

Ayurvedic Inheritance of India
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Lecture - 11
Medical Treatment of Diseases

In the last lecture, we dealt with diagnosis of diseases and also determining the prognosis. These are very important steps in the management of a patient, very crucial. And Ayurveda lays great stress on it three different phases of making a diagnosis, considered to be the most elaborate by professor Kutumbaya. We dealt with all that in the last lecture.

Now, following the diagnosis and determination of prognosis, the next step obviously is medical treatment. In this lecture, we will be concentrating on medical treatment because there is another type of treatment in Ayurveda well known, that is surgical treatment, which we will be dealing with it separately.

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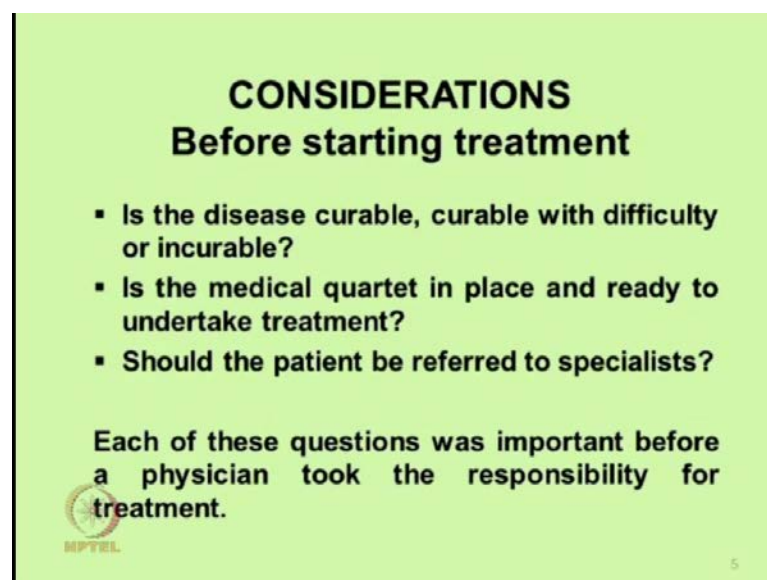
Now, before you start treatment, there are some in these essential considerations. Then, we have to look at the essential role of the medical quartet, the four components of efficient treatment; then, the question of referral to specialists which existed even in those days; then, if you have to treat a patient in a special facility, how do you build that? What is the kind of facility you have inpatient treatment?

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Medical procedures, then Pancakarma - the most important among the medical procedures and the mechanism of action of Pancakarma; how does it really work? And the treatment of mental illness - a very special type of treatment, and also an attempt to find modern psychiatric equivalent to the old determination of mental illness - these are the subjects that we will be touching on today.

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Now, before considering the starting of treatment, there are three questions that we have to answer: One - is the disease curable? Is it curable with difficulty? Or is it

incurable? This is a very important determination which the physician must make before he starts treatment and he must also make it known to the patient's relatives; even the patient, the kind of prognosis because it has to be done diplomatically because if it is incurable, there are special instructions; do not share this with the patient. Then, the medical quartet that is patient, the physician, the assistant and the medications, are they all in place? You have to make sure before you start your treatment. And then should it be referred to, patient has to be referred to a surgeon or some other specialist? Even in those days that question was relevant. All these have to be considered before initiating the treatment.

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CURABILITY AND INCURABILITY	
<ul style="list-style-type: none"> The issue was decided on the basis of various criteria. They are listed in Table 1 - 2. 	
TABLE 1	
Category	Criteria
Curable	Cause, clinical features mild; disturbance of doṣas not amenable to aggravation by the patient's constitution or by season; treatment not impeded by location of patient; only one part affected; disease early with no violent symptoms; one doṣa mainly disturbed; medical quartet in place.

Now, curability and incurability: They are determined on the basis of certain very well defined criteria and these relate to patient's symptoms, signs, the causes that he gives for the disease; those are one category. Second - there are factors related to the patient's physical strength, mental strength and also environmental factors; by the the heat, all those. So, as we mentioned earlier, there are two halves of the year. One is adhanav when there is very hot weather; moisture is drawn away from the earth and human beings, all living beings, by hot sun; so, generally patients are weak at that time. And the other half visarga, when all these moisture is returned; there is abundance of flora and fauna in the land; the whole picture changes there; the body is strong. So, whether the disease is manifesting in the first half or the second half, when the doshas, also the characters change; we have covered that earlier how during these changing seasons, the

dosha's accumulation in the body also changes. So, these do have a very important role in the manifestation of the disease. So, that is what is mentioned here.

If the cause is mild, suppose a mild dietary indiscretion some loose stools started 24 hours earlier, disturbance is very small; weather is not bad; it is not aggravating like hot weather and the treatment took is not impeded by location of the patient; patient may be living in a far away village where a physician cannot reach or the assistant cannot come or the procurement of medications will be difficult; that kind of locational problems are not there. And only one part of the body is affected; gastro intestinal system, one dosha and that kind of an illness is easily curable.

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CURABILITY AND INCURABILITY	
TABLE 2	
Category	Criteria
Curable with difficulty	Cause/causes, prodroma, symptoms, medium; season, nature of body constituents and derangement of doṣas not synergistic; subject elderly, a woman or infant; symptoms not severe; surgery not necessary; course chronic; affects a vital part, a major joint or only one or two parts; medical quartet not complete; disease not very old; two doṣas deranged
Incurable	Disease lodged in marrow and other deep tissues; many parts including vital organs and joints affected; two or three doṣas deranged; patient debilitated, stuporous; beyond hope of surgery

Now, when we go to the curable with difficulty, causes are multiple, symptoms are medium; let us say the loose stools, the frequency is greater, and the season where that is favorable. And the second is the season; it is not very hot, they are not aggravating this illness; that is the second sentence which is taken a bit involved. But it what really means is it is not synergistic; that means weather conditions and dosha conditions in the body, they are not such that they are aggravating this illness; that is favorable. But subject is a elderly, a women or an infant; these are unfavorable. Why a woman because women generally have multiple pregnancies; they have anemia; they are most susceptible to illness. Therefore, that also is considered as negative factor and infants.

These are all especially vulnerable; that is a point against. Then, symptoms are not severe; that is favorable. While it affects a vital part, major joint or only one or two parts, these are also not very favorable because the major organ is involved. Medical quartet is not complete; that is also not favorable. Let us say the medications are not fully available or the assistant is not available; some defect in those pada chatushtaya. That is again a negative factor and the disease is not very old; it is not been there for one or two years; so, that is favorable. So, it is a mixture of favorable and unfavorable considerations. Two dosha's are involved; that is also unfavorable. Therefore, when you have a picture of a patient with combination of factors, some favorable, some not favorable, then you would say it is curable, but it is curable with difficulty.

Then, lastly is the incurable. Disease has involved deeper structures, let us say the loose tool is associated with the blood, dysentery type of illness that changes the whole character. Many parts are involved; may be his liver is involved in that disease; two or three doshas are deranged; patients, patient is highly debilitated; he becomes stuporous; if he reaches that stage, obviously, it is incurable.

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MEDICAL QUARTET	
<ul style="list-style-type: none"> The qualities required of the four members of the quartet are listed in Table 3 - 4. 	
TABLE 3	
Quartet	Qualities
Physician	Knowledge of medicine; practical skill and experience; dexterity; self-confidence; boldness; unblemished character; truthfulness; endowed with faith; supplied with medicines and tools; hardworking.
Medications	Grown in unpolluted soil and collected on an auspicious day; administered in the appropriate doze and time; good smell and taste; not causing toxicity when given by mistake.

Now, for the quartet, for medicine pada chatushtaya which we have referred to, one is physician. He has to have: knowledge of medicine, practical skill, experience, dexterity, manual skill, self confidence, boldness, unblemished character, truthfulness endowed

with faith and supplied with medicines and tools, and he has to be hardworking; willing to get up at night and attend to the patient.

Then, medications: Those have to be grown in unpolluted soil; very important. Now, we have so much of chemical alteration of the soil, this is an important consideration, collected on an auspicious day, administered in the appropriate dose and time, good smell and taste, not causing toxicity when given by mistake. There should be a large margin of safety for drugs which are being given. They should not be toxic if there is mild overdose.

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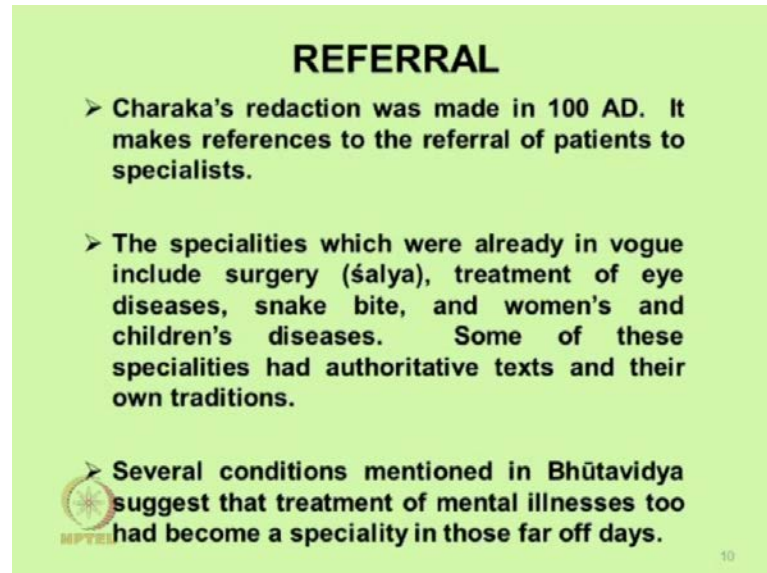
MEDICAL QUARTET	
TABLE 4	
Quartet	Qualities
Attendant	Friendly; reliable with secret information; strong in body; sincere in patient care; untiring; ready to carry out physician's orders
Patient	Vitality; strength; ability to procure articles for treatment; self-control; compliance with physician's orders

▪ In a discussion in the Charaka Samhita, it was acknowledged that the treatment may not succeed in spite of the excellence of the quartet. However this was rare and no reason to question the principle.

And attendant: He should be friendly, reliable with secret information, strong in body, sincere in patient care, untiring; ready to carry out physician's orders. All these are the essential qualities of an attendant. And the patient: vitality; strength; physical strength, that is a very important thing; not only physical, even mental strength. He should be optimistic; he should have the will to get well. The vitality, that is very important. A patient who has already given up, when he comes to the physician, it is very difficult to treat such patients. Ability to procure articles for treatment - that that is an important consideration in those days because patients have to essentially spend money to procure these articles. Self-control, compliance with the physicians orders - these are the qualifications required for the patient. But Charaka says very significantly, the physician


and the family should recognize. Even if all these four medical quartet, they are complete in all respects, it can still happen that the patient may not survive, but that is rare.

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REFERRAL

- **Charaka's redaction was made in 100 AD. It makes references to the referral of patients to specialists.**
- **The specialties which were already in vogue include surgery (śalya), treatment of eye diseases, snake bite, and women's and children's diseases. Some of these specialties had authoritative texts and their own traditions.**
- **Several conditions mentioned in Bhūtavidya suggest that treatment of mental illnesses too had become a speciality in those far off days.**

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Now, then there is a question even in the first century AD when Charaka is reported to have lived, there are frequent mentions of referring patients to specialists. That is an interesting point because specialty is already mentioned. One was surgery Salya Dhanvatari School; that is how Charaka talks about it. Treatment of eye disease, snake bites, all kinds of bites, insect bites, scorpion bites, etcetera. Agadha tantra that is a specialty; women and children's diseases in all these; there are indications that the patients would be referred by the general physician to those specialist.

And some of these specialties, they have their own authoritative texts. Some of them still exists. And in Charaka Samhita, where the students are accepted for treatment, accepted for training, there is an indication that the student should indicate what is the major text that he would like to specialize in. So, it started pretty early in the course of training, the tendency towards specialization. And there are several mentions on Bhutavidya, which is one of the eight branches of Ayurveda which suggest their psychiatric illnesses and they also probably had a specialist looking after those diseases.

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INDOOR FACILITIES

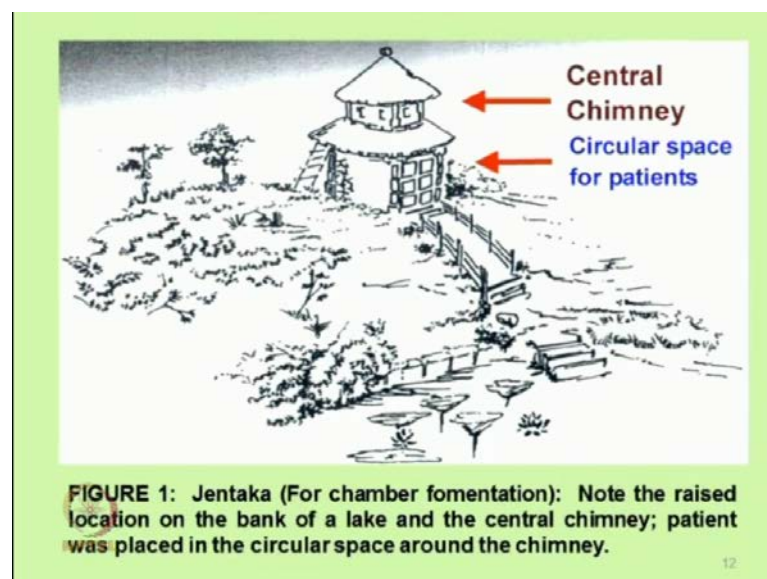
- When therapeutic procedures required intra-mural facilities, the patient had to be housed in a place with appropriate arrangements.
- For a special type of fomentation, a facility was designed (Jentāka).
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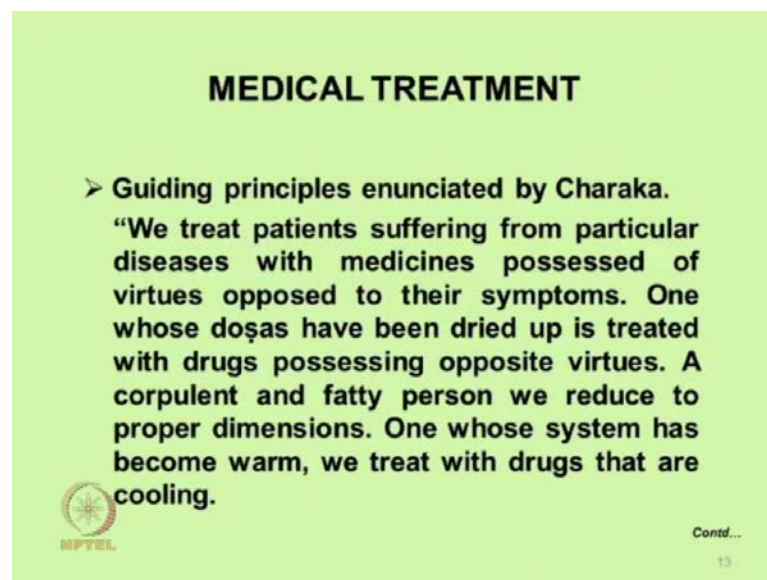
Now, indoor facilities: Many of these procedures which we will be dealing with like Pancakarma, some of the types of body, Swedhana or something like a Turkish bath where the whole body is subject to sweating; that is an essential part of treatment; it requires a lots of arrangements. Now, those will be possible only if there is an indoor facility. It cannot be done in the physician's residence or the patient's residence. So, whenever such special procedures are required, indoor facilities are specially mentioned.

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For example, in Swedhana, this type of fomentation body fomentation, there is a Jentaka, which I have a picture here; this is the kind of picture you get by reading Charaka Samhita. This is located on elevated land by the side of a body of water, trees, etcetera, should be there; pleasant environment. And if you look at this that structure, there is a central chimney; that is where the steam is being generated and there is a circular corridor outside this. That is where the patient is located. So, through openings in the central chimney, the steam would come out and the patient would be exposed to this. It is quite possible by the design that more than one patient could be put in here, who needs to have a Swedhana.

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MEDICAL TREATMENT

➤ **Guiding principles enunciated by Charaka.**
“We treat patients suffering from particular diseases with medicines possessed of virtues opposed to their symptoms. One whose doshas have been dried up is treated with drugs possessing opposite virtues. A corpulent and fatty person we reduce to proper dimensions. One whose system has become warm, we treat with drugs that are cooling.”

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Now, the central principle of a medical treatment: This is a famous quotation of Charaka which is worth looking at. He says - we treat patients suffering from particular diseases with medicines possessed of virtues opposed to their symptoms. When doshas have been dried up, he is treated with drugs possessing opposite virtues. A corpulent and fatty person we reduce to proper dimensions. One whose system has become warm, we treat with drugs which are cooling.

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MEDICAL TREATMENT

One whose system has become abnormally cool, we treat with drugs possessed with thermogenic properties. When particular ingredients of one's body become diminished, we restore them to their proper measure. When particular ingredients increase into abnormal proportions, we reduce them to their normal measure. In fact, by treating diseases with medicines endowed with virtues opposed to their originating causes, we succeed in fully restoring the patients to their normal condition".




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One whose system has become abnormally cool, we treat with drugs possessed with thermogenic properties. When particular ingredients in one's body become diminished, we restore them to their proper measure. When particular ingredients increase to abnormal proportions, we reduce them to their normal measure. In fact, by treating diseases with medicines endowed with virtues of opposed to their originating causes, we success succeed in fully restoring the patients to their normal condition. This is based on the principle of Samanya and Vishesha, which we talked about earlier. We will come to that again, but essentially that sums up the principle of medical treatment.

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MEDICAL TREATMENT GENERAL APPROACH

- **When the disease manifestations and doṣa perturbation are mild and patient's general condition is good, simple measures (śamana) would be adequate. These consist of reassurance, rest, fasting, liquid diet, and medications.**
- **When the disease is more advanced and the doṣa perturbation is severe, procedures for detoxification by evacuation would be necessary (śodhana).**



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Now, the general approach to treatment when the disease manifestations and dosha perturbation are mild: In other words, in that curable variety when the patient's general condition is good, simple measures, Shamana would be adequate. This is usually done at home and this consists of reassurance, rest, fasting, liquid diet and medications. Now, when we talk of rest, it is not simply lying down in a room; rest, there is a great deal about the mind being at rest because mind is the controller of all the senses, five senses; it is the conductor of the sense orchestra. So, it is very important that the mind is at rest.


If you are constantly exposed to visual impulses or auditory impulses which are agitating your mind, suppose you are reading about gang rapes, violence, watching movies with a lot of action in it which are likely to disturb. So, that is not rest; physically you may be at rest, but that is not rest; therefore, mental rest, quietude; that is a very important aspect of Shamana. Similarly, diet should be liquid diet, easily digested; not heavy meals. And reassurance friendly people, not necessarily relatives; even friends who are reassuring talk positive things, not constantly talk about negative things happening in the family or happening all around us.

It should be a positive approach in your conversation and in even the walls looking at; there should be pleasant pictures, some mild colors; all these are important that is it the environment is conducive to recovery and also medications are given but mild medications. And when the disease is more advanced and dosha's perturbation is more severe, then this Shamana approach will not work; you need to have Shodhana; that means the accumulated abundant doshas will have to be evacuated; that is Shodhana. We will talk about it in some detail.

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MEDICAL TREATMENT GENERAL APPROACH

- **Medical treatment consists of the harmonious combination of a congenial quartet; reassurance of the patient; dietary regime; medical procedures; and administration of formulations for specific conditions.**
- **Formulations will be dealt with in the lecture on Materia Medica.**

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And the medical treatment consist, therefore, of a harmonious combination of the medical quartet who all work together with all those qualities that we have mentioned earlier; reassurance of the patient, a dietary regime or pathya which is all important, medical procedures and the administration of formulations. So, it is not a question of capsule or medicine; a patient coming; there is a diagnosis; you give some pills or a decoction; that is not medical treatment. It is a combination of all these. Then only the treatment is going to work. And the formulation that is a separate subject in itself. So, we will be covering that in another lecture.

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MEDICAL QUARTET




FIGURE 2: Shows the Medical Quartet: Physician, Pupil-Attendant, Patient, Medications.

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Now, medical quartet is an illustration, here is an illustration, patient is lying on the cot; there is a physician who is also a teacher and usually the assistant or the attendant is a student of the physician, who is a student in training. He usually accompanies the physician during domiciliary visits and the medications are kept on the table next to them.

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PROCEDURES EMPLOYED IN MEDICAL TREATMENT (Table 5 – 6)		
TABLE 5		
Sl. No.	Procedures	Actions
1.	Lightening (Langhana)	Makes body light/slim.
2.	Building (Bṛmhana)	Makes the body strong/bulky
3.	Roughening (Rūkṣana)	Produces roughness/dryness of body tissues.
4.	Lubricating (Snehana)	Lubricates/ moistens /softens body tissues (obligatory before pañcakarma).
5.	Fomenting (Svedana)	Induces sweating, relieves stiffness (obligatory before pañcakarma).

The procedures which are used generally in treatment: one is lightening; that is body is made light; slimming as if you like and that includes control of diet; especially, that is one which is very important. In fact, in the first curable disease, etcetera, we mentioned. The first thing you do is Shamana, lightening comes there in immediately. Secondly, building. There may be a patient who is very emaciated. You are dealing with the patient of dosha or tuberculosis; patient is wasted. So, you have to build up his muscles, his tissues; there you will have to have an appropriate diet and that is building which is another procedure in medicine roughening or dehydrating or desiccating.

For example, a patient who has got a lot of water logging in the body, heart failure or liver failure, etcetera. A lot of water is collected in the body; patient has swelling in the legs; now, that patient needs roughening; he has to be dehydrated; that is another procedure. Then, we have lubricating and fomenting. These are two procedures. We will be discussing in some detail. These are used locally sometimes. For example, sprained joint, you may apply oil there and you may also apply fomentation; that is a local


application of these procedures. But in a different sense, they are used generally for the whole body, which is very important. We will come to that later. Those are two important procedures.

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PROCEDURES EMPLOYED IN MEDICAL TREATMENT (Table 5 – 6)		
TABLE 6		
Sl. No.	Procedures	Actions
6.	Arresting (stambhana)	Arrests the flow of substances in body channels such as bowel (constipating).

Formulations:

- All procedures are combined with the administration of herbal formulations. Actions in right column are therefore the joint outcome of procedures and formulations.

 The above procedures are appropriately chosen in treating various conditions. For eg: lightening in obesity; building in debilitation; roughening in excess of body secretions etc.

And lastly, we have arresting. For example, take body channels gut for example. If there is frequency of stools, there is a condition called nervous diarrhea. Some people when they become very nervous, they are going to take an examination, they have to repeatedly go to the toilet; that is a rapid movement of the gut. Now, if you want to slow it down, they are not really diseased in that sense; they have a condition where there is frequency of stool which can become highly irritating, which can add to it, add to tensions; those conditions you can give something to slow down the movement of the gut; that is a typical example arresting, Stambha.

Now, formulations: All these procedures are combined; all the six we have mentioned, they are seldom done alone. There is always some formulation given along with that. So, the result that you are seeing is not only the procedure, but also the formulations play role in that; whether it is Snehanaa or Swedana. There is always some formulation attached to that. And these are chosen to deal with particular conditions like obesity if you are dealing with, very common problem today, there lightening is very important; slimming measures, and if a patient is debilitated or wasted, then building is very important.


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DETOXIFICATION AND PAÑCAKARMA

❖ When vāta, pitta and kapha are perturbed and in excess, they become toxic and call out for elimination. This involves five procedures (pañcakarma) which may be chosen and carried out by a competent physician.

❖ The five procedures are:

Lubrication (Snehana)*	Fomentation (Svedana)*
Emesis (Vamana)	Purgation (Virecana)
Nasal purging (Nasya)	
Enema (Vasti) [two types: Snehavasti and Kaṣāyavasti]	

 *Essential preparatory steps for all pañcakarma

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Now, then we come to this very important pancakarma; pancakarma means five procedures; it is a combination. Now, these, if the vata, pitta, kapha those three doshas they are in abundance in the body, we have covered that early, there is accumulation; then, there is a perturbation; then there is migration all over the body. Now, that staging of a disease corresponding to disturbance of dosha, now, if it has reached that stage, when you see patient, it is necessary that you have to take steps to eliminate these doshas. Now, that is done in a particular manner. There are five procedures preceded by two preparatory procedures: one is lubrication; I use that when Snehana is the Ayurvedic term which I have translated as lubrication for a particular reason, and fomentation, body fomentation. These are the two preparatory steps which should be taken before any of these evacuated procedures are done.


And evacuated procedures; one is Emesis or Vamana, Purgation or Virecana, Nasal purging or Nasya are two types of Enemas. These are the five procedures and Raktamokshana or bloodletting, that is also considered along with this, but that is not strictly part of panchakarma. Charaka does not include it for a very good reason because in panchakarma, what you are essentially trying to do is to get rid of perturbed doshas from the body, whereas in Raktamokshana, rakta is not a dosha; rakta is dhatu; it is part of body; it is a body component. So, when you eliminate blood itself, there are perturbed doshas in the blood; that is true but you are not removing the perturbed dosha; you are

removing blood itself; so that is not really Pancakarma. So, even though Charaka was aware of Raktamokshana, he talks about it.

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DETOXIFICATION AND PAÑCAKARMA

❖ Though blood letting is included in pañcakarma, it is not often used and is excluded by Charaka. This is logical because pañcakarma seeks to eliminate toxic doṣas whereas blood letting eliminates a body component (blood) which is vitiated by doṣas.

 **Raktamokṣana**

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In the panchakarma description, it does not come there.

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PAÑCAKARMA : PREPARATORY STEPS

Lubrication (Snehana):

- ✓ Lubrication or lubricant therapy does not refer to the external application of oily substances: it refers only to internal administration in pañcakarma.
- ✓ Lubricants may be of vegetable (sesame, castor) or animal (ghee) origin. Ghee is the best in so far as it settles vāta and pitta, cools and softens the body. Oil settles vāta and makes skin supple.

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So, therefore, we have to look at two preparatory steps, that is lubrication and fomentation and the evacuative procedures are emesis, nasal purging and two types of Enemas.


Now, let us look at the lubrication: This is general lubrication not localized one and internal administration of lubricant substances. And it might be given purely, like for example, ghee is most popular; oil can be used; some medicated oils may be given; medicated ghee may be given; some preparation of oil or ghee, but it may be purely given on their own. Now, these may be given purely on their own, if the patient tolerates it. If the patient does not tolerate administration of pure ghee or pure oil, then it can be mixed. Small quantities with other substances had given; either way you have to give it system at systemically.

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PAÑCAKARMA : PREPARATORY STEPS

Lubrication (Snehana):

- ✓ **The lubricants are mixed in small doses with other substances; when tolerated well, they may be given alone in larger doses.**
- ✓ **They loosen and mobilise doṣas which tend to clog body channels.**



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What they do is they will loosen the solidified doshas in channels; that we will talk about it in some detail because the dosha, when they are perturbed, they become occluding agents inside the body channels. And I discussed at great length when we were talking about channels and the disease process. What really happens? These doshas which are perturbed get blocked or partially block these channels and that is the beginning of disease. So, what this lubrication does is to get into these channels and loosen these occluding doshas.

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PAÑCAKARMA : PREPARATORY STEPS

Fomentation:

- ✓ Follows lubricant therapy before pañcakarma is done.
- ✓ Excludes local fomentation: whole body fomentation using one of the thirteen methods is employed.
- ✓ Fomentation is also used independently for treating a variety of diseases including asthma, catarrh, wry neck, hoarseness of voice and phthisis.



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And beneath that is followed by fomentation, the body fomentation; not localized fomentation. And that these loosened doshas, they started migrating by the heating; possibly the channels dilate and they start moving, and they all migrate to the gut. That is promoted by this Svedhana or fomenting.

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EVACUATIVE PROCEDURES OF PAÑCAKARMA

Emesis:

- Lubricant therapy and body fomentation must precede.
- Have a bath, wear good clothes, sport ornaments, offer prayers and be cheerful.
- Comfortably seated, when emetic medication is taken.
- A friend or attendant should be in attendance.



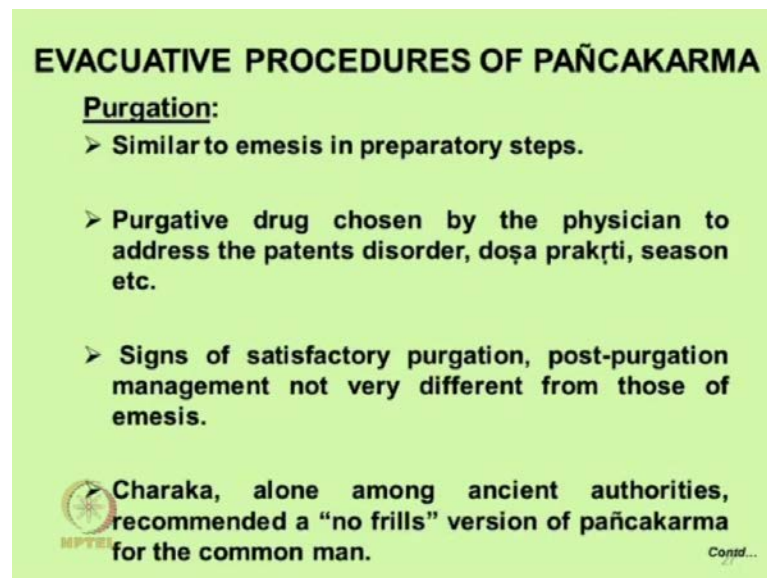
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Now, this is followed by the evacuative procedures. The first is Emesis. It was considered very serious procedure; usually inside residential facility and lubricant therapy and fomentation is given first. Then, he has to have a bath; he has to wear good

clothes, sport ornaments, offer prayers and be cheerful. So, it is considered a regular procedure comfortably seated, when the emetic medication is taken. And that is chosen by the physician in response to the particular illness of the patient, his body strength, the season - all these considered in choosing that particular emetic. And a friend or attendant should be in present in the sweating indicates; once it has been taken certain period passes, then he begins to sweat.

Now, that it was considered that these clogged doshas are loosening; that is an indication; that was regarding as an indication. And following that, when he gets goose pimples on the body that means these are migrating towards the gut. These were the two external indications; so, signs of what was believed to be happening inside the patient's body. And when nausea appears following this, then, he should be physically, that is tickling the throat etcetera and also urged to verbally to vomit. And that vomiting is done and satisfactory, straighter, softer; has the vomiting been satisfactory? Is it complete or is it incomplete? All these are signs, indicator to show that the Emesis procedure has been satisfactory.


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EVACUATIVE PROCEDURES OF PAÑCAKARMA

Purgation:

- Similar to emesis in preparatory steps.
- Purgative drug chosen by the physician to address the patient's disorder, doṣa prakṛti, season etc.
- Signs of satisfactory purgation, post-purgation management not very different from those of emesis.

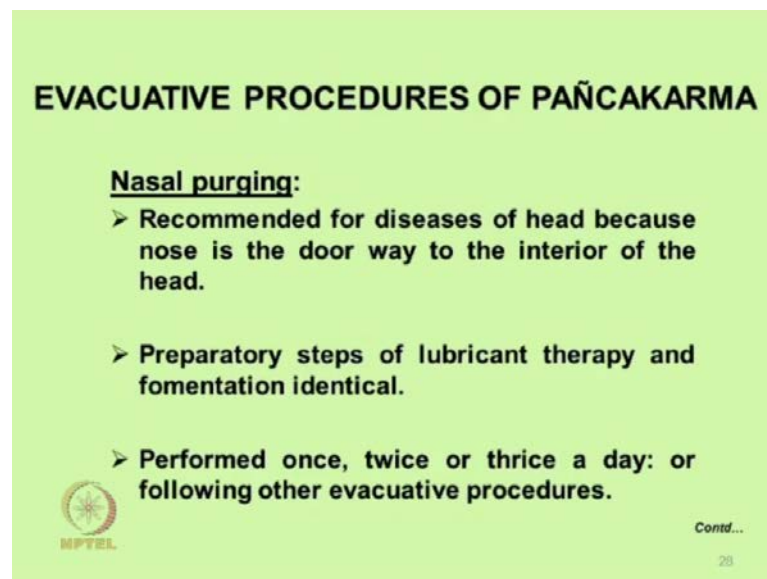
 Charaka, alone among ancient authorities, recommended a "no frills" version of pañcakarma for the common man.

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And purgation is very similar to Emesis. If drug is chosen keeping all those considerations in mind, the disorder, the dosha prakriti, season, etcetera. And satisfactory purgation, the signs are mentioned and both post emesis and post purgation, there is a period of recovery; how to look after this patient before he comes back to his normal

diet; these are all given in great detail. But in purgation, the Charaka mentions all these procedures. If you read the description, all the four components of physician, drugs, etcetera, they have to be there; facilities have to be there. You get the impression that it is only rich people who can afford this procedure. So, Charaka alone that is the only place where he mentions these can be made no frills; it can be simplified if it therapeutically as effective but it can be done without so many frills. So, there is a reference indirectly to patients who are disadvantaged financially; they can also have this procedure done.


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EVACUATIVE PROCEDURES OF PAÑCAKARMA

Nasal purging:

- Recommended for diseases of head because nose is the door way to the interior of the head.
- Preparatory steps of lubricant therapy and fomentation identical.
- Performed once, twice or thrice a day: or following other evacuative procedures.

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Now, nasal purging is the disease of the patient affects above the clavicle, head and neck then, the procedure is different. Here, again the Snehana and Svedhana - they are just the same; lubrication treatment as well as fomentation, these have to be done. And this can be, nasal purging can be, done once twice or thrice a day or following other evacuative procedures. So, the whole body is detoxified. And the procedure involves applying a medicinal preparation through the nose waiting for a certain period of time and then it is evacuated through the mouth; that is the way this is done.

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EVACUATIVE PROCEDURES OF PAÑCAKARMA

Nasal purging:

- Procedure involved applying medicinal preparation through the nose, retention for short periods as prescribed and elimination through the mouth.
- Prompt improvement in many symptoms of head and neck diseases.



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And this is very ancient procedure. It was practiced from the Buddha. So, you can imagine how old this Nasya is and this was considered the way to evacuate perturbed doshas in the head and neck because nose was considered the gateway to the inside of the head.

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EVACUATIVE PROCEDURES OF PAÑCAKARMA

Enemas:

- Of all forms of medical therapy, enemas are the most effective: far better than purgation.
- Enemas used not only for evacuation, but also for drug administration.
- Two types – lubricant (snehavasti) and non-lubricant (kaṣāya vasti). The former is secondary and the latter primary.



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Now, Enemas: this was these were considered the best form of evacuative therapy by Charaka; a whole stana, entire section is devoted to the description of enemas or vasti and they are not only used for evacuative purposes, it was also used as a form of


treatment for administering medicines where oral treatment was difficult. There are two types; one is lubricant – Snehavasti; the other is non-lubricant or kashayavasti; kashaya vasti is the real vasti; Snehavasti is a secondary type of procedure. You would not go into the place to use either of these that is beyond our point today.

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EVACUATIVE PROCEDURES OF PAÑCAKARMA

Enemas:

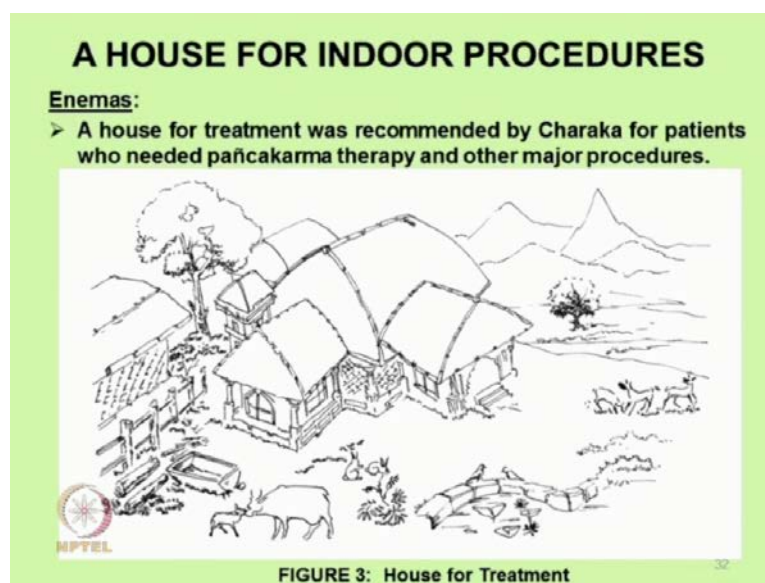
- Common medium for enema fluid included devadāru, elā, kuṣṭha, etc.; specific drugs for diseases of patients added when necessary for specific effects.
- Detailed description of enema apparatus, procedure, indications, fluid composition etc.

 Vaginal and urethral irrigation included under the rubric of enemas.

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And the common medium for enema fluid which is used is consisting of devadaru, ela, kustha etcetera; common Ayurvedic medications. But suppose you are administering this for a particular type of disease, suppose you are giving it for nutrition, special indications, then to this common medium, you have to add special medications; these are all described. And enema apparatus, the procedure, indications dealing with complications, suppose some equipment goes wrong during the procedure, how do you deal with it, all these are described at very great length especially by Charaka. And vaginal and urethral irrigation, even though they are not strictly enema, they are also brought under the discussion of common discussion of enemas.

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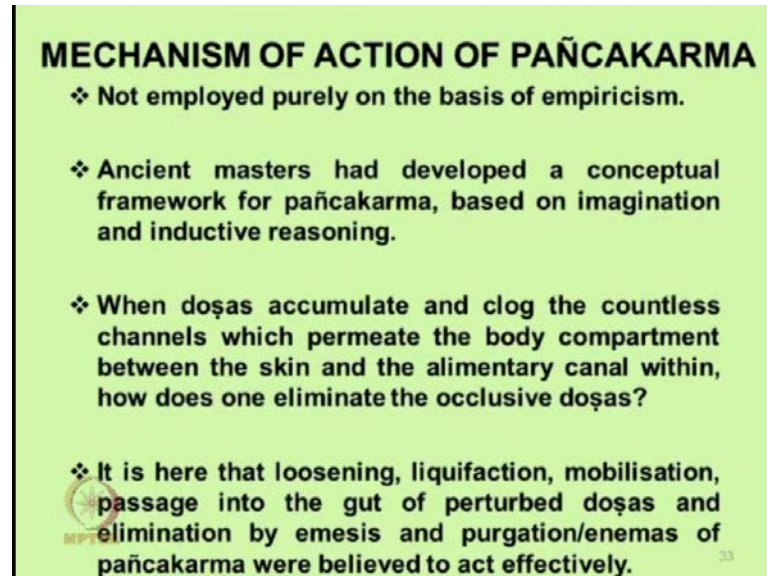


Now, here if you look at the pancakarma, it is a most important procedure in Ayurveda; it had to be done in residential facility and this is the kind of a house recommended by Charaka for residential treatment. I got this figure drawn by my colleague Mr. Joy; he is a medical artist and there is some authenticity in this figure because Charaka is believed to have lived in the first century and he was a contemporary of Kanishka who was the great emperor of the Kushana empire. And Kushana Empire, the headquarters was in the Mathura, that area and all the carvings of that Kushana period, first century, they are all preserved in the Mathura museum today. So, if you want to see picture of houses, all possessions, teacher with students, many of these social geographic events, they are available in the carvings; very beautiful carvings.

So, if you look at a house, a common house for a public purpose, what did it look like in those days? So, these are taken, the models are taken from the carvings of those days photographs. So, this is probably how that place must have looked like because Charaka describes this place should have accommodation for it should be located in a nice place with lot of greenery; not too much of wind or dust etcetera; plenty of water body should be there; clear pollusive water; cattle roaming around; birds, bird song; all these are there. And there should be accommodation for the patient; a room for the physician; room for attendant; there should be a kitchen; there is a store room; even the flowers in the patient's room; all these are described. There should be accommodations for story

tellers; there should be accommodation for musicians so that it is not like a hospital; it is a place for healing. So, this is probably how that would have looked like.

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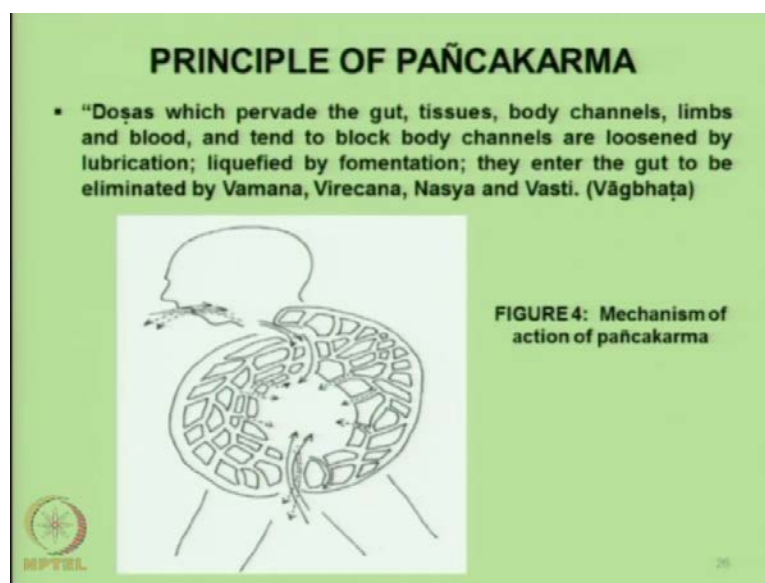
MECHANISM OF ACTION OF PAÑCAKARMA

- ❖ Not employed purely on the basis of empiricism.
- ❖ Ancient masters had developed a conceptual framework for pañcakarma, based on imagination and inductive reasoning.
- ❖ When doṣas accumulate and clog the countless channels which permeate the body compartment between the skin and the alimentary canal within, how does one eliminate the occlusive doṣas?
- ❖ It is here that loosening, liquifaction, mobilisation, passage into the gut of perturbed doṣas and elimination by emesis and purgation/enemas of pañcakarma were believed to act effectively.

Now, here, we come to the mechanism of action of Pancakarma. When you do this, why are these sequential? You have to give lubricant oily substances; then you have to do fomentation; then you have to do what is rational behind all these. Then, now that question when you consider, there is a certain conceptual framework. It was not that they gave something; it worked; so, next person keeps on giving the same based on pure empiricism; it was more than that.

Now, here their imagination dosha's when they accumulate and clog the countless channels, which permeate the body compartment between the skin and the alimentary canal, it is the koshta. How does one eliminate? If there is an accumulation of dosha in the gut, it is easy; you can give a purgative or an enema and you can get rid of it. But if it is inside this body compartment between the skin and the alimentary canal, it is a close system. Innumerable countless channels, if they are clogged, how do you get rid of it? Now that is the issue which concerned them and it is here that this loosening, liquefaction, mobilization, passage to the gut etcetera, they conceptualize this.

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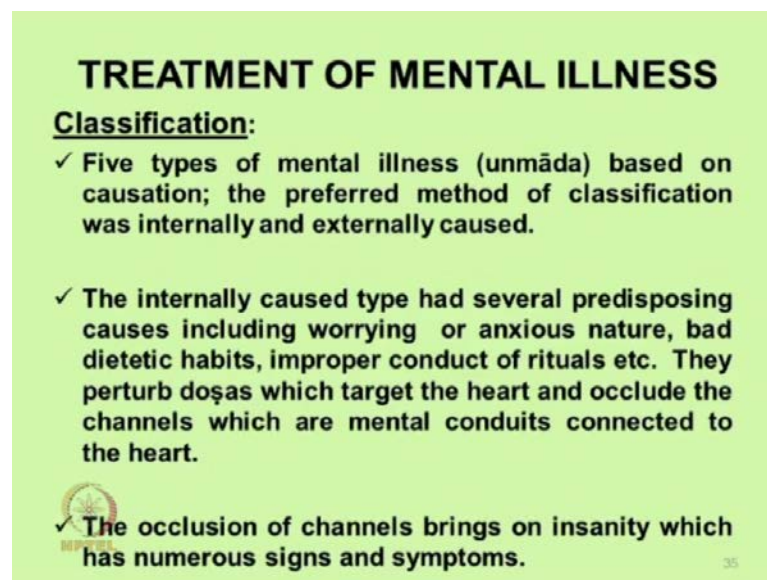
Now, here is a diagram which shows the the central channels starting from the stomach the, from the mouth through the gut, the intestines and through the aenorectum that is the koshta, and between that and the skin outside; this is the body criss-crossed by countless channels. Now, that is the image that you have to keep in mind when you talk of the mechanism of pancakarma. Now, before I come to this mental illness, I want to say something about this conceptualization of a mechanism. Whether it is the body channels as the process disease process indication or whether pancakarma the mechanism of draining these getting rid of them, what really seems to happen is the our ancient Ayurvedic acharyas, they had images and imagination image. What is imagination? Imagination is actually images; you create images which do you not see with your eyes and you play around; you manipulate those images and try to find new relationships. And when you find some new relationships which did not exist earlier, how do you verify this? In medicine, the way to verify is by experience.

So, if in experience, your imagination is not successful, then it vanishes. But if it works, that is really what happens here. In Ashtanga Hridaya Vagbhata says [FL] what is here is stated in the ancient texts, but we see the result in practice. Therefore, in imagination, if you are imagining there are channels criss-crossing in the body and there are clogging, these here and there disturbed doshas, you have to remove them; then you have to loosen them. And if you give these lubricant substances like a vast network of pipelines filled with clogging here and there, how do you move them out from that vast network?

So, if you can put in some lubricant, you can loosen them; that is essentially what you are doing through this administration of lubricant substances through the gut because guts, there are pores which open into the channels is bi-directional pores. You can flow into the channels; from channels again flow into the gut. So, those pores exist. So, lubricant substances what the patient takes as the first preparatory step, they get into this vast network; the clogged doshas are loosened.

And then, fomentation: They are all drifted back into the gut; then they are ready for elimination through emesis or purgation. So, that is the, that is why it is called lubricant therapy because essentially you have to use lubricants to loosen these clogged doshas. So, lubricant therapy is the term which we use for this particular procedure.

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TREATMENT OF MENTAL ILLNESS

Classification:

- ✓ Five types of mental illness (unmāda) based on causation; the preferred method of classification was internally and externally caused.
- ✓ The internally caused type had several predisposing causes including worrying or anxious nature, bad dietetic habits, improper conduct of rituals etc. They perturb doshas which target the heart and occlude the channels which are mental conduits connected to the heart.
- ✓ The occlusion of channels brings on insanity which has numerous signs and symptoms.

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And the mental illness: That is a separate category altogether, very much neglected, even today I would like to say. And in classification, you will find there are five different types caused by each dosha, combinations of doshas etcetera. But instead of these, much more popular classification is internally caused and externally caused. That is the classification which seems to have been more popular at that time. The internally caused type; there are several pre disposing causes like a worrying or anxious nature, bad dietetic habits, improper conduct of rituals, etcetera and they perturb doshas which target the heart because remember, heart was considered to be receipt of consciousness and emotions in Ayurveda. And they occlude the channels, and mind was supposed to have

conduits, mental conduits, which are attached to the heart dhamani's. So, once the perturbation takes place, Vata perturbation, and these mental conduits get clogged, that is the beginning of mental disorders.

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VĀTA, PITTA AND KAPHA MANIFESTATIONS OF MENTAL ILLNESS

Vātaja: Constant perambulation, unpredictable movement of eye balls and body parts, laughing/smiling inappropriately, grotesque imitation of instrumental sounds of music, loss of weight, protruding eyes.

Pittaja: Anger, excitement, proneness to violence, rushing around, tendency to eat cold things, coppery/greenish/yellowish discoloration of eyes.


Kaphaja: Silent, alone, walks and talks little; prefers to sleep; saliva drools; loathsome looks, face puffy, pale eyes.

Now, there are three types, Vataja type and these are the symptoms which are associated with these three types. Vataja is constant perambulation, unpredictable movement of eyeballs and body parts, laughing, smiling inappropriately, grotesque imitation of instrumental sounds of music, loss of weight, protruding eyes, these are all one particular type. And pittaja is anger, excitement, proneness to violence, rushing around, tendency to eat cold things, coppery, greenish or yellowish discoloration of eyes. And lastly, the kaphaja - they are silent, alone, walks and talks little; prefers to sleep; saliva drools; loathsome looks; face is puffy; eyes are pale. Now, these are three distinct types which they recognize to be associated with disturbance of vata, pitta or kapha.

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EXTERNALLY CAUSED ILLNESS

- ✓ **Attributed to the effect of Karma ; Ātreya is clear that it is caused by prajñāparādha by acts such as slight to gods and preceptors; insult to one's own self progressing to detestable conduct.**
- ✓ **A large number of inappropriate/unwholesome/sinful acts which amount to prajñāparādha are listed.**



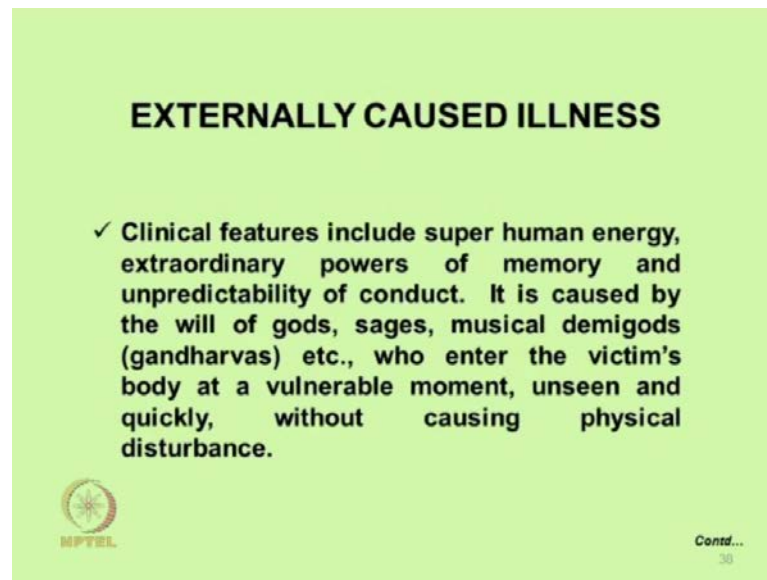
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Now, externally caused illness which of a very different type; the others are all three doshas; they are internal. Now, this is attributed to Karma, the effect of Karma. And Atreya who was the teacher of Agnivesha, he is very clever that this is not, do not blame the gods for this. It is essentially because of prajnaparadha. Prajnaparadha is what? We are doing something, a person does something, which he knows to be harmful to himself. He deliberately does it because of erroneous judgment and imprudent conduct. That combination is what is prajnaparadha. In the absence of it, gods and Gandharvas and so cannot do any harm. That is a point which Atreya makes very forcefully and insult to one's own self progressing to detestable conduct, and a large number of inappropriate and unwholesome sinful acts which are all listed with great detail.

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EXTERNALLY CAUSED ILLNESS

✓ Clinical features include super human energy, extraordinary powers of memory and unpredictability of conduct. It is caused by the will of gods, sages, musical demigods (gandharvas) etc., who enter the victim's body at a vulnerable moment, unseen and quickly, without causing physical disturbance.




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And clinical features include super human energy, extraordinary powers of memory and unpredictability of conduct caused by the will of gods, sages and musical demigods etcetera, who enter the victim's body at a vulnerable movement. That was the belief unseen and quickly without causing any physical disturbance. So, in a particular vulnerable moment when he is he is doing a consciously sinful act prajnaparadha; that is the weakest moment. When all the defenses are thrown away, then these evil influences can get into the body. And that was the cause that was believed to be the externally caused illness. When a man who could not sing suddenly begins to sing break into a song, how does that happen? So, this strange kind of conduct, it was believed to be due to external causes.

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EXTERNALLY CAUSED ILLNESS

- ✓ The clinical features would give a clue to the external impulse which drove the patient to mental illness. Eg. if violence was the impulse, the patient would turn suicidal or homicidal.
- ✓ "Neither gods, gandharvas nor demons can touch a person who is not made vulnerable by his own actions. It avails nothing to incriminate the gods and others for the onset of insanity, when the cause is prajñāparādha".




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Now, the clinical features would give a clue to the external impulse which drove the patient to mental illness. Suppose that first prajnaparadha was to do with violence. He was committing violence which he knew was wrong; that is the time when this external evil force would enter and all the manifestations of that mental illness would be related to violence; it could be violence on himself or violence on other people. And then they concluding this is a most important, neither Gods, Gandharvas nor demons can touch a person who is not made vulnerable by his own actions; so, prajnaparadha, it avails nothing to incriminate the gods or others for the onset of insanity when a cause of which is essentially prajnaparadha.

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**TREATMENT
(INTERNALLY CAUSED ILLNESS)**

- ☐ Principles were pañcakarma; evacuative measures employed drugs with properties opposite to those of the perturbed doṣas.
- ☐ Oil massage, medicated smoking, ghee are beneficial.



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Now, the treatment was difficult; that was recognized to be difficult and we must remember even in western countries, in the end of the 19th century, in the United States, there was no psychiatrist; really, there was a mental hygiene movement which was started in the 19th century towards the end. At the pioneer of this was a man called Clifford Whittingham Beers; he was himself a mental patient; educated man, he became mentally sick. In those days, they had to be putting in sanitary; hardly anybody came out of it. But this man strangely he recovered; he came out and he had a very clear memory of what happened to him and he wrote a wonderful book - A Mind that Found Itself.

Now, that book really was revolutionized. The whole practice of mental hygiene, that started changing end of 19th century. Now, Charaka's this book was written 2000 years ago; so, treatment obviously had great imperfections. The principles were panchakarma again, that is disturbed dosha's elimination, evacuative measures, which we have covered already; that would be used depending on whether it was vata type or pitta type or kapha type so that evacuative treatment would be practiced; oil massage, medicated smoking, ghee, all these were tried.

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**TREATMENT
(INTERNALLY CAUSED ILLNESS)**

- ☐ If pañcakarma and medications fail, physical restraint/incarceration may be necessary with no access to weapons.
- ☐ A number of herbal formulations were recommended. In resistant cases, harsh measures were recommended (e.g. touching with hot iron rod, whipping etc.)




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And if pancakarma and medications failed, then physical restraint or incarceration; this was necessary and it was practiced and a number of herbal formulations were recommended; a very large number, and in resistant cases where all these failed, harsh measures were recommended; that is touching with hot iron rod, whipping and so on.

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**TREATMENT
(EXTERNALLY CAUSED ILLNESS)**

- ☐ Administration of ghee, chanting of mantras, Vedic rituals, propitiatory acts, wearing antidotes on the body as talisman, worship of cow.
- ☐ "Above all, worship of Śiva overcomes the fear of insanity". The return of normalcy is marked by clear perception, clarity of intellect and presence of mind".



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In fact, this was the case all over world even in the 19th century. And externally caused illness, where this internally caused approach will not work, there it is administration of ghee, chanting of mantras, Vedic rituals, propitiatory acts to gods, wearing antidotes on

talisman; we are going back to the Atharvavedic practice because our therapeutic measures at may defeat and we have to go back to above all worship of Shiva overcomes the fear of insanity. That is, that shows the desperation, the helplessness of modern ways of treatment. And the return to normalcy, whenever it occurs is marked by clear perception, clarity of intellect and presence of mind like Clifford Beers, a person who was severely ill, he was in the sanitarium; when he came out, he had all these clear perception, clarity of intellect and presence of mind. All these are achievable; it is not totally hopeless.


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**PSYCHIATRIC VIEW OF THE ANCIENT
TYPES OF MENTAL ILLNESS**

Vātaja: early stage suggestive of panic disorder; full blown picture suggestive of manic episode or catatonic schizophrenia.

Pittaja: catatonic schizophrenia, manic disorders. Yellowish discoloration of eye could indicate hepatic encephalopathy.

Externally caused: Personality disorder; possession disorder.

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And the psychiatric view of a colleague of mine, Professor Sharma who is a professor of psychiatry. I asked him about these clinical pictures described in vata, pitta, kapha, and he found that the vataja type, early stage suggestive of panic disorder, and full blown picture suggestive of manic episode or catatonic schizophrenia; that is how he would characterize it today, that kind of a clinical picture. Whereas, pittaja is catatonic schizophrenia, manic disorders and the yellowish discoloration of the eye could indicate hepatic encephalopathy. These are the two vata, pitta, and when it comes to externally, it is a personality disorder which is totally different from the others or possession disorder. These are the modern psychiatric equivalence what were described by Charaka in the first century.