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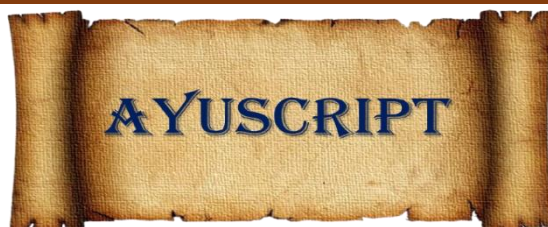
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सिंहासने भिरमधरं सवाजिनं सवाजिनं ॥ चरं हि प्रसन्नोऽस्ति यत्नेन न सिं





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Panchakarma : The Atyaika Chikitsa in Ayurved

Pandit.S.R.¹, Pawale.P.S.², Pawar.P.S.³

1. M.D. Scholar, Department of Dravyagun vidnyan, Shree Saptashruni Ayurved Mahavidyalaya & Hospital, Nashik.
2. Professor, Department of Dravyagun vidnyan, Shree Saptashruni Ayurved Mahavidyalaya & Hospital, Nashik.
3. HOD & Professor, Department of Dravyagun vidnyan, Shree Saptashruni Ayurved Mahavidyalaya & Hospital, Nashik.

ABSTRACT:

Panchakarma is very important chikitsa karma in ayurveda. Vaman, Virechan, Basti, Natsya and Raktamokshan together known as Panchakarma in today's practice. In acute and emergency conditions, karmas included in Panchakarma become very important to achieve tatkal upashaya as they are employed to remove prakupit Doshas rapidly. Vaman is useful to remove prakupit Kapha dosha from body, Virechan is useful to remove prakupit Pitta dosha, Basti is used to treat prakupit Vata dosha, Natsya is useful to treat 'Urdhva Jatrugat vyadhies' caused by prakupita doshas and Raktamokshana is useful to remove dushit Rakta to treat 'Rakta dushti janya vyadhi'. This article evaluates the role of Vamana, Virechan, Basti, Raktamokshana and Natsya karma in stabilizing patients during life-threatening crises such as acute poisoning, respiratory distress, and neurological collapse. Panchakarma provides a rapid physiological response as it expelled out the cause i.e. prakupit doshas responsible for that emergency.

Keywords:

Atyayika Awastha; Prana Rakshan; Panchakarma; Srotas-Shodhana; Dosha Nirharana; Avarana; Emergency Ayurveda.

CORRESPONDING AUTHOR:

Dr. Saurabh Ravikiran Pandit

P.G. Scholar Department of Dravyagun Vidnyan
Shree Saptashruni Ayurved Mahavidyalaya & Hospital, Nashik.
Mobile. No. 8888958657, Email: saurabhrmpandit@gmail.com

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Introduction:

In Ayurveda, emergency can be understood as “Atyayika Awastha”, meaning a critical or urgent condition in which the normal physiological balance is severely disturbed and immediate intervention becomes necessary for Prana Rakshan—protection of life. In such conditions, the aggravated Doshas, especially when associated with Avarana, Srotorodha, Ama, Visha, or rapid depletion of vital functions, may obstruct the normal movement of Prana, Vyana, Udana, Rakta, or other essential functional principles. This obstruction may manifest clinically as difficulty in breathing, loss of consciousness, severe pain, convulsions, acute toxicity, circulatory compromise, or sudden functional impairment. In ordinary disease conditions, Sanshamana Chikitsa—such as oral medicines, diet regulation, lifestyle correction, and mild pacifying therapies—is usually sufficient because the disease process is gradual and the Doshas can be pacified over time. However, in an emergency, this approach may be too slow. The immediate priority is not only Dosha-pacification but also rapid restoration of blocked physiological pathways and preservation of vital functions. Therefore, Ayurveda gives importance to swift, decisive, and condition-specific measures in Atyayika Awastha. The rationale behind the use of Panchakarma in emergency care is based on the principle of Srotas-Shodhana, or cleansing and opening of obstructed channels. The body functions through various Srotas, which carry Prana, Anna, Udaka, Rakta, Mamsa, Meda, Mutra, Purisha, Shukra, Artava, and other vital entities. When these channels are obstructed by morbid Doshas, Ama, Kapha, vitiated Rakta, Mala, or toxic substances, normal circulation, respiration, nerve conduction, metabolism, and consciousness may be affected. In such conditions, the immediate removal or evacuation of obstructing factors becomes essential. For example, when the airway is obstructed by excessive Kapha or secretion, the prime concern is to clear the obstruction and restore

breathing. When the vascular pathway is affected by vitiated Rakta or Dosha obstruction, circulation and tissue nourishment are compromised. When nerve pathways or Manovaha Srotas are disturbed, altered consciousness, convulsions, paralysis-like symptoms, or severe neurological manifestations may occur. In all such situations, the logic of treatment is similar: remove the obstruction, restore the flow, and protect Prana. This is where Panchakarma assumes a special role. Panchakarma is generally considered a planned bio-purificatory therapy, but in Atyayika Awastha, selected procedures may be used with a more urgent therapeutic intention. The aim is not classical complete Shodhana in every case, but rapid Dosha Nirharana, Srotomukha Vishodhana, Avarana Nivritti, and restoration of functional integrity. Depending on the condition, procedures such as Vamana, Virechana, Basti, Nasya, Raktamokshana, or their modified forms may be selected. In acute conditions, the usual sequence of Purvakarma—such as prolonged Snehana and Swedana—may not always be possible. Classical Panchakarma usually requires proper preparation of the body so that Doshas are brought from the Shakha to the Koshta and then expelled through suitable routes. However, in emergencies, waiting for complete Purvakarma may endanger the patient. Therefore, the physician may shorten, modify, or even bypass certain preparatory steps according to the condition of the patient, strength of the disease, strength of the patient, Dosha involvement, and urgency of Prana Rakshan. For instance, in a condition dominated by acute Kapha obstruction, immediate expulsion may be more important than elaborate preparation. In severe Pitta or Rakta vitiation, prompt elimination or bloodletting-type intervention may be considered according to indication. In Vata-related acute functional obstruction, Basti may be used as a rapid channel-correcting and Vata-regulating intervention. Similarly, Nasya

may be applied in selected head and neck or neurological conditions where rapid action on Urdhvajatrugata Srotas is required. Thus, Panchakarma in emergencies should be viewed not merely as detoxification, but as a life-supportive Ayurvedic intervention aimed at restoring patency of channels, normalizing Dosha movement, reversing obstruction, and preserving Prana. The therapeutic decision must be guided by Yukti, Rogi Bala, Roga Bala, Kala, Avastha, Dosha, Dushya, and Srotas involvement. The physician's clinical judgment is crucial because the same Panchakarma procedure that is beneficial in one emergency may be contraindicated in another if the patient is too weak, dehydrated, unconscious, or unstable.

In summary, Atyayika Awastha demands rapid, precise, and life-protective treatment. Sanshamana therapy may be insufficient where Doshas have reached a level of severity that threatens Prana. In such situations, the emergency application of Panchakarma is justified on the basis of Srotas-Shodhana and immediate evacuation of morbid factors. By clearing the obstruction and restoring the movement of vital functional principles, Panchakarma contributes to Prana Rakshan, which is the foremost aim in Ayurvedic emergency management.

Methods (Clinical Application in Acute States) :-

The application of Panchakarma in emergencies is categorized by the "Dosha prakopa caused" and the "Karma" required for that dosha shodhan.

Vamana karma:

It is useful to remove prakupit Kapha dosha from body. 'Amashaya' is mentioned as the Sthana, for Kapha dosha in our body. From Amashaya 'Mukha' is the nearest bahirmukh strotas in our body so that in Vaman karma prakupit dosha (Kapha) get removed from Mukha i.e. mouth in the form of vomiting. We can use Vaman in cases of Acute Poisoning (Visha) or Adhoga-Raktapitta in the form of Saddyo Vamana (Immediate Emesis). Though the

process of Vaman karma takes place at Amashaya the effect of Vaman can be seen all over the body.

Method:

Large quantities of medicated liquids (like Kashaya or salt water or sugarcane juice or luke warm Go-dugdha) are administered to trigger immediate vomiting and Vamak Dravya is administered for expelling toxins before they get absorbed into the bloodstream.

Virechana:

Virechana is a controlled, drug induced therapeutic purgation to expel out prakupit Pitta dosha and other metabolic toxins like Aama from our body through the anal route. It is useful to treat Pitta dushtijanya vyadhi Like Kamala, Aamaj vikar, gastrointestinal disorders, metabolic issues, etc. Virechana clears strotavarodha i.e. obstruction in systemic channels and regulates Agni i.e. digestive fire.

Methods:

Virechana is a highly structured purgative protocol. First Deepan-Pachan medicines and Snehapana is administered to Loosen toxins & prakupit dosha. And move them to the Koshtha i.e. gut. After that specific herbal Laxative or Castor oil is administered to induce controlled purgation until the prakupit Pitta and toxins are evacuated.

Basti :

In Panchakarma Basti is regarded as the principal therapy for prakupit Vata dosha. Among all three doshas, the vitiation of Vata dosha presents as the strongest morbidity and causes highest damage at all levels. Because Vata regulates movement and communication within the body. And Vata also controls the vitiation of remaining doshas. So that Basti is often considered central among Panchakarma procedures. Basti is indicated in Vata vyadhi, Pakshaghat, Sandhivata, Amavata, Gridhrasi, katishoola etc.

Method:

Basti can be considered as the Ayurvedic medicated enema. In this process Basti is administered at 'Pakwashaya' i.e. Vata

sthana, through anal route. Some times only medicated oils get used for basti, and some times basti get prepared from Kashaya, tail and other ingredients as per need. So different types of bastis can be used in Panchakarma as per need of treatment.

Raktamokshana:

In our body Rakta is travelling every where through blood vessels. So that dushit Rakta can cause vyadhi any where in the body. Rakta and Pita have 'Aashray-Aashrayi' bhav in our body. So that most of the time dushit raktajanya vyadhis are having prakupit Pitta as root cause. So that when Rakta dushti occurs due to Pitta Dosha, Raktamokshana becomes best chikitsa karma. It is also useful for the primary intervention for acute inflammatory conditions, severe pain at particular site, hypertension crises, or localized toxicity.

Method:

Using Siravedha for Sarvadehik Raktadushti and Jalaukavacharana (Leech Therapy) for localized Raktadushti. As removal of Dushit Rakta happens, instant relief occurs in symptoms like acute pain and inflammation.

Natsya:

It means the administration of medicinal Tail or Ghrut or powder through Nasa. Pradhamana Natsya is a type of Natsya in which Powdered form medicine is administered through nasal route. It can be considered as "Emergency Switch" for the brain. Used in Sannyasa (Coma), Apasmara (Status Epilepticus), or sudden loss of consciousness. In multiple neurological problems which are caused because of erosion process 'Bruhan natsya' become very helpful for removal of symptoms and provides ease to the patient.

Method:

Tikshna, irritating herbal powders (like Vacha, Trikatu, Apamarga) are blown into the nostrils. This stimulates the olfactory and trigeminal nerves, triggering a "wake-up" response in the brain centers. According to Ayurveda doing "Sandhyasthapan Karya".

Discussion:**Application of Panchakarma in Emergency Conditions**

Panchakarma can play a supportive role in emergency conditions by rapidly eliminating aggravated Dosha, clearing obstructed Srotas, restoring physiological functions, and preventing disease progression.

- Vamana Karma is useful when toxic substances are present in the stomach. By inducing therapeutic emesis, it helps remove toxins before systemic absorption, similar to early gastrointestinal decontamination.
- Virechana Karma eliminates aggravated Pitta and associated toxins through the lower gastrointestinal tract. It helps reduce inflammation, restore metabolic balance, and prevent recurrence of Pitta-dominant disorders.
- Basti Karma, the principal therapy for Vata disorders, is beneficial in neurological conditions such as paralysis, pain, and motor deficits. It supports neuromuscular function, reduces inflammation, and helps restore normal Vata activity.
- Raktamokshana is indicated in conditions involving vitiated blood, inflammation, congestion, swelling, and severe pain. It provides local relief by reducing inflammatory burden and improving circulation.
- Nasya Karma acts on disorders of the head and nervous system. In selected cases of altered consciousness, Kapha obstruction, or neurological dysfunction, it may help stimulate reflexes, clear passages, and improve alertness.

Overall, Panchakarma in emergencies should be viewed as a method of rapid physiological correction rather than simple detoxification. Its scientific basis may be explained through toxin elimination, improved circulation, reduction of

inflammation, neurophysiological stimulation, and restoration of systemic balance. However, emergency Panchakarma should be performed only with proper patient selection, clinical monitoring, and integration with modern emergency care when required.

Conclusion:

Panchakarma is highly important and sophisticated system of medical evacuation. In emergency and acute conditions, its role is crucial for rapid stabilization. Generally modern medicine remains the primary choice for surgical trauma and advanced life support, but integrating Ayurvedic Atiyayika chikitsa procedures - specifically Vamana for expelling out doshas from stomach, Virechan for expulsion of prakupit pitta, Raktamokshana for inflammatory conditions and Basti, Natsya for neurological revival can significantly enhance patient outcomes.

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