Review Article

ROLE OF PANCHAKARMA IN PUBLIC HEALTH

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Abstract

Panchakarma therapy is an integral part of Ayurveda (Indian Medical System). Panchakarma is a term used to symbolize five medical procedures for internal purification of body. Panchakarma helps in detoxifying and rejuvenating body by simple techniques that can be done easily in outdoor practice. Failure of contemporary medicines in the prevention of major health burdens force us to revert back for the original detoxifying naturopathy. Public health concern can be very effectively deal with Panchakarma if it is well supported with proper scientific documentation and validation.

Keywords: Purification therapy, epidemic diseases, Health care.

INTRODUCTION

Panchakarma is a bio-cleansing regimen comprising of five procedures, which facilitate better bio availability of the pharmacological therapies, help to bring about homeostasis of body humors, eliminate disease – causing complexes from the body and check the recurrence and progression of disease. The five fold measures comprehended in this therapy are Vamana (therapeutic emesis), Virechana (therapeutic purgation), Asthapan basti (therapeutic decoction enema), Anuvasana basti (therapeutic oil enema), and Nasya Karma (nasal administration of medicaments). Panchakarma procedures are preceded by Snehana (therapeutic oleation) and Swedana (sudation) procedures to make the body system conductive for elimination of bio-toxins and cleansing of channels. Panchakarma is an effective therapy in managing autoimmune, neurological, psychiatric and musculo-skeletal diseases of chronic and metabolic origin. In the current scenario, these unique procedures are widely practiced by physicians in India and many other countries globally for prophylactic and therapeutic purposes. With the tremendous expansion of the use of Ayurveda worldwide, safety and efficacy of medicines and procedure based therapies viz. Panchakarma have become important concerns for both health authorities and the public. The scientific presentation of facts in universal language is desired for safe practice of Panchakarma. When applied skillfully and appropriately Panchakarma procedures are safe and effective for prevention and management of a number of health problems. In view of complex nature of selection of patients for appropriate Panchakarma procedure and the possible complications due to various factors attributable to improper administration, faculty choice/preparation of dosage forms has drawn the attention for safety concerns globally.

What is Public Health?

Public health is “the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals. The focus of a public health intervention is to prevent and manage diseases, injuries and other health conditions through surveillance of cases and the promotion of healthy behaviors, communities and environments. Many diseases are preventable through simple, non-medical methods.

Applications in Healthcare

As well as seeking to improve population health through the implementation of specific population-level interventions, public health contributes to medical care by identifying and assessing population needs for health care services, including:

- Assessing current services and evaluating whether they are meeting the objectives of the health care system
- Ascertainment of the most appropriate interventions
- Considering the effect on resources for proposed interventions and assessing their cost-effectiveness
- Supporting decision making in health care and planning health services including any necessary changes.
- Informing, educating, and empowering people about health issues

Major Epidemiological Diseases in India

Disease burden estimations based on sound epidemiological research provide the foundation for public policy. Which diseases and what interventions does public policy needs to focus upon are normally derived from such evidence. Well researched, longitudinal data can enable judicious targeting and help decide what needs to be done where, for whom, and when. Conversely, the absence of such good quality empirical data can affect programme designing and consequently outcomes. India has ample evidence of such impacts, often due to the mismatch between disease burden and its causal factors, and the interventions adopted and priorities in resource allocation. Besides the need to avert disease for enhancing the quality of life, neglect can have adverse consequences on the wellbeing of affected families—social, psychological as well as economic. Diseases that are
heavily concentrated among working age adults or the poor, as is the case with HIV/ AIDS, cardiovascular disease (CVD), tuberculosis (TB), etc., can have a ruinous impact as such diseases are extremely expensive to treat, especially due to lack of insurance mechanisms. The devastating impact of TB, asthma, chronic obstructive pulmonary disease (COPD), heart diseases, etc. on individual household is similar, with children having to discontinue schooling and/or take up employment to provide an additional source of income. Analysis of data from the 1995–96 survey round of the National Sample Survey (NSS) undertaken by the National Commission on Macroeconomics and Health (NCMH) suggests that the out-of-pocket expenditure by individuals hospitalized on account of heart disease was roughly Rs 11,000 per person, or 120 % of the average annual per capita expenditure of the households they belonged to. Likewise, roughly Rs 32,000 is the annual cost of treatment for acute cases of COPD that involve hospitalization. Around 50 to 60 million Indians suffer from heart disease and if figures are further explained, every 10th Indian suffers with either CAD or diabetes.” Being home to around 40 million diabetics, India is emerging as the ‘diabetes capital’ of the world. And with this, people would be more susceptible to heart disease. “One-third of the diabetics develop coronary artery disease (CAD), irrespective of the precaution they take and death of 80 % diabetics can be attributed to CAD.9,10 According to the report published by CSE Dialogue Workshop, New Delhi (February 13, 2013) top disease burden in India are:

- Global Burden of Disease ranks outdoor air pollution among the top killers in India The new India specific findings of the new Global Burden of Disease (GBD) count, a global initiative involving the World Health Organization that says air pollution has become the fifth largest killer in India, is shocking. This India specific findings have been released by the scientists of the US based Health Effect Institute who were part of the Ambient Air Quality Expert Group of the GBD assessment, at the workshop jointly organized by the Centre for Science and Environment, Indian Council of Medical Research and the US based Health Effects Institute in New Delhi on February 13, 2013.
- Serious concern over growing burden of non-communicable diseases in India and environmental health risks: Indian Council of Medical Research (ICMR) has assessed the disease burden of non-communicable diseases. Also according to the recent estimates from the World Bank non-communicable diseases impose the largest health burden in India. In terms of the number of lives lost due to ill-health, disability, and early death NCDs accounts for 62 % of the total disease burden while 38 % is from communicable diseases, maternal and child health and nutrition all combined. NCDs largely affect middle aged and older populations, the groups growing the fastest, which will lead to future increases. Cardiovascular diseases cancer, respiratory Diseases, and diabetes are the major NCDs in India. A range of factors including genetic, and lifestyle may contribute but as a public policy the role of the environmental risks should be minimized. It is important to act now to prevent disease explosion in the future.

### Panchakarma Intervention in Public Health

Panchakarma is a purificatory therapy that can be use for both preventive as well as curative purpose. Following chart will depict the role of Panchakarma in prevention and restoration of some major public health burden in India:

#### Panchakarma intervention in Public Health at Individual level

**Preventive aspect**
- Psychiatric disorders e.g. Anxiety, Depression etc.
- Diabetes
- Intervention: Shirodhara
- Hypertension
- Intervention: Vamana & Virechana
- Cancer
- Intervention: Shirodhara
- Intoxication: Basti, Raktamoksana

**Curative aspect**
- Cardiovascular accident
  - Snehana, Svedana & Nasya
  - Obesity
  - Udavartana, Lekhana basti
  - Allergic asthma & COPD
  - Vamana, Virechana
  - Gastro-esophagal reflex
  - Mridu Vamana, Virechana

### Panchakarma Intervention in Public Health at Mass Level

The two main strategies for controlling outbreaks of communicable disease are to reduce the number of cases through preventive activities and to reduce mortality due to the disease through early case detection and effective treatment. Panchakarma may prove beneficial for prevention of outbreaks rather than controlling outbreaks this is not because of lacuna in Panchakarma therapy but it is due to lack standardization of Panchakarma therapy and insufficient skill professionals. Organization of health camps for carrying out Panchakarma procedures is helpful in preventing and controlling epidemics. For instance Vamana (emesis) can be carried out in outdoor patients once in a month is highly beneficial in prevention of allergic respiratory diseases. Vamana is cost effective and have no toxic side effects. Similarly mridu Virechana (mild purgation) can be easily given in Typhoid outbreaks or even in Pyrexia of unknown origin. Inadequate documentation of effectiveness of Panchakarma in prevention of Epidemiology’s makes its use suspicious. Texts advocate the use of Panchakarma in epidemic diseases10 but due to lack of proper scientific data it is not included in epidemic disease prevention programme. A lot of efforts have to be made for validating efficacy of Panchakarma procedures by authentic clinical studies and epidemiological surveys to establish this therapy for the management of Public health.
CONCLUSION

Panchakarma or Shodhana therapy is intended for purification of the body, by which the accumulated morbid humors responsible for disease are expelled out to produce an ideal environment for proper functioning of body. Panchakarma presents a unique approach of Ayurveda with specially designed five procedures of internal purification of the body through the nearest possible route. Such purification allows the biological system to return to homeostasis and to rejuvenate rapidly and also facilitates the desired pharmacotherapeutic effects of medicines administered thereafter. Panchakarma has a full therapy role as promotive, preventive and curative procedure. Proper scientific validation and documentation of this therapy can only help in promoting and establishing Panchakarma for public health care burden in India as well as outside India.

REFERENCES


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