

Panchakarma Bodhaka Kathakal by Vaidya Bindumadhava Sastri Pandit (Marathi translated to Malayalam)

*Remya T M, **Binitha A

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 popularise 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 bodhaka kathakal is a Malayalam translation of Panchakarmachya bodhaka goshti, an illustration of clinical experiences of Vaidya Bindumadhava Sastri Pandit, written in Marathi. 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 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 2012. The price of this book is Rs 140. The book contains a total of 176 pages. This is the 6th book in the series Padmasree Dr. K Rajagopalan granthamala.

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



*PG Scholar, Department of Panchakarma, Vaidyaratnam P S Varier Ayurveda College, Kottakkal, Kerala, India

**Professor, Department of Panchakarma, Vaidyaratnam P S Varier Ayurveda College, Kottakkal, Kerala, India

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.

Priya Namboothiry, the translator of this book, is a kathakali artist, based in Mumbai, hailing from Sreekrishnapuram, Palakkad. She is an alumnus of Mumbai Kalakshetram. Dr P K V Anand, the editor of Malayalam version of this book, is now working as Professor and Head of the Department of Panchakarma in Vaidyaratnam Ayurveda College, Ollur. In this book, case reports of various diseases treated with five sodhana procedures are described based on author's clinical experiences. Each case is narrated in the form of a story.

Contents

The book contains a total of 64 case reports as separate chapters classified under the headings Vasti, Virechana, Rakthamokshana, Vamana and Nasya. 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 included under the heading 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 sodhana 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 rakthamoksha. Maximum 200 ml of blood is advised to be let out during bloodletting. Importance of monitoring blood pressure prior to rakthamoksha 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

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 vastidravaya, 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 anuvasana vasti and abhyanga, porridge made of sooji and gram flour was given for aakantapana in vama. 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 vama 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.

While going through this book one can see that the author does not blindly follow the classical references of sodhana 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 Malayalam translation of this book is believed to be done judiciously, as the translator is proficient in both Marathi 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. 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. This book is written in a simple language that can be easily understood. As the book is written in local language it doesn't cater to majority.

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.