</li> </ul>	
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### **Vasantha**

<b>Ahara/Food</b>	<b>Vihara/activities</b>	<b>Dosha</b>
<ul style="list-style-type: none"> <li>• Food which are light and without oil. Strict restriction to cold, sweet, sour and oily foods.</li> <li>• Fermented medications like Asava, arishta.</li> <li>• Fermented drinks from</li> </ul>	<ul style="list-style-type: none"> <li>• Panchakarma activities- Teekshna vamana, nasya.</li> <li>• Exercises, Udwarthana procedures, foot massages – to pacify the peak of Kapha dosha.</li> <li>• Bathing can be followed by different smearing with pastes of Chandana, agar wood incense, etc</li> </ul>	<p>Kapha prakopa/vitiating season, and so all the activities must be to pacify the dosha.</p>

<p>fruits, tubers, etc</p> <ul style="list-style-type: none"> <li>• Honey mixed with water or medicated water, like one prepared from <i>Cyperus rotundus</i>.</li> <li>• Use of an old batch of harvested rice.</li> <li>• Millets, wheat, lean meat, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Strict restriction for (afternoon sleeps) naps</li> </ul>	
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### Greeshma

Ahara/Food	Vihara/activities	Dosha
<ul style="list-style-type: none"> <li>• Foods that are salty, pungent/spicy, or sour are strictly restricted.</li> <li>• Foods that are sweet, light, cold and liquid have to be used.</li> <li>• Use of powder from roasted cereal flour, sugar can be used.</li> <li>• Strict restrictions on fermented drinks and beverages. If</li> </ul>	<ul style="list-style-type: none"> <li>• Naps can be taken and allowed as per the charya</li> <li>• Dwellings can be made cool with different arrangements.</li> <li>• Moon bathing can be practiced.</li> <li>• Celibacy has to be practiced.</li> </ul>	<p>Kapha Shaman/pacification and Vata Chaya season. All the activities have to pacify the vata dosha.</p>

<p>drinking, consume with large amounts of water.</p> <ul style="list-style-type: none"> <li>• Use of lemonade-like drinks such as aam panna, chicha paana, etc</li> <li>• Buffalo milk can be used at night before sleep.</li> </ul>		
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### Varsha

<b>Ahara/Food</b>	<b>Vihara/activities</b>	<b>Dosha</b>
<ul style="list-style-type: none"> <li>• Food that is salty and sour, oily and without gravy-type foods has to be consumed.</li> <li>• Honey has to be used</li> <li>• Different types of soups can be consumed.</li> <li>• Carminative powders like panchakola (preparation of 5 spicy herbs- Pippali, pippalimula, chavya, chitraka nagara) can</li> </ul>	<ul style="list-style-type: none"> <li>• Panchakarma activities- Asthapana, anuvasana vasti can be applied.</li> <li>• Never drink water without boiling. Also, water from outside sources has to be confirmed to be clean; otherwise, water-borne diseases can be easily contracted.</li> <li>• Strict restriction for (afternoon sleeps) naps.</li> <li>• Fumigated clothes can be used to avoid the dampness from the environment.</li> </ul>	<p>Pitta chaya and vata prakopa season.</p>

be mixed with peya, rice or roti can be consumed.		
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### **Sharat**

<b>Ahara/Food</b>	<b>Vihara/activities</b>	<b>Dosha</b>
<ul style="list-style-type: none"> <li>Medicated ghee prepared with thiktha rasa Dravya has to be used wisely.</li> <li>Food prepared with thikta rasa Dravya, like bitter gourd, has to be consumed.</li> <li>Red rice, green gram, gooseberry, honey, and lean meat can be used in food.</li> </ul>	<ul style="list-style-type: none"> <li>Panchakarma activities- viraka, rakta moksha to be done.</li> <li>Moon bathing recommended</li> </ul>	Pitta prakopa and vata shamana season. All activities to pacify the pitta dosha prakopa

### **Sadvrta — Code of Conduct**

*Sadvrta* embodies the ethical and moral code of living that integrates body, mind, and spirit. It emphasises:

- Speaking truthfully and gently
- Maintaining personal and environmental hygiene
- Controlling emotions like anger and greed
- Practising compassion, non-violence, and humility
- Respecting elders and teachers
- Regulating food, sleep, and sensory indulgence (*Trayopasthambha*)

Observing Dinacharya (daily routine), Ritucharya (seasonal adaptation), and Sadvrta (ethical discipline) forms the basis of a healthy lifestyle in Ayurveda. Together, they sustain *Dosha* balance, prevent disease, and complement Panchakarma therapies for total well-being.

## PART A

### PRACTICAL EXERCISE

1. Follow Dinacharya, Ritucharya and sadvrta regimen for a year and write a report on your personal experiences.
2. You wish to bring modifications to the lifestyle of school students in your residential colony. How would you create awareness about adopting dinacharya, ritucharya and sadvrta among them? Make the charts, presentations, and graphics that you would develop for the purpose.
  - a. Create the age group for addressing the issue:
    - 5 to 10 years- Group 1
    - 10- 15 years- Group 2
  - b. Strategies that you would adopt for creating awareness:
    - Group 1: Use of Graphical presentation, Role play
    - Group 2: Self-preparation of daily schedule. Follow up.

### ACTIVITY

- I. Make a brochure of the dinacharya schedule to distribute in the community.

## PART B

### I. FILL IN THE BLANKS

1. \_\_\_\_\_ are the ethical and moral code of living that integrates body, mind, and spirit.
2. \_\_\_\_\_ are the principles of healthy living.
3. \_\_\_\_\_ recommends adapting diet and habits according to the seasonal changes to prevent Dosha aggravation.
4. The seasonal changes are governed by the solar movement known as Ayana, which are of two types \_\_\_\_\_ and \_\_\_\_\_.
5. \_\_\_\_\_ includes routines for day (*Dinacharya*), night (*Ratricharya*), seasonal adaptation (*Rtucharya*), and ethical behaviour (*Sadvrta*).

**II. MATCH THE FOLLOWING**

- |   |   |                             |
|---|---|-----------------------------|
| 1. <i>Brāhme muhūrte uttiṣṭhet</i>      | - | Bathing                     |
| 2. <i>Danta dhāvanam</i>                | - | Brushing of teeth           |
| 3. <i>Kṛta śauca vidhi.</i>             | - | Elimination of Waste        |
| 4. <i>Lāghavam karma<br/>sāmarthyam</i> | - | Awaking Early               |
| 5. <i>Sauvēram añjanam<br/>nityam</i>   | - | Daily oil massage.          |
| 6. <i>Snānam dīpanam<br/>āyuṣyam</i>    | - | Application of<br>collyrium |
| 7. <i>Kaṇṭha</i>                        | - | Teeth                       |

**PART C**

1. What are the measures that Ayurveda prescribe for health-promotion?
2. Define ritucharya and dinacharya from the context of swasthyavrtta.
3. What are the essential elements of Dinacharya?
4. Describe the advantages of following Ritucharya.
5. What are the benefits of following sadvrta?

## Session - 4

### Panchakarma training and Practice in India

India possesses a deep-rooted legacy of learning and teaching Ayurveda, when knowledge was largely transmitted through oral traditions. Ayurveda was also like any classical science in those olden days taught in *Gurukula*, where students lived with their teachers and learned through direct observation and practice. In the context of Panchakarma practice- “*Ya kriyavaan sa panditah*”, the Sanskrit quote is very significant, stating the importance of a practical approach. *Panchakarma*, in both the Charaka and the Sushruta schools of thoughts demand the well-practised hands-on experience to get the optimum results. The 7<sup>th</sup> AD treatise by *Vagbhata*, representing the integrated (*Kaya chikitsa and Shalya Chikitsa*) concept of Panchakarma procedure, is an example of modifications in the course of time to the *Panchakarma*. Although these classical textbooks provide comprehensive descriptions about the indications, contraindications, possible complications and their management, many region-wise modifications also happened to the entire process. The *Snigdha swedana* procedures like *Kaya seka (Pizhichil)*, *Shali shashtika pinda sweda (Navara kizhi)* are developed in the Kerala tradition of Panchakarma practices. In recognition of the significance of the branch, the Central Council for Research in Ayurvedic Sciences (CCARS), Ministry of Ayush, Government of India, upgraded the institute in Kerala as the National Ayurveda Research Institute for Panchakarma (NARIP) in June 2017. The NARIP Centre concentrates the researches based on standardisation and validation of Neuromuscular and Musculoskeletal disorders.

### Evolution and Regulation of Panchakarma Procedures

In contemporary India, the study and professional practice of Ayurveda are governed by the Central Council of Indian Medicine (CCIM) — now under the National Commission for Indian System of Medicine (NCISM) — established by the *Indian Medicine Central Council Act, 1970*. This statutory body, functioning under the Ministry of AYUSH, is responsible for defining academic standards, prescribing curricula, and ensuring the quality of education across Ayurvedic colleges in the country. The courses offered at various levels are also under the governance of Ayurveda Training Accreditation Board (ATAB) and Health Sector Skill Council (HSSC). Minimum Standard Requirements (MSR) have been developed for all recognised institutions to maintain uniformity in education and infrastructure. Panchakarma training and practice are governed by guidelines issued by statutory and professional bodies. The guidelines on basic training and safety in Panchakarma

emphasise minimum training standards, therapist competencies, and patient safety norms.

Key objectives of these guidelines include:

- Ensuring patient safety during Panchakarma procedures
- Standardising training content and duration
- Defining the scope of practice for Panchakarma therapists
- Promoting ethical and hygienic clinical practices

### Academic Structure and Courses

Four levels of Panchakarma education are prescribed by the council for functioning at four levels of providers. The four types of providers of Panchakarma are:

**Type 1:** Bachelor's degree in Ayurvedic Medicine from any recognised university who have undergone/not undergone 6 months certificate training course in Panchakarma.

**Type 2:** Medical graduates with a university-recognised Bachelor's degree in Allopathic Medicine/Other systems of Medicine (viz. Yoga, Unani & naturopathy, Siddha, Homoeopathy, Traditional Chinese Medicine (TCM), Korean Oriental Medicine (KOM) and those who have completed two years PG Diploma in Ayurveda- Panchakarma. The person should be a registered practitioner in a country to practice medicine.

**Type 3:** Qualified Physiotherapist, Staff Nurse with a Bachelor's degree / Diploma/recognised course and completed 6 months certificate course of a Panchakarma therapist.

**Type 4:** a. Students with a Biology subject at 10+2 level and completed 1 year certified training course of Panchakarma Technician.

b. The Panchakarma Assistant level course is for students after the completion of 10<sup>th</sup> standard and completed a 2-year vocational level training course of Panchakarma Assistant along with Class 11 and Class 12.

The guidelines classify Panchakarma practice roles to maintain clarity and safety:

Category	Qualification	Role
Ayurvedic Physician	BAMS/MD	Diagnosis, prescription, supervision
Panchakarma Therapist	Certified training	Performing procedures under guidance

Panchakarma Assistant	Vocational training	Assisting therapists and physicians
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**Table no. 1.5: Panchakarma practice roles to maintain clarity and safety**

### **Infrastructure and Practice Settings**

Panchakarma practice in India is carried out in:

- Ayurveda hospitals and teaching institutions
- Panchakarma speciality clinics
- Wellness centres and resorts (under medical supervision)

According to guidelines, facilities must ensure:

- Separate therapy rooms for male and female patients
- Proper ventilation, lighting, and sanitation
- Availability of emergency care equipment
- Safe storage of medicines and oils.

### **Safety and Ethical Practices**

Safety is a core component of Panchakarma training and practice. Essential safety measures include:

- Strict adherence to indications and contraindications
- Use of clean, sterile, and quality-controlled materials
- Monitoring of vital signs during procedures
- Immediate reporting of adverse events
- Informed consent and patient confidentiality

Ethical practice requires therapists to work only within their defined scope and under physician supervision.

### **Integration of Ayurveda within India's Public Health Framework**

Ayurveda constitutes one of the officially recognised systems under the broader AYUSH umbrella (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy). The Ministry of AYUSH functions as the central authority responsible for policy formulation, regulation, and promotion of these systems nationwide.

Under the National Health Mission (NHM), the government encourages the co-location of AYUSH services within existing public health facilities — including Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs). This initiative provides patients with the option to access traditional and modern systems of medicine under one roof, enhancing the reach of holistic healthcare.

Additionally, educational and research bodies such as the Central Council for Research in Ayurvedic Sciences (CCRAS) contribute significantly to scientific validation, evidence-based studies, and clinical trials aimed at strengthening Ayurvedic practice and integration.

Through the Ayushman Bharat program, Ayurveda is increasingly incorporated into Health and Wellness Centres (HWCs) that deliver comprehensive primary healthcare, preventive services, and lifestyle counselling based on Ayurvedic principles.

### **Private Sector and Traditional Practice**

Beyond government institutions, Ayurveda thrives through private and community-based healthcare models.

- **Individual Clinics:** Registered Ayurvedic practitioners (BAMS graduates) operate private clinics providing personalised diagnosis and therapy.
- **Specialised Hospitals and Wellness Centres:** These facilities offer traditional treatments such as *Panchakarma* and herbal therapies for chronic and lifestyle disorders. Many centres also attract international health tourists seeking natural and holistic care.
- **Pharmaceutical Industry:** A robust manufacturing sector produces classical and proprietary Ayurvedic medicines, herbal supplements, and wellness products adhering to pharmacopeial standards.

### **Emerging Trends: Towards Integrative Healthcare**

A notable contemporary development is the movement toward integrative medicine, where Ayurveda and modern biomedicine are combined for chronic and lifestyle diseases. The government has established integrated AYUSH departments in several central hospitals and research centres to evaluate the combined efficacy of these approaches. Such initiatives highlight India's commitment to promoting a pluralistic healthcare model that emphasises prevention, longevity, and balance between mind, body, and environment.

India's Ayurvedic education and healthcare system represents a dynamic blend of ancient wisdom and modern scientific structure. From the *Gurukula* tradition to global academic collaborations, Ayurveda continues to evolve as a vital component of both national and international healthcare, advocating a holistic and sustainable approach to wellness.

## PRACTICAL EXERCISE

I. Make a list of the panchakarma institutions and identify the level of their functioning based on individualised clinics, government tertiary care centres and research institutions.

### ACTIVITY

1. Make a PowerPoint presentation to educate the masses about the importance of Panchakarma procedures.
2. Prepare a chart to understand the healthcare delivery systems in Ayurveda.

### PART A

#### I. FILL IN THE BLANKS

1. Ayurveda constitutes one of the major systems of medicine under the Ministry of \_\_\_\_\_.
2. Practical instruction for training is focused on three aspects: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
3. The Panchakarma services in the private sector is delivered through \_\_\_\_\_ in the community.

### PART B

#### I. ANSWER IN SHORT PARAGRAPHS

1. How do the AYUSH care systems deliver their services to the community?
2. What are the various levels of educational training facilities available in the field of Panchakarma?
3. How do you envision the scope of an integrated system for the benefit of the community?

## UNIT - 2

# INTRODUCTION TO PANCHAKARMA

This unit introduces the core principles of Panchakarma therapy and Ayurvedic pharmacology, focusing on drug properties, dosage forms, and methods of drug administration. It bridges theoretical knowledge with therapeutic application.

- Session 1: Introduction to Panchakarma  
Explains the concept, scope, and importance of Panchakarma, including its three phases—Purva Karma, Pradhana Karma, and Paschat Karma—and its role in detoxification and disease management.
- Session 2: Dravya Guna Vijnana  
Covers the pharmacological principles of Ayurvedic drugs, including Rasa, Guna, Virya, Vipaka, and Prabhava, and their role in selecting appropriate treatments.
- Session 3: Ayurvedic Drug Dosage Forms  
Describes various primary and secondary dosage forms such as Swarasa, Kalka, Kwatha, Sneha Kalpana, and others, along with their preparation methods and therapeutic uses.
- Session 4: Drug Delivery Routes in Ayurveda  
Explains different routes of drug administration like oral, nasal, rectal, and transdermal, and their importance in achieving effective therapeutic outcomes.

### Session - 1

## Introduction to Panchakarma Procedures

Ayurveda, the ancient Indian system of medicine, emphasises the maintenance of health through the harmonious balance of Doṣhas (functional humours), Dhātus (body tissues), and Malas (metabolic wastes). Disease is understood as a manifestation of imbalance among these fundamental components, influenced by improper diet, lifestyle, seasonal variations, and impaired digestive fire (Agni). Ayurvedic therapeutics aim not only at curing disease but also at preventing illness and promoting longevity through natural and holistic measures.

Broadly, medicines are divided into two categories:

## 1. Śamana Oushadha (Dosha-pacifying therapy)

## 2. Śodhana Oushadha (Bio-cleansing therapy)

Among these, Śodhana oushadha can eliminate the root cause of disease by expelling accumulated toxins (Āma) and vitiated Doṣhas from the body. Panchakarma represents the core therapeutic modality of treatment with Śodhana oushadha.

### Concept and Scope of Panchakarma

The term Panchakarma literally means “five actions” and denotes a group of five specialised bio-cleansing procedures designed to purify the body, restore dosha equilibrium, and re-establish normal physiological functions. Panchakarma is not merely a detoxification procedure; it is a systematic, individualised therapeutic regimen with preventive, curative, and promotive dimensions.

The principles of Panchakarma are grounded in the foundational concepts of Ayurveda, including Pañcha Mahābhūta, Tridoṣa, Saptadhātu, Trimala, Agni, Āma, and the functional integrity of the body’s internal transport channels (Srotas).

### Phases of Panchakarma Therapy

Panchakarma is executed in a systematic three-stage approach, ensuring safety, efficacy, and long-term benefits:

#### 1. Pūrva Karma (Preparatory Measures)

Pūrva Karma is an essential prerequisite for all major Panchakarma procedures. It primarily includes:

- **Dīpana and Pācana** – Measures to kindle digestive fire and digest metabolic toxins,
- **Snehana** – Internal and external oleation using medicated oils or ghee,
- **Swedana** – Therapeutic sudation or fomentation.

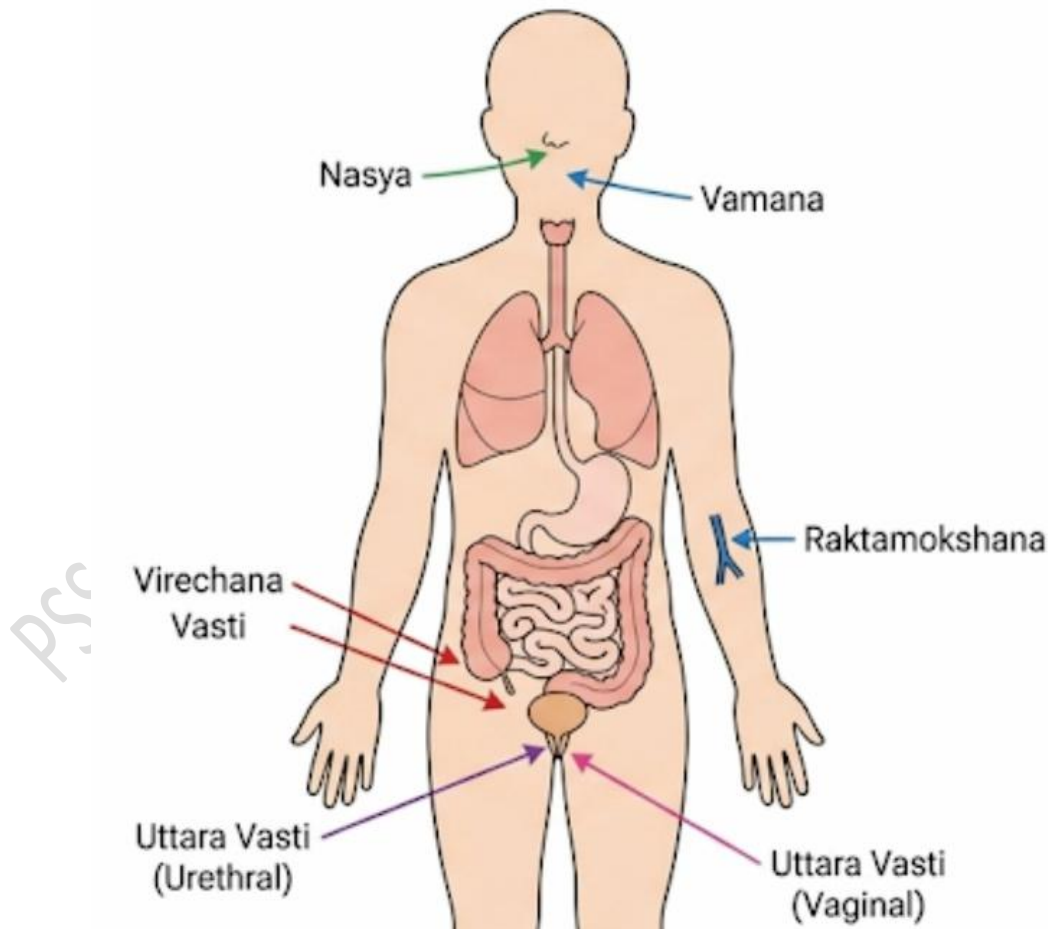
These procedures lubricate, soften, and liquefy the vitiated Doṣhas and Malas, mobilising them from peripheral tissues into the Koṣṭha (alimentary canal) for effective elimination through the nearest natural routes.

#### 2. Pradhāna Karma (Main Procedures)

The five principle Panchakarma procedures described in classical texts are:

- **Vamana** – therapeutic emesis, primarily indicated for Kapha-dominant disorders,
- **Virechana** – therapeutic purgation, indicated for Pitta-dominant disorders,
- **Anuvāsana Vasti** – oil-based enema, mainly for Vāta disorders,
- **Āsthāpana/Nirūha Vasti** – decoction-based enema, especially for Tridoṣa involvement,
- **Nasya** – nasal administration of medicines, mainly indicated for diseases above the clavicle region.

In Panchakarma, Vasti procedures (Anuvasana, Asthapana/Niruha, and Uttara Vasti) are grouped, and Rakta Mokshana is also included as one of the Panchakarma therapies. The selection of the appropriate Pradhāna Karma depends on the vitiated Doṣa, disease condition, affected system, patient's constitution (Prakṛti), season (Kāla), and strength (Bala).



**Fig. 2.1: Pradhanakarma routes of drug administration**

### 3. Paścāt Karma (Post-Therapeutic Care)

Following major Panchakarma procedures, especially Vamana and Virechana, a structured post-therapeutic regimen called Samsarjana Krama is advised. This graded dietary and lifestyle protocol includes:

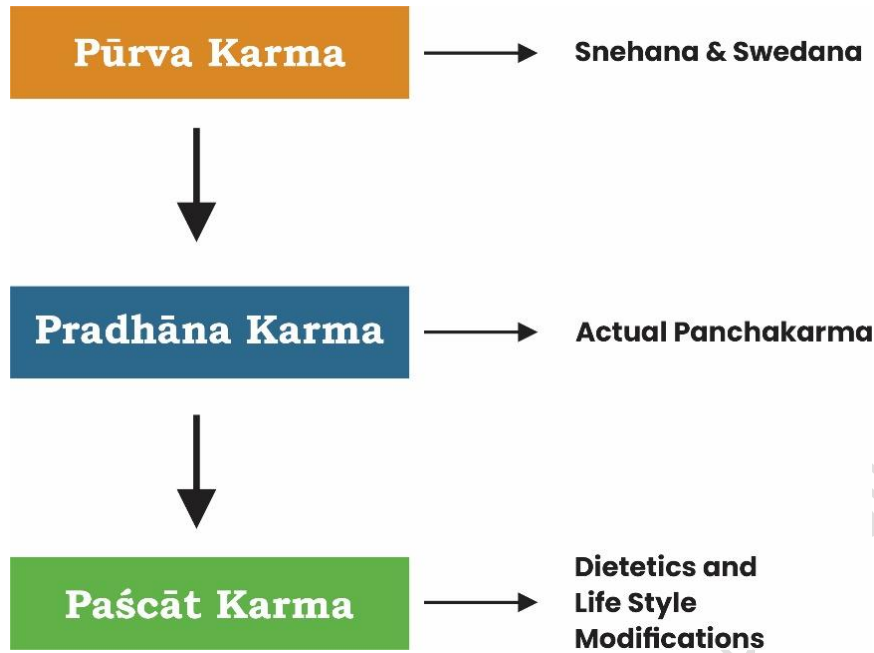
- Restores digestive capacity,
- Prevents complications,
- Enhances the efficacy of subsequent medications,
- Supports tissue rejuvenation and recovery.

Strict adherence to post-procedure guidelines and restrictions as described in classical texts is crucial for optimal outcomes.

#### **Therapeutic Significance and Scientific Rationale:**

Panchakarma is explained through modern concepts of diffusion, concentration gradient, and membrane permeability, facilitating the mobilisation and elimination of stored toxic substances, especially via the gastrointestinal tract, which offers a vast surface area for exchange.

The preparatory measures further enhance toxin mobilisation by improving circulation and metabolic activity. The therapy's individualised approach, considering Doṣha, Prakṛti, Kāla, and drug suitability, contributes to its safety and effectiveness. When performed judiciously, considering seasonal and individual factors, Panchakarma brings about profound biological purification, strengthens immunity, prevents disease recurrence, and prepares the body for *Rasayana*/rejuvenation therapies.



**Fig. 2.2: Panchakarma therapeutic procedures**

## **PART A**

### **I. PRACTICAL EXERCISE**

1. Make a PowerPoint presentation to educate the masses about the importance of Panchakarma procedures.
2. Visit a Panchakarma institution and prepare an observational record about the Panchakarma unit

### **II. ACTIVITY**

1. Prepare a chart to understand the Panchakarma procedures.

## **PART B**

### **I. FILL IN THE BLANKS**

1. \_\_\_\_\_ is considered a manifestation of imbalance among these fundamental components, influenced by improper diet, lifestyle, seasonal variations, and impaired digestive fire (Agni).
2. Ayurvedic medicines are divided into two categories as \_\_\_\_\_ and \_\_\_\_\_.

3. The term Panchakarma means \_\_\_\_\_ and denotes a group of five specialised bio-cleansing procedures.

## II. SHORT ANSWER QUESTIONS

1. Describe the various phases of Panchakarma therapy.
2. Explain the therapeutic rationale of Panchakarma therapy.

PSSCIVE Draft Study Material - Not to be Published

## Session - 2 Dravya Guna Vijnana

“.....जगत्येवमनौषधम् |  
न किञ्चिद्विद्यते द्रव्यं वशान्नानार्थयोगयोः ॥”

(Aṣṭāṅga Hṛdaya, Sūtra Sthāna 9:10)

Jagatyevam anauśadham | na kiñcid vidyate dravyaṁ vaśān  
nānārthayogayoḥ ||

Āyurveda states that there is no dravya (substance) in the universe that is devoid of medicinal potential. Any substance can act either as a medicine or as a poison depending upon its dose, method of administration, and purpose of use. The proper and wise application of a drug lies in understanding its pharmacological properties and administering it in an appropriate dose. According to Āyurveda, the pharmacological activity of a Dravya (substance) is understood through five fundamental attributes, collectively known as Rasapanchaka, namely:

1. Rasa (taste)
2. Guṇa (qualities)
3. Vīrya (potency)
4. Vipāka (post-digestive effect)
5. Prabhāva (specific or unexplained action)

A Dravya produces its therapeutic action (*karma*) through one or more of these attributes, either individually or in combination. In certain substances, actions are observed that cannot be fully explained by Rasa, Guṇa, Vīrya, or Vipāka alone. Such unique actions are attributed to Prabhāva, which has been carefully documented in classical Ayurvedic treatises through keen observation and experimental knowledge of ancient Ācāryas. Dravya is significant in the fact that it is one of the four components of the Chikitsā Chatuṣṭaya (Pada Catuṣṭaya—Bhishak, Dravya, Upasthada, Rogi) that align for the prognosis of a disease.

### Śaḍ-Rasa: The Six Tastes and Their Elemental Basis

Rasa is the primary and most immediate pharmacological attribute of a substance. It is perceived directly by the tongue at the time of intake. Rasa plays a crucial role in determining the action of a drug on the doṣha, dhātu, and mala.

There are six types of Rasa, collectively known as Śaḍ-Rasa, each composed of specific combinations of the five Mahābhūtas (elements). These tastes influence digestion, metabolism, and therapeutic action and form the foundation of Ayurvedic pharmacology.

Rasa (Taste)	English Name	Predominant Mahabhuta (Elements)	Action on Dosha (V, P, K)
Madhura	Sweet	Earth (Prithvi) + Water (Jala)	↓Vata, ↓Pitta, ↑Kapha
Amla	Sour	Earth (Prithvi) + Fire (Agni)	↓Vata, ↑Pitta, ↑Kapha
Lavana	Salty	Water (Jala) + Fire (Agni)	↓Vata, ↑Pitta, ↑Kapha
Katu	Pungent	Fire (Agni) + Air (Vayu)	↑Vata, ↓Pitta, ↓Kapha
Tikta	Bitter	Air (Vayu) + Ether (Akasha)	↑Vata, ↓Pitta, ↓Kapha
Kashaya	Astringent	Air (Vayu) + Earth (Prithvi)	↑Vata, ↓Pitta, ↓Kapha

Table no: 2.1 Shadrassa Elements and therapeutic action

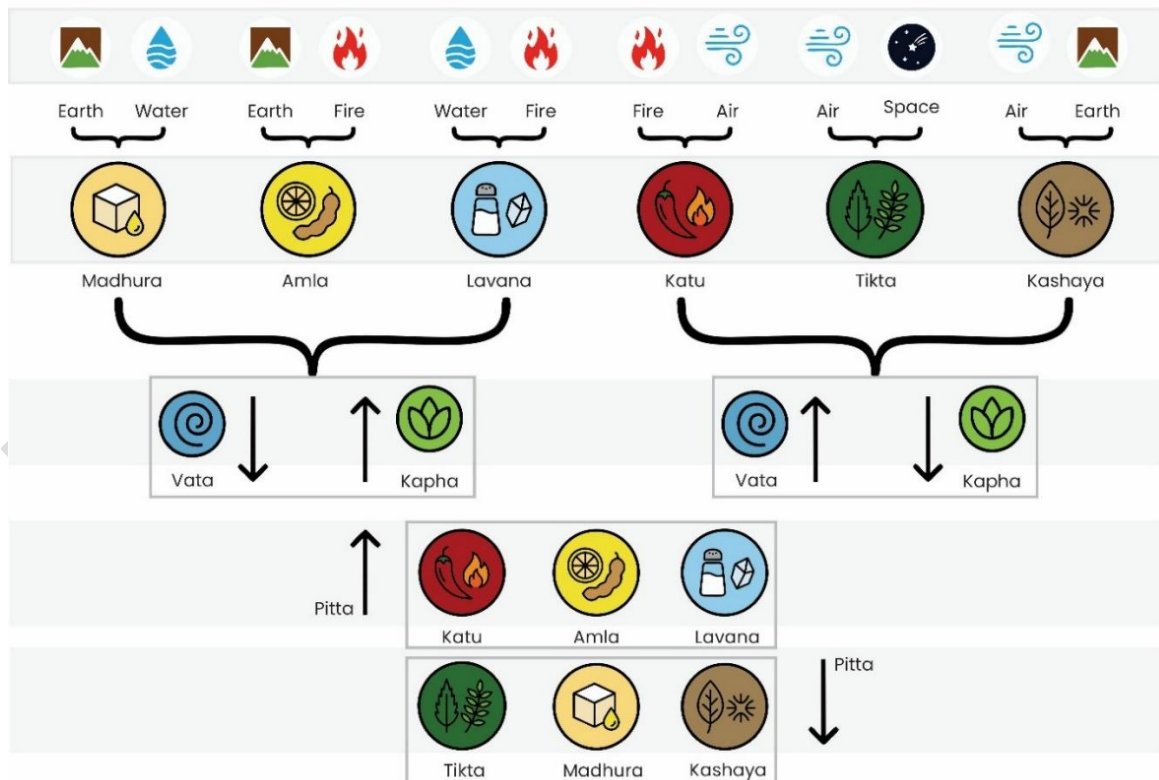


Fig. 2 .3 Graphical representation of Shadrassa components

The concept of Shad Rasa (Six Tastes) is the first step in understanding the physiological, pharmacological, and therapeutic properties of food and medicine, as well as their interaction with the human body. The fundamental importance of Shad Rasa lies in its direct and predictable effect on the Tridosha (Vata, Pitta, and Kapha). By knowing the taste of a substance, an Ayurvedic practitioner can immediately infer its action on the body's functional energies. In therapeutics, the six tastes are grouped based on their overall effect on the body's structure and function:

<b>Taste Group</b>	<b>Primary Action</b>	<b>Key Qualities (Guna)</b>
Madhura, Amla, Lavana	Brimhana (Nourishing/Body-Building)	Heavy (Guru), Moist (Snigdha)
Katu, Tikta, Kashaya	Langhana (Lightening/Reducing)	Light (Laghu), Dry (Ruksha)

**Table no: 2.2 Therapeutic action**

### **Vimśati Guṇa (Twenty Fundamental Qualities)**

Guṇa refers to the inherent quality or attribute of a Dravya (substance) that determines its action on the body and mind. Ayurveda describes twenty fundamental Guṇas, collectively known as Vimśati Guṇa. These Guṇas are arranged into ten pairs of opposite qualities, such as *Guru-Laghu (Heavy-Light)*, *Uṣṇa-Śīta (Hot-Cold)*, and *Snigdha-Rūkṣa (Unctuous-Dry)*.

Each pair represents a natural duality that governs physiological balance as well as pathological changes in the body. The understanding of these Guṇas helps in identifying Doṣa imbalance and applying the principle of Guṇa-Viparītatva Siddhānta, i.e., treatment by using opposite qualities to restore equilibrium.

In Panchakarma practice, knowledge of Vimśati Guṇa is essential for selecting appropriate therapies. For example:

- Conditions associated with Rūkṣa (dryness) are treated using Snigdha (unctuous) and Mṛdu (soft) therapies.
- Conditions of Uṣṇa (excess heat) are managed using Śīta (cooling) measures.

Thus, the concept of Vimśati Guṇa guides the selection of Sneha (oleation), Svedana (sudation), and suitable dietary regimens during Panchakarma procedures.

### **Vīrya (Potency)**

“वीर्यं तु क्रियते येन या क्रिया ।  
न वीर्यं कुरुते किञ्चित् सर्वा वीर्यकृता क्रियाः ॥”

(Caraka Saṁhitā, Sūtra Sthāna 26)

*Vīryam tu kriyate yena ya kriya । Na veeryam kurute kinchit sarva vīryakṛita kriya ॥*

Vīrya is the potency or active force responsible for the pharmacological action of a drug. It acts as the immediate trigger for therapeutic effects.

Primarily, Vīrya is of two types:

1. Uṣṇa Vīrya (hot potency)
2. Śīta Vīrya (cold potency)

According to the concept of Aṣṭavidha Vīrya, certain Guṇas are also considered as expressions of Vīrya:

1. Guru
  2. Laghu
  3. Śīta
  4. Uṣṇa
  5. Mṛdu
  6. Tīkṣṇa
  7. Snigdha
  8. Rūkṣa
- Uṣṇa Vīrya pacifies Vāta and Kapha
  - Śīta Vīrya pacifies aggravated Pitta

For example:

- Śuṅṭhī (dry ginger) possesses Uṣṇa Vīrya and is useful in Vāta-Kapha disorders.
- Chandana (Santalum album) and Uśīra (Vetiveria zizanioides) have Śīta Vīrya and are effective in Pitta aggravation.

### **Vipāka (Post-digestive Effect)**

परिणामलक्षणो विपाकः । (२० वै० १.१७०) (Rasa Vaisheshika. 1.170)

Parinama lakshno vipakaha |

Vipāka refers to the final effect of a drug after complete digestion and metabolism. It represents the ultimate impact of a substance on Doṣha. Even though named as a rasa, the end product need not be the initial rasa.

There are three types of Vipāka:

1. Madhura Vipāka
  2. Amla Vipāka
  3. Kaṭu Vipāka
- Madhura Vipāka increases Kapha, improves tissue nourishment, enhances sperm quality, and promotes normal bowel and urinary functions.
  - Kaṭu Vipāka increases Vāta, causes constipation, reduces urine output, and deteriorates sperm quality.
  - Amla Vipāka increases Pitta, stimulates defecation and urination, and also affects sperm quality similar to Kaṭu Vipāka.

For example, (1) **Madhu (honey)** has Kaṭu Vipāka, making it useful in Kaphaja disorders, even though it carries Madhura rasa. (2) **Amala/Indian gooseberry** has amla rasa but due to Madhura vipaka, consumption of amala will not aggravate pitta symptoms.

### **Prabhāva (Specific or Unpredictable Action)**

**रसवीर्यविपाकानां सामान्यं यत्र लक्ष्यते। विशेषः कर्मणां चैव प्रभावस्तस्य स स्मृतः ।।**

(च०सू० २६.६७)

(Charaka Samhitha Sutra Sthana.26:67)

*Prabhāva* refers to the specific or inexplicable action of a drug that cannot be logically explained by its *Rasa*, *Guṇa*, *Vīrya*, or *Vipāka*. It is also described as *Acintya Vīrya* (unpredictable potency).

Examples:

- *Medhya* property of *Shankhapushpi*
- *Viśaghna* property of *Śirīṣa*

“किञ्चिद्रसेन कुरुते कर्म वीर्येण चापरम् ।  
द्रव्यं गुणेन पाकेन प्रभावेण च किञ्चन ॥”

(Caraka Saṁhitā, Vimāna Sthāna)

A Dravya produces its pharmacological action through Rasa, Guṇa, Vīrya, Vipāka, and Prabhāva, either individually or collectively, depending upon the dominance of each factor. Proper understanding of these attributes is essential for rational drug selection in Panchakarma and clinical practice.

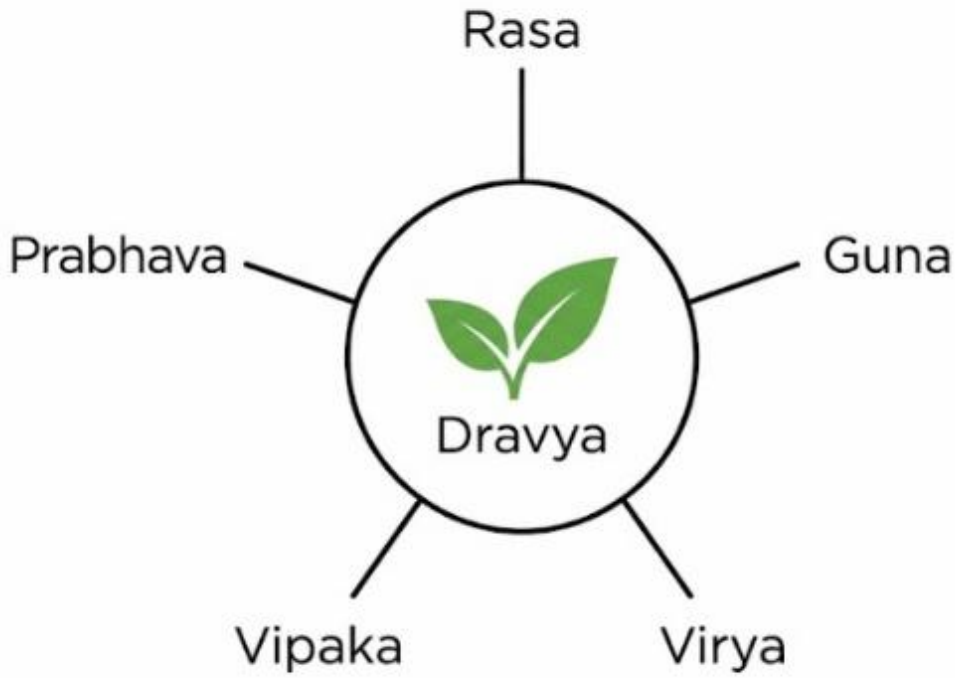


Fig no: 2.4: Pharmacological Attributes of Dravya

#### Examples of Dravya Attributes:

Dravya	Rasa	Vīrya	Vipāka	Prabhāva
Curcuma longa (Haldi)	Kaṭu, Tikta	Uṣṇa	Kaṭu	Viṣaghna, Krimighna
Triphala	All except Lavaṇa	Uṣṇa	Madhura	Rasāyana
Pippalī (Piper longum)	Kaṭu	Uṣṇa	Madhura	Rasāyana, Vṛṣya

Table no: 2.3: Dravya Attributes

**PART A****PRACTICAL EXERCISE**

1. Make a table of common dravya used in Panchakarma and their pharmacological properties.

**ACTIVITY**

1. Collect the dravya commonly used in Panchakarma and group them according to their properties.

**PART B****I. FILL IN THE BLANKS**

1. Any \_\_\_\_\_ can act either as a medicine or as a poison depending upon its dose, method of administration, and purpose of use.
2. \_\_\_\_\_ is the potency or active force responsible for the pharmacological action of a drug.
3. \_\_\_\_\_ refers to the final effect of a drug after complete digestion and metabolism.
4. Conditions of Uṣṇa (excess heat) are managed using \_\_\_\_\_ measures.
5. \_\_\_\_\_ is the potency or active force responsible for the pharmacological action of a drug

**II. Short Answer Questions**

1. How would you explain Dravya?
2. Explain Shad-rasa and its significance in the selection of a drug.
3. The concept of Viṃśati Guṇa guides the selection of Sneha, Svedana, and suitable dietary regimens during Panchakarma procedures. Explain.
4. Explain the rationale of drug selection in Panchakarma and clinical practice?

**5.** Specific or inexplicable action of a drug that cannot be logically explained. Interpret the phenomena.

PSSCIVE Draft Study Material - Not to be Published

## Session - 3

### Ayurvedic Drug Dosage Forms

A drug, when converted into a lipid-soluble form and administered through oral or transdermal routes, is absorbed more easily by the body. The phospholipid bilayer of biological cell membranes facilitates the entry of lipophilic drugs into cells through passive diffusion without the need for carrier mechanisms. This fundamental principle of drug absorption is well recognised in Ayurveda and has been classically stated in the *Sushruta Samhita* as “Sneha-sādhyā bhavanti rogāḥ”, meaning -diseases are curable by unctuous (oleation-based) therapy.

However, Ayurveda does not rely solely on this simple principle of passive diffusion. A wide range of dosage forms, such as *Kvātha*, *Āsava*, *Ariṣṭa*, *Avaleha*, and others, have been developed to ensure effective extraction, preservation, and targeted delivery of active principles. These dosage forms utilise not only water and lipid-soluble extraction methods but also self-generated alcohol and specific routes of administration to enhance therapeutic efficacy.

Classically, Ayurvedic dosage forms are broadly classified into Primary Dosage Forms and Secondary Dosage Forms. The primary dosage forms are collectively known as Pañcavidha Kaṣāya Kalpanā, which include the following five preparations:



**Fig no: 2.5: Primary dosage forms**

1. **Swarasa** – Expressed juice
2. **Kalka** – Semisolid or paste-like preparation
3. **Kvātha** – Decoction
4. **Śīta Kaṣāya (Hima)** – Cold infusion
5. **Phāṇṭa** – Hot infusion

### **Swarasa (Expressed Juice)**

“स्वरसः इति सद्योरसः” (*Śabdakalpadruma*)

*Swarasa ithi sadyorasa.*

Swarasa refers to the freshly extracted juice obtained from various parts of a plant. The selected plant material is crushed and squeezed through a clean cotton cloth to collect the juice. Swarasa is prepared by four different methods, two involving heat processing and two without heat processing.

Swarasa without heat processing:

**Method 1:** - Juice expressed immediately from fresh plant material.

Eg: Ginger pounded and squeezed inside a cotton cloth to strain out the fresh juice.

**Method 2:** -In the case of dried drugs containing heat-labile constituents, one part of the drug is soaked overnight in two parts of water. The next day, the material is macerated and squeezed to obtain Swarasa, thereby preserving thermolabile principles.

Eg: The *swarasa* from raisin / *Draksha* extracted through the second methodology.

Swarasa with heat processing:

**Method 1-** One part of the dried drug is boiled with eight parts of water and reduced to one-fourth. This method is adopted when the drug is very hard or dry.

Eg: *Tinospora cordifolia* / *Guduchi swarasa* can be extracted with this methodology.

**Method 2-** Puṭapāka method: The collected plant material is made into a paste, wrapped in leaves of *Ficus benghalensis*, *Syzygium cumini*, or *Gmelina arborea*, and tightly tied with cotton thread. This bundle is then coated with

a 4 cm thick layer of clay, dried, and subjected to heating until red-hot. After cooling, the layers are removed, and the processed material is squeezed through a cotton cloth to obtain *Putapāka Swarasa*. Here, *Putā* denotes the specific quantity of heat applied, and *Pāka* indicates processing.

Eg: *Swarasa* from the leaves of *Vasa/Adathoda vasica* collected through the putapaka method.

### **Kalka (Paste Preparation)**

Kalka is prepared by grinding fresh plant parts such as leaves, flowers, rhizomes, or bulbs into a fine paste. In the case of dried drugs, the powdered material is triturated with an adequate quantity of water to obtain a paste.

For example, freshly cleansed neem leaves are pounded into a paste and applied externally to various skin disorders. Neem leaf paste may also be administered internally to induce emesis in conditions such as worm infestation and certain Kapha-dominant disorders. Similarly, garlic bulb paste mixed with sesame oil is used in Vāta disorders such as sciatica.

### **Kvātha (Decoction)**

One part of the dried drug is coarsely powdered to *Yavakūṭa size* (passing through a #10 mesh sieve) and mixed with sixteen parts of water. The mixture is boiled and reduced to one-eighth of the original volume. The ratio of water varies depending on the nature of the drug—hard or very hard drugs, such as roots and barks, require more water, while soft drugs, such as leaves or fruit pulp, require less.

The quantity of the drug also determines the water ratio:

- Up to 48 g (*Pala*) – 16 times water
- Up to 192 g (*Kuḍava*) – 8 times water
- More than 768 g (*Prastha*) – 4 times water

A special precaution during Kvātha preparation is that the vessel should not be covered with a lid while boiling, as this makes the decoction heavy and difficult to digest.

### **Śīta Kaṣāya / Hima Kaṣāya (Cold Infusion)**

The term *Śīta* denotes cold. This preparation involves no boiling and is therefore classified as a cold infusion. One part of the drug is mixed with six parts of water and kept overnight (approximately 12 hours). After maceration, the mixture is squeezed and filtered through a cotton cloth to obtain *Śīta Kaṣāya*. This method effectively preserves heat-labile constituents.

Eg: Dhanyaka Hima: Coarsely powdered dry coriander seeds are kept with 6 parts of water for one night. The next day, the medicine is macerated and strained out to collect the liquid. This preparation is used to pacify the pitta symptoms or can be used during the summer season to pacify and support the body mechanism to adapt to the external hot temperature.

### **Phāṅṭa (Hot Infusion)**

In Phāṅṭa Kalpanā, the coarsely powdered drug is mixed with four parts of boiled hot water, macerated, and strained through a cloth. Among the Pañcavidha Kaṣāya Kalpanā, Phāṅṭa is considered the lightest and most easily digestible, allowing rapid absorption.

Eg, *Panchakola phanta* is a combination of very hot potent drugs and prepared with this method to acquire the *phanta*, which is consumed during different vata and kapha dominant diseases as a *Deepana/* carminative preparation. *Panchakola* are- *Pippali/ Piper longum* (fruit), *Pippalimula/* root of *Piper longum*, *Chavya/ Piper retrofractum*, *Chitraka/ Plumbago zeylanica*, and *Nagara/ Zingiber officinale*.

The limited shelf life of these primary preparations led to the development of Secondary Dosage Forms such as *Sneha Kalpanā*, *Sandhāna Kalpanā*, *Avaleha Kalpanā*, *Gutika Kalpanā*, etc. These formulations are derived from primary preparations and undergo specific *Samskāra* (processing methods) to enhance stability, potency, and therapeutic effectiveness.

### **Upakalpana/ Secondary Dosage forms:**

#### **Sneha Kalpana**

*Sneha* refers to unctuous substances such as ghee and oil, while *Kalpana* denotes the pharmaceutical processing or preparation of ingredients. A particular ratio of *Kalka/paste* of herbals, any lipids (can be sesame seed oil/cow's ghee) and *dravadraya/liquid portion* (decoctions/butterilk/curd) – ¼: 1:4- is used to make this medicated lipid form. The shelf life of *Taila* is 3 years, and *ghrita* is 2 years.

#### **Sandhana Kalpana**

*Sandhana* is the term used for the process of fermentation, and *Dhanyamla* (used for *dhara*), *Asava*, and *Arishta* dosage forms are the results of the fermentation process. Herbal drugs are mixed with sweetening agents such as jaggery, sugar, or honey along with water or decoctions and kept in a closed container for a specific period to allow natural fermentation. During this process, microorganisms convert sugars into alcohol and other bioactive compounds. The end product contains the self-generated alcohol that acts as

both medicine and preservative. The shelf life of this liquid dosage form, according to the Drug & Cosmetic Rule, 1945, is 10 years.

### **Avaleha Kalpana**

Avaleha preparations are the ones that can be consumed by licking because of the semi-solid consistency. The decoctions, herbal powders, and jaggery/sugar are blended in a specific ratio in a mild fire till certain end points are attained. The honey is added only after the resultant reaches room temperature. Avaleha are the palatable preparations, and the shelf life is 3 years.

### **Vati/Gutika Kalpana**

The tablet dosage forms of Ayurveda are called as such. Vati preparations are prepared either by heating the ingredients (Agni method) or by mixing the powdered drugs with suitable binding agents without heating (Anagni method). These solid dosage forms are convenient for administration and allow accurate doses. The shelf life of these preparations is as follows:

- *Vati* with herbal ingredients- 3 years
- Herbal and *Rasoushadhi*-5 years
- Only *Rasoushadhi*-10 years

**Different types of dosage forms are listed in the table below:**

<b>Dosage form</b>	<b>Type</b>	<b>Preparation</b>	<b>Particularity</b>	<b>Shelf life</b>
<b><i>Paneeya Kalpana</i></b>	Liquid Dosage Form	1 part drug boiled with 64 times water and reduced to 1/2	Used as medicated drinking water according to disease conditions	24 hours
<b><i>Pramathya Kalpana</i></b>	Liquid Dosage Form	1 part medicine as <i>kalka form</i> added with 8 times water and reduced to 1/4th	Indicated in diarrhea treatment	24 hours

<b><i>Ushnodaka</i></b>	Liquid Dosage Form	Reduction of water by boiling to 1/8 <sup>th</sup> , 1/4 <sup>th</sup> or 1/2 (according to dosha dominancy of the patient)	Suitable for cough, fever, etc.	24 hours
<b><i>Kshirapaka Kalpana</i></b>	Liquid Dosage Form	1 part medicine tied in a cloth, added 8 times of milk and 4 times of water. This has to be reduced to the amount of milk	<i>Arjuna ksheerapaka</i> indicated in heart ailments. <i>Lashuna ksheerapaka</i> helps to lower bad cholesterol levels.	Instant use
<b><i>Mamsa rasa</i></b>	Liquid Dosage Form	1 part meat boiled with 8 times water and reduced to 1/4 <sup>th</sup> .	Indicated in the convalescent period of a disease	Instant use
<b><i>Mantha Kalpana</i></b>	Liquid Dosage Form	1 part drug soaked in a sufficient quantity of water. This is churned and filtered to get the resultant.	<i>Kharjuradi mantha</i> -indicated in alcoholic patients	Instant use
<b><i>Arka Kalpana</i></b>	Liquid Dosage Form	The volatile contents of a drug extracted with a distillation apparatus	5-6 drops taken with water	1 year

<b>Churna kalpana</b>	Solid dosage form	Ingredients are shadow dried and grinded in to powder	Different particle-sized powders are used for different purposes, like for the preparation of decoctions, external application, Internal use, etc.	2 years
<b>Lavana Kalpana</b>	Solid dosage Form	Rock salt cooked in special arrangements (inside a coconut or a closed earthen pot)	Cures different types of pain due to indigestion	1 years
<b>Kshara Kalpana</b>	Solid dosage Form	Ash of herbs or minerals is strained after mixing with water and then evaporated till the residue remains	Used in very minute doses for internal <i>grandhi-like</i> eruptions. Externally applied on piles as <i>Kshara karma</i>	5 years
<b>Bhasma kalpana</b>	Solid dosage form	Repeated incineration	Only very small doses are required, comparatively very rapid action	10 years. ( <i>Tamra, Naga and Vanga Bhasma</i> -5 years)

**Table no: 2.3: Different types of dosage forms**

## PART A

### PRACTICAL EXERCISE

Visit an ayurvedic medicine manufacturing unit and prepare an observation report on the drug preparation.

### ACTIVITY

I. Prepare a chart to understand the Ayurveda dosage forms and their method of preparation.

## PART B

### I. FILL IN THE BLANKS

1. The fundamental principle of drug absorption is stated in the *Sushruta Samhita* as \_\_\_\_\_.
2. Ayurvedic dosage forms are broadly classified into \_\_\_\_\_ and \_\_\_\_\_.
3. \_\_\_\_\_ refers to the freshly extracted juice obtained from various parts of a plant.

### II. SHORT ANSWERS

1. What do you understand by the term Primary dosage forms related to Ayurveda? Explain.
2. Describe secondary dosage forms with examples.
3. Explain the methods of preparation of swarasa.

## Session - 4

### Drug Delivery Routes for Ayurvedic Dosage

#### Drug Dosage Forms and Routes of Drug Delivery in Ayurveda

Ayurveda employs a wide variety of drug dosage forms and administers them through different routes of drug delivery based on the nature of the disease, stage of manifestation, involved doṣha, and site of pathology.

When a disease becomes clinically evident after the subclinical stage, it usually involves both Sthānika Doṣha (localised doṣha) and Āgantuka factors. Different routes of drug administration are therefore selected to simultaneously correct localised and systemic doṣha imbalances.

The route of administration significantly influences the pharmacological activity, absorption, onset of action, and therapeutic outcome of a drug.

For example, Madhu (honey) possesses *Madhura rasa* with *Kaṣāya anurasa*. When applied externally, it promotes wound healing and is commonly used in formulations for oral ulcers and wounds. This healing action can be attributed to its Rūkṣa guṇa, which helps in reducing Kapha and controlling exudation.

When used internally, especially in its pure and unadulterated form, honey helps in reducing pathogenic factors in Kaphaja conditions such as diabetes.

#### Routes of Drug Administration in Ayurveda

Ayurveda recognises the following routes of drug delivery:

- **Mukha Mārga** – Oral route
- **Nāsa Mārga** – Nasal route (Nasya)
- **Guda Mārga** – Rectal route (Vasti)
- **Tvak Mārga** – Cutaneous / topical route
- **Akṣi Mārga** – Ocular route
- **Karṇa Mārga** – Aural route
- **Yoni / Mutra Mārga** – Vaginal/urethral route

These routes can be broadly understood in modern terms as:

- Oral drug delivery
- Transmucosal drug delivery
- Transdermal (percutaneous) drug delivery

### **Oral Drug Delivery (Mukha Mārga)**

The oral route is considered the safest, non-invasive, economical, and most commonly used method of drug administration. It can be easily adopted by both physician and patient with minimal precautions.

However, the oral route has certain limitations:

- It cannot be used in unconscious patients or during emergencies
- Drug absorption is often slow and variable
- Drugs undergo first-pass metabolism, where metabolism occurs in the intestinal wall and liver via portal circulation before entering systemic circulation
- Gastric irritation may induce vomiting and reduce therapeutic efficacy
- Palatability of formulations may affect patient compliance

### **Transmucosal Drug Delivery**

Mucosal surfaces of the body are richly supplied with blood vessels and are specialised for secretion, immunity, and absorption. Drug administration through mucosal routes provides both local and systemic effects and helps in bypassing gastrointestinal degradation and first-pass metabolism.

Common transmucosal routes in Ayurveda include:

#### **Buccal Route**

The buccal mucosa allows controlled systemic absorption. Procedures such as:

- Kavala
- Gaṇḍūṣa
- Pratisāraṇa

produce both local and systemic therapeutic effects.

#### **Nasal Route (Nāsa Mārga)**

The nasal mucosa is highly vascular and closely associated with the olfactory and trigeminal nerve endings. Lipid-based drugs administered through Nasya can bypass the blood–brain barrier (BBB).

Examples include:

- Sneha Nasya
- Marśa Nasya
- Pratimārśa Nasya

**Rectal Route (Guda Mārga)**

The rectum and colon show variable absorption. Though primarily meant for water and electrolyte absorption, this route is effectively utilised in Vasti therapy. Vasti formulations often contain honey, salt, and lipid-based drugs, enhancing mucosal absorption and systemic action even by simple diffusion.

**Vaginal / Urethral Route (Yoni / Mutra Mārga)**

Drugs administered through this route dissolve in the mucosal secretions, cross the stratified squamous epithelium, and exert local as well as systemic effects.

Examples include:

- Yoni Pichu
- Varti
- Uttara Vasti

**Transdermal Drug Delivery (Tvak Mārga)**

The skin, with the stratum corneum as its outermost layer, acts as a barrier as well as a route for drug absorption. External applications such as Lepa allow drugs to penetrate deeper layers and reach microcirculation.

Sustained contact of bioactive phytochemicals promotes percutaneous absorption and produces local effects such as anti-inflammatory, analgesic, and doṣha-pacifying actions.

Procedures like:

- *Abhyanga*
- *Uzhichil*
- *Pizhichil*

-use lipid media and massage-induced vasodilatation to enhance dermal permeability and transcutaneous drug uptake.

Karṇa Pūraṇa follows similar principles, as the external auditory canal is lined by keratinised stratified squamous epithelium.

Procedures such as Pariṣeka, Pradeha, and Upanāha create prolonged moist and occlusive conditions, comparable to modern transdermal patches, facilitating deeper penetration of drugs.

Thus, Bāhya Parimarjana Chikitsā (external therapies) in Ayurveda can be understood in modern pharmaceutical terms such as transdermal and percutaneous drug delivery systems.

### **Dhoopana (Medicated Fumigation)**

In Dhoopana, volatile medicinal constituents may deposit on the skin and respiratory surfaces, exerting local antimicrobial, disinfectant, and therapeutic effects.

## **PART A**

### **PRACTICAL EXERCISE**

I. Visit an ayurvedic medicine manufacturing unit and prepare an observation report on the drug preparation.

### **ACTIVITY**

I. Prepare a chart to understand the Ayurveda dosage forms and their method of preparation.

## **PART B**

### **I. FILL IN THE BLANKS**

1. The fundamental principle of drug absorption is stated in the *Sushruta Samhita* as \_\_\_\_\_.
2. Ayurvedic dosage forms are broadly classified into \_\_\_\_\_ and \_\_\_\_\_.
3. \_\_\_\_\_ refers to the freshly extracted juice obtained from various parts of a plant.

### **II. SHORT ANSWERS**

1. What do you understand by the term Primary dosage forms related to Ayurveda? Explain.
2. Describe secondary dosage forms with examples.
3. Explain the methods of preparation of swarasa.

## UNIT - 3

# ROLES AND RESPONSIBILITIES OF PANCHAKARMA ASSISTANT

This unit focuses on the practical role of a Panchakarma Assistant, including responsibilities, documentation, equipment handling, and drug management. It emphasises patient care, safety, and professional practice standards.

- Session 1: Roles and Responsibilities of Panchakarma Assistant  
Explains the qualities and duties of the Upasthata, including patient preparation, assistance during therapies, hygiene maintenance, and ensuring patient comfort and safety.
- Session 2: Procedures for Maintaining Panchakarma Records  
Covers the importance, types, and methods of maintaining clinical records such as case sheets, therapy records, consent forms, and inventory registers.
- Session 3: Instruments and Equipment Used in Panchakarma  
Describes various tools like the Dhara table, Vasti Yantra, Swedana units, and their structure, functions, and safe handling during procedures.
- Session 4: Identification, Storage, and Preservation of Panchakarma Drugs  
Explains methods of drug identification, proper storage practices, preservation techniques, and quality assurance to maintain efficacy and safety of medicines.

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### Introduction

Ashtanga Hridayam, Suthra Sthana had mentioned the qualities of a panchakarma assistant as अनुक्तः शुचिर्दक्षो बुद्धिमान् परिचारकः | meaning a person who is compassionate towards patients, maintains cleanliness, is alert, active and intelligent. (Anurakta – Compassion towards patients, Shuchi – Cleanliness, Daksha – Alert, active, Buddhiman – Intelligence).

A Panchakarma Assistant plays an essential supportive role in ensuring that Ayurvedic therapies are delivered safely and smoothly, while prioritising patient comfort. Their responsibilities include preparing the treatment room by maintaining cleanliness and arranging all necessary oils, herbs, linens, and equipment required for various procedures. They interact with patients by assisting with intake, gathering relevant health information, and explaining treatment steps to help patients feel informed and comfortable. During therapies such as Abhyanga, Shirodhara, Swedana, and Basti, the assistant supports the therapist by assisting with patient positioning and providing the necessary materials. They observe patient safety, manage comfort, and respond to any discomfort or concerns. After the procedure, they

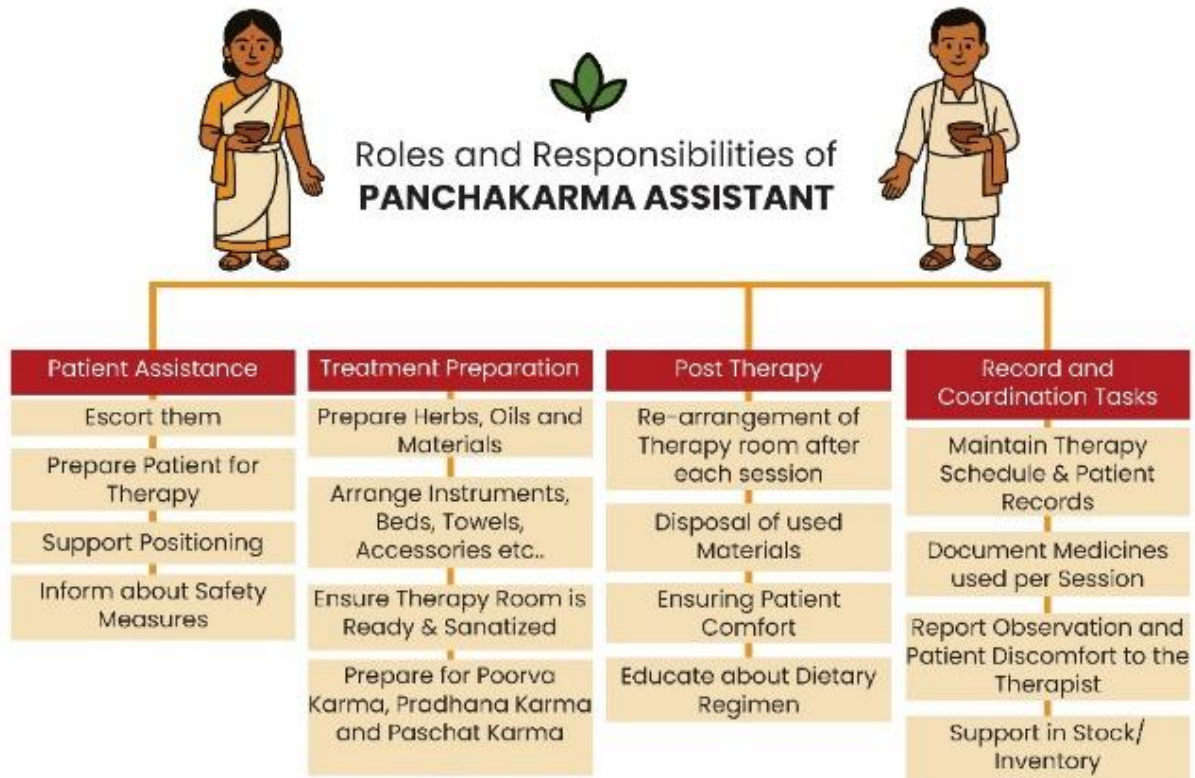
assist with post-treatment hygiene and guide the patient with aftercare instructions given by the therapist. In addition, the assistant is responsible for maintaining accurate treatment records, documenting patient responses, and managing the inventory of oils, medicines, and supplies. Ensuring strict hygiene practices, sanitising tools, and maintaining a clean and safe environment further strengthen the quality of care provided. Through these duties, the Panchakarma Assistant contributes significantly to the effectiveness, efficiency, and high standards of Panchakarma therapy.

## **Session - 1**

### **Roles and Responsibilities of Panchakarma Assistant**

Panchakarma is a specialised branch of Ayurveda that deals with bio-purification and detoxification of the body through systematic therapeutic procedures. Most patients undergoing Panchakarma therapy are debilitated, chronically ill, or physically weak, and they approach treatment with the hope of restoring health, improving lifestyle, and preventing disease recurrence. Panchakarma therapy is conducted in three stages, namely Purvakarma (pre-procedures), Pradhanakarma (main procedures), and Paschatkarma (post-procedures). Each stage requires careful handling, physical effort, and close monitoring, which are largely carried out by the Upasthata.

The Upasthata performs therapies skilfully under the supervision and instructions of the physician. Since the patient spends considerably more time with the upasthata than with the physician, their role is crucial in ensuring patient comfort, safety, discipline, and adherence to therapeutic precautions. Proper execution of procedures by the upasthata significantly influences the success or failure of Panchakarma treatment.



**Fig no. 3.1: Role of Upasthata in Panchakarma**

## 1. Preparation of the Patient

Preparation of the patient is one of the primary responsibilities of the Upasthata. Before taking the patient to the therapy room, the panchakarma assistant collects information regarding the patient's general condition, including appetite, bowel habits, sleep patterns, strength, fatigue, and mental state. Based on the physician's advice, the patient is prepared and instructed regarding the therapy to be performed, including posture, cooperation during the procedure, and post-therapy care.

During Purvakarma, the Upasthata ensures proper execution of therapies like Snehana and Svedana. In Abhyanga, massage is performed systematically and thoroughly, placing the patient in seven different positions. Correct pressure, direction, rhythm, and duration are maintained according to the patient's condition.

During Svedana, special precautions are taken to avoid excessive sudation over vital organs such as Hridaya (cardiac region), genital region, and Netra (eyes). Continuous observation of the patient's tolerance, sweating pattern, and discomfort is essential to prevent complications.

In Vamana Karma, the Upasthata assists the physician by performing supportive measures such as Nabhi prapidana (gentle pressure over the

umbilical region), Parshva unmardana (massage over flanks), and Lalatagrahana (support of the forehead). He also reassures the patient, provides water or decoctions as advised, and ensures cleanliness during the procedure.

During Basti Karma, the role of the panchakarma assistant is extremely important. Correct patient positioning, preparation of the patient, lubrication, and assistance in administering Basti dravyas are carefully done. Improper administration can lead to Bastidata Vyapadas (complications) such as insufficient dose, rapid expulsion, and improper retention. Hence, vigilance and technical skill are essential.

In Nasya Karma, the Upasthata ensures proper positioning of the patient in a supine posture with mild elevation of the feet and slight depression of the forehead. Care is taken to prevent discomfort, aspiration, or improper drug administration. Thus, careful handling and constant attention are vital for the smooth functioning of Panchakarma procedures.

## **2. Preparation of Medicines and Instruments**

The Panchakarma theatre or therapy room is maintained by a trained and skilled Upasthata. Timely arrangement of medicines, instruments, and accessories before the procedure is an important responsibility. Oils, decoctions, powders, Basti apparatus, Nasya instruments, towels, and heating devices are arranged as per the treatment plan.

Preparation of specialised therapies such as Shashtika Shali Pinda Sveda and Patra Pinda Sveda is carried out under proper supervision. The Upasthata ensures the correct selection of ingredients, appropriate temperature, proper tying of Pottali/Kizhi, and uniform application during therapy. Similarly, precautions are taken during the preparation and handling of Basti dravyas, ensuring correct dosage, temperature, sterility, and consistency to maintain safety and therapeutic efficacy.

## **3. Hygiene and Cleanliness**

Maintenance of hygiene and cleanliness is a fundamental duty of the Upasthata in Panchakarma practice. The therapy room must be kept clean, well-ventilated, and free from contamination. The PA ensures personal hygiene, clean uniforms, trimmed nails, and proper handwashing before and after procedures.

Used oils, medicines, towels, and disposable materials are disposed of according to biomedical waste management rules. Instruments are cleaned, disinfected, and stored properly after use. Cleanliness helps prevent infections, cross-contamination, and complications, thereby ensuring a safe therapeutic environment for both patients and healthcare staff.

## **Conclusion**

The Upasthata (assistant) plays an indispensable role in Panchakarma therapy. Through proper patient preparation, precise execution of therapeutic procedures, careful medicine handling, and strict maintenance of hygiene, the PA significantly contributes to the effectiveness and success of Panchakarma treatment. A well-trained, disciplined, and attentive Upasthata is essential for achieving optimal therapeutic outcomes and ensuring patient safety in Panchakarma practice.

## **PART A**

### **I. PRACTICAL EXERCISE**

1. Enlist the personal and social codes of conduct prescribed for the panchakarma assistant.
  - How would you encourage your colleagues to dispose of the used leftover oils rather than reuse:
    - a) Personally, adopting disposal methods
    - b) Display of best practices in drug management
    - c) Adhering to the professional ethics
    - d) All of the above
2. Create a PowerPoint/short movie to explain the need for maintaining the cleanliness of the Panchakarma unit.
3. Prepare a project on the instruments and equipment used during the Panchakarma procedure. Explain the rationale for usage and its functions.

### **II. ACTIVITY**

1. List the steps to be followed while obtaining informed consent.
2. Identify the herbs used for Panchkarma procedures and list their storage practices.
3. Make a format for maintaining stock inventory and the procedure to be followed for procuring new stocks.

## **PART B**

### **I. FILL IN THE BLANKS**

1. Preparation of the patient is one of the primary responsibilities of the \_\_\_\_\_.
2. During the therapy, the upasthata ensure the patient \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
3. The \_\_\_\_\_ ensures the correct selection of ingredients, appropriate temperature, proper tying of Pottli, and uniform application during therapy.

## II. SHORT ANSWER QUESTIONS

1. Role of the Panchakarma assistant during preparation of the patient.
2. How can a panchakarma assistant ensure the hygiene of the unit?
3. How does the preparation of medicines and the arrangement of the therapy room contribute to the ease of conducting therapy?

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## Session - 2

### Procedures for Maintaining Panchakarma Records

#### Introduction

Maintenance of records is an important duty of a Panchakarma assistant. Proper records help in safe treatment, continuity of care, evaluation of therapy, and legal protection. Every Panchakarma procedure performed on a patient must be systematically documented as per institutional guidelines.

#### Objectives of Maintaining Panchakarma Records

- To record patient details and treatment procedures
- To assist the physician in planning and monitoring therapy
- To ensure quality and safety in Panchakarma practice
- To provide legal and administrative evidence
- To evaluate treatment outcomes

#### General Principles of Record Maintenance

- Records should be clear, neat, and legible
- Entries must be dated and signed
- Use standard formats and registers
- Do not overwrite; corrections should be authenticated
- Maintain confidentiality of patient information

#### Types of Panchakarma Records

Sl. No.	Type of Record	Purpose
1	Patient Registration Record	Identification details
2	Case Sheet	Clinical assessment & diagnosis
3	Purvakarma Record	Snehana & Svedana details
4	Pradhana Karma Record	Main Panchakarma procedures
5	Paschat Karma Record	Post-therapy care
6	Drug & Material Register	Stock and usage
7	Consent Form	Legal and ethical compliance

Sl. No.	Type of Record	Purpose
8	Daily Therapy Register	Daily procedures

*Table no. 3.1: Types of Panchakarma Records*

### Step-wise Procedure for Maintaining Records

#### Step 1: Patient Registration

At the first visit, record:

- Name, age, gender, address
- Occupation and contact number
- Registration number and date

#### Step 2: Case Sheet Maintenance

The case sheet includes:

- Chief complaints
- Brief history
- Prakriti and Vikriti
- Diagnosis by a physician
- Treatment plan

*The Panchakarma therapy assistant should follow the physician's instructions carefully.*

#### Sample Format – Patient Registration Record

Reg.No.	Name	Age	Gender	Address	Date

#### Sample Format – Case Sheet (Therapy Session)

Parameter	Details
Diagnosis	
Planned Procedure	
Duration	
Therapist Name	

#### Recording details of Purvakarma

Purvakarma prepares the patient for the main Panchakarma therapy.

Details to be recorded:

- Type of Snehana (Abhyanga / Snehapana)
- Oil used and quantity
- Duration of procedure
- Type of Svedana
- Patient response

### Sample Format – Purvakarma Record

Date	Procedure	Oil Used	Duration	Remarks

### Recording of Pradhana Karma

For each main Panchakarma procedure (Vamana, Virechana, Basti, Nasya, Raktamokshana), record:

- Date and time
- Name of procedure
- Materials used
- Observations
- Patient tolerance

### Sample Format – Pradhana Karma Record

Date	Procedure	Materials Used	Observations	Therapist

### Recording of Paschat Karma

Paschat Karma ensures recovery and stability.

Details that are to be recorded are:

- Samsarjana Krama
- Diet advice
- Lifestyle instructions
- Any complications

### Sample Format – Paschat Karma Record

Date	Diet Advised	Instructions	Remarks

### Drug and Material Register

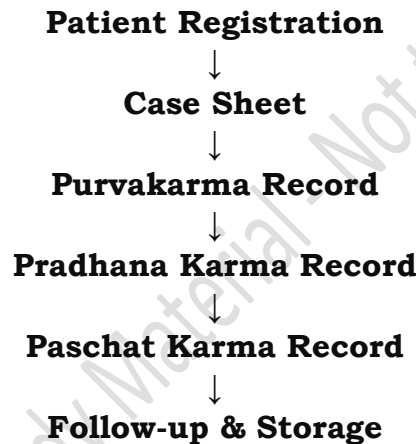
This register helps in inventory control.

<b>Name of Drug</b>	<b>Batch No.</b>	<b>Date</b>	<b>Quantity Used</b>	<b>Balance</b>

### **Consent Record**

- Written informed consent must be taken
- Signed by patient/guardian
- Signed by physician and therapist

### **Flowchart: Panchakarma Record Maintenance**



### **Role of the Panchakarma Therapist in Record Maintenance**

- Maintain daily therapy records
- Follow the physician's instructions
- Report abnormalities immediately
- Ensure accuracy and cleanliness of records

### **Conclusion**

Proper maintenance of Panchakarma records is essential for safe practice, professional accountability, and effective patient care. A trained Panchakarma therapist must understand and follow correct record-keeping procedures as part of ethical clinical practice.

## **PART A**

### **I. PRACTICAL EXERCISE**

1. Prepare a chart to understand the various types of records used in the panchakarma unit.
2. List the procedure for obtaining informed consent.

## **II. ACTIVITY**

1. Conduct a mock session on managing the stock inventory.

## **PART B**

### **I. SHORT ANSWER QUESTIONS**

1. Mention the various types of records.
2. Objectives of maintaining records.
3. Procedures involved in record maintenance.

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## Session - 3

### Instruments and Equipment used in Panchakarma

#### 1. Dhara Table



*Fig. 3 .2: Dhara Table*

#### Specification

- Dhara table is approximately 7 feet, width-3 feet and height-2.5 feet.
- Table is made of fibre material nowadays, and in olden days, the wood of Teak, Jack fruit plant, Neem tree, etc. was used.
- An attached step stool will usually be placed near the Dhara table to easily access the table.
- A small shallow depression extending from both ends will be at the centre of the table's body portion to hold the liquids of *Pizhichil* medium before flowing out into the related channel at the feet portion.
- The hole at the foot portion will be connected to a tube and a collecting vessel kept at the end.
- The head portion has a demarcation of circular marking, which is the average circumference of an adult head.
- There is a depression at the centre of the head region and a hole at the centre with a tube at the end. There should also be a collecting vessel kept at the tail end of the tube.

#### Purpose

- *Abhyanga- Uzhichil*
- *Seka- Pizhichil*
- *Pinda sweda- Shashtika shali pinda sweda*

- *Shiro Dhara*
- 2. Dhara Yantra**



**Fig no. 3.3: Dhara pot**

Dhara yantra is a connected unit of

- Dhara pot
- Stopper
- Hanging Chains
- Dhara Stand
- A Dhara pot is usually made of clay or any metal like Brass. The capacity of the Dhara pot is approximately 2 Liter.
- Three metal chains are fixed to the connecting knobs of the pot at the three ends. The ends of the hanging chains are fixed at a common point and hang properly in the Dhara stand of the Dhara Table.
- There is a hole created in the middle portion, which is connected to a stopper mechanism to allow controlled fluid flow. A coconut shell with a hole at the centre is arranged above the hole in the dhara pot. This coconut shell hole is tied with thread or cotton wick to maintain the flow uniformly.
- This whole arrangement is supported on a Dhara stand

Purpose:

- *Shiro dhara-*

*Dhara* is done with oil, medicated butter milk/*Takra*, etc.

### 3. Vasti Yantra



**Fig no. 3.4: Vasti Yantra**

The Vasti yantra consists of the image of Vasti Netra shown above, a disposable plastic bag, and a cotton string for tying.

- *Vasti netra* is made of medical-grade stainless steel, brass, bronze, or copper.
- There are three elevations in the *Vasti netra*.
- The basal knob is for tying the disposable cover, and the middle knob strongly tightens the tied disposable cover.
- Anal knob is the guides the point of insertion.
- Disposable bags are 90-micron LDPE (Low-Density Polyethene) disposable bags.

Purpose:

- Execution of *Niruha / Kashaya Vasti*



**a.**

**Fig no. 3.5: Niruha / Kashaya Vasti**

*Anuvasana Disposable Vasti Unit*

- 100 ml disposable unit for *Sneha vasti*
- The lukewarm oil will be sucked into the tube with the nozzle.
- The nozzle will be smeared with ghee or the oil prescribed for lubrication.

Purpose:

- ***Matra vasti***



**Fig no. 3.6: Matra vasti**

### Different types of Swedan Units



Bashpa Sweda Yantra (steam Chamber)



Sarvanga Swedana Box



Nadi Sweda Unit



Patra Pinda Sweda Setup



Modern Electric Steam Swedan unrt

**Fig no. 3.7: Different types of Swedan Units**



**Fig no. 3.8(a): Side view**



**Fig no. 3.8(b): Parallel view**

### **Swedan yantra**

#### **1. Pressure cooker vessel body**

- This holds the liquid media- water/decoction -to be used to steam in the purpose of *swedan*
- The vessel is always kept in a mild fire to maintain the steam flow.
- The level of fluid should be checked after every treatment slot for ensuring the safety.
- PA should note down the time span, the rate of evaporation of the medium and when to refill the medium to avoid untoward events.
- This should be rechecked very strictly after each session with maximum care.
- The gasket of the cooker lid ensures the safety of the lid.

#### **2. Lid carries the steam outlet -red valve and the black safety valve.**

- The red valve releases the steam.
- The knob can be adjusted to maintain the flow.
- Usually, the outlet is only opened in half.
- The black valve always releases the excess pressure.
- The black valve should always be cleansed thoroughly after each day to ensure safety.

#### **3. Heat-resistant Hose**

- The hose will be connected to the outlet valve connecting point

- The connecting part is tightened to avoid loosening in between the treatment slots.

#### 4. Steam Diffuser Head

- There are different headpiece models to control the steam source.
- This steam source should be carefully adjusted to the patient. Especially in the case of the *Nadi swedan* procedure focused on local *swedan*.

Purpose

#### ***Ekanga/Sarvanga Swedana***



**Fig no. 3.9: Ekanga/Sarvanga Swedana**

#### 1. Gokarna

- The tapering end drops the liquid.
- A cotton wick placed at the tapering end will streamline the flow.
- The collecting chamber holds the fluid.
- The Gokarna is made with either a stainless-steel vessel or any other heat-conducting metal – Brass/bronze/silver.
- The holding base is perfect to handle while the procedure is carried out.

Purpose:

- *Netra seka, Ashchyotana, etc*

### **Khalwa Yantra/Mortar & Pestle**



**Fig no. 3.10: Khalwa Yantra/Mortar & Pestle**

- Vasti medicine has to be churned in this type of *khalwa yantra*. As an alternative, steel vessels can also be used. In that case, a separate *mandhan/Churner* should be used.
- The sequential dropping of *vasti dravya* is mandatory. Initially, honey should be churned properly, and then the rock salt can be added, powdered, and mixed with the honey. The oil should be added and mixed properly with the honey and salt mixture. The *kalka* of the *vasti* can be pasted separately and then added to the paste form to form the mixture. The decoction is added in the last, properly churned and then emptied into the plastic bags to tie with *Vasti Netra*.

Purpose:

- To churn *vasti dravya* ingredients
- To make *Kalka Kalpana*.
- To pound the fresh drugs to extract *swarasa/juice*.

## **PART A**

### **I. PRACTICAL EXERCISE**

1. Prepare a list of equipment used for Panchakarma with a diagram.

### **II. ACTIVITY**

1. Prepare a project on the futuristic instruments and equipment used for the Panchakarma procedure. Explain the rationale for usage and its functions.

## **PART B**

### **I. SHORT QUESTIONS**

1. What is the need for using equipment in Panchakarma?

2. Name the three stages of Panchakarma.
3. List any five Panchakarma equipment.
4. Write the uses of Vasti Yantra.

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## **Session - 4**

### **Identification, Storage and Preservation of Panchakarma Drugs**

#### **Introduction**

Panchakarma therapy involves the extensive use of herbal, herbo-mineral, and medicated formulations for both internal and external applications, including Snehana, Svedana, Vamana, Virechana, Basti, Nasya, Abhyanga, and Shirodhara. The quality, safety, and therapeutic efficacy of these procedures depend largely on the correct identification, proper storage, and appropriate preservation of the drugs used. According to the guidelines, improper handling of raw materials or formulations may lead to loss of potency, microbial contamination, or reduced shelf life, thereby affecting treatment outcomes.

#### **Identification of Panchakarma-Related Drugs**

##### **Authentication of Raw Drugs**

Identification of Panchakarma drugs begins with the authentication of raw materials. All herbal drugs must be authenticated based on:

- Botanical identity
- Correct plant part used
- Pharmacognostic characters

Raw drugs should match the descriptions given in the Ayurvedic Pharmacopoeia of India (API) and Ayurvedic Formulary of India (AFI)

##### **Plant Parts Commonly Used in Panchakarma**

Different Panchakarma procedures utilise specific plant parts such as:

- Roots and rhizomes (e.g., Dashamoola for Basti)
- Leaves (e.g., Nirgundi, Eranda for Svedana)
- Seeds and fruits (e.g., Madanaphala for Vamana)
- Barks and heartwood (e.g., Chandana for external therapies)
- Latex, oils, and exudates (e.g., Eranda taila)

Correct identification of the plant part is essential because the active constituents vary in different parts of the same plant

##### **Organoleptic and Morphological Characters**

The guidelines recommend organoleptic evaluation as a preliminary identification method:

- Colour
- Odour
- Taste
- Texture and fracture

Macroscopic and microscopic examination further confirms genuineness and helps detect adulteration or substitution

## **Storage of Panchakarma-Related Drugs**

### **General Principles of Storage**

Proper storage is essential to maintain the quality and stability of Panchakarma drugs. Drugs are stored in:

- Clean, dry, and well-ventilated areas
- Protected from sunlight, moisture, insects, and rodents
- Labelled containers indicating name, date of procurement, and expiry

Separate storage areas should be maintained for raw drugs, processed drugs, and finished formulations

### **Storage of Raw Herbal Drugs**

- Store whole raw drugs rather than powders whenever possible.
- Use airtight containers made of glass, food-grade plastic, or metal.
- Avoid direct contact with the floor and walls.
- Periodic inspection for fungal growth, insect infestation, and foreign matter is mandatory.

WHO-recommended Good Agricultural and Collection Practices (GACP) are advised for post-harvest handling and storage

### **Storage of Panchakarma Formulations**

- Taila and Ghrita: Store in airtight containers, away from light and heat.
- Churna and Kalka: Store in moisture-free containers.
- Asava and Arishta: Keep tightly closed, protected from excess heat.
- Kwatha and freshly prepared medicines: Use within the prescribed duration.

Storage conditions must comply with Schedule-T (GMP) requirements under the Drugs and Cosmetics Rules

## **Preservation of Panchakarma-Related Drugs**

### **Purpose of Preservation**

Preservation aims to:

- Prevent microbial contamination
- Maintain chemical stability
- Extend shelf life

- Preserve therapeutic potency

Preservation should ideally be performed without altering the Ayurvedic identity of the drug

### **Natural Preservation Methods**

Traditional Ayurvedic preservation methods include:

- Use of Sneha (oil/ghee) as a natural preservative
- Fermentation (Asava-Arishta) for long-term stability
- Drying and desiccation of raw drugs
- Honey and jaggery as stabilising agents in Avaleha

These methods are considered safe and compatible with Panchakarma practice.

### **Shelf Life and Stability**

Shelf life for various dosage forms is clearly defined. Examples include:

- Arka – 1 year
- Churna – 2 years
- Ghrita – 2 years
- Taila – 3 years
- Asava-Arishta – up to 10 years

Stability testing is the process of evaluating how the quality of a drug substance or pharmaceutical product changes over time under the influence of environmental factors such as temperature, humidity, and light. It helps to ensure that the product maintains its identity, strength, purity, and safety throughout its shelf life. Stability testing is used to determine the expiry date, proper storage conditions, and labelling instructions for pharmaceutical products. Stability studies must support shelf life and be clearly mentioned on labels as per the Drugs and Cosmetics Rules.

### **Safety Measures and Quality Assurance**

- Avoid storing expired or deteriorated drugs.
- Follow the first-in, first-out (FIFO) principle.
- Maintain records of procurement, storage, and usage.
- Regular quality checks for foreign matter, microbial load, and moisture content.

Quality assurance ensures safe and effective Panchakarma therapy.

#### **Key Points for Students**

- Correct identification ensures authenticity and efficacy.
- Proper storage prevents spoilage and contamination.
- Appropriate preservation maintains shelf life and potency.

- Guidelines provide standardised methods for drug handling.
- Drug quality directly influences the success of Panchakarma procedures.

### **Procedures for the storage of medications**

1. Practices for temperature regulation, light, ventilation, and preventing entry of pests, rodents, vermin, etc., should be followed strictly.
2. Medications are stored in a clean, safe and secure environment as per the manufacturer's recommendations.
3. Comprehensive inventory control practices, such as following alphabetical order or grouping according to the company's name, etc., may guide the storage of medications. Many drugs may look or sound alike; therefore, the medicine must be checked for formulation before dispensing.

### **Common plants used in making ayurvedic drugs**

#### ***Triphala***



**Fig no. 3.11: Haritaki/*Terminalia chebula***



**Fig no. 3.12: Vibhitaki/*Terminalia bellirica***



**Fig no. 3.13: Amalaki/Emblica officinalis**

### Identification features

<b><i>Terminalia chebula</i></b>	<b><i>Terminalia bellirica</i></b>	<b><i>Embilica officinalis</i></b>
Part used – fruit	Part used- fruit	Part used- fruit
Identification features- Prominent ridges on the dried fruit	Identification features- externally smooth appearance compared to <i>haritaki</i> (no ridges) of the dried hard fruit.	Identification features- black colored, crescent- shaped dried lobules.

### Use

- *Triphala* decoction made with 1 part drug – all three together- 8 times water, boiled and reduced to  $\frac{1}{4}$ th.
- Luke warm hotness for the *gandusha* procedure.
- Sterilised decoction made by steam pressure for *Netra Seka*.
- For any *parisheka* or *avagaha swedan* as per the recommendation of the physician.

### ***Trikatu***



**Fig no. 3.14: Shunti/Zingiber officinale**



**Fig no. 3.15: Maricha/Piper nigrum**



**Fig no. 3.16: Pippali/Piper longum**

### Identification features

<i>Zingiber officinale</i>	<i>Piper nigrum</i>	<i>Piper longum</i>
<b>Part used – rhizome</b>	<b>Part used- fruit</b>	<b>Part used- fruit (spikes/inflorescence)</b>
Identification features- ginger aroma, flattened tuber-like part.	<ul style="list-style-type: none"> <li>• Identification features- round-shaped, black colored, uneven external surface</li> <li>• Adulterated with <i>Carica papaya</i> with a smooth black external surface and floats in water</li> </ul>	<ul style="list-style-type: none"> <li>• Identification features- brownish black colored, lengthy (2-4cm)</li> <li>• Adulteration- made with <i>Piper retrofractum</i>, which is very smooth in appearance</li> </ul>

**Use**

- The three drugs are separately powdered to form the combination called as *Trikatu churna*.
- Prescribed as a medicine as per the *yukti* of a Vaidya.
- The medicated lukewarm water for a *snehapana* patient is made with dried ginger powder.

**Moringa leaf**

**Fig no. 3.17: Moringa leaf**

**Name- *Moringa oleifera***

Identification feature: small, rounded leaflets with a characteristic odour.

Use-

- *upanaha swedana* procedure in paste form.
- Fried with castor oil/sesame oil for preparation as inclusion in *kizhi*.

**Tamarind leaf**

**Fig no. 3.18: Tamarind leaf**

**Name- *Tamarindus indica***

Identification feature: -small, elongated leaves seen in the tamarind trees.

Use-

- Fried with castor oil/sesame oil for preparation as inclusion in *kizhi*.
- Boiled bathing water can be prepared with a handful of tamarind leaves to relieve pain and inflammation.

**Arka leaf**

**Fig no. 3.19: Arka leaf**

**Name- *Calotropis procera***

Identification feature: -dull light green leaves, when plucked dribbles white latex.

**Turmeric**

**Fig no. 3.20: Turmeric**

**Name- *Curcuma longa***

Identification feature: - The yellow-colored dried rhizomes are powdered for turmeric powder.

Use-

- Used as an ingredient in the *kizhi* procedure.
- *Dhoomavarti*/inhalation sticks are prepared with turmeric as an ingredient.

**Misi**

**Fig no. 3.21: Misi**

**Name- *Anethum sowa***

Identification feature: Flattened small seeds with a very small ridge appearance. These seeds carry a sweet comfort smell.

Use-

- One of the *kalka ingredients* of *niruha vasti*
- An ingredient in *Kizhi*

***Aloevera***

**Fig no. 3.22: *Aloevera***

**Name- *Aloe barbadensis***

Identification feature: - Fleshy and juicy flattened leaf. The long stem is cut and kept apart to ooze out the yellow-colored exudate, which is otherwise an irritant.

Use-

- The gel is used for various Ayurvedic preparations.
- The cut part of the leaf, along with gel used as a coolant for the *agnikarma* procedure. The gel portion is immediately smeared and rubbed to pacify the heated area.

**PART A****I. PRACTICAL EXERCISE**

1. List the steps to be followed while obtaining informed consent.
2. Identify the herbs used for Panchkarma procedures and list their storage practices.
3. Make a table to identify the raw materials commonly used for Panchakarma procedures.

**II. ACTIVITY**

1. Visit a nearby Ayurvedic medicine store and observe the storage practices. Prepare a report on your visit.

2. Collect the raw herbs commonly used in Ayurveda and write down their uses.

## **PART B**

### **I. FILL IN THE BLANKS**

1. Identification of Panchakarma drugs begins with the \_\_\_\_\_.
2. Raw drugs should match the descriptions given in the \_\_\_\_\_ and \_\_\_\_\_.
3. \_\_\_\_\_ conditions must comply with Schedule-T (GMP) requirements under the Drugs and Cosmetics Rules
4. \_\_\_\_\_ testing is the process of evaluating how the quality of a drug substance or pharmaceutical product changes over time under the influence of environmental factors such as temperature, humidity, and light.
5. Some natural preservation methods of medicines are \_\_\_\_\_ and \_\_\_\_\_.

### **II. SHORT ANSWER QUESTIONS**

1. Why is it necessary to follow systematic storage practices of raw materials used in Ayurveda?
2. Mention the parts used commonly for preparing Ayurvedic medicines.
3. Define stability testing and its purpose.

## UNIT - 4

### POORVA KARMA

This unit deals with preparatory procedures (Purva Karma) and important external therapies, highlighting their role in preparing the body for the main Panchakarma treatments and maintaining health.

- Session 1: Importance of Purva Karma (Pachana, Snehana, Svedana) and responsibilities of the Panchakarma Assistant during these preparatory procedures.
- Session 2: External procedures on the head (Murdha Taila), including Shiro Abhyanga, Shiro Pichu, Shiro Vasti, Shiro Lepa, and Shiro Dhara.
- Session 3: External procedures for eyes (Netra Kriyakalpa), nose (Nasya Karma), and oral cavity (Gandusha and Kabala), along with their therapeutic importance.
- Session 4: Full-body therapy (Abhyanga), Kerala massage traditions (Uzhichil, Pizhichil, etc.), and Dhuma therapy, including procedure steps and benefits.

#### Introduction

The panchakarma procedures are preceded by a series of procedures called as Poorva karma. These are Pachana (Ama Pachana/Metabolising toxins), Snehana (oleation) and Svedana (sudation), which prepare the patient adequately for Shodhana procedures. The Panchakarma/main shodhana procedures cannot effectively expel the deeply lodged *doṣha* without proper preparation. Pachana metabolises the primary impeding ama, which prepares the body for snehana and swedana. Snehana softens the body tissues and loosens the accumulated *doṣha*, while sudation helps to mobilise them from the subtle channels, making their elimination easier during the main (*Pradhāna Karma*) procedures. In certain clinical conditions, Snehana and Svedana may also be used as standalone treatments.

#### Session - 1

#### Understanding Purvakarma procedures

#### Importance of Pūrva-karma as a Preparatory Measure in Panchakarma

Every Panchakarma procedure is preceded by certain preparatory measures known as Pūrva-karma. The term *Pūrva* means “prior”, and *Karma* means

“procedure.” Pūrva-karma prepares the body and mind of the patient to safely and effectively eliminate vitiated doṣha during the main Panchakarma treatment.

Pūrva-karma mainly aims to:

- Loosen and mobilise accumulated doṣhas
- Remove obstruction in body channels (*srotas*)
- Pacify Vāta doṣha
- Facilitate easy and complete elimination of toxins

The three important components of Pūrva-karma are:

1. Pācana
2. Snehana
3. Svedana

### **Pācana**

*Pācana* means digestion or metabolism. During Pūrva-karma, Pācana is mainly intended to digest Āma, which refers to accumulated metabolic toxins in the body. Removal of Āma helps to clear the channels and improve the effectiveness of subsequent therapies.

In the Kerala Panchakarma tradition, a special decoction is often administered before external oleation and sudation procedures such as Uzhichil, Pizhichil, etc. This decoction is called Pāthi Kaṣhāya, where *Pāthi* refers to the treatment table, and *Kaṣhāya* refers to the herbal decoction. Pathi Kashaya intends to pacify the vata dosha.

### **Snehana (Oleation Therapy)**

*Snehana* refers to oleation therapy. Therapeutically, medicated ghee, oil, or other fat-based substances are administered for a specific duration to achieve targeted clinical benefits. Snehana also loosens adhered doṣhas and prepares them for elimination. It helps to counteract the dry and rough qualities of Vāta doṣha and softens the body tissues. Oleation can be given internally either as massive doses of any suitable lipid form, as ghee/oil consumed at once or along with suitable dietary preparations in short doses in a daily manner. Externally, Sneha is applied through various forms of massages and several unique therapeutic applications like Karna poorana, Kaya seka, etc.

Snehana is performed in two different ways:

#### **Internal Snehana (Ābhyantara Snehana)**

- Ācchāpāna: Administration of medicated ghee or oil in larger quantities to patients with good strength and digestive capacity.
- Pravaraṇa Sneha: Administration of smaller quantities of Sneha for patients who cannot tolerate large doses.

The selection of internal Snehana depends on the patient's doṣha condition, strength (*bala*), digestive power (*agni*), and disease status.

### **External Snehana (Bāhya Snehana)**

External oleation therapies are well developed in the Kerala tradition and are suitable to treat Vāta-dominant disorders. Common procedures include:

- Uzhichil – massage using medicated oils with firm strokes
- Pizhichil – continuous pouring of warm medicated oil over the body

These therapies produce both Snehana and Svedana effects. Some misleading information has designated snehana and svedana as the main Panchakarma treatments. Even many spa centres and body massage parlours have misused this knowledge and were working in the name of Panchakarma centres. But in reality, these procedures are actually Pūrva-karma and should be performed only under the supervision of a qualified Ayurvedic physician.

### **Svedana**

Svedana refers to the process of inducing perspiration, either with or without the application of heat produced by fire. It is generally administered after *snehana* therapy. Sweating helps dissolve and mobilise metabolic waste materials that have been softened and loosened through snehana, allowing them to be expelled from the body channels. It helps in dilating the body channels and mobilising the loosened doṣha toward the gastrointestinal tract or nearest route of elimination.

Svedana is of two types:

1. **Sāgni Sveda:** Sweating induced by heat generated from fire-based sources.
2. **Niragni Sveda:** Sweating induced without fire, such as through exposure to sunlight, physical exercise, staying in a closed room, , covering the body with thick clothes, walking, etc.

Special caution must be exercised when performing svedana over sensitive regions such as the eyes, testes, and precordial (heart) area.

Svedana is classified based on different regions of the body:

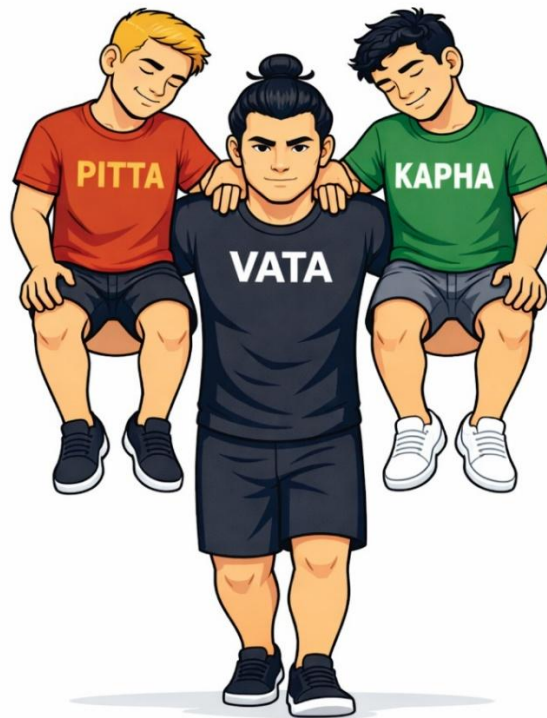
- **Sāmānya Svedana** – whole-body steaming in a sudation chamber (Usually done before vamana, virechana, vasti, etc)
- **Sthānika Svedana** – localised fomentation to specific body parts. (Done in Nasya karma)

Common forms of Svedana include:

- **Upanāha** – Application of a paste of fresh herbs or dried drugs, spread evenly in a cloth, folded according to the length of the body part (usually joints) and appropriately tied. This arrangement is usually left undisturbed for 8-12 hours or else according to the decision of the Vaidya.
- **Parīṣeka** – Lukewarm medicated liquid is dropped onto the affected area. This procedure, when done on the whole body, is otherwise known as Kayaseka. Parisheka can be localised or sit in a tub filled with decoction called as Avagaha sweda. The level of liquid in Avagaha sweda should be upto umbilical region. Medicated oils, various decoctions, fermented liquids called as Dhanyamla, etc are usually used.
- **Patra Piṇḍa / Piṇḍa Sveda (Kizhi)** – Application of fried leaves of particular plants like Calotropis procera/Arka/Madar or trees like Tamarindus indica/Imli along with grated coconut, or rock salt and sometimes simple heated sand (tied in a cotton cloth applied as strokes) for a particular duration to the affected part. This is known as *Kizhi* in Kerala tradition.

Vāta doṣha governs movement (*Chalatvam*) in the body. According to classical texts, Pitta and Kapha depend on Vāta for their mobility. Therefore, special care is taken to prevent aggravation of Vāta during Panchakarma procedures. To understand the level of activity impeded in *tridosha*, *Acharya Sharngadhara* describes the other two doṣha – *Pitta* and *Kapha* as crippled individuals who depend upon the *vata dosha* for the mobility element, as described in the figure. Therefore, in any *Panchakarma* procedure, the *vata* should be taken care of, and this is specifically mentioned during pashchat karma after vasti, where the patient is ordered to immediately consume the prescribed food pattern after the *niruha vasti* evacuation. Similarly, while performing rakta moksha, the vata dosha is given special importance. When vata dosha is pacified, the vitiated pitta or kapha will be mobilised. Oleation itself is a treatment method for vata due to the ruksha (rough) character of the vata dosha. The lipids can remove the toxins from the body. Since the adipose tissues function as the storehouse of many toxins, the use of lipids can solubilise the accumulated toxins. Snehana and Svedana together help in softening body tissues, dissolving toxins stored in fat tissues, and mobilising the doṣha. These mobilised doṣha are directed towards their appropriate elimination pathways:

- **Nasya** – for doṣha in head and neck
- **Vamana** – for Kapha dosha predominance
- **Virecana** – for Pitta dosha predominance
- **Raktamokṣha** – for Pitta dosha affecting blood
- **Vasti** – for Vāta disorders



**Fig, no. 4.1: Figure representing the relation of tridosha activity level, visualised as per Acharya Sharngadhara**

## **Role of Panchakarma Assistant in Pūrva-karma**

### **Patient Care**

The Panchakarma Assistant (PA) plays an important role in ensuring patient safety and comfort during Pūrva-karma procedures.

- Confirm scheduled procedures, dates, medicines, their source of collection, and dosages in advance.
- Explain the procedures clearly to the patient
- Provide appropriate treatment clothing or hospital uniforms
- Verify the patient's Prakṛiti and general condition before treatment
- Record vital signs such as blood pressure, pulse, and temperature daily.
- Monitor Random Blood Sugar in diabetic patients when required.
- Record symptoms before and after each treatment session
- Recheck vital signs before the patient leaves the treatment area.
- Maintain a reassuring and positive attitude toward the patient.

### **Preparation of Medicines**

- Confirm the correct medicine and quantity before each procedure
- Prepare medicines in advance in their usable form.
- Warm the oil and decoctions to a lukewarm temperature before use

- Administer Pācana Kaṣāya as prescribed while the patient is seated on the Pāthi (if required and prescribed by Vaidya).
- Ensure Sneha-pāna materials are warm and provide medicated water to consume in the intervals.
- Keep the sudation chamber ready with safe and tolerable steam levels.

### Communication with Physician

- Record all observations, including any adverse effects
- Inform the physician immediately about abnormal findings
- Communicate vital sign changes accurately and promptly
- Act as a link between the physician and patient.

### Professional Conduct

A Panchakarma Assistant should maintain personal hygiene, wear clean attire, and ensure the cleanliness of the treatment room. Proper care must be taken while handling heat devices and medicines. Cleaning staff should be instructed to clean the treatment area immediately and dispose of the biological wastes as per protocol.

The Panchakarma Assistant must demonstrate discipline, responsibility, loyalty to the physician, and compassion toward the patient throughout the treatment process.

## PART A

### I. PRACTICAL EXERCISE

1. Prepare a chart or PowerPoint presentation to educate the patients about Poorvakarma procedures.

### II. ACTIVITY

1. Visit a Panchakarma centre and observe the Poorva karma procedures.
2. Write a report about the Poorvakarma procedures observed by you in the centre. Was it a shamana or shodhana therapy?

## PART B

### I. FILL IN THE BLANKS

1. The poorvakarma procedures are the \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.
2. \_\_\_\_\_ metabolises and prepares the body for snehana and swedana.

3. \_\_\_\_\_ softens the body tissues and loosens the accumulated doṣha.
4. \_\_\_\_\_ is mainly intended to digest Āma, which refers to accumulated metabolic toxins in the body.
5. \_\_\_\_\_ refers to the process of inducing perspiration, either with or without the application of heat produced by fire.

## II. SHORT ANSWER QUESTIONS

1. Write a short note on the importance of purva karma procedures.
2. Write a short note on
  - a. Pachana
  - b. Snehana
  - c. Swedana
3. Role of Panchakarma assistant during purvakarma.

PSSCIVE Draft Study Material - Not to be Published

## Session - 2

### External Procedures on the Head (Murdha Taila)

Ayurveda considers the head (Shira) to be the most important part of the human body. Classical texts describe the head as the “Uttamāṅga, where *uttama* means “supreme or best” and *aṅga* means “body part.” Just as a tree depends on its roots for nourishment and stability, the human body depends on the head for the functioning of the indriyas (sense organs) and prāṇa (vital life force). Because of its physiological and functional significance, therapeutic procedures performed on the head are given special importance in Panchakarma.

Ayurveda categorises these treatments under the name Murdha Taila, which translates to “head oil therapies.” These procedures nourish the scalp, calm the nervous system, improve sensory functions, and help control many psychosomatic disorders. The major types of external head procedures include:

1. **Shiro Abhyanga** – Head oil massage
2. **Shiro Pichu** – Retaining medicated oil using a cotton pad
3. **Shiro Vasti** – Pooling oil over the head using a sealed reservoir
4. **Shiro Lepa** – Application of medicated paste on the scalp
5. **Shiro Dhara** – Continuous pouring of medicated liquids over the forehead

#### Shiro Abhyanga (Head Oil Massage)

*Shiro* means head, and *Abhyanga* means oil massage. Shiro Abhyanga is the gentle massaging of the scalp and surrounding head region using medicated oils. It is prescribed both as a daily health practice (Dinacharya) and as a therapeutic procedure for various disorders.

#### General Benefits

- Delays age-related changes in hair and scalp
- Improves hair texture, strength, and natural shine
- Nourishes scalp, reduces dryness, dandruff, and itching
- Reduces headaches, tension, and mental exhaustion
- Promotes sound sleep (helps with insomnia)
- Improves circulation and strengthens sense organs
- Balances Vata dosha, especially in the head region

Oil Selection:

- **General use / Swastha person:** Sesame oil is preferred.
- Prakriti-based or disease-based oil selection is recommended by the physician (e.g., Brahmi oil, Bhringaraj oil, Ksheerabala taila, etc.).

## **Role of the Panchakarma Assistant during the procedure**

### ***Purva Karma (Pre-procedure Preparation)***

#### **1. Identification**

- Verify the prescribed medicated oil from:
  - a. Duty-register
  - b. Patient case sheet
- Measure the required quantity (usually 10–15 ml).
- Maintain a record of oil used and leftover for documentation.

#### **2. Preparation**

- a. Use a dry, wide-mouthed stainless steel vessel of 50 ml capacity.
- b. Pour the required amount of oil into the vessel.
- c. Heat the oil by the double-boiling technique (placing the vessel inside another container of hot water).
- d. Maintain lukewarm temperature (~40°C) throughout the procedure.
- e. Make the patient sit comfortably on a cushioned, knee-high chair with head exposed and rest draped properly.

#### **3. Patient Education**

- Ask the patient to void natural urges (urination and defecation) before starting the procedure.
- Procedure should be done pre-prandial (best on an empty stomach or light stomach).
- Counsel the patient to relax and remain free from stress.
- Ensure patient wears loose, comfortable clothing or hospital-provided drapes.

### ***Pradhana Karma (Main Procedure)***

1. Check oil temperature before application.
2. Begin massage over scalp, forehead, temples, and occipital region.
3. Use circular, gentle strokes with fingertips and palm.
4. Massage for 10–15 minutes or as advised by the physician.
5. Maintain even pressure and avoid harsh rubbing.
6. Reheat oil when required to keep it lukewarm.

#### **Precautions**

1. The oil-heating vessel must be completely dry.
2. Ensure optimum lukewarm temperature (too hot may cause burns; too cold reduces therapeutic effect).
3. Avoid procedure in conditions such as fever, scalp infections, bleeding disorders, or as contraindicated by the physician.

### ***Paschat Karma (Post-procedure Care)***

#### **Patient Education**

1. Advise the patient to rest for at least 15 minutes after the massage.
2. If permitted by the physician, the patient may take a lukewarm bath after resting.
3. Provide medicated bath powder or shampoo suitable for the condition with instructions for use.
4. Ask the patient about their comfort or any discomfort experienced during the procedure.

#### **Disposal and Clean-up**

- Used drapes, towels, cotton pads, and disposables should be placed in the designated biomedical waste bins.
- Clean the chair, surrounding area, and equipment after the session.
- Record the procedure details in the therapy register.

#### **Shiro Pichu**

*Shiro Pichu* is an external procedure in which a thick, sterile cotton pad (pichu) soaked in warm medicated oil is placed over the vertex or affected region of the head for a specific duration. This helps to retain warmth and medication over the scalp, allowing deeper absorption into the tissues. *Shiro Pichu* is especially beneficial in disorders associated with Vata imbalance in the head region and conditions related to the brain, scalp, and sensory functions.



**Fig no 4.2: Shiro Pichu preparation of Patient**

## **Role of the Panchakarma Assistant during the procedure**

### ***Purva Karma (Pre-procedure Preparation)***

#### **1. Identification**

- Verify the prescribed medicated oil using:
  - a. Duty/therapy register
  - b. Patient case sheet
- Note down the quantity of oil required (usually 15–25 ml).
- Keep a record of oil used, leftover oil, and lot/batch details for documentation.

#### **2. Preparation**

- a. Take a sterile, thick cotton pad of approximate area 8-16cm<sup>2</sup> (round or rectangular) and 2cm in thickness.
- b. Use a dry stainless steel vessel to warm the oil.
- c. Warm the oil using the double-boiler method until it reaches a lukewarm temperature (~40°C).
- d. Thoroughly soak the cotton pad in the warm oil to ensure even saturation.
- e. Ensure the patient is comfortably seated.
- f. Patient's clothes can be covered with larger draping or covering sheets.

#### **3. Patient Education**

- Advise the patient to finish natural urges before starting the procedure.
- Preferably perform the procedure when the patient is pre-prandial/light stomach.
- Ask the patient to relax and stay calm during the procedure.
- Explain that warm oil will be placed on the head, and mild warmth is normal.

### ***Pradhana Karma (Main Procedure)***

1. Recheck oil temperature before placing the pichu.
2. Cotton is placed on the vertex (the highest point on the skull) region, and warm oil is poured.
3. The whole arrangement is covered with a square-shaped cotton cloth, as shown in the figure and tied firmly.
4. Duration typically ranges from 20 to 45 minutes, depending on the physician's instructions.
5. Maintain a calm environment and observe the patient throughout.

**Precautions**

1. Oil should be lukewarm and not hot.
2. Cotton pad must be clean, soft, and sterile to prevent scalp irritation.
3. Do not apply if the patient has:
  - Scalp infections
  - Open wounds
  - Fever or acute illness
  - Any contraindication as noted by the physician
4. Ensure no oil drips into eyes or ears.

**Paschat Karma (Post-procedure Care)**

## Patient Education

1. Gently remove the pichu and clean excess oil from the head.
2. Advise the patient to rest for 15 minutes after the procedure.
3. Provide suitable medicated bath powder or light shampoo as per condition, if bath is prescribed by the Vaidya.
4. Ask the patient about any dizziness, discomfort, or relief experienced.

**Disposal and Clean-up**

- Dispose of used cotton pads in an appropriate biomedical waste container.
- Clean the headrest, chair, and nearby surfaces with liquid detergent and water, disinfect using 70% alcohol, and ensure complete drying before reuse.
- Record the procedure details, oil type, duration, and patient response in the therapy register.

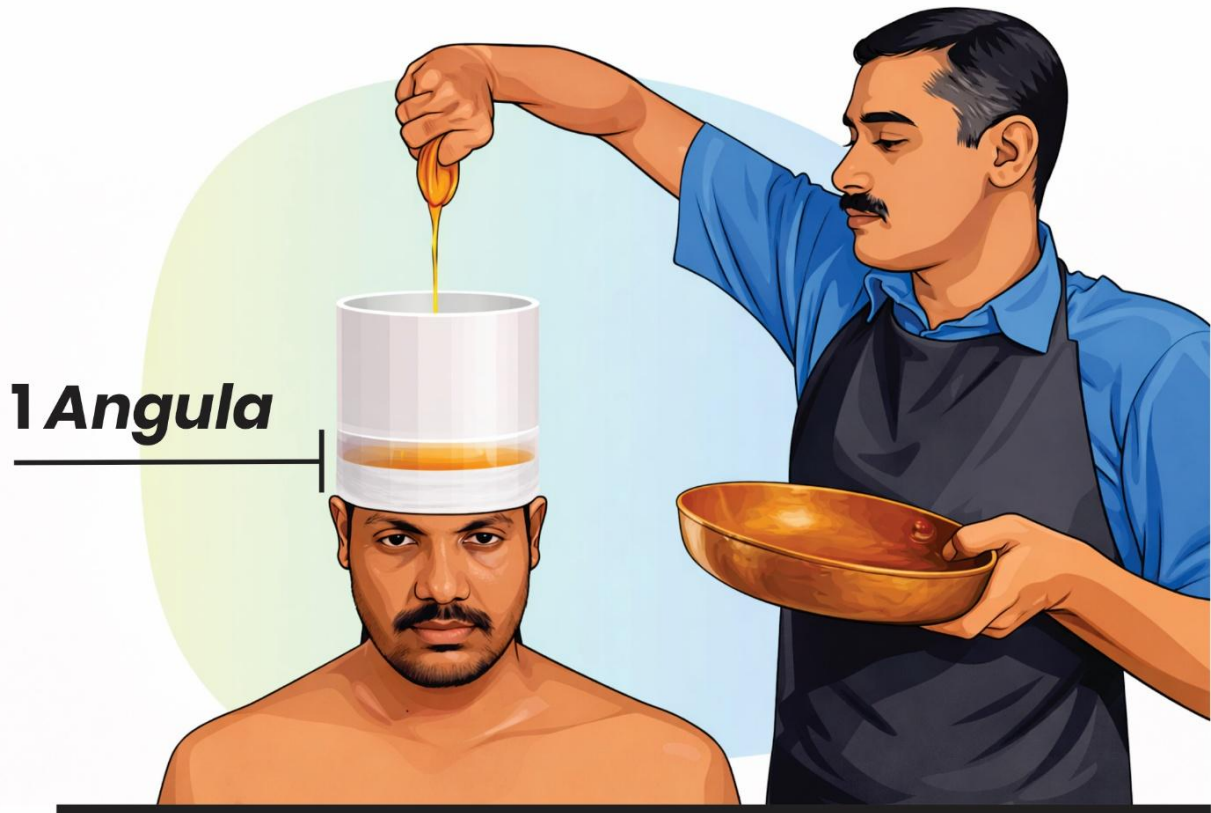
**Shiro Vasti**

Shiro Vasti is an external Ayurvedic therapeutic procedure in which warm medicated oil is retained over the scalp for a specific duration using a specially prepared cap or boundary. This allows prolonged contact of the oil with the scalp and cranial region, promoting deeper absorption and nourishment of the tissues of the head. Shiro Vasti is mainly indicated in chronic Vata-dominant disorders of the head, nervous system, and sense organs.

**Benefits**

- Relieves chronic and severe headaches
- Reduces neurological symptoms like giddiness and tremors
- Improves mental clarity and memory
- Strengthens sense organs (eyes, ears, nose)
- Useful in facial palsy, cervical spondylosis, and stress disorders

- Nourishes scalp and prevents hair fall and premature greying
- Calms Aggravated Vata in the head region
- Promotes deep relaxation and sleep



**Fig no 4.3: Shiro Vasti**

### **Oil Selection**

Medicated oils are selected based on the disease condition and the physician's prescription. Commonly used oils include:

- Ksheerabala-Taila
- Dhanwantaram-Taila
- Bala-Taila
- Mahamasha-Taila
- Brahmi Taila

### **Role of the Panchakarma Assistant during the procedure**

#### ***Purva Karma (Pre-procedure Preparation)***

##### **1. Identification**

- Verify prescribed oil and the posted duration either from the Therapy register or the Patient case sheet. The therapy will usually be posted either

in the morning or evening schedule in empty stomach.

- Note the required quantity of oil.
- Record oil details, including batch number, quantity used, and leftovers.

## 2. Preparation

- a. The patient should be given Abyanga and Swedana before the procedure or as directed by the physician.
- b. Prepare a leak-proof boundary over the scalp using a Shiro Vasti cap and gaps closed with urad dal dough mix.
- c. Ensure proper sealing to prevent oil leakage.
- d. Warm the medicated oil using a double-boiler method to lukewarm temperature (~40°C). Check the temperature with the patient's endurance level always. The oil is poured either using a cotton cloth dipped in oil and squeezed inside the cap or allowed to flow freely through a coconut leaf kept at a slanting position onto the scalp inside the cap. The intention is to allow a flowing mode of oil rather than the harsh pouring onto the scalp.
- e. Seat the patient comfortably with neck and head support.
- f. Cover shoulders with drapes.

## 3. Patient Education

- Ask the patient to empty the bladder and bowels before the procedure.
  - Prefer a light stomach or pre-prandial condition for the procedure.
- Explain that warm oil will be retained on the head for some time.
- Instruct the patient to remain calm and avoid movement.

### ***Pradhana Karma (Main Procedure)***

1. Recheck oil temperature before pouring.
2. Slowly pour warm oil into the sealed cap/boundary over the scalp.
3. Fill until the oil level is approximately up to 1-2 cm (1 angula measurement) above the scalp.
4. Retain oil for 20–40 minutes or as directed by Vaidya.
5. Maintain oil temperature by replacing small quantities if required.
6. Observe patient continuously for discomfort, dizziness, or anxiety.
7. Maintain a calm and quiet environment throughout.

### **Precautions**

1. Ensure proper sealing to prevent oil leakage.
2. Oil should always be lukewarm, never hot.
3. Avoid sudden movements of the patient.
4. Continuous supervision is mandatory.

**Paschat Karma (Post-procedure Care)**

- The oil is retained till particular symptoms arise, like discharges oozing out of the ear, oral, nose or pacification of any irritating pain of the patient
- Remove oil carefully and clean scalp with dry cotton.
- Allow the patient to rest for 20–30 minutes.
- Advise lukewarm head bath if permitted by the physician.
- Avoid exposure to cold air and wind.
- Ask the patient to report any relief or discomfort.

**Disposal and Clean-up**

- Dispose of waste materials as per biomedical guidelines.
- Clean and dry caps, vessels, and the treatment area.
- Record procedure details, oil used, duration, and patient response.

**Shiro Lepa**

Shiro Lepa is an external Ayurvedic therapeutic procedure in which a freshly prepared herbal paste (lepa) is applied over the scalp for a specific duration to relieve inflammatory, burning, and dermatological conditions of the head. This procedure is particularly useful in Pitta-dominant scalp disorders. A modified form called as Thalapothichil is practised in the Kerala Tradition, extremely suitable for the treatment of psychiatric disorders.

**Benefits**

- Reduces the burning sensation of the scalp
- Controls dandruff and scalp itching
- Useful in scalp psoriasis and dermatitis
- Relieves headache due to heat and inflammation
- Improves scalp health and hair texture
- Soothes Pitta aggravation
- Provides a cooling and calming effect

**Lepa Selection**

Herbal pastes are selected as per condition and prescription. Common ingredients include:

- Chandana
- Amalaki
- Yashtimadhu
- Neem
- Triphala

## **Role of the Panchakarma Assistant during the procedure**

### ***Purva Karma (Pre-procedure Preparation)***

#### **1. Identification**

- Verify prescribed lepa formulation and duration.
- Check patient case sheet for contraindications.
- Record ingredients and quantity prepared.

#### **2. Preparation**

- a. Prepare fresh herbal paste using clean utensils.
- b. Maintain smooth, semi-thick consistency.
- c. Seat the patient comfortably.
- d. Protect eyes, ears, and clothing.

#### **Preparation of Thalapothichil herbal paste:**

In the case of Thalapothichil, the usual combination is done with dried amala. The day before the procedure, Amala has to be soaked in either buttermilk or a suitable liquid as directed by the physician. The seeds are separated, and the flesh will be pasted without adding any further drops of water. If needed, the buttermilk itself can be used to get the paste-like consistency. Leaves of lotus should also be arranged for the procedure (covering the head).

#### **3. Patient Education**

- Explain cooling sensation and mild tightness after application.
- Ask the patient to remain still during the procedure.
- Ensure patient is relaxed.

### ***Pradhana Karma (Main Procedure)***

1. Apply lepa evenly over the scalp using fingers or a spatula.
2. Avoid hairline, eyes, and ears.
3. Maintain uniform thickness (not too thick).
4. Allow the lepa to remain for 20–30 minutes or as directed by the physician.
5. Remove before complete drying or as per the purpose.
6. Wash scalp gently with lukewarm water.
7. In the case of Thalapothichil, cover the applied paste with a lotus leaf. A cotton string over the lotus leaf can keep the arrangement in place.



**Fig no 4.4: Shiro lepa**

### **Precautions**

1. Do not allow lepa to dry completely.
2. Avoid in open wounds or infections.
3. Check for allergic reactions.
4. Use freshly prepared paste only.

### **Paschat Karma (Post-procedure Care)**

#### **Patient Education**

1. Dry scalp gently after washing.
2. Avoid sun exposure immediately.
3. Follow the physician's hair care advice.

#### **Disposal and Clean-up**

- Dispose of leftover paste following biomedical waste segregation.
- Clean preparation area and utensils.
- Record procedure details.

### **Shiro Dhara**

Shirodhara is an external Ayurvedic therapeutic procedure in which a continuous, rhythmic stream (Swinging motion) of medicated liquid is poured over the forehead for a fixed duration to induce deep relaxation of the mind and nervous system.

#### **Benefits**

- Induces mental calmness and relaxation
- Improves sleep and reduces insomnia
- Relieves anxiety, stress, and depression
- Useful in hypertension and migraine

- Enhances concentration and memory
- Balances Vata and Pitta dosha

### **Liquid Selection**

Liquids are selected based on condition:

- Medicated oil (Taila Dhara)
- Milk or buttermilk (Ksheera/Takra Dhara)
- Herbal decoctions

## **Role of the Panchakarma Assistant during the procedure**

### ***Purva Karma (Pre-procedure Preparation)***

#### **1. Identification**

- Verify prescribed liquid and duration.
- Record quantity required (usually 1–2 litres).

#### **2. Preparation**

- Warm liquid (oil/butter milk) to lukewarm temperature.
- Set up the dhara vessel and the collection bowl.
- Position patient supine with neck support.
- Protect eyes with cotton pads. A small cotton string is tied as a demarcation point above the eyebrows. The patient should be aware of the procedures regarding the dhara.

### **Takra Dhara**

If the patient is posted for Takra dhara, the butter milk should be prepared previously. Usually, the fermentation process has to be initiated as directed by the physician.

Amalaki kwatha- 1 part of dried amalaki is boiled with 8 times water and reduced to 1/4<sup>th</sup>. Among the strained kwatha, 3/4<sup>th</sup> should be used to mix with butter milk, and 1/4<sup>th</sup> retained to wash the head after the dhara.

Preparation of butter milk- 1part dried Musta/Cyperus rotundus is washed, patted dry and then crushed. This is tied in a muslin cloth and added with 8 times milk in a steel vessel, and this level should be marked using a suitable measurement rod. Then, 32 times water is added and kept boiling in a mild fire until the level gets reduced to that of milk. This ksheerapaka is traditionally used for making butter milk for Takra dhara.

Suitable amount of curd is added to this prepared ksheerapaka and allowed to be kept for fermentation. The fermented curd is mixed with the amalaka decoction prepared earlier and churned to remove the butter completely. This amalaki takra is used for dhara, and so the entire procedure needs to be

planned and the medicine prepared accordingly if a patient is posted for Takra dhara.

### ***Pradhana Karma (Main Procedure)***

1. Start continuous flow over the forehead.
2. Maintain a steady stream and oscillating movement.
3. Continue for 30–45 minutes or as directed by the patient.
4. Ensure the patient's comfort throughout the procedure.

### **Precautions**

1. Avoid interruption in flow.
2. Prevent liquid from entering eyes or ears.
3. Contraindicated in acute illness and fever.



**Fig. 4.5: Shiro dhara**

### **Paschat Karma (Post-procedure Care)**

#### **Patient Education**

1. Clean forehead gently.
2. Allow rest for 30 minutes.
3. Advise a head bath if prescribed, and in Takra dhara, give a head bath with the remaining amalaki kwatha, which was kept aside previously.

#### **Disposal and Clean-up**

- Clean the dhara vessel, tubing, and collection container using warm water and a mild detergent solution (e.g., liquid soap or 1% detergent solution), followed by rinsing with clean water and wiping with 70% isopropyl alcohol for disinfection
- Record procedure details and patient response.

## PART A

### I. PRACTICAL EXERCISE

1. Make a chart or PowerPoint presentation about the Purvakarma, Pradhakarma and Paschatkarma for the procedures on the head.

### ACTIVITY

1. Visit a panchakarma centre and observe the Panchakarma procedures (Murda Taila) for the head.

## PART B

### I. FILL IN THE BLANKS

1. \_\_\_\_\_ procedures nourish the scalp, calm the nervous system, improve sensory functions, and help control many psychosomatic disorders.
2. Name two murda taila procedures \_\_\_\_\_, and \_\_\_\_\_.
3. \_\_\_\_\_ is the gentle massaging of the scalp and surrounding head region using medicated oils.
4. \_\_\_\_\_ is an external Ayurvedic therapeutic procedure in which a continuous, rhythmic stream of medicated liquid is poured over the forehead for a fixed duration.

### II. Match the following

1. Shiro Abhyanga – a. Pooling oil over the head using a sealed reservoir
2. Shiro Pichu – b. Continuous pouring of medicated liquids over the forehead
3. Shiro Vasti – c. Application of medicated paste on the scalp
4. Shiro Lepa – d. Head oil massage
5. Shiro Dhara – e. Retaining medicated oil using a cotton pad

### III. Write Short Notes on:

- a. Shiro Abhyanga
- b. Shiro Pichu
- c. Shiro Vasti
- d. Shiro Lepa
- e. Shiro Dhara

2. List the role of the Panchakarma assistant during Murda taila.

## Session - 3

### External Procedures for Eyes, Nose and Oral Cavity

#### Netra Kriyā-kalpa (Procedures for the eyes)

Ayurveda describes several local therapeutic procedures for the management of eye disorders, collectively known as Netra Kriyā-kalpa. These procedures range from simple cleansing methods to nourishing therapies where the ocular region is retained in medicated substances for a prescribed duration. There are seven types of Netra Kriyā-kalpa, namely: Seka, Āścyotana, Piṇḍī, Vidalaka, Añjana, Tarpana, and Puṭapāka.

##### 1. Seka

Netra Seka is the procedure of pouring a continuous stream of medicated liquid (such as Triphalā kvātha) from a height of 4 aṅgula (approximately 7–8 cm) over the closed eyes.

**Indications:** Conjunctivitis, Redness of the eyes, Watering and irritation, Acute inflammatory eye conditions

The therapeutic effect of Seka is due to both medicinal action and mechanical stimulation. It is preferably performed during the daytime, but in emergency conditions, it may be administered at night.

##### Pūrvakarma

- Select the appropriate liquid medium as per the patient's condition.
- Confirm the medicine from the case sheet.
- Position the patient in the supine position on a clean treatment table.
- Clean the eyes and surrounding area with a towel dipped in lukewarm water.
- Maintain strict precautions in contagious conditions to prevent spread.
- Ensure sterilised cotton, gloves, and a kidney tray are ready.
- Ask the patient to close the eyes gently.

##### Pradhāna Karma

- Pour the medicated liquid using a sterile Gokaṛṇa from a height of 7–8 cm over the inner canthus.
- A cotton wick may be fixed to ensure a smooth and continuous stream.
- Continue the procedure as advised by the physician.
- Repeat the same for both eyes.

- Collect the drained liquid in a kidney tray placed near the outer canthus.



**Fig no 4.6: Seka**

### **Paścāt Karma**

- Wipe excess liquid with sterile cotton.
- Record symptom changes and advise appropriate Pathya.

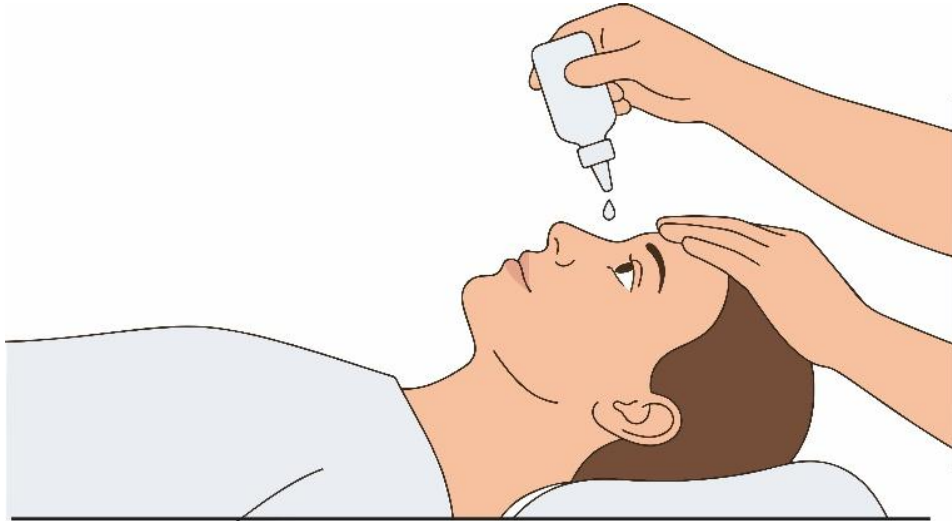
### **2. Āscyotana**

Āscyotana refers to the instillation of medicated eye drops into open eyes from a height of 2 āṅgula. It is usually the first line of treatment for eye diseases.

**Indications:** Redness, Itching, Burning sensation, Grittiness, Infection and pain

### **Pūrvakarma**

- Place the patient in the supine position.
- Prepare the prescribed medicine (e.g., Triphalā kvātha) as per physician's instruction.
- Arrange a kidney tray suitable to facial curvature.
- Fix a spindle-shaped sterile cotton wick in the Gokarṇa.
- Clean the eyes and surrounding area with lukewarm water and pat dry.
- Pradhāna Karma
- Pour the medicated liquid into the Gokarṇa.
- Allow drops to fall uniformly into the inner canthus.
- Assist the patient in keeping the eyes open if required.
- Administer the prescribed number of drops.
- Repeat for the other eye.



**Fig no 4.7: Ascyotana**

### **Paścāt Karma**

- Dispose of collected fluid properly.
- Clean the peri-ocular region thoroughly.
- Record patient feedback.
- Advise avoidance of bright and luminous objects.

### **Precautions**

- Not advised during nighttime.
- In Vāta-Kapha dominance, medicine should be lukewarm.
- In Pitta dominance, room-temperature liquid is preferred.
- Strictly adhere to the prescribed number of drops.
- Maintain the specified height for installation.

### **3. Piṇḍī**

Piṇḍī involves the application of a round bolus of herbal paste, placed between cotton gauze and applied over closed eyes.

### **Pūrvakarma**

- Place the patient in the supine position.
- Prepare herbal paste with the required consistency.
- Autoclave cotton gauze and keep it ready.
- Warm the paste to lukewarm temperature if indicated.

### **Pradhāna Karma**

- Place 2–3 g of paste between gauze layers.
- Apply over closed eyes.
- Secure with a loose bandage around the head.

**Paścāt Karma**

- Remove and discard the gauze and bandage.
- Clean eyes with lukewarm water.
- Advise Pathya.

**Precautions**

- Prepare paste only for the affected eye if unilateral disease.
- Paste should not be watery to avoid irritation.



**Fig no 4.8: Pindi**

**4. Vidalaka**

Vidalaka is the application of herbal paste over the palpebral skin, excluding eyelashes. It follows principles similar to Mukhalepa.

**Pūrvakarma**

- Place the patient in the supine position.
- Clean eyelids with lukewarm water.
- Prepare a finely ground herbal paste.
- Keep gloves and gauze ready.

**Pradhāna Karma**

- Apply paste evenly over eyelids, excluding lashes.
- Maintain contact for 20–25 minutes.



**Fig no 4.9: Vidalaka**

### **Paścāt Karma**

- Remove paste before drying.
- Wash area with lukewarm water.
- Advise Pathya and avoidance of bright light.

### **5. Añjana**

Añjana is the application of medicated preparation from the inner to the outer canthus using a special applicator called Śalākā. Añjana is available in three dosage forms: Guṭikā, Cūrṇa, and Rasakriyā. Types include Snehana, Ropaṇa, Lekhana, and Prasādana Añjana.

### **Pūrva Karma**

- The śalākā is autoclaved and kept ready.
- The patient may be seated or placed in the supine position based on comfort.
- The prescribed medicine is kept ready in a closed container. If Varti is prescribed, a separate grinding stone is arranged.

### **Pradhāna Karma**

- In Rasakriyā Añjana, the śalākā is dipped in the medicine and applied starting from the inner canthus towards the outer canthus.
- The patient is instructed to close the eyes and move the eyeballs in all directions.

### **Paścāt Karma**

- Excess lacrimation is wiped gently with cotton.
- The patient is advised to follow pathya and avoid looking at bright objects immediately after the procedure.

## 6. Netra Tarpana

Netra Tarpana is a nourishing procedure where the eyes are retained in medicated oil or ghee using a dough boundary made of black gram flour.

**Indications:** Dryness of the eyes, Ptosis, Eye fatigue, Degenerative eye conditions

### Pūrvakarma

- Perform after proper digestion of food.
- Place patient in supine position.
- Construct a leak-proof boundary around eyes using black gram dough.
- Keep barley (yava) paste ready for post-procedure use.

### Pradhāna Karma

- Warm oil or ghee using the double-boiler method.
- Pour gently into the dough enclosure over closed eyes.
- Ensure eyelashes are fully submerged.
- Ask the patient to open and close eyes intermittently.
- Continue for 15–20 minutes or as advised.



*Fig no 4.10: Netra Tarpana*

### Paścāt Karma

- Drain oil and remove dough boundary.
- Clean excess oil using barley paste.
- Administer Dhūma if prescribed.
- Wash eyes repeatedly with lukewarm water.
- Advise Pathya for double the treatment duration.
- Jasmine flowers may be tied over the eyes before sleep for a soothing effect.

## 7. Netra Puṭapāka

Puṭapāka is usually performed after Netra Tarpana to restore ocular strength. The procedure is similar to Tarpana, but the medicine used differs.

### Types

- Snehana Puṭapāka
- Lekhana Puṭapāka
- Prasādana Puṭapāka

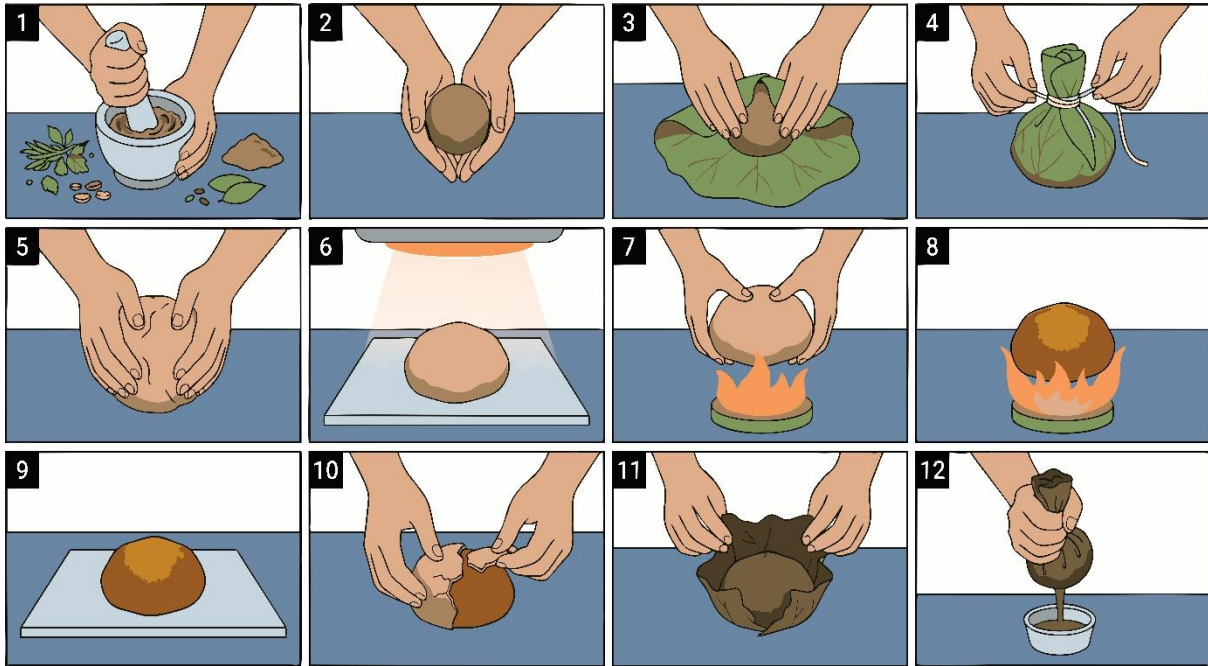


*Fig no 4.11: Netra Putapaka*

### Preparation of Medicine

- Prescribed drugs (sometimes including animal tissue as per classics) are finely ground.
- The paste is made into a bolus and wrapped in leaves of Eranda, Paṭola, or Lotus.
- Tied securely with Darbha grass or cotton thread.
- Coated with clay (2 aṅgula thickness) and dried.
- Baked until amber-coloured.
- After cooling, layers are removed, and the bolus is squeezed.
- The extracted juice is used for Puṭapāka.

The preparation of the bolus is given in figures



**Fig no 4.12: Netra Putapaka medicine preparation**

## External procedures performed through the nose: Nasya Karma

Nasya Karma is described as one of the five Panchakarma procedures. The nose is regarded as the gateway to the cephalic region, and hence Nasya plays a significant role in the management of disorders such as headache, paralysis, and other diseases of the head and neck.

There are different types of Nasya based on the form of medicine used, such as medicated oils or ghee, decoctions, expressed juices of herbal pastes, and herbal powders. Sneha (lipid-based) Nasya, administered according to different dosage patterns, is classified as Marsha Nasya and Pratimarsha Nasya. Marsha Nasya is administered in larger doses, up to 10 bindu (approximately 10 ml).

Nasya performed using kalka (herbal paste) is known as Avapeeda Nasya, and that performed with churna (herbal powder) is called Dmapana Nasya, which is described as highly potent. Inhalation of medicated smoke, known as Dhuma Nasya, is also considered a subtype of Nasya.

Therefore, Nasya should not be understood merely as nasal instillation, but as a procedure preceded by a series of Poorva Karma and followed by definite Paschat Karma.

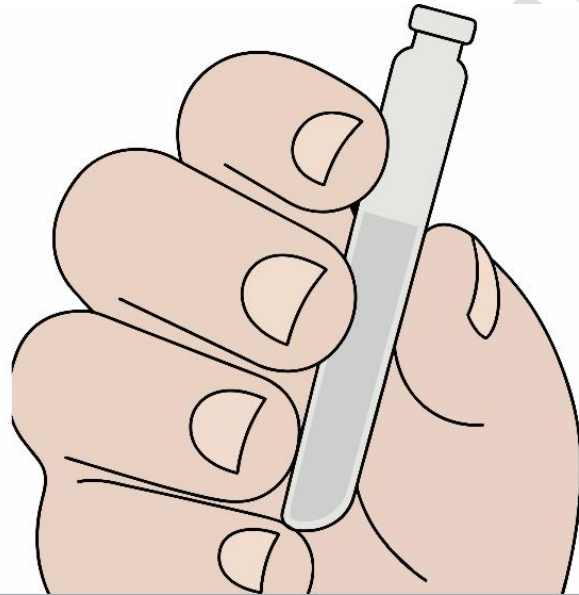
### General Benefits of Nasya

- Promotes healthy growth of hair and prevents hair disorders
- Prevents wrinkles and premature greying of hair, which are visible signs of ageing
- Enhances the functioning of sense organs

- Protects against diseases of the head and neck region (*Urdhwanga Roga*)

### Types of Nasya

Based on Function	Based on Quantity	Based on the Dosage Form
Virechana	Marsha	Sneha
Brumhana	Pratimarsha	Avapeeda
Shamana		Dhuma
		Dmapana



**Fig. 4.13: Dmapana Nasya Apparatus**

### Dmapana Nasya Apparatus

Traditionally, a “Y”-shaped tube of six *angula* length (approximately 12 cm) is mentioned for administering Churna Nasya. In modern practice, this has been replaced by a single hollow tube or other suitable devices to improve patient comfort.

The herbal powder is filled into the tube, and the patient is instructed to inhale, while the physician or technician gently blows the medicine into the nostrils. The patient should be adequately informed about the procedure and advised to cooperate consciously, as discomfort may occur due to the entry of herbal powders into the nostrils.

## **Role of Panchakarma Assistant in Nasya Karma**

### **Patient Education**

1. The patient should be informed about the procedure in advance. After instillation, the medicine should not be swallowed and should be slowly expelled by turning the head alternately to both sides.
2. The patient should be advised to wash and dry the face, neck, nape of the neck, and ears. Mouth washing and voiding of natural urges are advised before starting the procedure.
3. The patient's clothing should not cover the shoulders, as mild massage (*mardana*) and sudation (*swedana*) are performed before and after the procedure.

### **Precautions**

1. Sudation should be performed carefully to avoid overheating or burns due to spillage of hot water. Proper self-care precautions should also be followed by the assistant.
2. Direct steam should not be applied over the patient's eyes.
3. Fans and air-conditioning devices should be switched off. The patient should be seated away from windows to avoid exposure to cold air.
4. The patient's case sheet should be verified before sudation, as Swedana may be contraindicated in Paittika, Raktaja, or mixed dosha conditions.
5. Swallowing of the medicine may cause indigestion; therefore, all instilled medicine should be expelled.
6. Spitting should be done alternately on both sides and not continuously on one side, to ensure even spread of the medicine.

### **Pre-procedures (Poorva Karma)**

#### **Patient Preparation**

1. The head and prescribed body parts should be anointed with oil, followed by mild sudation as advised by the physician.
2. Dhumapana may be administered to remove excess moisture.
3. The patient is made to lie in a supine position on the cot with the head slightly lowered and legs elevated above chest level using a pillow. Hands should be placed comfortably beside the body.
4. Mild sudation is applied using hot water bags. Cotton pads are placed over the eyes.

### Medicine Preparation

1. The medicine should be kept in a moisture-free Gokarna vessel. Classically, vessels made of gold, silver, or copper are mentioned, which indicates the use of heat-conductive materials. In present practice, stainless steel vessels are preferred.
2. The total dose of medicine should be divided into three equal parts. The dose to be administered should be gently warmed.
3. Nasya is administered alternately into each nostril; hence, care should be taken to maintain appropriate temperature throughout the procedure.

### Precautions During the Main Procedure

- Cotton pads should be properly placed over the eyes to prevent spillage of medicine.
- Spittoons should be kept ready for expelling the medicine.

### Paschat Karma (Post-procedural Measures)

1. Gentle massage should be given over the ears, temples, nape of neck, cheeks, jugular region, shoulders, palms, and soles.
2. Frequent mild sudation should be applied using hot water bags.
3. The patient should rest for 5–10 minutes (classically counted from 1 to 100).
4. Dhumapana, as prescribed by the physician, should be administered after the resting phase.
5. Warm water should be given for Gandusha.
6. Intake of water should be regulated.
7. The patient should be advised to follow Pathya during the course of Nasya.

### Observations to be Recorded After Nasya

Expected Effects (Samyak Snigdha Lakshana)	Insufficient Effects (Asamyak Snigdha Lakshana)	Excessive Effects

<ul style="list-style-type: none"> <li>• Absence of respiratory difficulty</li> <li>• Ease in falling asleep and waking up</li> <li>• Clarity of vision</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling of emptiness in the head</li> <li>• Dryness of oral and nasal cavity</li> <li>• Diminished visual perception</li> </ul>	<ul style="list-style-type: none"> <li>• Irritation or itching</li> <li>• Heaviness of head</li> <li>• Excessive salivation</li> <li>• Tastelessness</li> <li>• Rhinitis</li> </ul>
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### General Precautions During Nasya Therapy

- Use only warm water for drinking and bathing.
- Avoid exposure to sun, dust, alcohol, travel, anger, and head bath, or as advised by the physician.
- Nasya may be administered on alternate days or once every three days.
- Continuous Nasya should not exceed seven days.
- Talking, laughing, sneezing, or shaking the head should be avoided during the procedure.
- Thorough physical examination and assessment of vital signs are essential before Nasya.
- Nasya should be performed in clear weather.
- Not recommended for children below 7 years and elderly above 80 years, except Pratimarsha Nasya.

### External treatments for the oral cavity: Gandusha and Kabala

Gandusha and Kabala are oral therapeutic procedures in which medicated oil, decoction, or any other liquid prescribed by the physician is retained in the mouth until specific endpoints are observed.

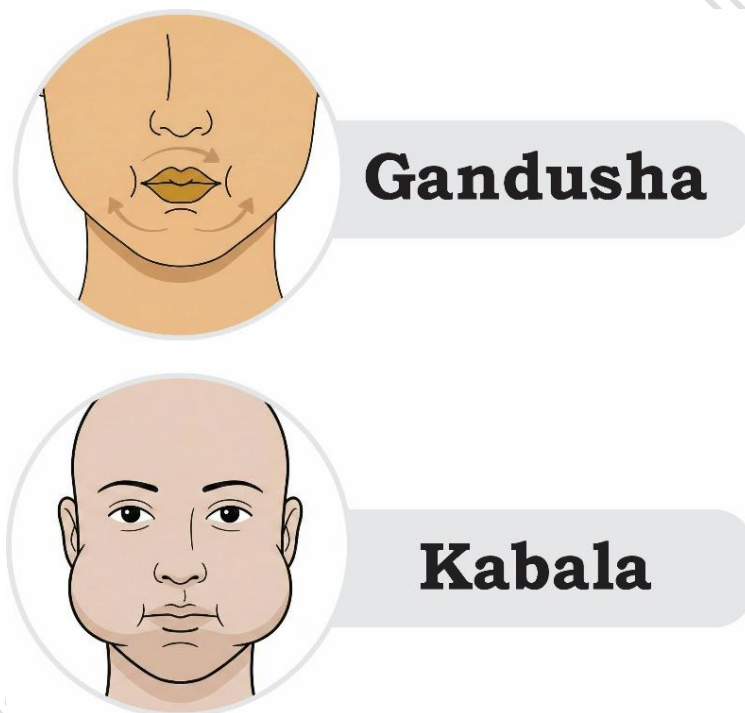
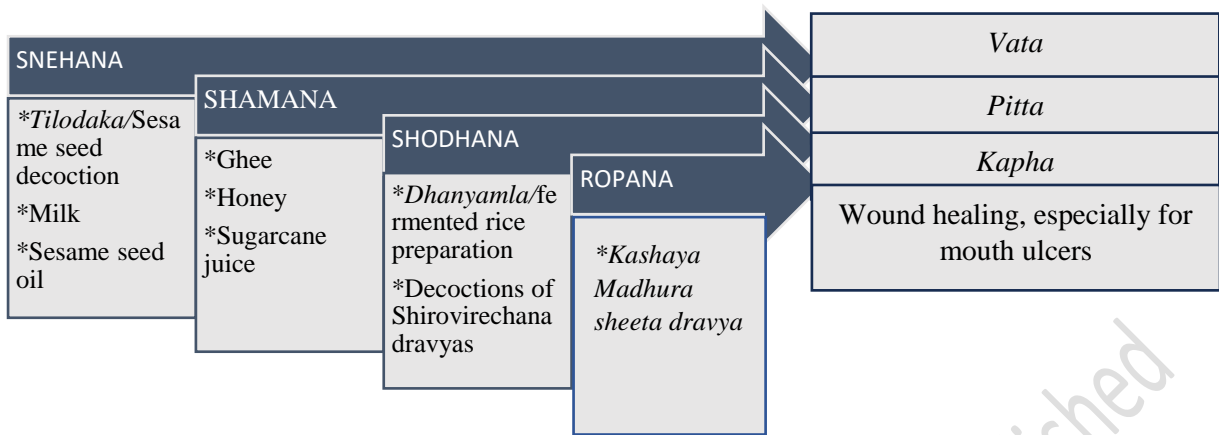
In Gandusha, the medicated liquid is held in the mouth without gargling, whereas in Kabala, a swishing or gargling movement is performed. Apart from this difference, there are no other major variations between the two procedures.

Both Gandusha and Kabala are classified into four types based on their therapeutic action and dosha predominance, namely: Snigdha, Shamana, Shodhana, and Ropana

These types are selected and applied according to the dominant dosha and disease condition.

Although the procedure is commonly referred to as *oil pulling*, classical Ayurvedic texts mention the use of various substances such as oil, milk, ghee, herbal decoctions, honey, and herbal pastes, depending on the disease condition.

The four types of Gandusha and Kabala, along with their respective dosha pacification and commonly used drugs, are described below.



**Fig no 4.14: Gandusha and Kabala representation**

### **Role of the Panchakarma Assistant during the procedure**

#### **Poorva Karma (Pre-procedural Measures)**

- The patient should brush their teeth and evacuate bowel and bladder before the procedure.  
(The procedure is usually performed in the morning hours.)
- The patient is made to lie comfortably in the supine position on the abhyanga or treatment table, with clothes draped up to the neck region.
- Position of the Panchakarma Assistant (PA):  
The PA stands at the head end of the table to perform a mild facial massage.

- The prescribed medicated oil is gently applied over the forehead, eyebrows, nose, cheeks, and chin using the thumbs.
  - The thumb movement should be from the temple towards the chin.
  - From the chin, the movement is continued over the cheeks and again directed towards the temple.
  - The cheeks are massaged using gentle circular movements.
  - This massage is continued for 5 minutes.
- The massage is followed by Swedana using a cloth dipped in hot water or a dry cloth. The PA's palm warmed over a hot water bag may also be used.
  - Swedana is continued for another 5 minutes.
- The oil or decoction intended for Gandusha or Kabala is gently warmed.
- The patient is then gradually shifted to a high chair for the main procedure.

### ***Pradhana Karma (Main Procedure)***

- The patient is informed about the procedure of Gandusha or Kabala.
- The required quantity of oil, decoction, or herbal paste (Kalka), according to the capacity of the patient, is given.
- The patient is instructed to:
  - Hold the liquid in the mouth without gargling in Gandusha.
  - Perform swishing or gargling in Kabala.
- The contents are retained for a stipulated time until the classical endpoints are observed.

### **Endpoints of Gandusha**

1. Lacrimation (tearing from the eyes)
2. Nasal discharge
3. Sweating

### **Endpoints of Kabala (Kavalagraha)**

1. Increased salivation (*Kapha pūrṇa āsyatā*)
2. Discharge from eyes and nose (*Akṣi and Ghrāṇa srāva*)

After observing the endpoints, the patient is given a spittoon to expel the contents.

### ***Paschat Karma (Post-procedural Measures)***

- The patient is advised to gargle with lukewarm water 3 to 4 times after the procedure.

- Any symptomatic relief or changes observed after the procedure should be recorded.

## **PART A**

### **PRACTICAL EXERCISE**

I. Make a chart or PowerPoint presentation to educate the public regarding the therapeutic effects of the panchakarma procedures for the eyes, nose and oral cavity.

### **ACTIVITY**

I. Practice Gandusha and Kabala as a preventive measure under the supervision of a panchakarma technician.

## **PART B**

### **I. FILL IN THE BLANKS**

1. Name any three ayurvedic therapeutic procedures for the eyes \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
2. \_\_\_\_\_ is the application of medicated preparation from the inner to the outer canthus using a special applicator called Śalākā.
3. Ayurvedic therapeutic procedure through the nose is called \_\_\_\_\_.
4. \_\_\_\_\_ and \_\_\_\_\_ are the oral procedures performed in Panchakarma.

### **SHORT ANSWER QUESTIONS**

1. Therapeutic procedures for the eyes
2. Explain nasya and its procedures.
3. Write a short note on the role of the Panchakarma assistant during the oral procedures.

## Session - 4

### Abhyanga

Abhyanga is an external Ayurvedic therapeutic procedure in which warm medicated oil is systematically applied and massaged over the entire body or specific body parts using prescribed hand movements for a defined duration. The procedure improves circulation, nourishes body tissues, balances Doṣas, and promotes physical as well as mental relaxation. Abhyanga is beneficial in musculoskeletal disorders, neurological conditions, and for general health maintenance.

#### **Pūrvakarma (Pre-procedure Preparation)**

##### **1. Identification**

- Verify the prescribed medicated oil using:
  - Therapy/Duty register
  - Patient case sheet
- Note the quantity of oil required (usually 50–80 ml, depending on full or partial Abhyanga).
- Record oil used, leftover oil, and batch/lot number for documentation.

##### **2. Preparation**

- Prepare the treatment room, ensuring adequate warmth and privacy.
- Warm the medicated oil using a double-boiler method to a lukewarm temperature ( $\approx 40^{\circ}\text{C}$ ).
- Keep clean towels, cotton, and a drape ready.
- Ask the patient to remove jewellery and change into suitable clothing.
- Position the patient comfortably (supine, prone, or sitting as required).

##### **3. Patient Education**

- Advise the patient to attend to natural urges before the procedure.
- Preferably perform Abhyanga on an empty or light stomach.
- Explain the procedure, duration, and use of warm oil.
- Instruct the patient to report any discomfort immediately.

### The Kerala tradition of Panchakarma rituals.

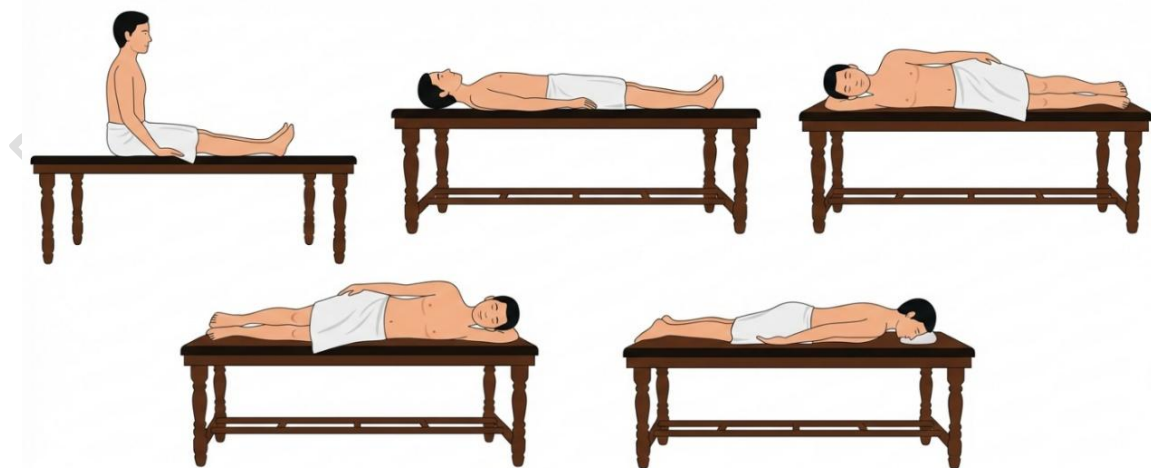
- **Administration of Pathi Kaṣāya:** At this stage, *Pathi Kaṣāya* is customarily administered to facilitate *Vāta anulomana*, thereby supporting the smooth downward movement of *Vāta* and enhancing the procedure's effectiveness.
- **Application of Thalam:** *Thalam* refers to applying a medicated herbal paste on the vertex (*śiras*). A paste made from *Rasnādi Cūrṇa* or *Kacūrādi Cūrṇa*, gently heated with lemon juice, is applied in an amount roughly the size of a one-rupee coin.

This application is believed to prevent excessive dissipation of body heat generated during the procedure. The retained warmth enhances the *Svedana* effect, thereby assisting in the loosening and mobilisation of accumulated *Doṣas* from their sites.

After completion of the procedure, the *Thalam* is carefully wiped off, and the area is gently rubbed with the same *cūrṇa* to ensure that the region remains dry and moisture-free.

### Pradhāna Karma (Main Procedure)

- Recheck the oil temperature before application.
- Apply warm oil gently, part by part, over the body.
- Perform massage using appropriate strokes:
  - Long strokes over muscles
  - Circular movements over joints
- Change the patient's position sequentially as illustrated:
  - Sitting with extended legs → Supine → Left lateral → Right lateral → Prone position.
- Duration is usually 30–40 minutes or as prescribed.
- Observe patient comfort throughout the procedure.



**Fig no 4.15: Patient positioning**

## Paścāt Karma (Post-procedure Care)

### Patient Care

- Allow the patient to rest for 10–20 minutes after Abhyanga.
- Administer Swedana (sudation) if prescribed.
- Advise a lukewarm bath if indicated.
- Use medicated bath powder or mild soap as instructed.
- Enquire about pain relief, relaxation, or any discomfort.

### Disposal and Clean-up

- Dispose of used cotton and single-use drapes in appropriate biomedical waste containers.
- Clean the droṇī (massage table), floor, and surrounding area with warm water and neutral detergent.
- Disinfect:
  - Floor with 1% sodium hypochlorite
  - Table and contact surfaces with 70% isopropyl alcohol
- Allow surfaces to air-dry.
- Record procedure details, oil used, duration, and patient response in the therapy register.

## Kerala Tradition of Oil and Powder Massage Therapies

Kerala has preserved and refined unique massage techniques integrating classical Ayurvedic principles with regional clinical practices. These therapies emphasise systematic oil application, rhythmic movements, and synchronised techniques aimed at strengthening the body, improving circulation, and balancing Doṣas.

### 1. Uzhichil (Traditional Oil Massage)

Uzhichil is a traditional Kerala oil massage performed using long, rhythmic, and uniform strokes with warm medicated oil. Pressure is adjusted according to the patient's strength and condition.

#### Purpose

- Improves circulation and muscle tone
- Nourishes body tissues
- Relieves fatigue and stiffness
- Balances Vāta Doṣa

#### Commonly Used Oils

- Dhanvantaram Taila
- Kṣīrabala Taila

- Mahānārāyaṇa Taila

Uzhichil forms the base therapy for many advanced Kerala Panchakarma procedures.

## 2. Pizhichil (Oil Pouring with Gentle Massage)

Pizhichil is a specialised therapy where warm medicated oil is continuously poured over the body along with gentle massage. The procedure is performed by two therapists working synchronously.

### Purpose

- Combines Snehana and Swedana
- Strengthens nerves and muscles
- Relieves chronic Vāta disorders
- Promotes deep relaxation

### Indications

- Neurological disorders
- Muscular stiffness and weakness
- Paralysis and degenerative conditions

## 3. Utsādana (Oily Powder Massage)

Utsādana is performed using medicated herbal powders mixed with oil. Massage is carried out with moderate pressure, usually in the direction opposite to hair growth. Abhyanga, in contrast, is performed in the direction of hair growth.

### Purpose

- Improves skin texture and complexion
- Reduces excess fat and Kapha
- Removes stiffness and heaviness
- Enhances circulation

## 4. Udgharṣaṇa (Dry Powder Massage)

Udgharṣaṇa is a dry massage using medicated herbal powders without oil, mainly indicated in Kapha-dominant conditions.

### Purpose

- Reduces excess fat and Kapha
- Improves circulation
- Relieves stiffness and lethargy
- Supports weight reduction

### Comparison of Kerala Massage Therapies

Therapy	Medium Used	Main Action
Uzhichil	Warm oil	Nourishing massage
Pizhichil	Warm oil (continuous)	Oleation + Sudation
Utsādana	Oil + powder	Exfoliation and toning
Udgharṣaṇa	Dry powder	Fat reduction

### Dhūma (Medicated Smoke Therapy)

Dhūma therapy is especially beneficial in Vāta-Kapha dominant conditions such as infections, rhinitis, sinusitis, and chronic ear disorders. The medicated smoke possesses antimicrobial properties. Dhūma is administered through the nose, mouth, ears, or locally over non-healing ulcers (*Vraṇa Dhūpana*). It is also advised after Vamana and Nasya to remove excess moisture from the nasal and pharyngeal regions.



**Fig no 4.16: Varti Preparation**



**Fig no 4.17: Dhupana Yantra**



**Fig no 4.18: Dhuma**

### Types of Dhūma

1. **Prayogika Dhūma** – Daily use in small quantities for maintaining the health of the head, voice, and sense organs.
2. **Snaihika Dhūma** – Prepared with unctuous substances like ghee; useful in Vāta disorders such as throat dryness and hoarseness.
3. **Virecanika Dhūma** – Stronger formulation with pungent herbs to expel aggravated Kapha from the head and chest.

### Dhūma Pūrvakarma

#### Identification

- Confirm the prescribed Dhūpana Varti from the case sheet or patient register.
- Check availability in the hospital stock register or prepare as prescribed by the physician.
- Select the appropriate Dhūpana Yantra based on facility availability.
- Educate the patient regarding the procedure.

#### Varti Preparation

- Prepare a paste of medicated powders using a mortar and pestle.
- Smear the paste on gauze or marking cloth, roll, and dry in an aseptic environment.
- For cone-shaped varti, mould the paste into cones and dry thoroughly for proper ignition.

**Pradhāna Karma (Dhūma)**

- Seat the patient comfortably.
- Ignite the Dhūpana Varti or place it in the Dhūpana Yantra.
- Instruct the patient to inhale smoke through the nose and mouth and expel it only through the mouth.
- Administer through each nostril three times, closing the opposite nostril.
- Allow expectoration of phlegm into a spittoon.
- For Karṇa Dhūpana, direct smoke towards the external auditory meatus for 10–15 minutes in each ear.
- Dhūma may also be applied over non-healing ulcers (*Vraṇa Dhūpana*).

**Paścāt Karma (Dhūma)**

- Advise rest for 10 minutes after the procedure.
- Reinforce dietary and lifestyle instructions (*Pathya*) as prescribed.

**Precautions**

- Expelling smoke through the nose should be strictly avoided as it may harm the eyes.
- If irritation or coughing occurs, stop the procedure and observe the patient before continuation.

**PART A****I. PRACTICAL EXERCISE**

1. Make a chart to understand the Purvakarma, Pradhana karma and Paschatkarma procedures performed during Abhyanga.

**II. ACTIVITY**

1. Visit a Panchakarma centre and observe the procedures during abhyanga.

**PART B****I. FILL IN THE BLANKS**

1. \_\_\_\_\_ is an external Ayurvedic therapeutic procedure in which warm medicated oil is systematically applied and massaged over the entire body or specific body parts.
2. \_\_\_\_\_ is a traditional Kerala oil massage performed using long, rhythmic, and uniform strokes with warm medicated oil.
3. \_\_\_\_\_ is a specialised therapy where warm medicated oil is continuously poured over the body along with gentle massage.

4. \_\_\_\_\_ is administered through the nose, mouth, ears, or locally over non-healing ulcers.

## II. SHORT ANSWER QUESTIONS

1. Explain abhyanga procedures.
2. Kerala Tradition of Oil and Powder Massage Therapies.
3. Define Dhuma and explain its procedures.

PSSCIVE Draft Study Material - Not to be Published

**ANSWER KEY****Unit 1****Session - 1****Fill in the Blanks**

1. Panchamahabhutha
2. Tridanda
3. Dosha, Dhatu, Mala
4. Dhatu
5. Mala
6. Agni
7. Doshas
8. Vata
9. Prakriti

**Session - 2****Fill in the Blanks**

1. Śaḍaṅga Śarīra
2. Bregma
3. Mukha (oral cavity)
4. Uro Vasti (Uro Basti)
5. Aṅguli Pramāṇa
6. Pṛṣṭha

**II. Match the following**

(1-d, 2-g, 3-e, 4-a, 5-c, 6-f, 7-b)

**Session - 3****Fill in the Blanks**

1. Sadvṛtta
2. Swasthavṛtta
3. Ritucharya
4. Uttarāyana and Dakṣiṇāyana
5. Svasthavṛtta

**Match the following**

(a-5, b-2, c-3, d-4, e-7, f-1, g-6)

**Session - 4**

**Fill in the Blanks**

1. Ministry of AYUSH
2. Preparing herbal formulations, examining patients, and therapeutic skills
3. Private individualised clinics, Specialised Hospitals, Wellness Centres.

**Unit 2****Session - 1****Fill in the Blanks**

1. Disease
2. Śamana Oushadha (Dosha-pacifying therapy) and Śodhana Oushadha (Bio-cleansing therapy)
3. Five actions

**Session - 2**

1. Substance
2. Vīrya
3. Vipāka
4. Śīta (cooling)
5. Virya (Potency)

**Session - 3**

1. Sneha-sādhya bhavanti rogāḥ
2. Primary Dosage Forms and Secondary Dosage Forms
3. Swarasa

**Session - 4**

1. Sneha-sādhya bhavanti rogāḥ
2. Primary Doshage Forms and Secondary Doshage Forms
3. Swarasa

**Unit 3****Session - 3**

1. authentication of raw materials
2. Ayurvedic Pharmacopoeia of India (API) and Ayurvedic Formulary of India (AFI).
3. Storage
4. Stability
5. Use of oils and ghee, fermentation,

**Unit 4****Session - 1****Fill in The Blanks**

1. Pachana, Snehana, and Svedana
2. Pachana
3. Snehana
4. Pāchana
5. Svedana

**Session - 2****Fill in The Blanks**

1. Murda Taila
2. Shiro Abhyanga, Shiro Pichu, Shiro Vasti, Shiro Lepa, Shiro Dhara (Mention any two of these)
3. Shiro Abhyanga
4. Shirodhara

**Match the following**

1-d, 2-e, 3-a,4-c,5-b

**Session - 3****Fill in The Blanks**

1. Seka, Āścyotana, Piṇḍī, Vidalaka, Añjana, Tarpana, and Puṭapāka.
2. Añjana
3. Nasya Karma
4. Gandusha and Kavala

**Session - 4**

1. Abhyanga
2. Uzhichil
3. Pizhichil
4. Dhūma

## List of Credits

**Tarunay Singh :** 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8 (a,b), 3.9, 3.10, 3.11, 3.12, 3.13, 3.14, 3.15, 3.16, 3.17, 3.18, 3.19, 3.20, 3.21, 3.22, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15, 4.16, 4.17, 4.18

**Tarunay Singh :** Cover Page, Layout and Composing

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