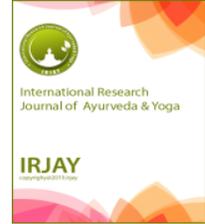


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### A Review On The Book *Panchakarma Stories*

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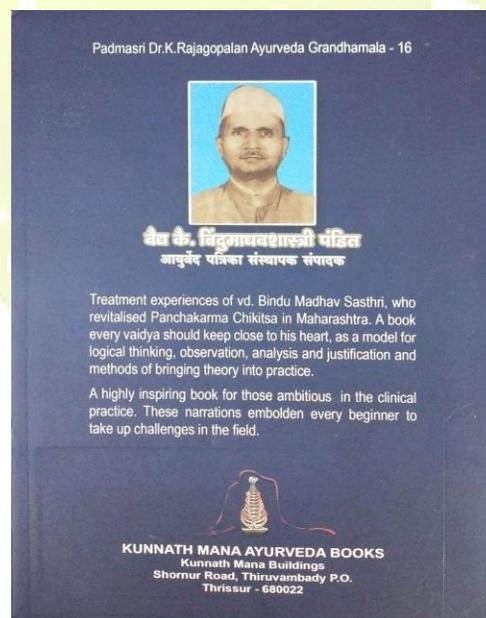
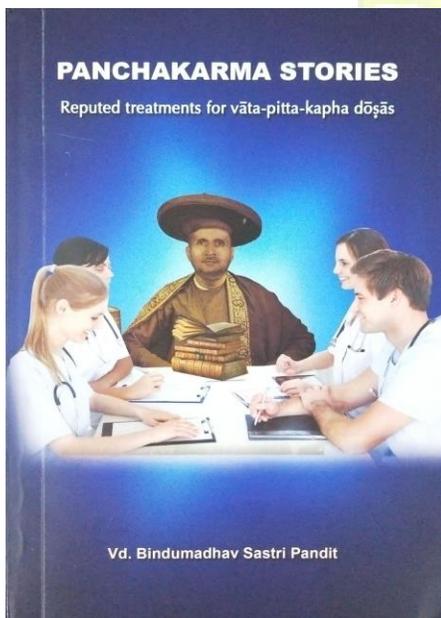
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## INTRODUCTION

Ayurveda was sidelined in the beginning of twentieth century due to the popularity and easy access to modern health care facilities as well as the lack of enough promptness to popularize traditional health care systems. Vaidya Bindumadhava Sastri Pandit, tried to make Ayurveda more popular and practical, based on the principles of classical text books, through his clinical practice and books.

The book Panchakarma stories is an English translation of Panchakarmachya bodhaka goshti, an illustration of clinical experiences of Vaidya Bindumadhava Sastri Pandit, written in Marathi. A Malayalam translation of this book is also available in the name Panchakarma bodhaka kathakal. The clinical experiences were collected by Vaidya Vidyathai Jalookar, Vaidya Gajanana Sastri Pandit, Vaidya Prabhakar Thanaji joshi and Vaidya Sasikanth Ra Devdhar and edited by Vaidya Bindumadhava Sastri Pandit. This book is translated from Marathi to Malayalam by Priya Namboothiry and from Malayalam to English by Dr. Anupama S.K. and edited by Dr. P K V Anand. This is the first edition of the book and is published by Kunnath mana Ayurveda books, Trissur in the year 2021. The price of this book is Rs 240. The book contains a total of 176 pages. This is the 16<sup>th</sup> book in the series Padmasree Dr. K. Rajagopalan granthamala.

## AUTHOR'S RECOGNITION

Vaidya Bindumadhava sastri pandit was born in Maharashtra. His ayurveda education was at Government ayurveda mahavidyalaya, Ahmadnagar, started in 1922. He became a renowned practitioner in a short period of time and dared to practice *Panchakarma* procedures in an adverse social atmosphere. He served as the Principal in Government Ayurveda College,

Nasik for a long term. He established a charitable organization, named Ayurveda prathishthan in 1972, at Nasik, with an intention of giving quality ayurvedic treatment at a reasonable price. Most of the medicines produced by this organization is author's contribution. He is the founder of ayurvedic magazine named Ayurveda patrika and served as editor for a long time. He passed away in 1976 and his original book was published in the same year after his demise.

Dr. Anupama S K, the translator of this book, is a BAMS graduate from Vaidyaratnam Ayurveda College, Ollur and currently settled in Madhurai. Dr. P K V Anand, the editor of Malayalam and English versions of this book, is now working as Professor and Head of the Department of Panchakarma in Vaidyaratnam Ayurveda College, Ollur.

## Subject Matter Of Book At A Glance

In this book, case reports of various diseases treated with five purificatory procedures are described based on author's clinical experiences. Each case is narrated in the form of a story.

## CHAPTER DISCUSSION

The book contains a total of 64 case reports as separate chapters. Each chapter has a heading which illustrates the major presenting complaint. There are 26 chapters under *vasti*, 5 chapters under *virechana*, 13 under *rakthamokshana*, 15 under *vamana* and 5 under *nasya*. The order of procedures depicted in this book is based on the most practiced procedure by the author.

In each chapter, a case is presented as a story with the demographic details of patient followed by presenting complaints, past history, treatment history and personal history. This is followed by a brief review of etiological factors and an analysis of constituents of pathogenesis to understand disease process. The author has taken

effort to include diagnosis in both ayurvedic and modern parlance. The management principles are explained both from a *sodhana* and *samana* perspective along with lifestyle modifications. Both OPD and IPD management is briefed with complete details regarding discharge medicines and regimen to be followed. A few cases were taken from the experience of other physicians also. References regarding each procedure from classical text books such as indications, contra indications, procedure, complications etc. are included at the end of each chapter.

Maximum number of case reports are dealt with *vasti*. All possible applications of *vasti* are mentioned in this book including *vasti* during pregnancy to aid in normal labour. Use of enema can and rubber tube instead of *vastinetra* and practice of *nirooha vasti* without *kalka* were the usual practices at that time and found to be more convenient. It is mentioned that *kalka* causes obstruction in rubber tube, hence it was avoided. Different methods of preparation of *kashaya* for *vasti* are mentioned in this book and the steam of this decoction was used for *swedana* of the patient before doing *vasti*. In this book *matravasti* is praised as the best treatment for pathology in low back.

Examples for best results produced by *panchakarma* can be seen in this book, such as a patient who was suffering from insomnia for years and was taking sleeping pills, got relief just by a single *nirooha vasti*. The precise condition in which *vasti* is to be done is mentioned as pain in the site of *vata*. It is mentioned that *ksheeravasti* produce more complications when compared to other *nirooha vasti*.

Most commonly used *virechana* drug was *trivrit*. Some special preparations used for *virechana* are mentioned in this book such as *aswakanchuki gulika*, *aaragwadha kapila vati*, along with mode

of application. Medicine to arrest *virechana* is also mentioned. In the context of *vamana*, mode of administration in children are also explained. Formulations of *madanaphala* was mostly used for *vamana*. In the context of *nasya*, experience regarding *pratimarsa nasya* is only mentioned. Importance of *pumsavana* and clinical experiences regarding this is also shared. Features of blood vitiated by different *dosha* is given from practical experiences. *Jalookavacharana* and *siravedha* were given more emphasis in the context of *raktamoksha*. Maximum 200 ml of blood is advised to be let out during bloodletting. Importance of monitoring blood pressure prior to *raktamoksha* is also mentioned. A new treatment method is introduced in the treatment of burn by adopting treatment principles of *agnivisarpa*. Disadvantages of many food items like milk, salt etc. are detailed in this book.

#### ANALYSIS OF THE BOOK

In this book *sodhana* procedures are mentioned without giving much emphasis to pre and post-operative procedures. The procedure and formulations of *vasti* is simplified compared to textual references. Author quotes some occasions where his patients themselves practice *vasti* at home using enema can. Even though usual practice of *vasti* was without *kalka*, author narrates some instances where he tried to incorporate *kalka* in *vastidravya*, for that he made *vasti netra* and *putaka* as per the references of classical textbooks. A different practice of *nirooha vasti*, i.e. in evening before food can be seen in this book, which is said to be very effective as it is the time of vitiation of *vata*. *Vasti* was the first choice of treatment in their hospital in all disease conditions, especially in case of constipation, which shows the author was proficient in *vasti*. Pre-operative procedures of

*nirooha vasti* also have some differences from text books, such as administration of *sneha* internally and application of warm oil mixed with salt externally. In most of the conditions *nirooha vasti* was preceded by *matravasti* with a gap of 20-25 minutes.

Based on different clinical conditions, the number and order of *nirooha vasti* was also different from text books and regular practice. For example daily for 7 days, then weekly once, followed by once in a fortnight. Then *vasti* was administered once in every month in a preventive aspect for a couple of years. The selection of different order of *nirooha vasti* based on different conditions, provides the reader an opportunity to think. The effect of *vasti* without *kalka*, needs to be understood by putting into practice, as *kalka* is the most potent part in a *vasti* emulsion and it gives scope for research. This practice may be considered as a reason for easy administration and less complication while doing *vasti*. Examples for choosing medicines according to local availability and habit of patient can be seen in this book. For example peanut oil was used for *anuvastana vasti* and *abhyanga*, porridge made of rava (semolina) and basen flour was given for *aakantapana* in *vamana*. A different practice of *matravasti*, in which the patient is asked to turn to right side after administration of enema, is mentioned in this book, and the reason for that is also included.

The modifications of instruments for different *panchakarma* procedures mentioned in this book, is a reflection of author's interest in updating knowledge over time. There is a remark on the author's attempt to make a *vasti putaka* made of wax cloth. He also shared experience of designing new instruments for *utharavasti*, *siravedha* and *vrana vasti*. The way of analysis of constituents of *samprapthi* is very interesting,

the best example can be seen in treatment of *pravahika* in a four months old child. Application of *vasti* in conditions where it is generally contra indicated, can be seen in this book, for example in asthma. This shows the importance of understanding etiological considerations and *samprapthi* in treatment. Practice of *nirooha vasti* on the eve of *virechana* is a notable modification by the author. Situations which revealed the miraculous effect of Ayurveda can be seen throughout this book, which inspires the reader to take up various least popular practices. For example application of *siravedha* in acute appendicitis, practice of *pumsavana nasya* etc. This book reveals the importance of keen observation because in many occasions very minor symptoms helped in diagnosis. The author mentioned the importance of *upasaya* and *anupasaya* in treatment by quoting example of an asthma patient. Treatment principle of *rakthapitha* was bravely utilized by the author in the management of menorrhagia. He used to do *vamana* whenever the patient feels nausea while doing any other treatment, followed by *samsarjana krama*. Modified form of *samsarjana krama* mentioned in classical text books based on *desa* can be seen in this book, which starts from *laja* and ends in chapathi and curry.

He explored many formulations which are not common in practice such as *panchendriya vardhana taila* for *nasya*. The author emphasizes on lifestyle modifications which lead to miraculous results. Sweet food items were advised to be taken prior to *rakthamoksha*, which can be considered as a modification of reference in text books, and it is not a regular practice in present clinical scenario. In *kushta*, *siravedha* was done once in a week which is contrary to the reference in classical text books.

### PRACTICAL ASPECTS

While going through this book one can see that the author does not blindly follow the classical references of *panchakarma* procedures, especially that of *vasti*; instead he analyses the diseases in the light of science and apply his common sense and rational thinking. The modifications he used in the procedures need intensive research and critical observations to verify the efficacy and safety.

The English translation of this book is believed to be done judiciously, as the translator is proficient in both English and Malayalam. Though no significant changes have been made to the original book, the editor has made some of his own contributions in areas such as linguistic expressions, dialects and exaggerations. This book is written in a simple language that can be easily understood.

### DEMERITS

Clarification could have been given in some parts such as preparation of *laja* in *samsarjana krama*,

difference between the efficacy of *vasti* with and without *kalka* etc. which would help to enhance the beauty of this book.

### CONCLUSION

The book is a must read for Ayurveda students and practitioners who are looking out for practical applications and modifications of classical *panchakarma* procedures. Author tried to restore the *panchakarma sodhana chikitsa* in a modified way, in a situation where Ayurveda physicians turned back from practicing it. It is very much inspiring and boosting up the confidence in practicing *panchakarma* in beginners. There are a lot of scope for research in this book. The book reveals importance of etiopathogenesis and treatment based on avoiding causative factors. This book will surely help in popularizing *panchakarma* treatment by outsourcing locally available materials.