

ANNEXURE TO ACCREDITATION STANDARDS FOR PANCHAKARMA CLINICS



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ISQua Accredited



NATIONAL ACCREDITATION BOARD FOR HOSPITALS
AND HEALTHCARE PROVIDERS



N A B H

QUALITY : SAFETY : WELLNESS



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NABH PLEDGES

Taking Quality to the Last Man in the Line

HAPPY INDEPENDENCE DAY

15th August 2020



*Guidebook & printed Standards can still be bought at nominal fee

PREFACE TO THE RE-PRINT

National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of Quality Council of India, established in 2005, is in its 15th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment. Without being prescriptive, the objective elements remain informative and guide the organisation in conducting its operations with a focus on patient safety.

All NABH standards have been developed in consultation with various stakeholders in the healthcare industry and if implemented help the healthcare organizations in stepwise progression to mature quality systems covering the entire spectrum of patient safety and healthcare delivery.

The NABH organization & the hospital accreditation standards are internationally recognized and benchmarked. NABH is an Institutional as well as a Board member of the International Society for Quality in Health Care (ISQua) and Asian Society for Quality in Health Care (ASQua) and a member of the Accreditation Council of International Society for Quality in Health Care (ISQua).

Over the years, successive NABH standards have brought about not only paradigm shifts in the hospitals' approach towards delivering the healthcare services to the patients but have equally sensitised the healthcare workers and patients towards their rights and responsibilities.

In celebration of our 74th Independence Day, on 15th of August, 2020, we are pleased to announce, that starting today, in an enhanced effort to connect with people, all NABH standards, across programmes, will be available free of charge as downloadable documents in PDF format on the NABH website www.nabh.co. (The Printed copies of Standards and Guidebooks will continue to remain available for purchase at a nominal price).

NABH also announces the enriched continuation of its **"NABH Quality Connect-Learning with NABH"** initiative, connecting free monthly training classes, webinars and seminars. The various topics that will be taken up will cover all aspects of patient safety, including: Key Performance Indicators, Hospital Infection Control, Management of Medication, Document Control etc.

Recently introduced communication initiatives like **Dynamic Website Resource Center** and **NABH Newsletter Quality Connect** (focusing on sharing the best quality practices, news and views) will also be bettered.

It is sincerely hoped that all stakeholders will certainly benefit from the collective efforts of the Board and practical suggestions of thousands of Quality Champions from India and abroad

NABH remains committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030), creating a culture of quality in healthcare and taking Quality, Safety and Wellness to the Last Man in the Line.

Jai Hind

(Dr. Atul Mohan Kochhar)
CEO-NABH

15th August 2020

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Annexure: I

Infrastructure, Equipment and Manpower Requirement

References: Development of minimum Standards of Clinical Establishments Ayurveda

<http://clinicalestablishments.nic.in/cms/Home.aspx>

<http://clinicalestablishments.nic.in/WriteReadData/86.pdf> (Page 5, 6, Annexure IV, Annexure V of clinical establishment act.

This document is from **<http://clinicalestablishments.nic.in/cms/Home.aspx>** and is applicable on Ayurveda establishments.

Some of the Panchakarma procedure are excluded in the scope of NABH Accreditation Standards for Panchakarma Clinic hence only the relevant requirement are applicable.

Therapy Centre

Physical infrastructure:

Space requirement – Minimum 150 sq. ft.

Therapy room

Human resource:

Minimum one doctor, one pharmacist cum panchakarma therapists and a multipurpose worker

Equipments requirement:

Stethoscope	1
B.P. apparatus	1
Torch	1
Thermometer	1
Tongue depressor	1
Weighing machine	1
X – Ray view box	1
Hammer	1
Kharala	1
Panchakarma equipments	as per requirement
Others	as required

Furniture requirement:

Doctor's table	1
Doctor's chair	1
Chairs for attendants	2
Examination table	1
Patient's stool	1
Foot step	1
Panchakarma droni & others	as per requirement

Others:

Display the name of doctor with the degree.

Registration number of the doctor

Fee

Timing of the clinic

Experience of the doctor

Display of the therapy performed in the center

Fee structure for various procedures on daily as well as package system.

Panchakarma Equipments (ANNEXURE IV of Clinical Establishment act)

Poorva Karma

- I. Snehana Karma
Essential Items
 1. Separate Unit is proposed for male & female
 2. Complete bedding/cot one for male, one for female Rooms (One)

Equipments/Instruments

1. Measuring glasses
 - i) 200ml. 2
 - ii) 100 ml. 2
 - iii) 50 ml. 2
2. Simple steel glasses 6
3. Gas/Stove/heater with fittings 1
4. Lighter/Matchbox 1
5. Abhyanga (Massage)Table/Droni 2
6. Steel bowls
 - i) 50 ml. 6
 - ii) 100 ml. 6
7. Towels, Dusters 12
8. Plastic aprons 4
9. For Shirodhara
 - (i) Shirodharayantra 2
 - (ii) Stand
 - (iii) Dharapatra 2
10. For Shirobasti
 - i) Plastic Caps/Leather caps
 - ii) Large 2
 - ii) Medium 2
 - iv) Small 2
11. Holder (Chimata/Pakkad) 2
12. Big spoons, Tea spoons 4
13. Steel Pots (Patila)
 - i) 2 litre 2
 - ii) 1 litre 2

Materials

1. Til Oil
2. Dashmoola Oil
3. Different Medicated Oils
4. Masjapishta (Blackgram Flour)
5. Bandage
6. Cotton
7. Gauge

Pradhana Karma

(Vamana and Virechana karma are not in the scope of NABH Accreditation Standards of Panchakarma Clinic)

a) BASTI

Essential items

1. Rooms (2) fitted with toilet and bathroom (common)
2. Equipments/Instruments
 - i) Basti Yantra Enemapot 4
 - ii) Niruhabasti Yantra 4
 - iii) Anuvasanabasti Yantra 4
 - iv) Uttarabasti Yantras (Douche cane fitted with rubber tube and nozzle of various sizes)
 - v) Urinary catheters (Rubber and metallic) Different Nos.

For Females

- i) Sim's speculum 2
 - ii) Cusco's Speculum 2
 - iii) Anterior Vaginal wall retractor 2
 - iv) Velsellum 2
3. Uterine sound 4
4. Bladder sound (Urethral dilators) of different sizes 4
5. Kharal 2
6. Basti Netra (Metalic) 4
7. Bowls 4
8. Rubber Sheets 6
9. Focus lamp/Torch 2
10. Gynae Table with attachment for Lithotomic position 2
11. Easy chairs 2
12. Cotton
13. Gauzepieces
14. Sponge holding Forceps 2
15. Cots with complete beddings 2 (Common)
16. Revolving stools 2
17. Bedpans 4
18. Towels/Napkins-one towel/bed for female & central hole
19. Measuring glass 1 litre 4
20. Teaspoon, Tablespoon
21. Plastic aprons 6
22. Buckets 2
23. Glycerine Syringe 4
24. Glass/Plastic syringes
 - i) 100 ml. 4
 - ii) 50 ml. 4
 - iii) 20 ml. 4

Material

- i) Bastidravya for various types of basti, Gudavarti
- ii) Medicines for management of Vyapada

b) NASYA

Essential Items

1. Rooms

2. Equipments/Instruments

i. Nasyapeetha (Chairs)	3
ii. Adjustable Tables	2
iii. Dropper/Dropper bottles	12
iv. Cotton	
v. Gauze	
vi. Pradhamana Nasya Yantra	2
vii. Dhuma Yantra	2
viii. Kharal	2
ix. Steel glasses	4
x. Bowls	
100 ml.	4
50 ml.	4
xi. Steamer (Facial Steam)	

3. Material

- i. Different types of Nasyadravya, Medicines for complications, Gandusha Dravyas and Dhumpana dravyas

RECORDS TO BE MAINTAINED BY CLINICAL ESTABLISHMENTS (ANNEXURE V of Clinical Establishment act)

The various medical records to be maintained by clinical establishment

- Outpatient Register
- Inpatient Register
- Operation Theater register
- Labor room register
- MTP registers (if registered under the MTP Act)
- Case sheets
- Medico legal register
- Laboratory Register
- Radiology and imaging register
- Discharge summary
- Medical certificate in duplicate
- Complaint register
- Birth register (Notified to such medical officer as authorized)
- Death register by Government in such format as prescribed by Government/ State level authority)
- Information in terms of government programmes / areas of work (eg maternal health, child health, immunization, family planning, Vector borne disease, NLEP, RNTCP, IDSP. NRHM
- initiatives-ASHA, JSY)
- Number of beds system-wise and specialty-wise in Clinical Establishments providing in patient care (e.g General Med/Surg. Beds; Special Care Beds)
- Total Discharges.

Annexure: II

List of Policies

NABH Standards for Accreditation of Panchakarma Clinic		
1.	These Templates are just for reference.	
2.	Number of Policy may vary as per requirement of the clinic.	
Standards and Objective Elements		Documentation Reference
Chapter 1: Access, Assessment And Continuity of Care (AAC)		
AAC.1: The Panchakarma Clinic defines and displays the services that it provides.		
a	The services provided are defined and displayed prominently.	AAC/POL/001
AAC.2: The Panchakarma Clinic has a defined patient registration process.		
a	The Panchakarma Clinic has documented policies and procedures for registering the patients.	AAC/POL/002 Along with AAC/POL/002.a & AAC/POL/002.b
b	Patients are accepted only if the Panchakarma Clinic can provide the required service.	-- Do --
c	A unique identification number is generated at the end of registration.	-- Do --
d	The staff is aware of these processes..	
AAC.3: There is an appropriate mechanism for transfer or referral of patients who do not match the Panchakarma Clinic resources.		
a	Documented policies and procedures guide the transfer of patients to another facility in an appropriate manner.	AAC/POL/003 along with AAC/POL/003.a
b	The Panchakarma Clinic gives a summary of patient's condition and the treatment given.	-- Do --
AAC.4: Patients cared for by the organisation undergo an established initial assessment.		
a	The Panchakarma Clinic defines and documents the content of Initial assessment.	AAC/POL/004 along with AAC/POL/004.a and 004.b
b	Initial assessment includes screening for nutritional needs.	-- Do --
c	Care plan has to be documented and is monitored after the initial assessment.	-- Do --
d	The care plan also includes preventive aspects of the care where	-- Do --

List of Policies

		appropriate.	
AAC.5: All patients cared for by the Panchakarma Clinic undergo a regular reassessment			
a	All Patients are reassessed at appropriate intervals.		AAC/POL/004 along with AAC/POL/004.b
b	Patients are informed of their next follow-up, where appropriate.		
c	Staff involved in direct clinical care document reassessments.		-- Do --
d	Patients are reassessed to determine their response to treatment and to plan further treatment		-- Do --
e	Continual improvement.		-- Do --
AAC.6: Patient care is continuous and multidisciplinary in nature.			
a	During all phases of care, there is a qualified individual designated as responsible for the patient's care.		AAC/POL/004
b	Care of patients is coordinated in all care settings within the Panchakarma Clinic.		-- Do --
c	Information about the patient's care and response to treatment is shared among medical, nursing and other care-providers		-- Do --
d	Top management shall ensure above		-- Do --
e	The patient's record(s) is available to the authorized care-providers to facilitate the exchange of information.		-- Do --
AAC.7:The Panchakarma Clinic defines the content of the prescription including procedural details if any			
a	Documented policies and procedures exist for the prescription including procedural details.		PANCHAKARMA MANUAL
b	Prescription including procedural details contains the patient's name, unique identification number, date and time of procedure, significant findings and diagnosis, investigation results, any procedure performed, medication administered and other treatment given, follow-up advice, medication and other instructions in an understandable manner.		PANCHAKARMA MANUAL AAC/POL/004
Chapter 2: CARE OF PATIENTS (COP)			
COP.1: Care and treatment is provided in a uniform manner.			
a	Care of patients shall be in consonance with the defined scope.		COP/POL/001
b	Evidence based medicine and Clinical practice guidelines, as envisaged by respective systems of medicine, are adopted to guide patient care.		-- Do --
COP.2: Patients with special needs & disabilities (vulnerable) shall be identified and treated accordingly.			

List of Policies

a	Patients with special needs & disabilities (vulnerable) shall be identified and treated accordingly.	COP/POL/002
b	A Documented procedure shall govern related aspects (do's and don'ts) of Panchakarma therapy practised in the Panchakarma Clinic.	PANCHAKARMA MANUAL
c	A documented procedure exists for obtaining informed consent from the appropriate legal representative.	COP/POL/002
d	Staffs are trained to care for this vulnerable group.	-- Do --
COP.3: Documented policies and procedures guide appropriate pain management.		
a	Documented policies and procedures guide the management of pain.	COP/POL/003 along with COP/POL/003.a
b	The Panchakarma Clinic respects and supports appropriate assessment and management of pain.	-- Do --
c	Patient and family are educated on various pain management techniques, where appropriate.	-- Do --
COP.4: Documented policies and procedures guide appropriate rehabilitative services.		
a	Documented policies and procedures guide the provision of rehabilitative services.	COP/POL/004
b	These services are commensurate with the clinic requirements.	-- Do --
c	There is adequate space and equipment to perform these activities.	-- Do --
COP.5: Policies and procedures guide the Panchakarma Therapy.		
a	The policies and procedures are documented.	COP/POL/005 along with COP/POL/005.a
b	An informed consent is obtained by a Vaidya prior to the treatment process.	-- Do --
c	Documented policies and procedures exist to prevent adverse events	
d	Persons qualified are permitted to perform the procedures that they are entitled to perform.	-- Do --
e	A brief note is documented prior to transfer of patient from Panchakarma procedure room	
f	The vaidya documents the post-procedure plan of care.	-- Do --
g	A procedure to check the maintenance of Panchakarma procedure room.	
h	Guidelines for various Panchakrama therapies are prepared separately and adhered.	PANCHAKARMA MANUAL
i	Panchakarma therapies are done only under the guidance of Vaidya.	COP/POL/005 along with

List of Policies

			COP/POL/005.a
j	Patients shall have a preprocedure Panchakarma assessment and a provisional diagnosis documented prior to procedures	-- Do --	
k	A quality assurance program (Clinical Audit) is followed for the Panchakarma therapy and other treatment services.	-- Do --	
COP.6: Policies and procedures guide all research activities, if applicable.			
a	Policies and procedures guide all research activities in compliance with the applicable law and national and international guidelines.	COP/POL/006	
b	Policies and procedures address Patient's informed consent, their right to withdraw, their refusal to participate in the research activities.	COP/POL/006	
c	Patient's informed consent is obtained before entering them in research protocols.	COP/POL/006	
d	The objective of the research process is to contribute to knowledge and subsequently improvement in health care.	COP/POL/006	
COP.7: Documented policies and procedures guide pathaya/apathaya ahara and vihara (diet and daily regimens).			
a	Documented policies and procedures guide implementation of pathaya/apathaya ahara and vihara after assessment and reassessment of patient needs	COP/POL/007 along with COP/POL/007.a	
b	Patients receive ahara according to their clinical needs.	-- Do --	
c	There is a written order for the pathya/apathaya ahara.	-- Do --	
d	When families provide food, they are educated about the patient's pathya and apanya.	-- Do --	
Chapter 3: Management of Medication (MOM)			
MOM.1: Documented policies and procedures guide the Panchakarma Clinic of pharmacy services and usage of medication.			
a	There is a documented policy and procedure for pharmacy services and medication usage.	PHARMACY MANUAL	
MOM.2. There exists a Panchakarma Clinic formulary.			
a	A list of medication appropriate for the patients and Panchakarma Clinic's resources is developed	MOM/Clinic formulary template	
b	The formulary is available for vaidys to refer and adhere to.	-- Do --	
c	There is a defined process for preparation of these medications.	PHARMACY MANUAL	
d	There is a process to obtain medications not listed in the formulary.	-- Do --	

List of Policies

MOM.3: Documented policies and procedures exist for storage of medications.			
a	Documented policies and procedures exist for storage of medications .	-- Do --	
b	Medications are stored in a clean, safe and secure environment; and incorporating manufacturer's recommendation(s).	-- Do --	
c	Sound inventory control practices guide storage of the medications..	-- Do --	
d	Sound alike and look alike medications are identified and stored separately.	-- Do --	
MOM.4: Documented policies and procedures exist for prescription of Medications			
a	Documented policies and procedures exist for prescription of medications.	-- Do --	
b	The Panchakarma Clinic determines the minimum requirements of a prescription.	-- Do --	
c	The Panchakarma Clinic determines who can write orders.	-- Do --	
d	Orders are written in a uniform location in the medical records	-- Do --	
e	Medication orders are clear, legible, dated, timed, named and signed.	-- Do --	
f	Medication orders contain the name of the medicine, route of administration, dose to be administered and frequency/time of administration.	-- Do --	
g	The Panchakarma Clinic defines a list of high alert medication.	-- Do --	
h	High Alert medication orders are verified prior to dispensing.	-- Do --	
MOM.5: Documented policies and procedures guide the safe dispensing of medications			
a	Documented policies and procedures guide the safe dispensing of medications.	PHARMACY MANUAL	
b	Expiry dates are checked prior to dispensing, wherever applicable.	-- Do --	
c	Labeling requirements are documented and implemented by the Panchakarma Clinic.	-- Do --	
MOM.6: There are documented policies and procedures for medication management.			
a	Medications are administered by those who are permitted to do so.	-- Do --	
b	Prepared medication is labeled prior to preparation of a second drug.	-- Do --	
c	Patient is identified prior to administration.	-- Do --	
d	Medication is verified from the order prior to administration.	-- Do --	
e	Dosage is verified from the order prior to administration	-- Do --	
f	Route is verified from the order prior to administration.	-- Do --	

List of Policies		
g	Timing is verified from the order prior to administration.	-- Do --
h	Medication administration is documented.	-- Do --
i	Polices and procedures govern patient's self administration of medications.	-- Do --
MOM.7: Patients are monitored after medication administration.		
a	Documented policies and procedures guide the monitoring of patients after medication administration.	-- Do --
b	The Panchakarma Clinic defines those situations where close monitoring is required.	-- Do --
c	Monitoring is done in a collaborative manner.	-- Do --
d	Medications are changed where appropriate based on the monitoring.	-- Do --
MOM.8: Near misses, medication errors and adverse drug events are reported and analysed		
a	Documented procedure exists to capture near miss, medication error and adverse drug event.	-- Do --
b	Near miss, medication error and adverse drug event are defined	-- Do --
c	These are reported within a specified time frame.	-- Do --
d	They are collected and analysed.	-- Do --
e	Corrective and/or preventive action(s) are taken based on the analysis where appropriate.	-- Do --
MOM.9: Documented policies and procedures guide the use of medical supplies and consumables.		
a	Medical supplies and consumables are used in a safe manner, where appropriate.	-- Do --
b	Medical supplies and consumables are stored in a clean, safe and secure environment and incorporating manufacturer's recommendation(s).	-- Do --
Chapter 4: Patient Rights and Education (PRE)		
PRE.1. The Panchakarma Clinic protects patient and family rights.		
a	Patient and family rights and responsibilities are displayed.	PRE/POL/001
b	Staff is aware of their responsibility in protecting patient's rights.	-- Do --
c	Appropriate corrective/preventive measures are taken in case patient's rights are violated.	-- Do --
d	Patients and families are informed of their rights and responsibilities in a format and language that they can understand.	-- Do --
PRE.2: Patient rights support individual beliefs, values and involve the patient and family in decision making processes.		

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a	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.	-- Do --
b	Patient rights include protection from physical abuse or neglect.	-- Do --
c	Patient and family rights include treating patient information as confidential	-- Do --
d	Patient has the right to make an informed choice including the option of refusal.	-- Do --
e	Patient and family rights include informed consent any invasive / high risk procedures / treatment.	-- Do --
f	Patient has a right to have an access to his / her Clinical records.	-- Do --
g	Patient and family rights include information on the expected cost of the treatment.	-- Do --
h	Patient and family rights include information on care plan, progress and information on their health care needs.	-- Do --
PRE.3: A documented process for obtaining patient and / or families consent exists for informed decision making about their care.		
a	The Panchakarma Clinic has listed those procedures and treatment where informed consent is required.	PRE/POL/002
b	Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand	-- Do --
c	The policy describes who can give consent when patient is incapable of independent decision making.	-- Do --
d	Documented procedure incorporates the list of situations where informed consent is required and the process for taking informed consent.	-- Do --
PRE.4: Patient and families have a right to information and education about their healthcare needs.		
a	When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.	-- Do --
b	Patient and families are educated about diet and nutrition.	-- Do --
c	Patient and families are educated about their specific disease process, prognosis, complications and prevention strategies.	-- Do --
d	Patient and families are educated about preventing infections.	-- Do --
e	Patient and/or family are educated in a language and format that they can understand.	-- Do --
PRE.5: Patient and families have a right to information on expected costs.		
a	The tariff list is available to patients.	
b	Patients are informed about the estimated costs of treatment.	
c	Billing, receipts and records are maintained as per statutory requirements.	

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Chapter 5: Infection Control (IC)			
IC.1: The Panchakarma Clinic has a well-designed, comprehensive and coordinated infection control programme aimed at reducing/ eliminating risks to patients, visitors and providers of care			
a	The Panchakarma Clinic infection control programme is documented which aims at preventing and reducing risk of healthcare associated infections.		INFECTION CONTROL MANUAL
b	The infection prevention and control programme is a continuous process and updated at least once in a year.	-- Do --	
c	The Panchakarma Clinic adheres to hand-hygiene guidelines.	-- Do --	
d	The Panchakarma Clinic adheres to cleaning and disinfection practices.	-- Do --	
e	Laundry and linen management processes are also included	-- Do --	
f	Engineering controls to prevent infections are included.	-- Do --	
g	The Panchakarma Clinic adheres to housekeeping procedures.	-- Do --	
IC.2: The Panchakarma Clinic provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI).			
a	Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.		INFECTION CONTROL MANUAL
b	Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.	-- Do --	
IC.3: Biomedical waste (BMW) is handled in an appropriate and safe manner.			
a	The Panchakarma Clinic adheres to statutory provisions with regard to biomedical waste.	-- Do --	
b	Proper segregation and collection of biomedical waste from all patient-care areas of the Panchakarma Clinic is implemented and monitored.	-- Do --	
c	The Panchakarma Clinic ensures that biomedical waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner.	-- Do --	
d	Biomedical waste treatment facility is managed as per statutory provisions (if in- house) or outsourced to authorized contractor(s)	-- Do --	
e	Appropriate personal protective measures are used by all categories of staff handling biomedical waste.	-- Do --	
IC.4: The infection control programme is supported by the Panchakarma Clinic's management and includes training of staff.			
a	Panchakarma Clinic management makes available resources required for the infection control programme.	-- Do --	

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b	The Panchakarma Clinic conducts induction training for all staff.	-- Do --
c	The Panchakarma Clinic conducts appropriate “in-service” training sessions for all staff at least once in a year.	-- Do --
Chapter 6: Continual Quality Improvement (CQI)		
CQI.1: There is a structured quality improvement and continuous monitoring program.		CQI/POL/001
a	The quality improvement program is commensurate with the size and complexity of the Panchakarma Clinic and is documented.	-- Do --
b	The quality improvement program is reviewed at predefined intervals and opportunities for improvement are identified.	-- Do --
CQI.2: The Panchakarma Clinic identifies key indicators which are used as tools for continual improvement.		-- Do --
a	The Panchakarma Clinic develops appropriate key performance indicators suitable to monitor clinical structures, processes and outcomes.	-- Do --
b	The Panchakarma Clinic develops appropriate key performance indicators suitable to monitor managerial structures, processes and outcomes.	-- Do --
c	Corrective and preventive actions are taken and monitored for effectiveness with respect to activities being managed or monitored.	-- Do --
CQI.3: Incidents, complaints and feedback are collected and analysed to ensure continual quality improvement.		CQI/POL/002
a	The Panchakarma Clinic has an incident reporting system.	
b	The Panchakarma Clinic has a process to collect feedback and receive complaints.	-- Do --
c	The Panchakarma Clinic has established processes for analysis of incidents, feedbacks and complaints.	-- Do --
d	Corrective and preventive actions are taken based on the findings of such analysis.	-- Do --
e	Feedback about care and service is communicated to staff.	-- Do --
f	The focus of this activity includes a commitment to comply with requirements and continually improve the effectiveness of the quality management system as a system and also through feedback received from all stakeholders.	-- Do --
Chapter 7: Responsibilities of Management (ROM)		
ROM.1: The Panchakarma Clinic shall identify a responsible person, who has the defined responsibility and authority to ensure that the quality program is maintained and run in an ethical manner.		

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a	The Panchakarma Clinic identifies documents and records evidence of compliance to applicable legislations and regulations.	ROM/POL/001
b	Appropriate authorities shall be informed about the notifiable diseases.	ROM/POL/002
c	The individual and the system collective has to ensure that processes needed for the quality management system are established, implemented and maintained.	-- Do --
ROM.2: The Panchakarma Clinic is managed by the leaders in an ethical manner.		ROM/POL/003
a	The Panchakarma Clinic functions in an ethical manner.	-- Do --
b	The Panchakarma Clinic discloses its ownership.	-- Do --
c	The Panchakarma Clinic honestly portrays its affiliations and accreditation.	-- Do --
d	The Panchakarma Clinic accurately bills for its services based upon a standard billing tariff.	-- Do --
ROM.3: Those responsible for management have addressed all applicable aspects of human resource management.		ROM/POL/004
a	The Panchakarma Clinic maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.	-- Do --
b	The required job specifications and job description are well defined for each category of staff.	-- Do --
c	The Panchakarma Clinic verifies the antecedents of the potential employee with regards to credentials, criminal/negligence background, training, education and skills.	-- Do --
d	Each staff member, employee and voluntary worker is appropriately oriented to the mission of the Panchakarma Clinic, policies and procedures as well as relevant department / unit / service/ programme's policies and procedures.	-- Do --
e	The Panchakarma Clinic staff participates in continuing professional education programs.	-- Do --
f	Performance evaluation systems are in place, as applicable.	
g	Staff Health Problems are addressed.	ROM/POL/005
Chapter 8: Facility Management and Safety (FMS)		
FMS.1: The Panchakarma Clinic's environment and facilities operate to ensure safety of patients, their families and staff.		Facility Management & Safety Manual
a	Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.	-- Do --
b	There is internal and external sign posting in the Panchakarma Clinic in a language understood by patient, families and community.	-- Do --

List of Policies

FMS.2: The Panchakarma Clinic has a program for equipment management, safe water, and electricity, as applicable.		-- Do --
a	The Panchakarma Clinic plans for equipment in accordance with its services and strategic plan.	-- Do --
b	Potable water and electricity are available	-- Do --
c	Alternate sources are provided for in case of failure.	-- Do --
d	The Panchakarma Clinic regularly tests the alternate sources.	-- Do --
FMS.3: The Panchakarma Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.		-- Do --
a	The Panchakarma Clinic has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.	-- Do --
b	Staffs are trained for their role in case of such emergencies.	
c	The Panchakarma Clinic defines and implements its policies to eliminate smoking.	-- Do --
FMS.4: The Panchakarma Clinic has a programme for bio-medical equipment management.		-- Do --
a	The Panchakarma Clinic plans for equipment in accordance with its services and strategic plan.	-- Do --
b	All equipments are inventoried and proper logs are maintained as required.	-- Do --
c	Qualified and trained personnel operate and maintain the medical equipment.	-- Do --
d	Equipment are periodically inspected and calibrated for their proper functioning	-- Do --
Chapter 9: Human Resource Management (HRM)		
HRM.1. The Panchakarma Clinic has a documented procedure for recruiting staff and orienting them to the Panchakarma Clinic's environment.		HRM/POL/001
a	There is a documented procedure for recruitment.	-- Do --
b	Recruitment is based on pre-defined criteria.	-- Do --
c	Every staff member entering the Panchakarma Clinic is provided induction training.	-- Do --
d	The induction training includes awareness on patient's rights and responsibilities	-- Do --
HRM.2. Staffs are adequately trained on specific job duties or responsibilities related to safety.		HRM/POL/002
a	All staff is trained on the risks within the Panchakarma Clinic	-- Do --

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	environment.	
b	Staff can demonstrate and take actions to report, eliminate/minimize risks.	-- Do --
c	Staffs are made aware of procedures to follow in the event of an incident.	-- Do --
d	Staff is trained on occupational safety aspects.	-- Do --
HRM.3. An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.		HRM/POL/003
a	A documented performance appraisal system exists in the Panchakarma Clinic.	-- Do --
b	The employees are made aware of the system of appraisal at the time of induction.	-- Do --
c	Performance is evaluated based on the pre-determined criteria	-- Do --
d	The appraisal system is used as a tool for further development.	-- Do --
e	Performance appraisal is carried out at pre defined intervals and is documented.	-- Do --
HRM.4. SA grievance handling mechanism exists in the Panchakarma Clinic.		
a	Documented policies and procedures exist.	HRM/POL/004
b	The policies and procedures are known to all categories of staff of the Panchakarma Clinic.	-- Do --
c	The redress procedure addresses the grievance	-- Do --
d	Actions are taken to redress the grievance	-- Do --
HRM.5. There is a documented personal record for each staff member.		
a	Personal files are maintained in respect of all staff.	
b	The personal files contain personal information regarding the staff qualification, trainings, disciplinary background and health status.	
c	The education, training and experience of Panchakarma Paricharaka are documented and updated periodically.	
d	Panchakarma Paricharaka are granted privileges in consonance with their qualification, training, experience and registration.	
HRM.6. The Panchakarma Clinic addresses the health needs of the employees.		HRM/POL/005
a	A pre-employment medical examination is conducted on all the staff	-- Do --
b	Health problems of the employees are taken care of in accordance with the Panchakarma Clinic's policy.	-- Do --
c	Regular health checks of staff dealing with direct patient care are done at least once a year and the findings/results are documented.	-- Do --
Chapter 10: Information Management System (IMS)		
IMS.1. The Panchakarma Clinic has processes in place for effective management of data.		IMS/POL/001
a	Formats for data collection are standardized	-- Do --

List of Policies

b	Necessary resources are available for analyzing data.	-- Do --
c	Documented procedures are laid down for timely and accurate dissemination of data	-- Do --
d	Documented procedures exist for storing and retrieving data.	-- Do --
IMS.2. The Panchakarma Clinic has a complete and accurate medical record for every patient which reflects continuity of care.		IMS/POL/002
a	Every medical record has a unique identifier.	-- Do --
b	Panchakarma Clinic policy identifies those authorized to make entries in medical record	-- Do --
c	Every medical record entry is dated and timed.	-- Do --
d	The author of the entry can be identified.	-- Do --
e	The contents of medical record are identified and documented.	-- Do --
f	The record provides an up-to-date and chronological account of patient care.	-- Do --
g	The medical record contains the results of tests carried out and the care provided.	-- Do --
h	Procedures performed are incorporated in the medical record.	-- Do --
i	Care providers have access to current and past medical record.	-- Do --
IMS.3. Documented policies and procedures are in place for maintaining confidentiality, integrity and security of information.		IMS/POL/003
a	Documented policies and procedures exist for maintaining confidentiality, security and integrity of information.	-- Do --
b	Documented policies and procedures are in consonance with the applicable laws	-- Do --
c	The policies and procedures incorporate safeguarding of data/record against loss, destruction and tampering.	-- Do --
d	The Panchakarma Clinic has an effective process of monitoring compliance of the laid down policy.	-- Do --
e	The Panchakarma Clinic uses developments in appropriate technology for improving confidentiality, integrity and security	-- Do --
f	Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization.	-- Do --
g	A documented procedure exists on how to respond to patients/physicians and other public agencies requests for access to information in the medical record in accordance with the local and national law	-- Do --
h	The Panchakarma Clinic needs to ensure that both individual patient records, which contain confidential information about a single patient, and collated records where accumulated information on patients are collected. The privacy of all such information and documentation will be aligned to national regulation.	-- Do --

List of Policies

i	All records established to provide evidence of conformity to requirements and of the effective operation of the quality management system shall be controlled.	-- Do --
j	The Panchakarma clinic shall establish a documented procedure to define the controls needed for the identification, storage, protection, retrieval, retention and disposition of records.	-- Do --
k	Records shall remain legible, readily identifiable and retrievable.	-- Do --
IMS.4. Documented policies and procedures exist for retention time of records, data and information.		IMS/POL/004
a	Documented policies and procedures are in place on retaining the patient's clinical records, data and information.	-- Do --
b	The Documented policies and procedures are in consonance with the local and national laws and regulations.	-- Do --
c	The retention process provides expected confidentiality and security.	-- Do --
d	The destruction of medical records, data and information is in accordance with the laid down policy.	-- Do --
e	The Panchakarma clinic shall exercise care with customer property while it is under the Panchakarma clinic's control or being used by the Panchakarma clinic. The Panchakarma clinic shall identify, verify, protect and safeguard customer property provided for use or incorporation into the product. If any customer property is lost, damaged or otherwise found to be unsuitable for use, the organization shall report this to the customer and maintain records	-- Do --

LOGO	Name of Panchakarma Clinic.....	
	AAC/POL/001	Issue date:
		Issue No.:
	Policy on services available	Rev. date:
		Rev No.:
		No of Pages:

- Purpose:** The purpose is to provide information about services & facilities available at the Panchakarma clinic.....(name).
- Scope:** Clinic Wide, General Information & Facility.
- Responsibility:** Owner / Achievement / Vaidya.
- Policy:** These services being provided will be clearly displayed in the reception. This display consists of the following.

General Information

- The Panchakarma clinic(name) is open from am/pm to am/pm on all days/ weekdays/ weekends.
- Consultation timings:am/pm toam/pm on all days /week days/ weekends.
- Treatment timings:am/pm toam/pm on all days /week days/ weekends

Services Available:

Consultation

- Kayachikitsa
- Shalakya Tantra
- Kaumarabhritya
- Manasaroga.....

Treatment Procedures*: Abhyanga/ Swedana/ Shirodhara/ Lepa/ Shirobasti/ Kati Basti/ Tarpana/ Putapaka/ Bidalaka.....

***Treatments procedures should be as per the scope of NABH panchakarma clinic accreditation standards**

Pharmacy Services:

LOGO	Name of Panchakarma Clinic.....	
	AAC/POL/002	Issue date:
		Issue No.:
	Registration Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** The purpose is to provide a mechanism to register the patients approaching the Panchakarma clinic.....(Name).
2. **Scope:** Out Patients, Referral Patients, Registered patients for treatment.
3. **Responsibility:** Reception / Vaidya.
4. **Policy:**
 - The patients would be registered only for the services offered by the clinic.
 - If the services are not available, the patient will be referred to another centre as per the Referral Policy (AAC/POL/003).
 - All registered patients will be given Unique Identification Number (UID).
 - All patients are given treatments as per the instructions of the vaidya .
 - The clinic would not offer treatment to those patients whose condition cannot be managed on OPD basis.
 - The management reserves the right of treatment in all cases.
 - Treatment will not be denied due to religion, nationality, caste or creed as long as the patient is willing to adhere with the rules and regulations of the clinic.
5. **Procedure:**
 - Registration shall be done at the Reception after filling the registration form & paying the registration fee prescribed if applicable.
 - A Unique Identification Number (UID) will be generated and the patient will be directed to the OPD for consultation.
 - After consultation with the vaidya, the patient goes to the pharmacy to purchase medicine prescribed or comes to reception for Treatment procedures.
 - Those patients who are prescribed treatment need to fill the general consent form after obtaining the details of the treatment procedure, time & duration of treatment, estimated cost of the treatment from the vaidya or the designated individual.
 - A OPD Treatment No. will be generated for all patients who are willing to undergo treatments at the clinic.
6. **Record & formats:**
 - Annexure: Registration format, General Consent format.

Panchakarma Clinic.....(Name)

.....(No),(Road),(Area),
.....(City).....(State)

General Consent Form

I _____ aged _____ years, here by consent to undergo treatment at _____ Panchakarma clinic,.....(Name),(City) for my ailment. The Vaidya(Name) has explained to me to my full knowledge in my own language about my condition, treatment procedures planned, the duration of treatment, do's & don'ts during the treatment procedure, the risk associated with the treatment procedure, the possible outcome, the services available at the Panchakarma clinic and the approximate cost of the treatment.

I agree to undergo the treatment procedures and abide by the instructions given to me by the treating vaidya .

Date:

Signature

Vaidya Name & Signature:

Witness Name & Signature:

Parent / Guardian Name & Signature if the patient is minor.

Panchakarma Clinic.....(Name)
.....(No),.....(Road),(Area),
.....(City).....(State)

Registration Form

Date of Registration:

Name

Date of Birth:

Age:

Sex: Male / Female:

Nationality:

Aadhar Card No:

Postal Address:

Phone No.

E-mail id:

Referred by:

Came to know about Panchakarma Clinic: (Tick appropriate)

Newspaper / Friend / TV / Sign board / Pamphlets

Signature of Patient:

LOGO	Name of Panchakarma Clinic.....	
	AAC/POL/003	Issue date:
		Issue No.:
	Referral Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** To establish an appropriate mechanism for transfer or refer the patients who do not match the Panchakarma Clinic resources.

2. **Scope:** Entire Clinic

3. **Responsibility:** Vaidya, Reception.

4. **Policy:**

- To define processes for appraising patients of non availability of Services beyond the scope of Services of the Clinic.
- To inform patients on the Alternative Hospital Units / Healthcare where care can be provided, as per their requirement.
- In case of Emergency to direct Prompt initial assessment and management of all medical conditions, who do not match Panchakarma clinic Scope of services which is to be done by qualified staff within their capabilities and resources available and safe transfer to another facility if a decision to transfer has been established.

5. **Procedure:**

- All patients should be informed where the required Services are Available.
- All patient transfers shall be well co-coordinated with the facility where patient is being transferred.
- Decision of transfer / referral shall be taken by Reception Staff/concerned Vaidya and the same shall be intimated to patient and relatives with reasons.
- Patients coming in for Emergency shall be provided with first aid treatment, if required before transferring, informed consent shall be taken then patient shall be transferred.
- All patients who are being transferred to external facility (including transfers from emergency) shall be provided with a case summary mentioning the status of patient, significant findings and treatment given in the clinic.
- The clinic provides the receiving hospital with all appropriate medical records, or copies thereof, related to the medical condition, including without limitation available history, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, and results of any tests.
- Other appropriate medical records not available at the time of transfer must be sent as soon as possible thereafter.
- In selecting the appropriate center for transfer, availability of care and available bed is taken into consideration.
- Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and appropriate and safe patient transfer.
- To fill up "Transfer form" or "Referral form" which is available in Reception.

Panchakarma Clinic..... (Name)
.....(No),(Road),(Area),
.....(City).....(State)

Referral / Transfer Form

Name

Date of Birth:

Age:

Sex: Male / Female

Aadhar card No:

Referred to:

Brief case history & treatment given:

Condition of patient at the time of referral / transfer:

Time patient left the Clinic:

Name & Signature of Vaidya:

Name & Signature of Patient:

Witness Name & Signature:

Parent / Guardian Name & Signature if the patient is minor.

LOGO	Name of Panchakarma Clinic.....	
	AAC/POL/004	Issue date:
		Issue No.:
	Initial Assessment & Reassessment Policy	Rev. date:
		Rev No.:
		No of Pages:

- 1. Purpose:** To ensure that all patients of the unit undergo an appropriate assessment & reassessment by qualified trained vaidya on the basis of which a plan of care can be established.

Plan of care is defined as a plan that identifies patient care needs, the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. It includes:

- Preventive
- Curative
- Rehabilitative aspects of care.

Plan of care also include the counselling on diet, food and drug interaction of medicines, specific disease process and its outcome and general infection control practices like hand hygiene, coughing etiquettes etc

- 2. Policy:** Every patient of the Panchakarma clinic OPD shall be appropriately assessed & reassessed for his / her clinical condition on the basis of standard norms of medical practice. The initial assessment shall result in a plan of care. These assessment and plan of care shall be documented with sign, name, date and time duly endorsed by the person making the entry.

The reassessment will be done on a daily basis before & after the treatment procedures and shall be documented with sign, name, date and time duly endorsed by the person making the entry.

- 3. Responsibility:** Vaidya

- 4. Scope:** All patients receiving Outpatient Services at the Panchakarma Clinic will have an initial assessment based upon their individual needs by qualified individuals.

- The initial assessment will result in a documented plan of care.
- The following are authorized to perform assessments related to their functional areas:
 - Vaidya
 - Paricharak
 - Therapist
- Initial assessment will also include, as appropriate:
 - Medical and pain status
 - Nutritional needs
 - The plan of care
- Initial assessment at OPD - Shall be carried out by concerned Vaidya.
 - Initial assessment shall be started as soon as possible.
 - In no case the time should exceed min/ hour (time)* after registration.
- All patients coming to OPD for first time shall be assessed for following:
 - Presenting complaints.
 - Vital signs (temperature, pulse, BP and respiratory rate).
 - Prakriti Pariksha.

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- Salient examination findings.
- Past history.
- Family history
- Rogi- roga Pariksha etc.
- In addition to above mentioned parameters reassessment will be done on a daily basis before & after the treatment procedure to evaluate the condition of patient, effectiveness of treatment and any adverse reaction and the same will be documented.*
The observations & assessment will be documented in the patient's case sheet and will be readily available to care providers.

5. Records & Formats:

- Annexure: Prakriti Pariksha, Questionnaire for Assessment of Dhatu Samya
- *As decided by the Panchakarma Clinic

Prakriti Questionnaire*

(Ref. Research Methodology for Panchakarma, Office of the Principal Scientific Advisor to the Govt. of India)

Date:

Prakriti:

Name:

Age:

Sex:

Birth date :

Actual birthplace:

b. Place of intra-uterine life

Height: _____ cms. Weight: _____ Kg. Body Mass Index _____

Occupation: _____

Address: _____

	<i>Vata</i>	<i>Pitta</i>	<i>Kapha</i>
Total Points			

No.	Character	Vata	Pitta	Kapha
1.	Body frame	Lean long	Medium	Large, Plump, Fleshy, Fatty
2.	Body Mass Index	< 19	19-25	>25
3.	Speech Speed	Fast	Fast	Slow
4.	Clarity	Diffuse words	Clear	Clear
5.	Character	Easily deviates From the topic, More talkative	Impressive Speaker	Less talkative, likes to be reserved
6.	Eyes Colour-Sclera	Blackish	Reddish, brown	Milky white Edges-reddish
7.	Lips Character	Cracked, Shapeless	Smooth, soft, thin	Smooth, glossy, Proportionate
8.	Colour	Blackish	Reddish	Pinkish

No.	Character	Vata	Pitta	Kapha
	Nails			
9.	Character	Small, Cracking, Breaking, rough, easily break	Small, Smooth & flat	Big, Smooth, Glossy
10.	Colour	Blackish	Reddish	Pinkish
	Hair			
11.	Texture	Rough & Dry	Soft & Delicate	Soft & Shiny
12.	Colour	Black	Gray/Brown	Black
13.	Thickness	Less	Medium	More
	Skin			
14.	Character	Cracking-rough	Soft, Oily, with moles, pimples, freckles	Smooth, glossy
15.	Colour	Blackish tinge	Yellowish tinge	Fair, Pinkish
16.	Temperature	Cold	Warm	Cold
17.	Body odour	Absent	Present	Absent
	Appetite			
18.	Frequency of eating	More	More	Less
19.	Quantity at meal	Less	More	More
20.	Habit	Irregular	Profound	Not Much
21.	If meal is skipped/ meal timings are changed/style of food is changed	Constipation	Headache, Vomiting	Nothing Special
22.	Thirst	Irregular	More	Less


No.	Character	Vata	Pitta	Kapha
	Stool			
23.	Habit	Irregular	Regular	Regular
24.	Consistency	Hard	Semi Soild	Well formed
25.	Colour	Blackish	Yellowish	Yellowish
	Sleep			
26.	Character	Interrupted, less	Uninterrupted, less	Sound, profound
27.	Duration	6 hours	6-8 hours	8 hours or more than 8 hours
28.	Excitement	Quickly, cools down quickly	Quickly, cools down quickly	Rarely
29.	Working style	Quickly	Medium	Slowly
30.	Other Movements	Fast, Unnecessary	Fast. Precise	Slow steady
31	Strength	Less, Feel exhausted after doing some work	Medium, moderately gets tired	Good, do not feel tired
32.	Style of tackling problem	Worrying continuously without expressing	Losing self-control, become angry/irritated	With cool and stable mind
33.	Control of desires	Hardly, doesn't work hard for the same	Cannot, work hard, achieve it	Can control easily
34.	Concentration on work	Lack of concentration	Can concentrate on things of interest	Can easily concentrate.

No.	Character	Vata	Pitta	Kapha
	Cognition Process			
35.	Grasping	Quick, Poor	Quick, Good	Delayed
36.	Store	Poor	Average	Good
37.	Memory	Less	Average	Good

Questionnaire For Assessment Of Dhatu Samya

(Ref. Research Methodology for Panchakarma, Office of the Principal Scientific Advisor to the Govt. of India)

- | | |
|---|----------|
| • Are you suffering from any type of pain at present? (Ragupashamana) | Yes / No |
| • Do you get tired by routine work? (Bala Vriddhi) | Yes/ No |
| • Do you have any type of Allergy? (Varna yoga) | Yes/ No |
| • Are you suffering from sore throat? (Svara yoga) | Yes/ No |
| • Have you suffered from any major illness in last 6 months?
(Vikaropashma) | Yes/ No |
| • Have you observed any change in weight in last 6 months?
(Sharira upachaya) | Yes/ No |
| • Whether your appetite is normal?
(Abhyavahriatasya cha aaharasya samyag jaranam) | Yes/ No |
| • Do you eat with interest (Abhyavaharya abhilasha) | |
| • Do you feel fresh in the morning? (Sukhena pratibodhanam) | Yes / No |
| • Do you get frightening dreams?
(Vaikarinanam cha svapnanam darshanam) | Yes / No |
| • Do you get adequate bowel movements?
(Vata mutra purisharetasam mukti) | Yes / No |
| • Do you feel depressed / nervous nowadays?
(Manobuddhindriayanam avyapatti) | Yes / No |

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	Putapaka
	Bidalaka
	Udwartana
	Lepam

- Purpose:** The purpose is to provide Standard Operation Procedures (SOP) for various treatment procedures being conducted at Panchakarma Clinic.
- Scope:** Treatment room / Procedure room, Clinic wide.
- Responsibility:** Vaidya, Paricharak, Therapist
- Policy:** The various treatment procedures shall be documented to provide broad guidelines on:
 - Who would be performing the procedure.
 - Pre-procedure instructions.
 - Steps of conducting each procedure.
 - Post-procedure instructions.
 - Only qualified, competent and credentialed clinical staff shall order, plan, perform and assist in performing the procedures.
 - The procedures shall be documented to lay down the guidelines to prevent:
 - Adverse events.
 - Wrong site.
 - Wrong patient.
 - Wrong procedure

There shall be provision for informed consent taking by the personnel performing the procedure for the procedures wherever required and applicable.

 - Standard precautions shall be adhered to during conducting the procedures.
 - There shall be provision for monitoring the patients undergoing the procedures insisted by the vaidya should be monitored and revert back.
 - All procedures conducted shall be documented in the medical records.
 - All documents shall be duly signed, dated, named and timed by the vaidyas.
- Procedure:** Procedures conducted in the Panchakarma Clinic:
 - The list of procedures performed in the Panchakarma clinic shall be made.
 - The procedures shall be documented to give a broad guideline as to the pre-procedure, intra-procedure and post-procedure instructions.

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- The periodic clinical audits of various procedures with respect to the safety shall be conducted.

Guidelines for performing each procedure:

- Only qualified persons like vaidya can perform or assist in all kind of procedures.
- For all invasive procedures, proper aseptic method and Personal Protective Equipment (PPE) shall be used to prevent infections or further complications.

Prevention of adverse events:

- Proper aseptic method and Personal Protective Equipment (PPE) to be used to prevent complications.
- Before every procedure proper patient identification and file identification is necessary. Patient shall be identified by his / her UID (Unique Identification Number) and Name.
- The patient's UID (Unique Identification Number), Name, Age, Sex, Diagnosis and name of the vaidya to be written properly on the patient's records.

Informed consent taking:

- Informed Consent shall be taken before performing procedures.
- Consent shall be taken from the patient or from the patient's parent or guardian in case patient is minor.

Standard precautions and asepsis:

- Standard precaution is a method of infection control.
- No touch technique to any body fluid without gloves except sweat.
- Clean equipment / Disposable single use equipment to be used for invasive procedures.

Patient monitoring during and after procedures:

- Patients to be monitored properly before and after procedure wherever required and applicable.
- Care to be taken to avoid any post procedure complication.
- If any complication occurs, immediate information to be passed on to the treating vaidya

Documentation of procedures:

- Before procedure, the patient's condition shall be duly written in the case file.
- All the vitals shall be noted properly so as to ensure safety to undergo procedure.
- In case of any adverse event or complication, the events shall be noted sequence wise.
- The patient's condition post-procedure shall be documented accurately.

6. General Requirements: Specifications of the theatre:
(<http://clinicalestablishments.nic.in/WriteReadData/86.pdf>)

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General regimen:

- Vital Data should be noted before the procedure.
- Food should not be taken at least 2 hours before the procedures.
- Easily digestible food should be preferred.
- Hot water should be used for all purposes.
- Day sleep should be avoided; take proper sleep at night.
- Avoid exposure to breeze, sunlight and cold atmosphere

7. **Procedures:** The details of the various procedures can be obtained from the reference books for Panchakarma cited in CCIM website. The list of same is provided here for reference.

- Ayurvediya Panchkarma chikitsa by Dr Mukundilal Dwivedi.
- Panchkarma Vigyan by Dr Haridas Shreedhar Kasture.
- Illustrated Panchkarma by Dr.G Srinivasa Acharya.
- Ayurveda-Principles and Practice of Panchakarma by Dr. Mandip and Dr Gurdip Singh)

Abhyanga: Abhyanga is defined as an ayurvedic procedure of application of snehadravayas over body with certain amount of (very mild) pressure in specific directions. It can be applied to the whole body or locally. Many of the prevalent modern massage techniques are the modified forms of abhyanga.

Materials required:

- Oil/medicated oil (.....)
- Vessel :
- Tissue paper/soft towel:
- Green gram powder/medicated snana choorna/medicated soap: Quantity sufficient.
- Masseurs:

Pre operative procedure: Oil in kharapaka or madhyamapaka should be selected according to climate, prakriti and disease condition of the patient. The oil is made warm which is comfortable to patient. For siroabhyanga, lukewarm oil is selected.

Procedure: Patient should be seated on the droni/table, with leg extended. The oil with optimum temperature should be applied to head, first in the anterior fontanelle and then the whole scalp.

Then karnabhyanga should be done, Palm and padabhyanga are also done prior to the main process. The oil heated should be applied uniformly by two therapists on both sides of the droni/ table. Start massaging scalp, head and move down to neck, upper back, shoulders, upper arms, forearms & hands; then chest, abdomen, low back, lower limbs.

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Abhyanga should be done in sitting, supine, right lateral, left lateral positions. Prone position can also be adopted in the case of low back ache. Avoid prone position in patients with chronic diseases of lung, heart, GIT, Upper back should be massaged in upward down direction. Limb joints should be massaged in circular manner and muscles in linear manner. Umbilical region is massaged in circular manner.

Supine position:-Upper Limbs, Shoulder & neck, Umbilical region , Lower limbs & region from sternum to flanks are more concentrated.

Left lateral:-Back , Lower Limb & Hip are more concentrated.

Rt.Lateral:-Back, Right Limb & Hip.

If prone:- Mild spinal massage is given.

At the end of the procedure the medicine on the body should be wiped off with tissue paper / towels.

Duration: Usually 45-60 minutes.

Post operative procedure: Patient should take complete rest for 15 minutes in comfortable position. Patient can take bath in lukewarm water with suitable medicated soap or snana choorna. Rasnadi choorna should be applied on head after snana. When the patient feels appetite, take light food according to illness, digestive power & satmya. If the patient is indicated for swedana, proper swedana should be done immediately after abhyanga before bath.

Precautions:

- Avoid excess pressure in painful areas / joints.
- Care to be taken to avoid burns during the procedure by hot oils.
- Time and season of administration should neither be too hot nor cold and sky should not be cloudy.

Complications and management:

- In case of burns apply shatadhouta gritam to the part.
- In case of allergic reactions like rash, itching etc., stop the procedure and ask the patient to take bath. Inform the vaidya immediately.

Avagaha Sweda: The word 'avagaha' means to immerse. Avagaha sweda is a type of sudation therapy which is included in Drava sweda, in which the patient is made to sit/lie in a tub containing medicated dravadravaya to produce fomentation to the body.

Materials required:

- Bath tub
- Vessels-2

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- Suitable dravadravya-
- Oil for abhyanga
- Oil for talam
- Choorna for talam
- Towel/tissue paper
- Attendant

Preparation of medicine: According to the disease condition suitable dravadravya is selected. It should be poured into the tub with a temperature preferably warm and which is comfortable to the patient.

Pre operative procedure: Talam should be kept over the head with suitable oil and choorna. Abhyanga should be performed with prescribed medicated oil around the umbilicus up to the thighs or all over the body according to the condition. It can be performed without abhyanga in certain conditions.

Procedure: The patient should be seated comfortably in the tub containing medicated dravadravya in such a way that his lower part of the body should be submerged above the level of umbilicus. Sarvanga avagaha sweda should be performed submerging the body up to neck. When the temperature of the medicated dravadravya comes down, some amount should be replaced by warm dravadravya, thus keeping the temperature uniform.

Post operative procedure: After the prescribed time, patient must be told to come out and body should be wiped with tissue paper or towel. Talam should be wiped off using dry towel and apply prescribed choornas like Rasnadi choorna/ Kacchooradi choorna. He is advised to take rest for half to one hour, and then to bath with lukewarm water.

Precautions: Therapy should be stopped at any time if the patient gets good perspiration. The temperature of the dravadravya should be maintained warm and which is comfortable to the patient.

Complication and management : *Fainting*- Due to increased body temperature or low heat threshold of patient or atiyoga of kriyakrama. Sprinkling cold water on face and body; providing sufficient water supplement or Drakshadikashaya are useful in this condition.

Burns- Due to heat intolerance of patient or excessive heat of drava. Apply madhu and ghrita, preferably Shatadhouta Ghrita.

Choorna Pinda Sweda (Rooksha): Choorna pinda sweda is one among Rooshma sweda. It is done with the boluses of various choornas(usually medhika, sarshapa, sathapushpa, jatamansi, atasi etc). It can be done as snigdha or rooksha according to the condition. In snigdha pinda

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sweda, oil is applied over the body as well as the pottalis are heated in oil. The pottalis can be heated by the steam of boiling drava dravyas like Dhanyamla in specific conditions.

Materials required:

- Suitable choorna(coarse/fine)-
- Cotton cloth
- Tags
- Vessels
- Medicated snana choorna- Quantity sufficient
- Masseurs
- Attendant

Pre operative procedure: The powder should be fried in the vessel till it attains a golden brown colour. It should be divided into 4 equal parts and tied into 4 pottalis. Patient should be seated on the table/droni and Rasnadi choorna should be applied on the head .Other thalams like navaneetha +bala ,amalaki+thakra etc should be considered according to condition.

Procedure: The hot pottali should be gently applied over the body, after confirming the temperature by applying pottalies on dorsum of hand of therapist. Just pressing the body with pottali should be done, no need of kneading and massaging with the pottali. Both pottalis are used alternately after reheating to maintain uniform temperature throughout the procedure(Reheating is done either by keeping pottali in vessel or by steam of dhanyamla). Same pottali can be used for three days.For whole body, it should be done for about 30-45 minutes in the 7 positions as in kayaseka. It can be applied locally also. Samyak swinna lakshanas must be looked for.

Postoperative procedure: After the procedure, talam should be removed with cotton and Rasnadi choorna should be applied over moordha. Patient should take complete rest for at least half an hour and should take bath in hot water if indicated for roga.

Precautions: Care should be taken to prevent charring while frying choorna and also while reheating the pottalis.

If the patient feels any discomfort or attains good perspiration at any time during the treatment, the therapy should be stopped.

Ideal time to perform the procedure is between 7-11 am & 3-6 pm.

Complications and management:

- *Shivering*- Due to uneven distribution of temperature or if body is exposed to cold breeze immediately after the procedure. In such condition, cover the body with thick cloth, give warm liquid for drinking or give hot fomentation.
- *Fainting*- Due to increased temperature. Treat appropriately.
- *Rashes*- Apply madhu and ghritha.

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Dhanyamla Dhara: It is a type of kayaseka, included under drava sweda. Dhanyamla is included under Sandhana kalpana. It is used in vatarogas, especially with kaphanubandha.

Materials required:

- Dhanyamla Vessels- 3/4
- Oil for talam-
- Oil for abhyanga
- Kernel/Plastic mug with pointed tip-
- Cotton ear plugs-
- Masseurs-
- Attendant-

Pre operative procedure: Patient should sit on the droni; talam should be kept on head and sarvanga abhyanga should be done. Sometimes abhyanga is not done according to the condition of the patient. Ears should be plugged with cotton. This procedure may also be practiced without covering the body.

Procedure: Warm Dhanyamla is poured with kernels/mugs by two attendants standing on either sides of the droni. The temperature should be warm and which is comfortable to the patient. Dhara should be poured at a medium speed and from a height of 6-12 cm. This is to be done in the seven positions mentioned in Kayaseka. Can be done hot or cold according to condition. Change dhanyamla after every 2 days.

Post operative procedure: After dhara clean the body & head using the soft towel. Ear plugs are removed & rasnadi choorna is applied to the head. Rest is advised for 1 hour and then asked to take bath. Abhyangam before bath is optional.

Duration: 45minutes X 7 days. Preferably done in morning hours in moderate climate.

Complications and management: *Chills & rigors*- it usually occurs due to uneven maintenance of the temperature of dhanyamla or prolonged time gap between the changing up of fresh warm dhanyamla or if body is exposed to cold breeze immediately after the procedure. In this condition, body is covered with thick cloth or warm liquid for drinking or hot fomentation should be given.

Jambeera Pinda Sweda: The Jambeera pinda sweda is performed with the bolus of Jambeera fruit pieces. This is mainly applied in vata-kapha predominant conditions. It is usually done in frozen shoulder, plantar fasciitis and traumatic conditions. It is sophahara, rooksha & Theekshna.

Materials required:

- Jambeera (chopped into pieces)

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- Saindhava powder
- Turmeric powder
- Cotton cloth
- Threads
- Vessels for heating
- Suitable oil for abhyanga .
- Masseurs
- Attendant

Preparation of Pottali: Ingredients are fried in appropriate quantity of oil and are divided into four equal parts and pottalis are made accordingly.(coconut & egg yolk can be added according to condition).

Pre Operative Procedure: The patient should be seated with leg extended over the droni and tala is applied with suitable oil/choorna.

Procedure: Abhyanga should be performed with suitable medicated oil. Out of the four pottalis, the two pottalis should be warm and which is comfortable to the patient by keeping on the hot pan containing suitable oil. This pottali should be applied to the patient as per the general procedure for about 30-45 minutes.

Post operative procedure: After the procedure body should be wiped with clean towel, talam should be removed and Rasnadi choorna should be applied. The patient should be advised to take complete rest for half to one hour.

Precautions:

- While preparing the medicine care should be taken to prevent charring
- Tie the potalis firmly to avoid leaking of the contents during the procedure
- The therapists on either side should apply the bolus simultaneously in a synchronized manner

Complication and management: *Fainting-* Sprinkle cold water on face, put talam with suitable oil and medicated choornas. Drakshadi kashaya can be given internally.

Burns- Apply madhu and ghrita, preferably Shatadhouta Ghrita.

Januvasthi: This is a practical modification of snigdhasweda, where warmed sneha is allowed to stand over knee area for a prescribed period of time. It can be used in Janushoola caused by degenerative joint diseases, but contraindicated in inflammatory conditions.

Materials required:

- Prescribed taila
- Black gram flour-
- Cotton ribbon

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- Hot water- Quantity Sufficient
- Vessels
- Cotton - Quantity Sufficient
- Towels
- Attendant

Pre operative procedure: The black gram flour should be thoroughly mixed with hot water to make thick dough. 1-2 table spoons of flour should be mixed with water loosely to form a paste. The thick dough should be shaped as about of 3 inches height, 1 inch width and length sufficient to form a ring around the required area. Usually it should be 30 cm for a medium sized adult. The knee joint should be completely exposed and if site of manipulation is hairy, it must be shaved clearly. The patient must then be allowed to lie comfortably over the cot, in supine position. Such position is prescribed for uras and it is named as urovasti. If the procedure is to be done on posterior part, the patient is made to lie on prone position.

Procedure: The area of application should be thoroughly cleaned and flour dough should be pasted over the line, marked around knee joint like a ring. It should be then reinforced by pressing and sealed properly by flour paste to avoid leakage of oil. The oil should be warmed over hot water bath, usually warm and comfortable to the patient. The warmed oil should be then poured uniformly into bund constructed up to an extent that oil level stands up to 2 inches above the skin level. It should be allowed to remain there for prescribed time. The temperature of oil must be maintained throughout the procedure by taking some oil out using a cotton and replaced by same amount of warmed oil.

Post Operative Procedure: After the prescribed time, complete oil should be removed and area should be cleaned by wiping with a clean dry cotton towel. The patient should be allowed to remain the same position for half hour.

Precautions:

- Avoid excess heating of the oil since it may cause burn.
- Paste the bund well to avoid leakage.
- Do not move the joint during procedure.

Complications:

- *Burns-* Apply cold water and Shatadhouta Ghrita.
- *Discomfort due to sitting for same posture for long time-* Make comfortable positions with correct sized cushions, and massage the areas.

Kativasthi: It is a type of local snigdhasweda where warm oil is kept at the katipradesha for a prescribed time. The patient lies in prone position and the katipradesha is encircled with thick black gram paste for retention of the oil. . It acts effectively as it is applied at the site of lesion

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.This procedure can be performed in other areas like greeva, janu, uras etc. and named accordingly It is a samana procedure.

Materials required:

- Black gram flour
- Suitable oil
- Vessel
- Spoon
- Cotton- Q.S.
- Hot waterbath
- Attendant

Pre Operative Procedure: The black gram flour is well mixed with sufficient quantity of warm water into a thick paste. It is then made into flat slab-like structure having length about 45-60 cm, thickness of 3 cm and height of 5 cm. Steel or plastic rings can also be used. Patient should lie in comfortable prone position exposing the kati. The prepared dough is fixed to the area in circular shape, taking care not to cause any leakage of oil.

Procedure: The oil should be warmed over the hot water bath and poured slowly inside the ring. Its temperature must be warm and comfortable to the patient, by replacing a small quantity after reheating. After the prescribed time, oil should be removed with the help of cotton.

Post operative procedure: After removing the dough, the body part is cleaned with lukewarm water and the patient is allowed to take rest.

Duration: 30 minutes- 45 min. Usually it is done for 7 days.

Precautions:

- Leakage is to be prevented by pasting the dough firmly over the area
- Uniform temperature must be maintained throughout the procedure
- Be cautious about the temperature of the oil while reheating to avoid burns

Complications and management: Burns- Stop the procedure and do agnidagdha chikitsa

Lepam: The tropical application of the herbal paste to the body and keeping it undisturbed for certain period is known as Lepam.

Requirements:

- Choornam according to prescription
- Hot water or rice water or Dhanyamlam, tamarind juice, lemon juice, or any other medicine according to prescription and sufficient quantity

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Procedure: Make a paste of required herb or choornam (as per vaidya's prescription) adding sufficient quantity of liquid/ water. A small quantity of paste is applied to ensure the tolerability of heat. Then this paste is applied over body part to be treated as per vaidya's advice.

Duration: It can be removed after 1 hour/ drying.

Post- Procedure Plan of Care: The Lepam shall be removed with the help of soft clean cloth/cotton soaked in warm water.

Precautions:

- Thickness of the application should be approximately 2-5mm/as per vaidya's order.
- The Lepam should have proper consistency not to be too watery or thick.
- Application should not be too hot or too cold. It should be tolerable for patient.

Complications and Management: Allergic reactions - Stop the procedure, apply antidote to lepam, inform vaidya.

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		Issue No.:
	Uniform Care Policy	Rev. date:
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1. **Purpose:** To provide uniform care clinic wide irrespective of cast, creed, religion, region, or behavior of patient with staff.
2. **Scope:** All patients who are registered at the Panchakarma Clinic.
3. **Responsibility:** Vaidya, Paricharak, Therapist, Reception.
4. **Policy:**
 - Every patient shall be provided with uniform clinical care irrespective of cast, creed, religion, region or behavior of patient with staff.
 - Patient with same health problem shall receive the same quality of health care throughout the organization.
 - Health care providers shall follow best practices in accordance with standard norms of medical practices.
5. **Procedure:**
 - Any patient seeking medical services shall be screened & care to be provided as required.
 - First aid shall be provided to the emergency patient, afterwards as per the case the patient is either sent home or transferred to nearest hospital.
 - Every patient registered should have a care provider & this should be informed to the patient.
 - Complete registration with patients' details is done.
 - A general consent formality has to be obtained from all the patients.
 - All consultants shall practice evidence based medicine practices for the care of the patient till discharge

Every patient should have an up to date medical record which reflects the clinical care given to the patients. All clinical records should be signed, named, timed & dated by the person making entries.

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	COP/POL/002	Issue date:
		Issue No.:
	Vulnerable Patient Policy	Rev. date:
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1. Purpose:

- To identify the groups of patients who will be considered 'vulnerable'.
- To define a mechanism of assessment and management of the vulnerable Patients

2. Scope: All vulnerable patients undergoing treatment in centre.

3. Responsibility: Reception Staff, Paricharak, Vaidya, Support Staff

4. Policy: Panchakarma clinic ensures that vulnerable patients (elderly/ physically and / or mentally challenged patients /children/ patients with limited physical mobility/limited communication skill/foreigner in transit, and unescorted female) are protected from abuse, which we define as a violation of an individual's human or civil rights by any other person or persons.

A coordinated approach is used to manage any reported instance or suspicion of abuse against vulnerable patients admitted to the hospital.

Who Are "Vulnerable Patients"

- All patients aged 65 years and above and infants and children (i.e. minors below the age of 18).
- Patients with limited physical mobility. Specially those who cannot perform their daily necessary activities of living i.e. going to the bathroom, eating, etc.
- Patients with impaired mental function.
- Patient who is not being able to communicate or has a language problem

Guidelines for Safety of Vulnerable Patients:

- To ensure a safe environment for all vulnerable patients the Clinic trains all staff members to be sensitive to such matters.
- Providing safety measures eg Hand rails in bathroom, anti slip mats in the bathrooms and other surfaces as per the need and physically ensures a safe and secure environment.
- Provision of facilities and on-site inspections to the vulnerable group of patients so as to ensure that they are safe from abuse, are done by the management.
- Provide prompt attention and service and minimize waiting times in OPD
- Vulnerable patients will not be left alone at any given time.

Informed Consent: Informed consent shall be taken as per informed consent policy

5. Procedure:

- The Reception staff at the concerned OPD shall facilitate the process of consultation of the vulnerable patients by giving them priority and reduce their waiting time. They

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shall facilitate their transport to their destination by arranging for wheelchair or other appropriate transportation.

- The health support staff shall take appropriate measures to protect children, elderly patients, and others who are unable to protect themselves.
- The medical and nursing staff shall encourage family members of vulnerable patients to accompany them to Panchakarma Clinic.
- The medical and nursing staff shall educate family members of vulnerable patients on the proper safety and security measures adopted by Panchakarma Clinic.
- The patient's psycho-social needs shall be assessed by the medical and health support staff and special needs of vulnerable patients shall be documented on the case record or OPD slip in a conspicuous manner. The special requirements like 'Requires Wheelchair', 'Unaccompanied Lady Patient', 'Toddler', 'Hard of Hearing' or 'Visually Challenged' shall be endorsed on the first page of their OPD records.

Care of Lady Patients:

- All lady patients will be educated about their right to have an authorised female attendant (AFA) during their medical examination
- All lady patients shall be examined only in the presence of an authorised female attendant (AFA).
- The treatment procedures will be conducted by female therapist only.

Care of Neonates and Children:

- The reception shall bring to the notice of the accompanying parents/guardians of the toddlers the risk of low set electrical sockets, sharp objects, self closing doors and staircases and the risk the children are exposed to in case they are left unattended.
- Trained healthcare professionals shall provide care to children.
- The treating physician shall report child abuse or neglect to administrative authorities.

Care of Vulnerable Elderly Patients:

- Evaluation of the vulnerable elderly patients shall include diagnosis, pre-hospital and current medication and cognitive status.
- Special care shall be given to prevent falls/slips in these patients by providing them with aids to ambulation in the form of wheel chairs and walking sticks. These aids will be positioned in a centralized bay, the location of which will be prominently displayed at adequate places in Panchakarma Clinic.

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Training of the Staff: The centre will include 'care of vulnerable patient' as a topic in their training programme. Staff will be trained for care of vulnerable patients with respect to

- Understanding and recognizing vulnerable patients
- Principles of staged, step down care
- Moving and handling of vulnerable patients.
- Training in prevention and management of falls, unconscious patients, interacting with caretakers for continued care.

Procedure to Follow in Case of Abuse of Vulnerable Patient:

- When a case of abuse of a vulnerable patient is suspected or disclosed, the main consideration is the protection of the vulnerable patient.
- When such an event occur the senior member of the team on duty is immediately informed. She / He will then inform the Vaidya. The concerns are documented in the medical records by the first person to report the abuse.
- A detailed investigation is carried out, by in-charge of the case, and corrective and preventive action taken.

LOGO	Name of Panchakarma Clinic.....	
	COP/POL/003	Issue date:
		Issue No.:
	Pain Management Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** The purpose is to lay down the policies and procedures to ensure proper care of patients for the assessment and management of pain in a safe manner.

2. **Scope:** All patients of Panchakarma Clinic.

3. **Responsibility:** Vaidya, Paricharak, Therapist.

4. **Policy:**

- Appropriate pain assessment and management shall be given to patients who have pain as predominant debilitating symptom.
- It is the policy of Panchakarma Clinic to respect and support the patient's right to optimal pain assessment and management.
- Pain is assessed in all patients of Panchakarma clinic. The clinic will also address the appropriateness and effectiveness of pain management.
- Patient and family are educated on various pain management techniques.

5. **Procedure:**

Assessment: Initial assessment of patients experiencing pain or likely to experience post-operative, other pain during the course of treatment is made by reviewing.

- Pain history and characteristics including previous and/or ongoing instances of pain.
- Previously used methods for pain control.
- Ways patient describes or shows pain.
- Patient's knowledge/expectations/preferences for pain management methods

Assessment of existing pain intensity documented utilizing a 0-10 numeric pain intensity scale.

Reassessment: Reassessment should occur with each new report of pain, at a suitable interval following any pain control intervention (particularly if a new medication or dosage is involved), and at regular intervals appropriate to individual person status utilizing the 0-10 numeric pain intensity scale.

6. **Pain Management:** If patient is having severe pain related to any disease, The Vaidya attends the patient immediately.

- Ayurvedic medicines are administered internally to reduce pain and spasms.
- If pain is not reduced the patient will be shifted to other centre.

Pharmacologic management

- The uses of Ayurvedic analgesics are preferred for pain relief.
- Efforts must be made not to delay administration of any pain medication.

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Non Pharmacological management

- Ayurvedic Pain oil application helps in easy absorption into the circulation and eventually reduction of pain.
- Physical agents – Heat, cold, massage, exercise, immobilization, Infra-Red light etc.
- Psychological approaches – Relaxation, distraction, education etc.

7. Formats: Pain assessment scale (Visual Analogue Scale).

Panchakarma Clinic.....(Name)

.....(No),(Road),(Area),
.....(City).....(State)

Visual Analog Scale Format

Date of Examination:

Name

Date of Birth:

Age:

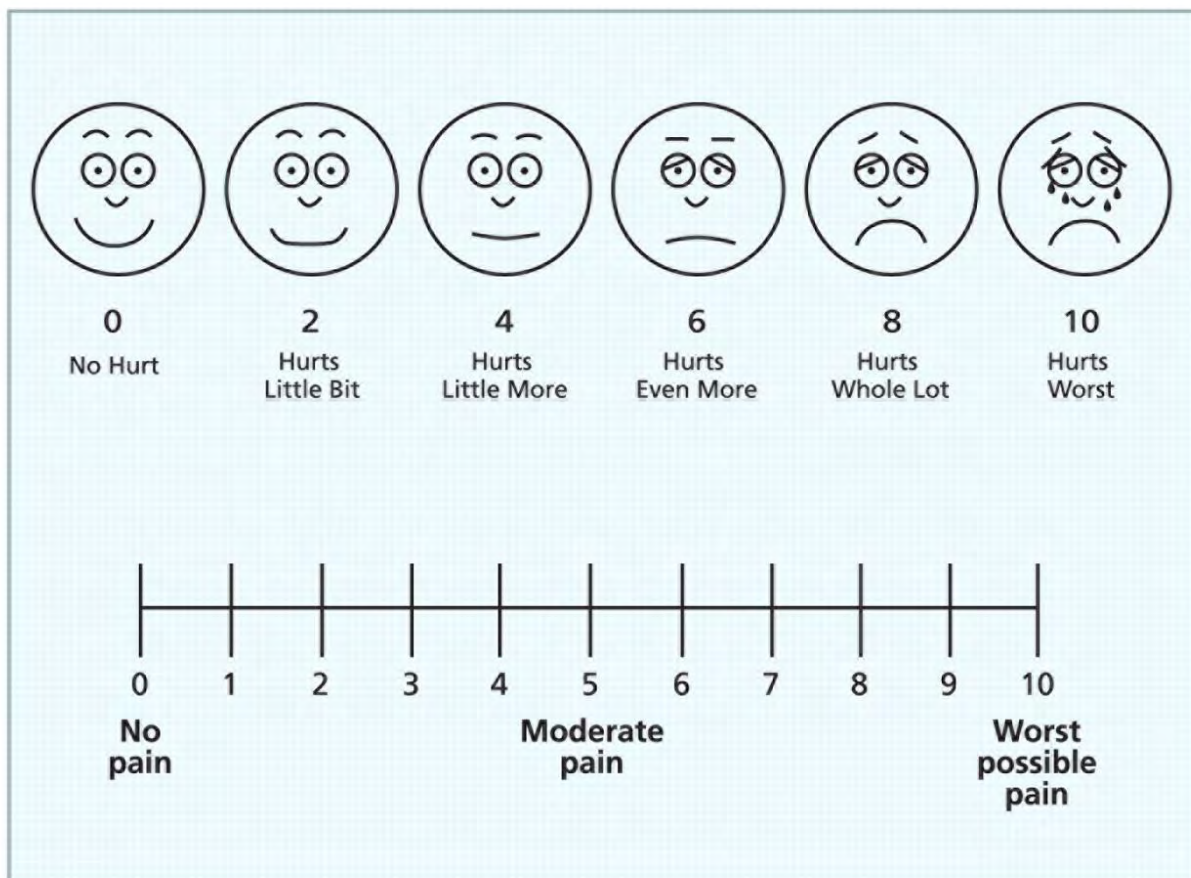
Sex: Male / Female:

Nationality:

Phone No.

E-mail id:

Referred by:



Date & Signature of Vaidya.

LOGO	Name Of Panchakarma Clinic.....	
	COP/POL/004	Issue date:
		Issue No.:
	Rehabilitation Policy	Rev. date:
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1. **Definition: Rehabilitation:** Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people the required strength they need to attain independence and self-determination.
2. **Purpose:** To help restore the patients following disease, illness or injury, of the ability to function in a normal or near normal manner
3. **Scope:** Across Panchakarma Clinic.
4. **Responsibility:** Vaidya and Paricharak.
5. **Policy:**
 - The rehabilitative services will be provided to the patients to enhance and restore functional ability and quality of life to those with physical impairments or disabilities.
 - Rehabilitative services are provided to commensurate with the scope of services of Panchakarma Clinic.
 - Rehabilitative services shall be a part of overall plan of care for the patient, whenever required.
 - Rehabilitation services are provided by a multi disciplinary team.
6. **Safety Measures:**
 - Keeping electrical cords clear of passageways. Avoid using electrical extension cords.
 - Proper storage of all equipment and supplies. Do not store heavy items on top shelves.
 - Turning off all electric machines with heat producing elements when not in use.
 - Illumination and ventilation should be proper.
 - Arrangement of furniture and equipment must be arranged to allow passage and access to exit at all times.
 - Giving information regarding minor spills, such as water to cleaning person immediately.
 - Reporting faulty equipment to the vendor /concerned person.
 - Obey warning signs.
 - Usage of appropriate personal protective equipment.
 - Safety precautions such as closing file drawers and cabinet doors when not in use. Open only one drawer at a time. Even distribution of material to prevent the file cabinet from being unbalanced and tipping over.
 - Frequently inspect cords, plugs, switches, sockets and outlets for damage. Report any defects such as frayed cords, broken plugs, etc. immediately.
 - Not leaving equipment standing in traffic lanes. Return equipment to its proper location when not in use.
 - Do not obstruct fire equipment. Know location of firefighting equipment and how to use it. Know evacuation routes and what to do in case of fire.
7. **Records & Documents:** Patient progress note.

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		Issue No.:
	Panchakarma Therapy Policy	Rev. Date:
		Rev No.:
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1. **Purpose:** The purpose is to lay down the policies and procedures for Panchakarma Therapy.

2. **Scope:** Panchakarma Department.

3. **Responsibility:**

- Vaidya,
- Therapist,
- Paricharak

4. **Policy:**

- An informed consent should be obtained by the consultant prior to the treatment process.
- All treatments are planned by treating Vaidya & monitored by the treating Vaidya / therapists perform the procedure on a patient.
- Ensure the site, patient and procedure before starting the treatments to prevent adverse events like wrong site, wrong patient and wrong procedure.
- Panchakarma therapies are done only in the presence of physician at the side.
- The consultant should document the post procedure plan of care.
- The maintenance of the Panchakarma theatre shall be checked periodically

5. **Procedure:**

Obtaining informed consent: The treating vaidya should explain the procedure effects and possible complication which may arise from the procedure. Ref: PRE/POL 001(Consent taking procedure).

Prevention of adverse events like wrong site, wrong patient and wrong procedure. Ref: Wrong site, patient, surgery/procedure policy (Panchakarma Manual)

Post procedure plan of care: Ref: Panchakarma Manual

Checking the maintenance of Panchakarma theatre/ Panchakarma Manual

- Maintenance of Panchakarma theatre shall be checked on Daily basis.
- A check list is used for checking the maintenance of the theatre.
- Treatment room in charges will check all the inventory in the treatment room and document it in the checklist and sign.

Guidelines for Panchakarma Therapies. Ref: Panchakarma Manual

6. **Records And Formats:**

- Panchakarma treatment record.
- Informed consent.
- Panchakarma Control charts.

Panchakarma Clinic.....(Name)
.....(No),(Road),(Area),
.....(City).....(State)

Informed Consent Form

I _____ aged _____ years, have been clearly explained about the treatment procedure _____ and the risk associated with the same. I have been explained about the diet & regimen to be followed during the course of treatment & the possible adverse outcomes if the same is not followed. I completely absolve the clinic management, vaidya, paricharak& therapist in the event of any unforeseen complication arising due to my medical condition or improper regimen.

I agree to undergo the treatment procedures and abide by the instructions given to me by the treating vaidya.

Date:

Name &Signature

Witness Name & Signature:

Parent / Guardian Name & Signature if the patient is minor.

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	COP/POL/006	Issue date:
		Issue No.:
	Research Policy	Rev. date:
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1. Purpose: The purpose is to undertake clinical research activities related to.

- Validation, standardization of Ayurveda Treatment Procedures
- Therapeutic diet based on specific disease condition
- Preparing Standard protocol for common ailments

The research may be conducted at Panchakarma clinic or externally at designated research sites.

The research area shall focus on prevention, etiology, therapeutic, curative managements of specific diseases and disorders selected on the basis of national priority or to serve other commercial or societal objectives through the application of classical Ayurveda medical care. The policy helps to ensure patient safety, research ethics, delivery of quality care and smooth clinic function & administration.

2. Scope: Any research activity at Panchakarma Clinic or at external site in which Panchakarma Clinic is directly or indirectly involved.

3. Responsibility: Vaidya, Paricharak, external agency as required / specified.

4. Policy & Procedure:

- To prepare a concept note proposing the research briefly outlining the research objectives, methodology, project schedule, anticipated benefits, funding requirements and sources for the project.
- The detailed proposal shall be placed for approval before the Research Team comprising of Vaidya, Paricharak and / or third party. The research activity will be taken up subject to approval by the research team.
- All research activities shall strictly be in accordance with Indian Council of Medical Research (ICMR) Ethical Guidelines – 2006, Declaration of Helsinki (2008) and International Conference on Harmonization – Good Clinical Practice (ICH-GCP) as in force, and modified from time to time. Specifically, the research proposal shall be placed before the clinic's duly formed Independent Ethics Committee for its consideration and approval before the research is conducted. Relevant statutory bodies (such as NBA, DCGI, AYUSH Department) shall also be intimated and approvals obtained in advance as per applicable guidelines from time to time before the research is conducted. Further, the right of participants in the study to withdraw from the study at any point, in accordance with relevant ICMR guidelines, is specifically noted and shall be complied with.
- Panchakarma Clinic's Independent Ethics Committee (IEC) shall be entitled to ensure the Ethical clearance for research projects, ethical compliance and safety of the research participants throughout the study.
- A log of research projects being conducted at the Panchakarma clinic and of external projects shall be maintained at the clinic by the Vaidya.
- The Panchakarma Clinic Research Team shall periodically (at least once a quarter) review the progress of any research projects that have been approved and initiated or

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not initiated during the preceding 3 months. The team shall also review regulatory and ethical compliance as laid down in the ICMR and ICH-GCP guidelines mentioned above.

- Panchakarma Clinic Independent Ethics Committee (IEC) shall be entitled to ensure the Ethical clearance for research projects, ethical compliance and safety of the research participants throughout the study.

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1. Purpose:

- To educate & ensure patients follow / receive diet as per their clinical needs.
- To provide assistance in the recovery of the patient.

2. Scope: To assess the nutritional status of patient and provide & advice appropriate diet.

3. Responsibility: Vaidya, Paricharak, Patient & Patient attenders.

4. Policy:

- Nutritional needs shall be assessed and re-assessed at regular interval.
- Patients who meet the criteria for being at nutritional risk will be assessed by vaidya for comprehensive nutritional assessment.
- Patients receive food according to their treatment plan if provided during treatment procedure.
- Nutritional therapy is planned and provided in a collaborative manner.
- Patients and families are educated about diet limitations.

5. Procedure: All patients' undergoing treatments at Panchakarma Clinic will be given nutritional guidelines.

- First at the time of consultation initial assessment of the patient's nutrition is done by recording the daily food pattern of the patients with any allergies, cravings or any likes & dislikes.
- According to the diet followed by the patient necessary guidelines are given to be followed.
- Patients and family shall be educated about the patient's diet limitation.
- Nutritional status and nutritional requirement of the patients will be assessed at the time of initial assessment. This is derived on the basis of disease diagnosis, since dietary therapy in Ayurveda revolves around the concept of pathya and apathya (conductive and non conductive diet).
- Once the disease is diagnosed a suitable diet chart is prepared based on the principles of pathya and apathya and which is mentioned in the diet sheet in the patient medical record.
- The diet chart will be provided to patient.

6. Records & Documents : Diet chart.

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Diet Chart

Patient name:

Age/ Gender:

Diagnosis:

Height:

Weight:

Meal Type

Meal items

Breakfast

Lunch

Dinner

Items to Avoid

Items to include

Date:

Signature vaidya.

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1. **Purpose:** To provide guidelines for the organization for Pharmacy services, management and usage of Medication.
2. **Scope:** This policy is covering all processes involving medication of management.
3. **Responsibility:** The Vaidya shall oversee the implementation of this policy and also issue additional protocols for safe medicine usage and effective pharmacy services. Pharmacist / Paricharak / Receptionist will have the responsibility of receiving, storing, and distribution of pharmaceutical / medical supplies.
4. **Policy:**
 - Medicines shall be classified in to Vital, Essential and Desirable category and it shall be ensured that stock out situations is not reached for vital and essential medicines.
 - Request for purchase of a non-formulary medicine can be made by the Vaidya as per his / her discretion.
 - All the medications shall be stored at the temperature specifications given by the manufacturer.
 - Only authorized persons (treating vaidyas) shall prescribe medications.
 - Paricharak may reproduce the prescriptions given by the treating doctors to help refill medication.
 - In case of oral orders / telephonic instructions of the treating doctor, the same shall be noted in the prescription by the paricharak and counter signature shall be obtained from the treating Vaidya within 6 hours.
 - Read back policy shall be followed.
 - All the medications shall be administered based on the vaidya's order, if there is any ambiguity in the prescription, the same shall be cross verified with the concerned doctor either in person or through telephone.
5. **Procedure:** Procurement of Medication, Medical Supplies & Consumables Medicines, Medical Supplies & Consumables will be purchased from certified manufacturer or distributors as per the list approved by the Vaidya.
Following aspects shall be taken care of while acquiring medicines.
 - Vendors whose quality of service is ranked better in evaluation shall be given preference for purchasing.
 - Re-order level for all medicines shall be followed for determining the time of acquiring medicines.
 - The purchase order quantity, as far as possible, shall conform to the economic order quantity.
 - Proper record keeping shall be maintained (such as copy of purchase order, receipt of goods, GRN etc.) shall be maintained

Storage of Medication, Medical Supplies & Consumables: The medicines, Medical Supplies & Consumables should be neatly arranged, free of dust, avoiding direct exposure to sunlight

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and heat and as per the manufacturer's recommendations. Separate log books / registers will be maintained for the inventoried items and updated regularly.

Drugs nearing Expiry date should be identified and promptly removed from the racks and sent back to the stockist for replacement. Fast moving drugs and emergency drugs shall be stored in separate racks and its stock shall be monitored periodically. Look alike or sound alike medicines shall be stored separately.

Following general guidelines will be followed :

- Medications are stored according to the manufacturer's recommendation or as per government recommendations.
- All medications are stored in designated areas which are sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.
- Proper consideration is also given to the safety of employees as well as patients.
- Sound inventory control practices guide storage of the medications.
- Expired, Short expiry & breakage drugs shall be stored in a separate designated area.
- All drugs storage container/racks shall be clearly & legibly labeled.
- All drugs shall be stored above the floor level.
- Drug storage area shall have a 24 hrs uninterrupted power supply.
- Open drug containers shall be stored separately with clean & clear label.
- Medications are protected from loss or theft.

Look Alike / Sound Alike Medications: Medications which have the potential for confusion due to look-alike or sound-alike drug names or packaging are identified and treated with extra precautions to prevent error.

Stocking-

- Stocking levels of each item has been determined on the basis of ABC (Cost basis) and VED (Vitality basis) of the items.
- These stocking levels has been calculated on the basis of fixed ordering cycle of 6 months (i.e. biannual indenting) and approximate lead time of 2 months.

Other Guidelines-

- Disinfectants and other substances shall be stored separately from drugs.
- External use drugs in liquid, tablet, capsule or powder form shall be segregated from drugs for internal use.
- Drugs shall be stored at appropriate temperatures.
- Drugs shall be stored in an orderly manner in well-lighted cabinets, shelves, drawers or carts of sufficient size to prevent crowding.
- Drugs shall be accessible only to responsible personnel designated by the vaidya.

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Medication formulary: The stock of drugs should meet the requirements of the Panchakarma Clinic and approved by the vaidya.

Medication prescription: The prescription should have the vaidya's name, signature, with date & time. The Paricharak should inform the vaidya if a drug or dosage form is not immediately available.

Following guidelines to be followed:

- Only vaidya authorized by the Clinic can prescribe medications.
- Vaidyas are authorized to use only those drugs listed in the Formulary except in specific instances.
- All medication orders to be written on Case record labeled/verified with Patient's name and Registration number.
- Orders are to be written in a uniform location in the case records.
- History for drug allergies to be documented in red ink.
- Abbreviations for drug names are not be written.
- All medication orders to specify the drug name, dosage or dosage range, the route of administration, the frequency and duration of administration.
- High Risk medications need to be verified by treating Vaidya prior to administration.
- Medication orders are to be clear, legible, dated, named and signed.
- To cease a medication order vaidya must draw a line across the area of the chart where administration is recorded (after the last entry) and sign and date adjacent to this line.
- The original order must not be obliterated.
- Patient and family are to be educated about safe and effective use of medication.
- Patient and family are to be educated about food-drug interactions.

Dispensing of Medication: After dispensing a prescription the remaining drugs are arranged back in its original place on the racks. While dispensing, when a medicine strip is cut, care should be taken to preserve the drug name, batch no. and expiry date. Loose unidentifiable drugs should not be left alone in the counter.

Paricharak / Pharmacist shall verify the allowable dosage as per standard and prescription for high risk medicines before dispensing. Also special attention shall be paid to educate the patients while using high risk medicines by vaidya/Paricharak. High risk medicines shall be identified from the high risk medicines list available with the pharmacist/ paricharak.

The Pharmacy shall be responsible for the proper packaging and labeling of all medications dispensed by the Pharmacy for use of patient treatment.

Medication administration: Medication shall be administered by authorized and competent vaidya and paricharak. The patient shall be monitored after administration of medications. Any events or reactions shall be immediately recorded and notified and action taken to rectify the problem.

Before administering a medication staff shall:

- Verify patient name and medical record number

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- Verify that the medication selected is the correct one based on the medication order and product label.
- Verify that the medication is being given at the proper time, in the prescribed dose and by the correct route,
- Verify that the medication is stable based on visual exam for particulates or discoloration and that the medication has not expired,
- Educate the patient, or if appropriate, the patient's family about specific instruction any potential adverse reaction and other concerns about administering a new medication.

Medication labeling: Medications shall be labeled according to the following guidelines.

- Any time one or more medications are prepared but are not administered immediately, the medication container shall be appropriately labeled. The medication container shall be of any storage device such as a plastic bag, bottle, or steel container which can be labeled and secured in such a way that it can be readily determined that the contents are intact and have not expired.
- All medications, medication containers (e.g. medicine cups, steel container shall be labeled. Labeling occurs when any medication or solution is transferred from the original packaging to another container.
- Standard procedure shall be followed ensuring compliance with the following:
 - Labels include the name and strength of the medication or solution, the date, and the initials of the person preparing the label.
 - Not more than one medication or solution is labelled simultaneously.
 - Any medication or solution found unlabeled shall be immediately discarded.
 - Original containers from medications or solutions shall be retained for reference until the conclusion of the procedure or till medicine last.
- All medications shall be labeled minimum for:
 - Drug name, strength and amount (if not apparent from the container),
 - Expiration date when not used in 24 hours as applicable on freshly prepared medicine.
 - Expiration time when expiration occurs in less than 24 hours as applicable on freshly prepared medicine.

Self administration of medicine: Self-administration of medication shall be allowed as per treating vaidya order

Policy on patient's medication brought from outside the organization: Patients own medications brought in by the patients who are on chronic therapy (e.g. Conditions like Hypertension, Diabetes mellitus, Cancer, TB) shall be known to the treating vaidya and will be allowed to administer to the patient under the supervision and certification of treating vaidya,

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such medications shall also be recorded in patient's card. Any medication whose contents or integrity cannot be verified (e.g. opened oral liquids, ophthalmic solutions) shall not be used.

Policy on monitoring of patients after medication administration: A Medication Error is any preventable event that may cause or lead to inappropriate medication use or patient harm. A Reportable Adverse Drug Reaction (ADR) is an unintended drug reaction that results in admission or an Emergency Department visit. This is rarely seen but potentially life-threatening. The attending Paricharak shall monitor every patient and report to the treating vaidya of any adverse drug reactions. The Vaidya will record the full details in the patient file in real time.

- Medicines likely to cause (Adverse drug reaction) ADRs ("high-risk" drugs) shall be identified, and their use shall be monitored and controlled.
- Prescribers, care providers, and patients shall be notified regarding suspected (Adverse drug reaction) ADRs at the earliest, not later than 6 Hrs.
- All adverse drug reactions are collected, analysed, appropriate corrective and preventive measures are taken.

Procedure for the Identification and Review of any Medication Errors: The patients who are administered different drugs need monitoring during their stay in the Panchakarma clinic. Certain drugs can produce serious immediate or delayed side effects. Patients with past history of drug allergies shall be identified. If drugs prone to produce allergic reactions, it should be done with caution. Drug reactions producing cardiac, neurological, pulmonary, skin etc. side effects shall be promptly identified and the Vaidya should be promptly informed and remedial action is taken. All events and actions taken should be recorded by the Paricharak in the patient's case sheet and signed with date. The Vaidya shall be notified in cases where wrong medications are administered to a patient, or there has been negligence on the part of the Paricharak in following directions of drug administration and necessary investigations should be initiated. The Vaidya should enquire about the patient's welfare from time to time after such treatment and make sure that everything has been running smoothly.

Procedure for the Identification and Review of Adverse Drug Reactions (ADR): Adverse drug events are defined and the Paricharak who has administered the drug will report to the vaidya immediately and remedial actions will be taken. The prescribed (Adverse drug reaction) ADR forms should be filled. Adverse drug events shall be collected and analyzed. These events shall then be analyzed to identify probable cause and suggest and implement measures to prevent the same in future. Policies are modified to reduce adverse drug events when unacceptable trends occur. Labels, vials, packets of medicine due to which adverse event occurred shall be secured by on duty Paricharak and given to Vaidya. Inform all staff in the Panchakarma Clinic about ADRs to improve patient care. This may be used for training purposes.

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Adverse Drug Reaction Report

Reporting an Adverse Drug Event(s): Vaidya completes the Adverse Drug Event reporting form not later than 24 hours of the ADE identification.

Reports to include:

- Describe what went wrong?
- Was this an actual medication accident or near miss?
- What was Patient outcome?
- Generic name of all products involved.
- Brand name of all products involved.
- Dosage form, concentration or strength, etc.

Please state your recommendations for error prevention.

Please include the name and contact information of the person reporting.

Reviewing an Adverse Drug Event(s)

- Evaluation of the circumstances surrounding the event.
- Conducts Root cause analysis

References: National Coordinating Council for Medication Error Reporting and Prevention

Adverse Drug Reaction Report: To be filled when treating Vaidya suspect that an adverse reaction may be related to a drug, or a combination of drugs. Report all suspected reactions.

Patient Details:

Patient's Initials ----- Sex:: ----- (M/F) Weight (if known, in kgs) -----

Age (at time of reaction) ----- Identification / Registration number -----

Suspected Drug (S) -----

(Give generic/ brand name of drug)_____

Batch No (if known)_____

Route_____

Dosage Date & Time_____

Date & Time Prescribed for_____

Started_____

Stopped_____

Concomitant Medication administered:

1-----2-----3. -----4-----
-----5-----6-----

Treatment given for ADR

- Did reaction disappear after stopping the suspected drug? Yes\ No
- Did you restart the suspected drug? Yes\ No
- Did reaction appear after starting the suspected drug? Yes\ No

Suspected Reaction (S) Outcome: Recovered, Recovering, Continuing

Date reaction(s) started ----- Date reaction(s) stopped -----

Do you consider the reaction to be serious? Yes / No

Categories of Adverse Drug Events:

Category	Description	Effect
Category A	An error occurred that may have the capacity to cause error	No Error
Category B	An Error occurred but the error did not reach the patient	Error, but No Harm
Category C	An Error occurred that reached the patient but did not cause patient harm	Error, but No Harm
Category D	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and / or required intervention to preclude harm	Error, but No Harm
Category E	An Error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention	Error + Harm
Category F	An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization	Error + Harm
Category G	An error occurred that may have contributed to or resulted in permanent patient harm	Error + Harm
Category H	An error occurred that required intervention necessary to sustain life	Error + Harm
Category I	An error occurred that may have contributed to or resulted in the patient's death	Error + Death

Please ensure the report card is completely filled

Signature of the vaidya:

Date:

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Clinic Formulary

Here the Panchakarma clinic is required to include all the medicine, consumables that it intends to store & dispense and also those list of medications which are freshly prepared with the method of preparation.

Asava / Arista

1.
2.
3.

Bhasmas

1.
2.
3.

Churnas

1.
2.
3.

Ghrita

1.
2.
3.

Kashaya / Khada

1.
2.
3.

Lehya / Rasayana

1.
2.
3.

Vati / Gulika

1.
2.
3.

Other preparations (Freshly prepared with details of ingredients, quantity, method of preparation, dose & route of administration)

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1. Purpose:

- Provide care appropriate to patient needs and consistent with the capacity and scope of Panchakarma clinic services.
- Provide considerate, respectful care at all times and under all circumstances, with recognition of their personal dignity and autonomy.
- Provide care that is regardless of race, gender, ethnicity, spiritual beliefs or age.
- To provide care and to respond to each patient with personal dignity and respect in a safe environment.

2. Scope: All patients and their families who come to Panchakarma Clinic.

3. Responsibility: All staff members of Panchakarma Clinic.

4. Policy:

- All the patients and their families visiting the clinic have the rights and responsibilities, of which they are made aware of by the Panchakarma Clinic.
- These rights shall be respected and protected by the Clinic and staff of the Clinic.
- Patients and families may bring to the notice of the Vaidya, any instance of violation or perceived violation of these rights.

5. Guidelines for Panchakarma Clinic Staff.

- Display of patients' rights at convenient places throughout the Clinic.
- Information of rights of patients shall be communicated to them and their families in a format and language that they understand, at the time of reporting or enquiry through verbal communication and suitable handouts.
- Staff shall be made aware of their responsibility towards protecting of patients and family rights.
- Patients' rights shall be included as a topic in departmental training and orientation activities.
- Violation of patient rights is recorded, reviewed and corrective / preventive measures taken by the Vaidya / Committee.
- These rights shall be addressed and followed by Clinic as per documented policies.

Display in all Patient Care Areas Patients Rights and Responsibilities Rights of Patients, Accessibility and Availability.

- Right to access medical care facility regardless of caste, religion, nationality, disability or source of payment of your bills.

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- Right to be provided with immediate medical care at the time of emergency within scope of services of the clinic.
- Right to complain to the concerned authority in case of any delay or improper services without the care being affected.

Dignity and Privacy of Patients

- Right to receive due respect for personal dignity.
- Right to be provided with suitable privacy for undergoing examination, certain procedures and treatment.
- Right to be able to respond to your spiritual and religious beliefs in a polite & respectful manner without obstructing the ongoing treatment and in accordance with the clinic policies

Protection and Safety

- To have a safe and protected environment at the clinic.

Right to information and Education

- To have a right to be informed and educated in a language and format that patient can understand.
- To be informed about the services and care available & not-available at the clinic.
- To have information of patient's care providers.
- To be informed about the disease, care plan, alternative plans and possible outcomes as per clinic policy.
- To be educated about safe and effective use of medicines, and their potential side effects, diet and nutrition requirements, Immunization, prevention of infections, where applicable.
- To access clinic's information system as per right to information act.

Involvement in Decision Making

- To receive all information regarding one's disease and care plan.
- To accept or refuse the medical treatment.
- To give informed consent before treatment begins.
- To withdraw consent and refuse treatment at anytime.

Confidentiality of information

- All information regarding patient (medical or non-medical) is ideally kept confidential except in instances where disclosure is required by law.

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- Family members may deny disclosure of some kinds of information unless consented by the patient. This will not apply to minors, and individuals who are incapable of exercising rational decision making.
- Only those personnel have the right to access patient information, who are involved in the care of the patient or specifically authorized by the clinic.

Voicing of complaint

- To voice one's complaints in case one feels aggrieved.
- To receive feedback on action taken on complaints registered by the patient/attendant in the clinic.

Estimated Treatment Cost: To be provided with the rough estimate of your bill amount or charges of any services and treatment procedure from the Reception.

Display in all Patient Care Areas Responsibilities of Patients

- To provide correct & detailed history of his/her health problem to your vaidya.
- To follow the treatment plans established by the vaidya, paricharak and healthcare professionals
- To be aware that you are solely responsible for the consequences in case of discontinuation of treatment prescribed by the care provider.
- To co-operate with the staff for maintaining the cleanliness and administrative procedures of the clinic.
- Show consideration for other and dealing with other patients and staff with respect
- Give your written informed consent before any treatment procedures.
- Respect the privacy of other patients
- Respect the priority given to emergency cases
- Observe safety regulations including the no-smoking policy or any other public safety issues
- Ensure that financial obligations due to panchakarma clinic fulfilled promptly
- Avoid bringing valuable personal belongings to the clinic. Panchakarma clinic is not responsible for patient valuables.
- To follow the clinic rules and regulations.

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1. Definition:

General Consent: - consent to and authorize the attending vaidya, other vaidyas and healthcare professionals who may be involved in care to provide such diagnosis, care and treatment considered necessary or advisable by vaidya(s).

Informed consent is a legal condition whereby a person can be said to have given consent based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given

2. Purpose: The purpose of obtaining a patient's general consent and/ Informed consent

3. Scope:

Scope of general consent: consent for clinical consultation, disclosure of information required for clinical management (under confidence), routine medical examination (physical examination, palpation, percussion, auscultation), general care, diet and counselling.

Scope of informed consent: All patients who will undergo any treatment procedure and/or any intervention at Panchakarma Clinic.

4. Policy:

- General consent shall be taken from all patients being registered and treated in the clinic.
- Informed consent shall be taken from Patient and his/her family members, it includes risks, benefits, and alternatives and as to who will perform the requisite procedure in a language they can understand.

5. Responsibility: Reception, Vaidya, Paricharak.

6. Procedure Details:

General consent:

- Scope of general consent is explained to the patient and/ family by reception/registration in the language understood by them.
- The form shall be attached in patient's file
- In case of Medical Emergency consent need not be obtained. The reason shall however be documented in patient's medical file.

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Informed Consent:

- The patient, unless he or she is a minor, if patient is incapable of informed decision making, consent shall be obtained from next of kin / parent / guardian, as per law of the land.

Elements of Informed Consent: Informed consent is a process in which the Vaidya provides adequate information for the patient or patient's legal representative to make an informed decision on the proposed treatment, including medications or procedure.

- This information should include all of the following:
 - The nature of the patient's condition;
 - The proposed treatment, possible treatment alternatives, including no treatment;
 - The benefits of the proposed procedure, as well as frequently occurring and significant risks of the proposed treatment and alternatives;
 - The consequences of no treatment;
 - The patient or patient's authorized representative should be given the opportunity to ask questions and receive additional information as requested. The patient should also be advised that it is not possible to predict or guarantee results.

7. Records and Formats: (Ref Annexure of AAC): General Consent and Informed Consent.

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2	Scope
3	Responsibilities
4	Procedure
4.1	Standard Precautions
4.2	Linen And Laundry Handling
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1. **Purpose:** To design, develop and coordinate clinic wide Infection control programme
2. **Scope:** Clinic wide Infection control activities.
3. **Responsibility:** Vaidya, Paricharak & all Staff of the clinic.
4. **Procedure:**

Standard Precautions

Definition: These precautions provide protective measures to be practiced by all the health care workers like Vaidyas, Paricharak, Therapist and Waste handlers while providing professional services in the Panchakarma clinic.

Standard precautions adopted by Vaidyas and Paricharaks:

- Hand wash before & after performing any treatment procedure with soap.
- The technique of hand washing is displayed & staff is trained.
- Soap is available for hand washing at all designated staff hand-wash areas

Linen And Laundry Handling

Purpose: Laundry services serve the purpose of processing soiled (potentially infected) and / or used linen in order to provide clean linen, which shall not be able to cause infection or physical irritation to the users.

Clean Linen: Post laundry linen before use.

Soiled Linen: All used linen irrespective of the state, whether wet or dry but contaminated by body fluids or blood or excreta, of the patient or any other such fluids or materials as deemed infective.

Handling of Clean Linen and Linen Store:

- Adequate supply of clean linen is maintained by Paricharak.
- Each patient will have clean linen for usage when needed as per clinic policy.
- Clean linen and soiled linen are kept separately.
- Clean linen and soiled linen are transported separately.

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Handling Of Soiled Linen:

Procedure:

- Universal Precautions' are followed by paricharak / housekeeping staff while collecting linen from the treatment rooms and they wear rubber gloves while handling the soiled linen.
- Linen removed from treatment room is separated out as soiled and unsoiled dry linen.
- Wet linen soiled with patient's blood, body fluids or other such fluids, as deemed infective will be kept separately and put into yellow coloured impervious plastic bags after counting.
- Mattresses is not dusted in patient area or rinsed in any way to avoid environmental contamination.
- Linen bags are not filled more than three fourth of its capacity and are tied at the top.
- Sorting out and counting of used linen is done by paricharak / housekeeping staff.
- While sorting "Universal Precautions" such as use of mask, household sterile caps, gloves and aprons are strictly followed by everyone indulging in the procedure.
- Linen bags are not held close to the body when collecting or loading linen into bins/bags
- Soiled linen is soaked in 1% sodium hypochlorite in bins for half an hour and dried before transportation to washing area.

Cleaning & Sterilization

Sterilization: Sterilization is defined as a process by which an article is free of all micro organisms either in the active or vegetative form or spore form. As the Panchakarma Clinic does not include any procedure that is invasive, sterilization of instruments is not applicable however proper cleaning of all equipments, utensils, etc are to be carried out.

Cleaning

Spillage Management:

Oil Spills management:

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- For oil spills the area is sealed first and soaked with dry cloth, later it is cleaned & wet mopped with soap solution and water, ensuring that the slipperiness in the surface has been removed.

Mercury spill management:

- Using gloved hands, collect the spilled mercury with 2 sheets of card board sheet and place it on a transparent glass bottle filled with water.
- Label it as mercury and handed over to the housekeeping department for waste disposal.
- The matter must be reported to the Vaidya through incident report

Sterilization and Disinfection of Items

Area	Items	Method
All OPD / Panchakarma / Treatment rooms	BP apparatus – cuff, tubing, Bulb Stethoscope Thermometer	Cleaning with alcoholic disinfectant on daily basis.

Items	Cleaning Method
Examination cot	Clean with 1% hypochlorite solution/ alcoholic disinfectant in case of infected cases & other cases 0.5% hypochlorite is used
Electric Fans	Wipe with detergent and water monthly once
Environment and floor a. Dry clean b. Wet clean c. Terminal cleaning	<ul style="list-style-type: none"> Dust control mop; wash with soap water after every use. Use soap oil and water with frequent changes Clean with separate mop and detergent. All horizontal surfaces shall be thoroughly cleaned and dried using disposable clothes.
Mattresses, pillows and other cloth items	Mattress and pillows shall be cleaned with 1% hypochlorite solution. If the pillow is wet with blood or body fluids must be washed under running water and then it will be soaked with 1% Hypochlorite solution. Wait for 15 mins then wash with water and dry under sunlight and use.

Treatment Room Cleaning Process: Vessels used for medicine preparation for treatment procedures are cleaned in the pot washing area with cleansing agent and water.

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Hand Hygiene

Indication: When should use soap solution and water?

- Before any aseptic procedure
- Before and after performing any treatment procedure.
- Before and after handling any patient
- When moving from the infected site to the non infected area of a patient body.
- After handling any soiled item
- After contact with oil, blood, body fluids, mucous membranes, non intact skin, or wound dressings
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- After removing gloves
- Before and after handling food
- When entering or leaving a clinical area
- After using the toilet

When should use hand rub solution?

- Before direct contact with patients
 - After contact with patients
- Ex: after taking pulse, blood pressure
After changing position
Direct contact in between the patients

General instructions

- Remove all the hand and arm jewellery
- Apply enough soap on hands to make good lather
- Medical hand washing should be done for 20-30 sec
- Surgical hand washing should be done for 3-5 min.

Handwashing Technique

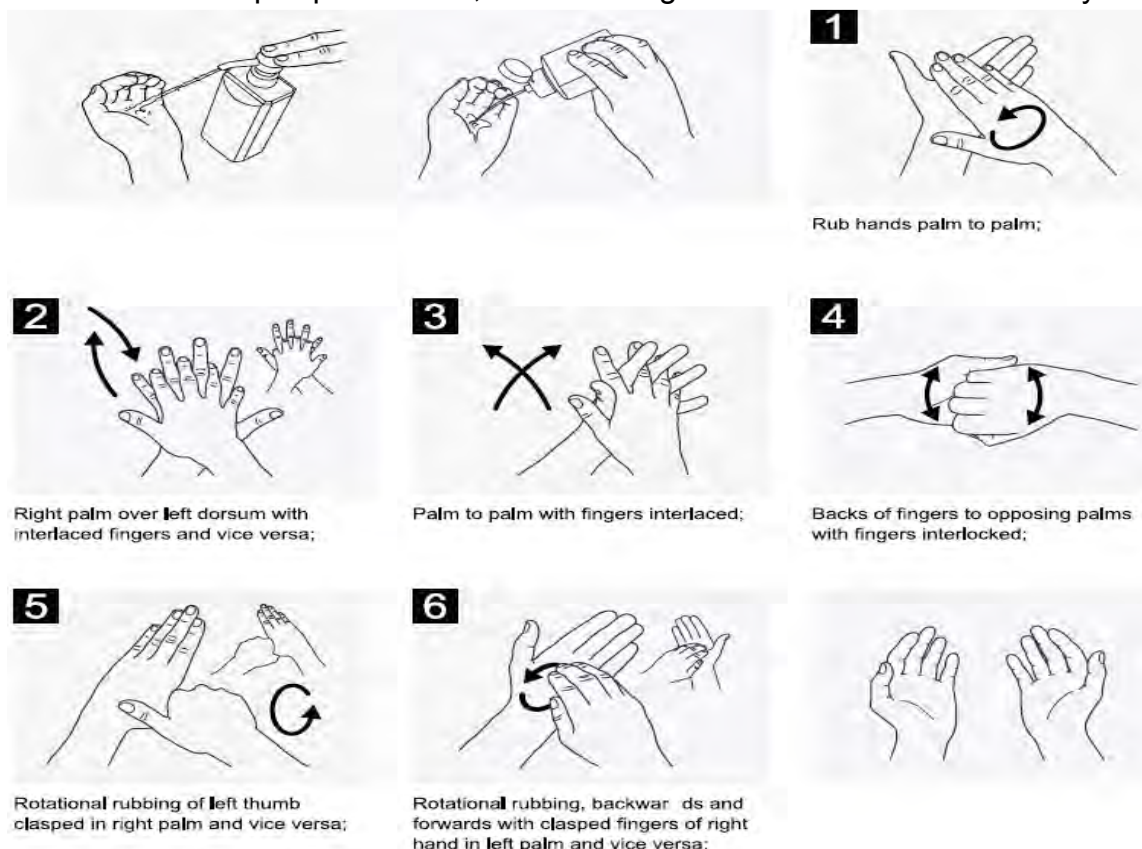
- Wet hands with clean, preferably running water
- Apply soap or cleanser
- Rub palm to palm
- Rub right palm over back of left hand
- Rub left palm over back of right hand
- Rub palm to palm with fingers interlaced

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- Rub backs of fingers on opposing palms with fingers interlocked
- Rub around right thumb with left palm
- Rub around left thumb with right palm
- Rub fingertips of right hand with left palm in outward direction
- Rub fingertips of left hand with right palm in outward direction
- Rinse off soap thoroughly with clean, preferably running water, before drying well
Turn off taps using elbows or forearms or a paper towel
- Dry hands thoroughly with a clean paper towel

N.B. Disposable paper towels are ideal but if a communal towel only is available for drying hands a clean one must be provided daily. This is known as social hand washing and will take no longer than 30 seconds and is required before and after routine procedures in clinical areas.

- Hand hygiene/Disinfection, using the same technique, is achieved by using an antiseptic for 15-30 seconds and is necessary in the event of known infection, before aseptic procedures, and following contact with blood and bodily fluids.



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Personal Protective Equipment (Ppe)

Gloves

- To reduce the possibility that clinic personnel will transmit their own micro-organisms to patients i.e. aseptic procedures, abhyanga to skin patients, etc
- To reduce the risk of personnel transmitting micro-organisms from one patient to another i.e. cross infection
- To reduce the risk of clinic personnel becoming infected with microorganisms that are present in the patient's secretions and Gloves should be used as an adjunct to, not a substitute for hand washing.
- Disposable gloves should be used only once and should not be washed for use.
- Once used gloves for a certain procedure, do not use it for other procedures or to touch objects such as telephones, doors, or pens.
- Wash hands or use alcohol hand rub thoroughly before wearing and after removal of gloves.
- To have continuous educational program to all staff regarding the proper use and disposal of PPE's and resources are provided for the staff by Panchakarma Clinic.

Utility gloves

- Utility gloves are used for decontamination (blood spills, waste handlers)
- Utility gloves may disinfect for re-use if the integrity of the glove is not compromised.
- Utility gloves are discarded if they are peeling, cracked or discolored, or if they have punctures, tears or other evidence of deterioration.

Masks: Protect mucous membranes of nose and mouth when contact with blood and body fluids is likely.

Caps, Gowns & Aprons: Are used to prevent the splashing of blood, body fluids and other chemicals to health care workers or Housekeeping staff.

Biomedical Waste Management

- The wastes are segregated as per the Bio Medical Waste Management Rules 2016 (Ref: Published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i))

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- The wastes are segregated into different colored bins at the site of generation
- The waste is then removed from the treatment rooms by waste handlers / housekeeping staff using appropriate Personal Protective Equipments (PPE).
- The waste is stored in a safe manner and disposed through an authorized contractor for disposal of bio-medical waste.

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	Policy on the Quality Improvement Programme	Rev. Date:
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1. **Purpose:** To ensure that the Clinic follows all the standards and guidelines to develop and implement Quality Improvement Programme and Patient Safety Programme.
2. **Scope:** Clinic management /Clinic employees.
3. **Responsibility:** Quality Assurance Committee.
4. **Guidelines:**
 - The Clinic follows a structured quality assurance and patient safety programme, developed by Quality Assurance Committee of the clinic, on the basis of NABH standards.
 - These policies are in line with providing quality services.
5. **Guidelines for Quality Assurance Programme**
 - Standards of service as per NABH standards and adequate degree of patient to be provided. Consistent with this every possible effort to be made by the Clinic to provide quality services.
 - To provide easy access to Clinic and professional medical care to all patients who visit the clinic.
 - To prescribe a workable waiting time for outpatients, before they are attended to by a qualified vaidya and / or specialists and continuously strive to improve upon it.
 - To ensure that all equipment in the Clinic are maintained efficiently in proper working order.
 - To ensure treatment of emergency cases within the scope of services with utmost promptness and attention.
 - The patients' and families' rights are in consonance to accreditation standards.
 - All patients and visitors to the Clinic will receive courteous and prompt attention from the staff and officials of the Clinic in the use of its various services.
 - A regular system of obtaining feedback from the users is in place through exit interviews and periodic surveys. The inputs from these are continuously used for improving the service standards.
 - The Clinic has necessary equipment required for provision of service mentioned in 'scope of services and system to ensure proper maintenance and working of various equipments.
 - If any equipment is out of order, information regarding the same shall be displayed suitable indicating the alternate arrangements, if any, as also the likely date of re-commissioning the equipment after repairs and replacement.

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- When things go wrong or fail, appropriate action is taken on those responsible for such failures and action taken to rectify the deficiencies.
- In case of likely persistence of the deficiency, the reasons for the delay in rectifying the deficiency and the time taken for rectifying the same will be displayed prominently for the information of the public.
- Special directions are given to the non-medical staff to deal with the patients and public courteously. Any breach in this regard when brought to the notice of the Clinic authorities shall be dealt with appropriately.
- Clinic encourages the patients and the public to inform the authorities when things go wrong. Suggestion / complaint boxes are provided at the reception.
- Clinic follows all policies, processes, programmes, committee meetings; regulatory guidelines, which have been prepared to meet the standards of accreditation as, set by NABH Standards for Panchakarma Clinic.

Quality Assurance Process and Procedure: Clinic has developed a structure for carrying out processes related to Quality Assurance in the clinic. This is as follows:

Documentation system: Clinic has developed its documentation on policies, procedures, programmes, guidelines etc. These have been developed by multi-disciplinary committee, reviewed by Vaidya and have been approved by Panchakarma clinic.

Quality Assurance Committee/Department: Quality assurance related activities is planned, undertaken, and controlled by Quality Assurance Committee/department which is a multidisciplinary committee having representation from various clinical, non-clinical, and administrative departments of the Clinic.

Accreditation Coordinator: The Clinic has designated an Accreditation coordinator, who has overall responsibility of coordinating the work of NABH accreditation. His / her responsibility will include:

- To issue various documents to departments from time to time
- To keep a record of all the documentation of the Panchakarma clinic, in relation to accreditation
- To delegate the activities and ensure its timely completion
- To regularly receive feedbacks regarding status of the work related to accreditation preparation
- To plan and execute regular assessment of the Clinic in accordance with accreditation standards
- To coordinate all such activities required for quality assurance and continuous monitoring of the clinic

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Departmental coordination: Each department (Therapy room, pharmacy, housekeeping etc..) of the Clinic has been appointed with one in charge / coordinator. The responsibility of these coordinators will be

- To receive and retain all the documents and official correspondence related to accreditation from time to time
- To inform and orient the staff of their department on policies and procedures developed for their department
- To ensure the completion of all the work assigned to their department for NABH accreditation preparation
- To organize regular training programmes for staff of their department

The Quality Assurance Programme:

- The programme is comprehensive and covers quality assurance of input, process and outcome. This has been developed by quality assurance committee and implemented by accreditation coordinator and other personnel.
- Quality assurance and continuous monitoring programme is developed for all critical procedures in clinic including infection central program.

Quality Assurance Programme –Implementation

1.	Setting goals and objectives	Setting of mission, vision, objectives, quality policy and service standards through committee discussion.
2.	Infrastructure	Identifying infrastructural requirement including Physical facility, Manpower, Equipment's requirement.
3.	Policies, procedures and other documentation requirement	This documentation is done to develop systems and processes that are necessary to provide uniform service of desired level of quality and communicate it to relevant personnel.
4.	Compliance monitoring	Compliance is monitored and non-conformity is tracked for taking corrective and preventive actions, done through compliance monitoring registers kept in various departments
5.	Indicator monitoring	A list of indicators has been developed to monitor the key features necessary for quality assurance. A monthly report is generated with all these indicators reviewed for necessary action by Quality Assurance committee
6.	Training and orientation	Necessary instructions to the staff for quality assurance are communicated through their departmental Incharges / Vaidyas. Quality Assurance is also included as one of the regular training needs,
7.	Continuous process	The contents of this programme are reviewed periodically by Quality Assurance Committee for adequacy.

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6. Key Performance Indicators – Clinical: Some of the suggested e.g. are:

- Percentage of cases without documented treatment plan, Incidence of medication errors, Treatment records not signed by vaidya

7. Key Performance Indicators – Managerial: Some of the suggested e.g. are:

- Medication stock out percentage, Incidence of falls, Treatment room utilization rate, Employee satisfaction index, Treatment patient satisfaction index.

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	Policy On Incident Analysis	Rev. Date:
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1. **Definition:** Incident is an unexpected and unwanted event that happens. Sentinel events are defined as a relatively infrequent , unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services.
This is not related to the natural course of the patient's illness.
2. **Purpose:** To ensure that the Clinic follows guidelines defined in the Quality Policy in resolving all incidents.
3. **Scope:** Management /Clinic employees/ Patients.
4. **Responsibility:** Quality Assurance Committee (Clinic Staff).
5. **Guidelines:** Once a incident has occurred, then the following steps have to be taken.
 - The employee reports the incident/occurrence to the Vaidya or in charge of the department.
 - The Vaidya or in charge of the department undertakes immediate remedial action to mitigate the harm to the patient. The Vaidya will investigate the incident and completes the incident report and forwards it to the Head of the Clinic.
 - All incidents will be reviewed by a multi-disciplinary team.
 - All relevant documents, medications, vials, equipment should be collected and retained for examination.
 - Root Cause Analysis, focusing on process and system factors, is conducted by the team with staff involved in the event.
 - The Head of team will formulate recommendations and improvement plan.
 - If the root cause analysis determines that the incidence is related to an organizational systems or process problem, the team will utilize the organizational performance improvement model FOCUS-PDCA (Find Organize Clarify Uncover Select Plan Do Check Act) to design, implement and evaluate an improvement plan to correct the system issue and/or problem.
 - If the root cause analysis finds the sentinel event to be caused by the performance and/or competence of a practitioner holding clinical privileges, the corrective action will be managed under the supervision and direction of the Clinic Head.

The following is an established list of incidents related to this policy and procedure.

Patient Protection Events:

- Patient fall involving injury.
- Administering wrong medicine to the patient
- Untoward incidents during procedures. E.g burns caused in the steam chamber.

Care Management Events: Medication errors like omission errors, dosage errors, dose preparation errors, wrong time errors, wrong rate of administration errors, wrong administrative technique errors, wrong patient errors.

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Patient death or serious disability associated with an avoidable delay in treatment or response to abnormal results.

Device or Product Events: Patient death associated with the usage of contaminated drugs, devices, products, usage of devices or functions other than their intended use, breakdown of medical equipment.

Environmental Events: Patient harm with burns, slip or fall, electric shock, etc while being in the clinic.

Criminal events: Sexual assault on a patient within or on grounds of the healthcare facility
Significant injury of a patient or staff member resulting from a physical assault or other crime that occurs within the clinic.

6. Quality Improvement Tool: Root Cause Analysis: Deviations are detected by:

- Patient complains/feedbacks.
- Incident reporting.
- Management Reviews.

Corrective Action & Preventive Actions: The quality team shall be perpetually be vigilant and identify potential sources of non-compliance and areas that need improvement. These may include trend analysis of specific markers such as turnaround time, risk analysis and introducing proficiency testing for self-assessment. Where preventive action is required, a plan is prepared and implemented. All corrective and preventive actions must have control mechanisms and monitor for efficacy in reducing any occurrence of non-compliance or producing opportunities for improvement.

Selection and Implementation of Corrective Actions: Potential corrective actions are identified and the one that is most likely to eliminate the problem is chosen for implementation. Appropriate corrective action is done based on the magnitude and degree of impact of the problem. All changes from corrective action is documented and implemented by administrative department.

Focus-PDCA (Find Organize Clarify Uncover Select Plan Do Check Act): Based on the report of root cause analysis, the improvement required area is selected for FOCUS-PDCA.

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	Responsibilities of Management	Rev. Date:
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1. **Purpose:** To define the responsibility and authority of the laid down applicable legislations and regulations.

2. **Scope:** Clinic Wide.

3. **Responsibility:** Vaidya / Management
Following are the list of laws applicable to the clinic

Licenses and Permits

- Building Permit (From the Municipality)
- No objection certificate from the Chief Fire Officer
- License under Bio-medical Management & handling Rules, 1998
- No objection certificate under Pollution Control Act
- License for Transformers
- NOC for Gen Set
-
-

Acts and Laws

- Air (prevention and control of pollution) Act, 1981
- Biomedical waste management handling rules, 2016
- Child Labour Act, 1986
- Consumer Protection Act, 1986
- Drugs & Cosmetics Act, 1940
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	ROM/POL/002	Issue date:
		Issue No.:
	Policy for Notifiable Diseases & Communicable Diseases	Rev. date:
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- Purpose:** To identify, document & inform the notifiable diseases & communicable diseases to appropriate authorities.
- Scope:** Clinic Wide.
- Responsibility:** Vaidya, Paricharak
Definition Of Communicable Diseases: A disease that may be transmitted directly or indirectly from one individual to another.

Definition of Notifiable Diseases: Certain specified diseases which are required by law to be notified to the public health authorities.

Procedure for Notifiable Diseases:

- Notification of infectious diseases refers to the legal compliance requirement of any health care organisation in India. The notification reports are received and processed by officials in the Government's IDSP (Integrated Disease Surveillance Project).
- Medical staff has a statutory duty to notify designated infectious diseases to the proper officer. The registered practitioner attending the patient completes the notification form.
- In case of any Notifiable diseases being identified at the clinic - with respect to patients or staff-, the following is the procedure to be followed:
- When a patient either visiting the clinic for consultation or for treatment is suspected to be suffering from a notified disease, the vaidya attending to the patient shall initiate following steps
 - The patient is referred to get the lab investigations done at the empanelled laboratory.
 - On confirmation, the lab result will be intimated to the vaidya.
 - The notification format available with the vaidya will be filled up with patient UHID, name, age, sex, address, vaidya name, disease, date of diagnosis, phone no.
 - After filling the format and signature by vaidya, it will be sent to the Deputy Director of Health services (DDHS) or the designated authority & due acknowledgement shall be obtained for their visit and for issue of reports/records to them.
 - Based on the disease and its severity, the vaidya shall decide if the patient needs to be referred to another hospital or can be managed at Clinic itself.

List of Notifiable Diseases:

- Cholera
- Typhoid
- Jaundice
- Syphilis
- Polio

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- TB
- Leprosy
- Malaria
- Filaria
- Dengue
- Measles
- Japanese Encephalitis
- Leptospirosis
- HIV
- Typhus Fever
- Viral Fluenza
- Anthrax
- Diphtheria
- Plague
- Yellow Fever
- Rabies
- Chikungunya
- Hepatitis
- H1N1 Influenza

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	ROM/POL/003	Issue date:
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	The Policy for Responsibilities of Various Staff	Rev. date:
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1. **Purpose:** The policy is established to define the responsibilities of various staff at Panchakarma Clinic including Job description of various category of staff.
2. **Scope:** Clinic Wide.
3. **Responsibility:** Vaidya.
4. **Policy:**
 - The Panchakarma Clinic functions in an ethical manner. The Clinic follows the code of ethics laid by the CCIM & the state council regarding the practice of medicine.
 - The Panchakarma Clinic discloses its ownership.
 - The clinic is owned by
 - The Panchakarma Clinic honestly portrays its affiliations and accreditation.
 - The clinic has receivedrecognition & is affiliated to
 - Job Description of Various Category of Staff should be defined and available.
 - The Panchakarma Clinic accurately bills for its services based upon a standard billing tariff.

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	Staff Recruitment & Training Policy	Rev. date:
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1. **Purpose:** To ensure that adequate number and categories of well trained staff to meet the care, treatment and service needs of the patient are available in the Panchakarma clinic.

2. **Scope:** All permanent as well as contract employees.

3. **Responsibility:** Vaidya

4. **Policy:**

- Panchakarma clinic plans for its manpower based on the requirement and / or when an employee quits or goes on long leave. At any point of time, the clinic ensures that adequate staffs are present for patient care.
- The staff are appointed based on the job description of the clinic.
- All staff members, employee, voluntary workers are appropriately oriented with clinic wide policies and procedures.
- Professional education & training programmes will be conducted as per the job specifications.
- All trainings given will be evaluated for its outcome and performance evaluation.

5. **Procedure:** All recruitment shall be as per the requirement of the Panchakarma clinic. The advertised staff will be sourced from known. A formal interview will be conducted to verify the qualification of the prospective employee for the job. Clinic will seek a self declaration from the employee before joining about the correctness of the information provided & that he / she does not have a criminal / negligence background. The selected employee will undergo a induction training to understand the clinic wide policy & procedures, the job specifications of the designated post.

Panchakarma clinic conducts professional education programme for all its staff on Clinic Infection Control practices, Safety issues and whenever a new equipment or treatment procedure is introduced. There will be continuous evaluation of the employee through interview, mock activities, role play to understand the level of training required for the job specified. Appropriated orientation & training will be provided where required within the scope of the Panchakarma clinic.

The outcome of all trainings provided will be documented & evaluated. The evaluation will be in the form of written test or demonstration or question & answer. The outcome of all such evaluation will be recorded in the personal files of the employee & training records.

6. **Records:** Training Records, Evaluation Form, Feedback Form.

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	Staff Health Policy	Rev. date:
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- 1. Purpose:** To provide a protocol on health needs of the employees & to protect staff from job related injuries and illnesses.
- 2. Scope:** This policy is applicable to all employees (permanent, temporary, probationary, trainee, or on contract) of the Panchakarma Clinic.
- 3. Responsibility:** Vaidya
- 4. Policy:** All selected employee shall undergo pre-employment medical examination to make certain that she/he is fit to perform the duties to be assigned. Periodic health checks shall be carried out periodically for the staff involved in the direct patient care.
- 5. Procedure:** The copy of the medical record / test details conducted as a requisite for pre-employment & annual checkup will be kept in personal file of the employee.


Exposure incidents: In the event of splashing of blood and body fluids over skin and mucous membranes, after the initial first aid all staff are encouraged to report the incident in the incident form. The staffs are required to meet the Vaidya immediately then the advice/ prescription / investigation ordered by Vaidya will be followed.

All staff are encouraged to strictly adhere to universal precautions. Hand hygiene is advised before and after handling patients / treatment equipments / linen etc. Use of protection equipment when indicated is mandated.

For injuries incurred, falls while on duty, including exposures to hazardous materials, electrical burns, shocks, etc., treatment is given appropriately. Incident reports are periodically reviewed and actions initiated appropriately.


Sickness reporting: In the event that any employee who has reported for duty is ill, the employee shall immediately report the same to the Vaidya. The Vaidya shall decide whether the employee can be allowed to be on duty with/without specific treatment, and further if the employee needs to be referred to an external medical or diagnostic facility.

- 6. Records:** Employee Personal File.

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2.	Scope
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4.	Procedure
5.	Emergency Preparedness
6.	Emergency Codes
	• Code Red
	• Code Blue
	• Code Green
7.	Facility Inspection Rounds
8.	Safety Orientation Program
9.	Safe Exit Plan
10.	Safe Water, Electricity And Medical Gases
11.	Facility Maintenance
12.	Equipment Maintenance
13.	No Smoking Policy
14.	Documents

1. **Purpose:** This Safety Management Plan serves to describe the policies and processes in place to minimize safety risks to patients and staff through a comprehensive hazard surveillance program and analysis of aggregate information.
2. **Scope:** The scope of the safety programme includes the following:
 - Monitoring safety plan and policies
 - Facility inspection rounds

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- Corrective preventive measures
- Implementation
- Safety Orientation and Training Program
- Safe and Secure Environment
- Preventive and Breakdown Maintenance of Equipment
- Fire and Non fire emergencies plan
- Smoking elimination Plan

3. Responsibilities: Vaidya, Paricharak, Therapist & all staff members.

4. Procedure:

Emergency Preparedness: The Emergency Procedures should be followed in the event of likely natural calamities or untoward incident threatening safety of patients & staff. Standard Emergency codes are used to inform the concerned personnel about the event.

Emergency Code	Situation	Action
Code Red	Fire	<ul style="list-style-type: none"> • Know how to contain smoke and fire. Know where and how to transfer to areas of refuge. Know the location of fire extinguishers and how to use them. • Know the location of all exits. • Know area specific fire-response duties. • Know proper evacuation procedures and routes.
Code Blue	Cardio-Pulmonary Emergency / Unconscious Patient / Fall	<ul style="list-style-type: none"> • If patient /staff / visitor /patient family member get collapsed. • Inform reception for announcing “code blue”. • Vaidya / Trained Paricharak will arrive immediately. • Begin CPR (Cardio Pulmonary Resuscitation) • After giving CPR patient will be shifted to home (if recovered) or to higher centre for further treatment.
Code Green	Internal Disaster	<ul style="list-style-type: none"> • An internal disaster is an event that may impair the operations of the hospital and disrupt normal patient care activities. A power outage, fire, or flood are examples of internal disasters.

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		<ul style="list-style-type: none"> • Evacuate patient, visitors, patient attender, staff outside the clinic.
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Facility Inspection Rounds

- Facility inspection rounds are conducted by Vaidya along with Paricharak and housekeeping staff or security.
- The facility inspection round should be conducted at least once in a week..
- The findings will be reported as soon as the inspection is completed.
- Corrective and preventive action will be discussed for major findings.
- The implementation will be done with the help of Vaidya / management.

Safety Orientation Program

- New employees may be oriented to the Safety Program as part of the Induction Training Program. The Vaidya reviews general safety policies, safety resources and employee responsibilities in the reporting of accidents / incidents.
- Periodic safety training programs are conducted for education on Infection Control or Patient Care Education.

Safe Exit Plan Activity / Responsibility

- If a disaster occurs in a patient care area, or threatens a patient care area, all the clinic employees should remove patients who are in immediate danger. **DO NOT WAIT FOR INSTRUCTIONS.** Patients should be taken to the nearest safe area on the same floor if possible (horizontal evacuation). If the patients are not in immediate danger and the alarm has been activated, **WAIT** for evacuation orders.
- Do not leave patients unattended. For example, appropriate hand-off must be conducted before leaving any patient.
- Security staff, using appropriate communications system, should be located at exit(s) of patient care units to ensure that all patients, visitors and staff area counted for.
- Display Of Fire Exit Route Map (each rooms)
- The signboards are visible and bilingual. Both internal and external sign posters are in a language understood by the Staff, visitors, patient, and their family.
- Fire exit door are kept open for easy movement of patient and family, visitors and staffs

Safe Water and Electricity

Electricity Supply:

- In case of any breakdown in the power supply to the clinic, has an alternate source of power
- The wiring system is regularly checked to locate any fault & rectified.

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Water Supply:

- Water supply system consists of the following items:
 - Water Storage Tanks
 - An Extensive Networking Of Pipes
 - Water lines should be away from sewer line
 - Safe, potable and drinking water
- The maintenance of the water pipes etc is done by the plumber at periodic intervals for maintenance (once in 6 months).
- Bacteriological surveillance of the water is done to test its portability.

Facility Maintenance

- Vaidya / Paricharak will be responsible for facility maintenance.
- Patient care area (Panchakarma Theater, OP, etc.) the audit will be conducted twice in a year and in non-patient care (Reception, etc.) area the audit will be done once in a year.
- The findings will be noted during the audit and Corrective and Preventive actions documented for each finding.
- The major problems are discussed in the periodic meetings and corrective preventive actions are implemented.

Equipment Maintenance: All equipments should be checked prior to use. All equipment will be set up on a preventive maintenance program and scheduled for a re-testing as and when required.

- The newly procured equipment is entered in the equipment inventory with all the necessary details.
- The therapist / Paricharak shall be given some basic training on its maintenance and periodic checkups.
- Only authorized persons shall operate the particular equipment and they should report and document any malfunctions and breakdowns.

Note: clinical and support services list is regularly updated (refer annexure to this manual)

- Operational and maintenance (preventive and breakdown) plan:** Individuals who are qualified and available to do preventive maintenance must be identified. All equipment should receive a preventive maintenance inspection as per schedule. The assigned staff shall document the maintenance.
- Maintenance in break down situation:** Whenever equipment breaks down and nonfunctional, the staff will inform the Vaidya / Reception. The appropriate technician / engineer will be called to resolve the issue. If correlated medical equipment problem arises inform to the related service centre and supervise the troubleshooting done.

LOGO	Name Of Panchakarma Clinic.....	
	FMS/MAN	Issue date:
		Issue No.:
	Facility Management & Safety	Rev. date:
		Rev No.:
		No of Pages:

No Smoking Policy: The entire Panchakarma clinic is Non-Smoking Zone. Adequate signages will be displayed for effective implementation.

5. Documents: Safety training record.

LOGO	Name Of Panchakarma Clinic.....	
	HRM/POL/001	Issue date:
		Issue No.:
	Staff Orientation Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** To recruit staff as per the documented procedure and give orientation training.
2. **Scope:** Clinic wide.
3. **Responsibility:** Vaidya
4. **Policy:** The recruitment of staff is done as per the documented procedure & pre-defined criteria based on the requirement of the Clinic. The appointed staff undergo induction training.
5. **Procedure:** All recruitment shall be as per the staff requirement of the Clinic. The staff will be sourced from known contacts or referrals or through advertisements in local papers. A formal interview will be conducted to verify the education, experience, skills, training & other competencies of the candidates to ensure that staff knowledge is consistent with patient needs. A verification of all the certificated and other credentials of the candidate is undertaken during the process
The selection process may also include written knowledge assessment tests, skill tests, discussion, aptitude test, antecedent / credentials verification & pre employment health check up. These tests will depend on the job specification and descriptions for each position. Position specific tests will be used to determine the selection criteria of the applicants. The pre employment health check up is usually conducted just before joining and is the final step in the selection process.
Induction Training: On selection, the employee is given an appointment letter intimating about the terms & conditions of the appointment. All employees are placed on probation for a designated period and will undergo an initial performance evaluation / competency checking to ensure that he is competent to undertake the responsibilities of the position. The employee is made aware of the clinic wide policies & procedures, Patient and family Rights & Responsibilities, Grievance and complaints handling procedure, employee rights & responsibilities, safety issues, etc.
Privileging of medical staff members: Privileging of medical staff is done on joining, which defines the scope of the services which the clinician is authorized to execute in patient care. The permission to medical staff to continue providing patient care is renewed periodically based on the review of credentials and the renewal decision is documented in the personnel file.
6. **Records:** Training Records

LOGO	Name Of Panchakarma Clinic.....	
	HRM/POL/002	Issue date:
		Issue No.:
	Job Specific Training Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** To adequately train staff on specific job duties or responsibilities related to safety in the clinic.
2. **Scope:** Clinic wide.
3. **Responsibility:** Vaidya.
4. **Policy**
 - The job responsibilities of every category of staff in Clinic shall be clearly defined.
 - It shall be given to the staff at the time of their arrival.
 - The appointed staff of the clinic shall clearly understand and shall realize their job responsibilities for proper functioning of the system.
 - Copy of different categories of staff's job responsibilities shall be maintained in their respective administration record.
 - Fresh job specification should be provided, on change of job. Performance Appraisals should be aligned to Job specification and job description, for all employees.
 - The staff is trained on the risk assessment & management.
5. **Records:** H R and admin records, Training Records

LOGO	Name Of Panchakarma Clinic.....	
	HRM/POL/003	Issue date:
		Issue No.:
	Performance Evaluation Policy	Rev. date:
		Rev No.:
		No of Pages:

- Purpose:** To evaluate the employee on specific job performance.
- Scope:** Clinic wide.
- Responsibility:** Vaidya / Paricharak.
- Policy:** As per the policy, performance appraisal is carried out as a positive exercise for both employee and organizational effectiveness and benefits. The single main objective of this policy is to act as a channel to develop the technical and behavioural skills of the employee.
The guidelines should be fair and the parameters should be assessable on a point rating or any other objective method.
All the employees must be conversant with the guidelines and their application.
- Procedure:** The appraisal of the employee can be done by the immediate superior in hierarchy and who supervises the work of the employee or by the Vaidya. The appraisal is done using a close ended questionnaire format, which contains the parameters of the service delivery and the job description. The assessor can fill in the same based on the observed behavior during the period of assessment and also can have a personal discussion with the employee to find out his/her work related issues and goals. The results of the appraisal are open to the employee and a discussion about previous goals attained / not attained and future goals to be attained is recommended.

Period of appraisal: An initial performance evaluation is conducted at the time of joining of the employee in relation to the competencies required for the function that he is assigned to, in case of paricharak and direct patient care related paramedical staff. Thereafter appraisal of each employee is done at least once in a year to find out the work related performance and to assess the same objectively along with the appraisal done at the end of the probation period (for employees under probation) to ascertain whether the employee is capable of conducting his job functions in a satisfactory manner. Competencies of paricharak and direct patient care related paramedical staff are assessed at least once in three years.

Also appraisals can be carried out before making final decisions on career moves or service benefits like promotions, salary increments etc. Appraisals are also done when a particular disciplinary action is required against an employee. The appraisal period will be generally known to the employee and the Vaidya / management will indicate the period of the appraisal to the employee. In case of vaidyas, there is an ongoing professional practice evaluation to evaluate the quality and safety of the patient services provided. Criteria used in the evaluation include review of clinical procedures performed and their outcomes, pattern of pharmaceutical usage, requests for tests and procedures, morbidity and mortality data, use of consultation and other specialists. This information may be acquired through periodic chart review, direct observation, monitoring of diagnostic and treatment techniques, clinical quality monitoring and discussion with peers and other staff. The same is carried out annually and results of reviews, actions taken and impact on privileges are documented in the file.

LOGO	Name Of Panchakarma Clinic.....	
	HRM/POL/003	Issue date:
		Issue No.:
	Performance Evaluation Policy	Rev. date:
		Rev No.:
		No of Pages:

Elimination of bias in the appraisal: The Vaidya / Management evaluates the appraisal done by the Paricharak / vaidya and if needed discusses the objectiveness of the ratings with the appraiser and may also call upon records to prove the same, although generally all appraisals are done under the principle of good faith.

LOGO	Name Of Panchakarma Clinic.....	
	HRM/POL/004	Issue date:
		Issue No.:
	Grievance Handling Policy	Rev. date:
		Rev No.:
		No of Pages:

- Purpose:** To evaluate the employee on specific job performance.
- Scope:** Clinic wide
- Responsibility:** Vaidya / Paricharak.
- Policy:** The objective of the grievance redressal policy is to find a satisfactory solution to the points of dissatisfaction of the employees in relation to their work environment or functional aspects so as to maintain smooth workplace operations.
Grievances can be caused by a number of reasons which may be internal or external (related to employment) to the organisation, however the majority of them will be caused by internal factors. Common causes of grievances are wage disparities, interpersonal conflicts due to behavioral imbalances among the employees, duty hours and work shifts, service benefits, application of company policies and procedures, bonus settlements, sexual harassment etc. Once a grievance is identified the same must be redressed and solved within a specific and reasonable time period.
- Procedure:** Clinic is equipped with many communication channels by which patient or staff can register their complaints. The channels are:-
 - Through email
 - By registering the complaint in complaint register
 - Verbal communication to the manager/ senior staff member present.
 - Can share their concerns through telephone.

The clinic has signage at prominent places mentioning the contact details of responsible person dealing with patient complaints or grievances.

The grievance redressal procedure comprises of the following steps which are mutually complementary and not mutually exclusive:

Redressal by the supervisor: This is the first step of the procedure in which the aggrieved employee takes up the issue in writing to his immediate supervisor. The supervisor may scrutinize the chain of events or factors which lead to the grievance and may call upon other employees to ascertain the facts in a co-operative manner. If the supervisor is unable to find a solution to the grievance within one working day of its submission it is referred to the next level. Reference can also be made by the employee to the next level if he/she finds the decision of the supervisor to be unsatisfactory, in such cases he should inform the supervisor that a reference is about to be made.

Redressal by the Manager /Head of the department: Upon reference the Manager / Vaidya can take up the matter and conduct a departmental inquiry and may also conduct an investigation in interdepartmental affairs in a co- operative manner. He may give a decision within three days of the reference, if unable to do so he may refer the matter to the next

LOGO	Name Of Panchakarma Clinic.....	
	HRM/POL/004	Issue date:
		Issue No.:
	Grievance Handling Policy	Rev. date:
		Rev No.:
		No of Pages:

level. In case the aggrieved employee finds the decision to be unsatisfactory he may refer the matter to the next level under intimation to the Manager / Vaidya.

Redressal by the Vaidya / Management: Upon reference the Vaidya / Management may conduct an inquiry as per the merits of the case and considering the legal implications of the grievance, if any. He has the privileges to call upon any official of the clinic to aid his findings with regard to the inquiry, to issue show cause notices and also has the right to call upon any records / documentation. He must tactfully hear both sides of the case in detail and counsel the parties concerned and as far as possible try to reach an amicable solution. In most cases the redressal procedure should end at this stage with a satisfactory solution. This is the final stage of grievance redressal and the Vaidya / management acts as the final appellate authority. He has the discretion to either review the findings of the enquiry conducted at lower levels or if, in his judgement a fresh enquiry has to be initiated he may commence the enquiry proceedings all over again. He is vested with the powers to call upon any employee or records / documentation during the enquiry proceedings. The decision of the Vaidya / management will be final regarding the redressal of the grievance as far as the redressal mechanism internal to the organisation is concerned and the decision will be communicated to the aggrieved employee within seven days from reference.

Prevention of harassment at workplace: As per the directions of the Hon'ble Supreme Court of India a separate Complaints Committee has been formed to conduct enquiries into incidents of alleged sexual harassment of both genders at the workplace. The committee is headed by a lady, has more than half its members as ladies and will comprise of respectable and mature external parties also.

Severe disciplinary action including termination of services will be initiated against an employee making false allegations of harassment or misuses the committee in any manner.

LOGO	Name Of Panchakarma Clinic.....	
	HRM/POL/005	Issue date:
		Issue No.:
	Health Needs Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** To have all healthy employee in the Clinic.
2. **Scope:** Clinic wide.
3. **Responsibility:** Vaidya / Paricharak.
4. **Policy:** To address the health needs of the employees.
5. **Procedure:** All appointed employee undergo a medical examination & the details of the findings are recorded in their personal file. The health problems of the employees are taken care in accordance to Staff Health Policy. Those employees who are dealing with direct patient care are subjected to regular health checkups at periodic intervals or as per the health status.

LOGO	Name Of Panchakarma Clinic.....	
	IMS/POL/001	Issue date:
		Issue No.:
	Management Of Data Policy	Rev. date:
		Rev No.:
No of Pages:		

1. **Purpose:** To manage all the data and information related to the Clinic in accordance with the defined guidelines.
2. **Scope:** The Clinic wide.
3. **Responsibility:** Vaidya, Paricharak, Reception
4. **Policy:**
 - All information and data generated in the the Clinic shall be kept in the standardized formats as provided by the Clinic physically and /or electronically.
 - It is to ensure that all the data related to patient and the the Clinic administration has to be stored in a proper and adequate manner, and also a proper policy laid down for the timely and accurate dissemination and retrieval of the data.
5. **Procedure:** There exists a standardized format for effective functioning of departments and for easy maintenance, storage, access and retrieval of data. These formats shall be used across the clinic.

Management of Data: The organization has a process in place for effective management of data, includes the following points.

- All the form and formats for data collection are standardized and controlled.
- All the department employees are responsible for timely and accurate dissemination of data.
- Records shall be readily accessible at all times in the Medical Records Room while patient is in the facility. Exception: Designated legal cases will be maintained in locked file cabinet.

Safeguarding of Data:

- Documented procedures exist for storing and retrieving data.
- Medical records shall be filed in an easily accessible manner in the facility or in an approved medical record storage facility off the premises.
- Medical Record is to be kept at all times in a secure location where access by unauthorized persons is prevented.
- Medical records shall be kept under supervision of authorized personnel like Medical in charge to ensure security and confidentiality.

LOGO	Name of Panchakarma Clinic.....	
	IMS/POL/002	Issue date:
		Issue No.:
	Medical Record Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** To establish standardized Policies and procedures for use of Medical Records of the patient and smooth functioning of the department of Medical records without violating the basic patients rights of confidentiality of information.
2. **Scope:** Clinic wide.
3. **Responsibility:** Vaidya, Paricharak
4. **Policy:**
 - To maintain complete and accurate Medical record of every patient registering in the clinic and it shall reflect continuity of care.
 - The Panchakarma Clinic have the policy for the authorization of entry in the medical record.

5. **Procedure :**

Identification of Medical Records: All patients have Medical Record Number. For patients undergoing treatment separate OPT (Out Patient Treatment) number will be given.

Entry of Medical Record: The medical records can be entered by Vaidya, referral doctors, Paricharak, Therapist & Receptionist

The physical examination should reflect a comprehensive current physical assessment.

The recorded history and physical examination must be authenticated by the Vaidya.

Entry in the medical record is named, signed, dated and timed: All entries in the medical record will be timed, dated and signed. Initials must be identifiable to the full signature when used.

Content of the Medical Record:

- The content of the medical record, which includes written, must be sufficiently detailed, legible and organized to enable:
- The Vaidya responsible for the patient to identify the patient, provide continuing care, determine the patient's condition at a specific time, review the diagnosis and therapeutic procedures performed and the patient's response to treatment.
- And the retrieval of information required for utilization review, quality review, transfer recommendations, etc.
- The Clinic medical records are required to contain at least the following:
 - The patient's name, MR number, address, date of birth, sex and name of any legally authorized representative.
 - Documentation and findings of the patient's assessment.
 - Conclusions or impressions drawn from the medical history and physical examination.
 - The diagnosis, diagnostic impression or condition; The reason for care, treatment and services.
 - Treatment plan.

LOGO	Name of Panchakarma Clinic.....	
	IMS/POL/002	Issue date:
		Issue No.:
	Medical Record Policy	Rev. date:
		Rev No.:
		No of Pages:

- Evidence of informed consent when required.
- Diagnostic and therapeutic orders.
- Diagnostic and therapeutic procedures and test results relevant to the management of the patient's condition.
- Progress notes made by authorized individuals.
- Reassessments and plan of care revisions, when indicated.
- Relevant observations.
- Response to care, treatment and services provided.
- Consultation reports.
- Allergies to food & medicine is recorded.
- Medications ordered or prescribed.
- Medications dispensed or prescribed on completion of treatment.
- Every medication order documented as administered or not administered.
- All relevant diagnoses/conditions established during the course of care, treatment and services.
- Documentation of referrals and communications made to external or internal care providers and to community agencies.
- Conclusions at completion of treatments.
- Followup instructions to the patient and family.
- Treatment summary or a final progress note or transfer summary.

Access to current & past medical record. The Paricharak / Vaidya will have access to current & past medical record of the patient for research or publication or case study.

6. References:

- Code of Medical Ethics
- Law regarding confidentiality of information

LOGO	Name Of Panchakarma Clinic.....	
	IMS/POL/003	Issue date:
		Issue No.:
	Confidentiality, Integrity & Security of Information Policy	Rev. date:
		Rev No.:
		No of Pages:

1. **Purpose:** All clinical and managerial data are confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use clinical and other managerial information, when unauthorized or improper, results in performance counseling or disciplinary action up to and including termination.

2. **Scope:** This policy is applicable to following:

- Information in Medical records.
- Information kept in manual registers, forms and files
- The Clinic Personnel's information in their personnel files
- The Clinic related data are access by authorized persons only.

3. **Responsibility:**

- All staff of the Clinic
- Newly appointed faculty & staff shall receive information regarding the facilities' standards regarding security and integrity of information and use of information resources.

Vaidya / Paricharak / Receptionist

- Staff shall receive orientation and periodic review of access, security and appropriate processing of information relative to their job function and role that should include, but not be limited to:
 - Log in and sign off procedures
 - Lawful or legitimate information browsing
 - Release of information
 - Security
 - Integrity of information
 - Access rights
 - Processing and handling of information resources and storage media
 - Accountability and audit logs
- Affiliations agreements shall require that all persons associated with the agreement be informed, understand, and comply with the standards of confidentiality and security prior to entry into the facility.
- Departments who acquire and are responsible for maintenance of information systems shall be required to establish policies and procedures consistent with facility standards and recommended guidelines.

4. **Policy:**

- It is the policy of the clinic to develop and document procedure for maintaining confidentiality, integrity and security of information including the patient and non patient related data.

LOGO	Name Of Panchakarma Clinic.....	
	IMS/POL/003	Issue date:
		Issue No.:
	Confidentiality, Integrity & Security of Information Policy	Rev. date:
		Rev No.:
		No of Pages:

- All procedures will comply with applicable laws.
- Procedures will include measures that safeguard data and records against loss, destruction and tampering.

5. Procedure:

- All patient and non-patient related data and information generated, provided or contained in the clinic should be kept appropriately confidential, integrated and secured.
- All information concerning a user, including information relating to his / her health status, treatment in the clinic, is confidential, and is to be treated as such no person may disclose any information contemplated in above mentioned point unless.
 - The user consents to that disclosure in writing.
 - A court order or any law requires such disclosure
- Without prejudice to the generality of this section, special precautions for the maintenance of confidentiality shall be taken, with respect to.
 - Persons affected with HIV / AIDS and
 - Persons with mental health problems
 - Person is danger to the national security or to the society.
- This shall be in accordance with *Indian Evidence Act, Indian Penal code, Code of Medical ethics*.
- These records shall be safe guarded against loss, destruction and tampering. Adequate space, cleanliness and storage furniture shall be maintained in Medical records department.
- Proper Pest control is done on a predetermined schedule and a check is also made by housekeeping that it is followed.
- For the security and protection of electronic data's, employees will be assigned a user name and password to access the clinical and non clinical computerized database program (only authorized person can access the system) and antivirus Updation periodically done by IT department.
- All databases must be backed up on a regular basis.
- Privileged health information shall be used for the purposes of medico legal cases only.
- Patient and other public agency requesting for access to medical records shall be done as per Document.

Securing Information

- Used to access, retrieve, and communicate confidential or sensitive information shall be maintained in accordance with facility standards.
- Are safeguarded against theft, tampering, and unauthorized access.

LOGO	Name Of Panchakarma Clinic.....	
	IMS/POL/003	Issue date:
		Issue No.:
	Confidentiality, Integrity & Security of Information Policy	Rev. date:
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No of Pages:		

- Identified as confidential or sensitive information shall be labeled as “CONFIDENTIAL” and stored in areas that are restricted only to authorize personnel. Prior to discarding any CONFIDENTIAL storage media, the information shall be rendered unusable.
- Maintained to comply with all applicable facility policies administrative directives or memorandums.

Proper Error Correction Procedure:

- When an error is made in a medical record entry, proper error correction procedures must be followed.
- Draw line through entry (thin pen line). Make sure that the inaccurate information is still legible.
- Put the signature of concerned person.

LOGO	Name Of Panchakarma Clinic.....	
	IMS/POL/004	Issue date:
		Issue No.:
	Retention Of Medical Records Policy	Rev. date:
		Rev No.:
No of Pages:		

1. **Purpose:** All the clinical and non-clinical data and information will be retained as per laid down procedure.
2. **Scope:** Clinic Wide.
3. **Responsibilities:** All staff
4. **Policy:**
 - Each staff is responsible for retaining records in accordance with appropriate legislation and any other requirements.
 - To develop a standard identifying the retention period of the records they retain and the system of record destruction for those records that are not included on this policy.
 - Clinic records may be flagged for permanent storage by submitting a written request, including justification, to the Vaidya / Management.
 - All records approved for permanent storage will be stamped “**do not destroy**” by the department responsible for retaining the record.
5. **Procedure:** The Medical Records/Health Information Management Team is responsible for establishing appropriate record retention and disposal management practices as per the following:
 - Implement record retention and disposal practices
 - Ensure that record management, retention and disposal procedures are consistent with the policy.
 - Educate staff within the department as well as other concerned staff in understanding sound record retention and disposal practices.
 - Ensure the confidentiality of records/information during the process weeding/ transferring to the offsite location.
 - Medical Record/Health Information Retention and disposal Schedule Type of Medical Record /Health Information (if applicable)

Minimum Retention Period of Medical Record/Health Information from date of last attendance

Out Patient Medical Records (excluding medico legal cases)	5 Years	Destroy after completion of 5 years from last attendance/visit or last access on behalf of the patient
Outpatient Visit Registration	Indefinite	Do not destroy
Medico Legal Registers	Indefinite	Do not destroy
Emergency Register	Life long	Do not destroy
Daily Statistics Reports	3 Years	Destroy after the completion of 3 years
Monthly Statistics Reports	3 Years	Destroy after the completion of 3 years
Yearly Statistics Reports	Indefinite	Do not destroy

LOGO	Name Of Panchakarma Clinic.....	
	IMS/POL/004	Issue date:
		Issue No.:
	Retention Of Medical Records Policy	Rev. date:
		Rev No.:
No of Pages:		

Disposal Schedule:

Employees Medical Records:

- Records can be archived four years after the employee has terminated employment at the Clinic.
- After archiving the medical record by microfilming or scanning, for example, the hard copy medical records are to be destroyed.

Financial records and information: Financial record will be kept for a period of 8 years after the date of settlement of all transactions related to each record.

Quality improvement records: Quality records and will be kept for a period of 5 years from the date of the achievement of the quality improvement goals.

Operational data: Clinic operational data will be kept indefinite

LOGO	Name Of Panchakarma Clinic.....	
	POL/..... (Policy no)	Issue date:
		Issue No.:
Policy	Rev. date:
		Rev No.:
No of Pages:		

Policy Documentation control format. This document at the beginning of any policy may be adopted for better documentation control.

Document NamePolicy	
Document No. (Chapter Name))/POL/..... (Policy No)	
Copy No.		
Revision No.	00	
No. of Pages		
Prepared by	Vaidya	Sign
Issued to	Administrator or Vaidya	Sign
Issued date		
Relevant points: <ol style="list-style-type: none"> 1. This is the(Policy name)of Panchakarma Clinic. 2. The distributed copy shall be kept in safe custody of the in-charge of the Administrator or Vaidya , who will be responsible to train the staff in this policy as applicable to particular category of staff. 3. Amendments to the policy will be approved by the Vaidya . 4. All amendments and additions to this policy will be endorsed at the appropriate page in the document by the custodian of the document, who will authenticate the entry with his signature including date and time of endorsement. 		

LOGO	Name Of Panchakarma Clinic.....	
	POL/..... (Policy no)	Issue date:
		Issue No.:
Policy	Rev. date:
		Rev No.:
No of Pages:		

Amendment sheet

Sl. No.	Section / Chapter / Para No.	Revision No. / Date	Details of amendments	Sign of authorizing official

LOGO	Name Of Panchakarma Clinic.....	
	POL/..... (Policy no)	Issue date:
		Issue No.:
Policy	Rev. date:
		Rev No.:
		No of Pages:

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Distribution list of manual

Sl. No.	Copy No.	Department	Signature

Annexure III

Standards Procedure Guidelines

Reference: A Practical Handbook of Panchakarma Procedures published by Central Council for Research in Ayurveda and Siddha, Dept. of AYUSH, Ministry of Health & Family Welfare, Govt. of India (www.ccras.nic.in).

A PRACTICAL HANDBOOK OF PANCHAKARMA PROCEDURES

CHIEF EDITOR

Prof. G.S. Lavekar

Director General
Central Council for Research in Ayurveda and Siddha, New Delhi

CONTRIBUTORS

Dr. T.V. Menon

Ex. Assistant Director (Ayurveda) Incharge
Central Research Institute (Ayurveda), Cheruthuruthy

Dr. (Mrs.) Bharti

Assistant Director (Ayurveda)
Central Research Institute (Ayurveda), New Delhi



CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA AND SIDDHA
Department of AYUSH, Ministry of Health & Family Welfare
Government of India
New Delhi - 110058
www.ccras.nic.in

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A PRACTICAL HANDBOOK OF PANCHAKARMA PROCEDURES

EDITORS

Dr. M.M. Padhi

Deputy Director (Technical), CCRAS, New Delhi

Dr. Sharda Ota

Research Officer (Ayurveda), CCRAS, New Delhi

Dr. M.M. Sharma

Research Officer (Ayurveda), CCRAS, New Delhi

Dr. B. Venkateshwarlu

Research Officer (Ayurveda), CCRAS, New Delhi

REVIEWED BY

Dr. Bheema Bhat

HOD, Ayurveda Department, Holy Family Hospital, New Delhi

Vd. R.S. Sharma

Asso. Professor & Head, Department of Panchakarma, N.I.A., Jaipur

Dr. Nandini K. Kumar

Consultant, Division of Basic Medical Sciences, ICMR, New Delhi

Dr. S.C. Mahapatra

Professor, Department of Physiology, AIIMS, New Delhi

III

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Department of AYUSH, Ministry of Health and Family Welfare

Government of India

J.L.N.B.C.E.H.Anusandhan Bhavan, 61-65, Institutional Area

Opp. D-Block, Janakpuri, New Delhi – 110058

E-mail: dg-ccras@nic.in, Website: www.ccras.nic.in

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PREFACE


Practical handbook of Panchakarma Procedures is a brief knowledge of various Panchakarma procedures followed in different parts of the country. It also includes some of the common therapeutic procedures popular in Kerala. Panchakarma therapy is an integral part of Ayurvedic treatment. All the learned scholars of Ayurveda since beginning to the present era have highly appreciated the importance and therapeutic efficacy of Panchakarma therapy. The description of Panchakarma is found to be popular in Ayurvedic classics viz Charaka Samhita, Sushruta Samhita, Ashtanga Hridayam, Ashtanga Samgraha, Sharngadhara and Vanga Sena etc. Classical Panchakarma includes Vamana, Virechana, Anuvasana Basti, Niruha Basti and Nasya, which require more attention and care from the physician. The procedures are also time taking. Due to these facts some of the physicians developed easier techniques with better therapeutic effects. These procedures were popular in India sometime ago but now they are becoming popular all over the world.

This book deals with the commonly practiced, popular Panchakarma procedures minutely in simplified form for the benefit of students and Ayurvedic practitioners. It has been tried to give the material requirements, names and doses of commonly used medicines with administration time, indications and contraindications with necessary photographs. The assessment of minimum required manpower in various procedures has also been done. This book also recommends space and staff requirements for a model Panchakarma unit. Textual references are also given wherever possible.

I appreciate Dr. M.M. Sharma, Dr. B.S. Sharma, Mr. Upendra Singh & Mr. Narender Singh from publication section for their tireless efforts in bringing out this publication.

I hope that this handbook will serve as a ready reckon document for students, practitioners, academicians, research scholars, scientists and certainly help to establish a good Panchakarma center for better health care services.

Place: New Delhi


(Prof. G.S.Lavekar)
Director General
CCRAS

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Panchakarma promotes health in diseased as well as healthy

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INTRODUCTION

Ayurveda, the Indian System of Medicine, has been in vogue from times immemorial to impart natural healing for various ailments. The system was nurtured by ancient scholars on the basis of sound underlying philosophy, oriental methodology and practices prevalent in that era. This system is believed to be quite safe and free from side effects as it is more close to nature.

Ayurvedic treatment comprises of two major parts viz. *Samshodhana Chikitsa* (Bio-cleansing therapy) and *Samshaman Chikitsa* (Pacifying therapy). *Samshaman Chikitsa* consists of conservative treatment like *Langhana*, *Pachana*, drug administration etc. *Samshodhana Chikitsa* envisages *Panchakarma* treatment which is basically a Bio-cleansing regimen intended to eliminate the toxic elements from the body and thereby enhances the immunity of the body. *Samshodhana Chikitsa* is considered superior to *Samshamana Chikitsa* as the chances for recurrence of the disease so treated are remote¹.

Panchakarma increases the acceptability of body to various therapeutic regimens like *Rasayana* (Rejuvenation) and *Vajikarana* (Aphrodisiac). Thus, *Panchakarma* therapy is believed to impart radical elimination of disease causing factors and maintain the equilibrium of *Doshas*. Five fold measures² comprehended as *Panchakarma* are:

1. *Vamana* (Therapeutic Emesis)
2. *Virechana* (Therapeutic Purgation)
3. *Anuvasana* (Medicated Oil Enema)
4. *Asthapana* (Medicated Decoction Enema)
5. *Nasya* (Nasal Insufflations)

Description of these five procedures is available in *Charaka Samhita Kalpa Sthana*, *Shusruta Samhita Chikitsa Sthana* and *Ashtanga Hridaya Sutra Sthana*. Vagabhatta in *Ashtanga Hridaya* has enumerated five types of *Samshodhanas*³ i.e.

-
- 1 दोषाः कदाचित् कुप्यन्ति जितालंघनपाचनैः।
जिताः संशोधनैर्येतु न तेषां पुनरुद्भवः ॥ (च. सू. 16/20)
 - 2 वमनं रेचनं नस्यं निरुहष्वानुवासनम् ।
एतानि पंचकर्माणि कथितानि मुनीश्वरैः ॥ (षा. उ. 8/70)
 - 3 यदीरयेद्वहिर्दोषान् पंचधा शोधनं च तत्।
निरुहो वमनं कायशिरोरेकोऽस्रविमृतिः॥ (अ. हृ. सू. 14/5)

1. *Niruha*
2. *Vamana*
3. *Virechana*
4. *Nasya*
5. *Raktamokshana*

Prior to these five *Pradhan Karmas* (main procedures), *Purva Karma* (preparatory measures) given to the patient are:

- *Pachana* (*Ama Pachana* or digestive & *Deepana* or appetiser medicines like *Shunthi Kwatha* may be given)
- *Snehana* (Oleation) and
- *Swedana* (Sudation).

After the main procedures, *Pashchat Karma* (*Samsarjana Krama*), a special diet and life regimen is advocated as post operative measures. *Panchakarma* therapy plays a definite role in the management of diseases especially of neuromuscular, rheumatological and gastrointestinal origin. In addition to this *Panchakarma* procedures are utilized for the purpose of preservation, maintenance and conservation of health and the promotion of longevity.

Based on Ayurvedic principles and own experiences, the Ayurvedic scholars in South India have modified certain techniques/ procedures according to *Dosha*, *Prakriti* (body constitution), *Kala* (season), drug availability etc. and found them quite effective. Later on, these procedures got popularized as *Keraliya* specialities of *Panchakarma* which are extensively practiced in India and abroad as main procedures. *Shashtika shali pinda sweda*, *pizhichil*, *Shirovasti*, *shirodhara*, *shirolepana* are some of these practices. These procedures are specialized varieties of *Snehana* and *Swedana* which have more nutritive/ nourishing effect than bio-cleansing or depleting effect.

With the spread of Buddhism to the southern parts of India, Ayurvedic treatment got popularized as it was practiced in the monasteries. After the decline of the Buddhism, many of these monasteries were converted to temples and the practice of Ayurvedic treatment through these temples still continues in Kerala. One such example is Tiruviza of Allappay Distt. of coastal area where *Vamana* procedures are done daily. *Panchakarma* procedures were not confined to the higher societies only. Rather lower classes of the society also contributed to the promotion, progress and development of these specialized techniques. Due to this fact, modified techniques of *Panchakarma* treatment developed in Kerala, unlike North India. With the modernization and globalization of Ayurveda, more and more people are showing interest in these treatment procedures due to their effectiveness in addition to the conventional *Panchakarma* practices. Physicians from other parts of the country and the western world wish to acquire this knowledge.

This *Practical Handbook of Panchakarma Procedures* is written with a view to impart simple and basic knowledge of these procedures to the learners. It has also been tried to put the textual references wherever possible and to give the photographs of different procedures.

However, before administration of *Panchakarma* procedures, one must carefully select, assess and prepare the patient explaining all the procedures to be followed. The doses of drugs, *vegas* and frequency of procedures may vary according to condition of the patient and / or severity of the disease. While undergoing procedures, it is duty of the physician to assess the patient's strength, constitution, age, season, disease stage and other relevant factors⁴.

The *Samshodhana Chikitsa* (Bio-cleansing therapy) of *Ayurveda*, which includes *Panchakarma* treatment, basically intends to eliminate the toxic elements from the body and thereby enhances the immunity of the body. The toxic products of body metabolism can be broadly divided into water soluble, fat soluble and volatile substances. The volatile substances like carbon-di-oxide can easily be removed from the body through lungs. While there are number of mechanisms available to get rid of the water soluble toxic materials through kidney, sweat and other body secretions, removal of fat soluble toxic materials is very difficult and only liver can play a small role. Hence it is likely that, there would be accumulation of fat soluble toxic products in the body. Liberal use of oil and ghee in various *Panchakarma* procedures makes it possible to eliminate these toxic products. In modern day medicine, we understand that molecules moves from higher concentration to lower concentration when separated by a diffusible membrane. The skin and the mucous membrane provide an excellent opportunity for this maneuver. While skin of an average adult only provides a surface area of less than 2 square meters, the gastrointestinal tract is many meters long with a highly permeable mucous membrane. The mucous membrane of gut has many folds and projections in the form of villi and microvilli, which help to increase the total exchange area, equivalent to a tennis court. Various *Panchakarma* procedures like. *Vamana* (Therapeutic Emesis), *Virechana* (Therapeutic Purgation) and *Anuvasana* (Medicated Oil Enema) use oil liberally, there by removing toxic fat soluble

⁴ दूष्यं देशं बलं कालमनलं प्रकृतिं वयः ।
सत्त्वं सात्त्वं तथाऽऽहारमवस्थाश्च पृथग्विधाः ॥
सूक्ष्मसूक्ष्माः समीक्ष्यैषां दोषौषधनिरूपणे ।
यो वर्तते चिकित्सायां न स स्वलति जातुचित् ॥ (अ० ह० सू० 12/67-68)

waste materials. Prior to the five *Pradhan Karmas* (main procedures), *Purva Karma* (preparatory measures) i.e. *Bahya Snehana* (External oleation) and *Sarvanga Swedana* (Whole Body Sudation) are given to the patient. These procedures further helps in removing toxic materials from the body. *Swedana* procedure using hot steam increases the local skin blood flow there by enhancing the exchange process. It is known that the fat soluble toxic substances are stored in the body fat. Fat in human body is largely located below the skin and inside abdomen around the mesentery of the gut. During various *Panchakarma* procedures, exposure of skin and gut mucous membrane (which are very close to the fat stores) to a large quantity of oil seems to be a logical and ideal procedure. Repetition of these procedures over several days will largely remove the toxic wastes by concentration gradient. The *Ayurvedic* medicines added to the oil might give additional benefits.

One of the important features of these procedures is the safety and easiness by which these can be administered without any major side effects. Although the practitioners of modern system of medicine do realize the individual variations in patient population suffering from the same disease, most of them fail to appreciate these variations in practice. In *Ayurvedic* practice of *Panchakarma*, *Dosha* (humoral factors), *Prakriti* (body constitution), *Kala* (season), drug availability etc. are always of prime concern.

SNEHANA (OLEATION)

Snehana stands for lubrication of body systems by the administration of fatty substances internally and externally. *Snehapana* (internal administration of *Sneha*) is an important preparatory procedure for *Panchakarma*. Four types of *Snehana dravyas* are mentioned in the classics viz. *Ghrita* (Ghee), *Taila* (Oil), *Vasa* (Fat) and *Majja* (bone marrow). Out of these *Ghrita* is considered as the best⁵.

***Snehana* (Oleation) includes:**

- *Abhyantara Snehana* (Internal Oleation)
- *Bahya Snehana* (External Oleation)

Abhyantara Snehana is again classified into *Achchha Pana* and *Vicharana*. *Achchha Pana* is the oral intake of medicated or non medicated *Sneha* (Ghee / oil) without mixing with food or other medicinal preparations and used for the purpose of softening and lubricating of body tissues prior to the *Shodhana* therapy.

Material required:

- Medicated ghee or oil according to the requirement
- Measuring glass
- Hot water for drinking (boiled with *Shunthi+Dhanyaka*)

Medicines commonly used:

- *Indukanta Ghrita*
- *Mahatiktaka Ghrita*
- *Sukumara Ghrita*
- *Dhanwantara Taila*
- *Ksheera Bala Taila* etc.

Man Power:

- Ayurvedic Physician : 1
- Attendant/ Nurse : 1

⁵ सर्पिस्तैलं वसा मज्जा सर्वस्नेहोत्तमा मताः।
एषु चैवोत्तमंसर्पिः संस्कारस्यानुवर्तनात्॥ (च.सू. 13/13)

Procedure for *Snehapana*:

Agnibala (digestive power) may be assessed in the patient prior to *Snehapana*, so as to assess the dose of *Sneha dravya* (unctuous substance) (*Hrisva*/mild, *Madhyama*/medium, *Uttama*/high). For the patient with unknown *doshas*, *agni* etc. one may start with *Hrasiyasi matra*⁶ (which is digested within two *yamas*/hours).

The patient who is intended to under go *Snehapana* is to take the *Sneha* in the early morning (within 15 minutes of sunrise) in the prescribed dose based on his *Agnibala* (digestive capacity), nature of disease, condition of body etc. The usual dosage is between 50 to 75ml for *Ghrita* and 30 to 50 ml for *Taila* on the first day. The dose for the next day should be fixed after assessing the time taken for digestion. Hot water boiled with a piece of *Shunthi* (dry ginger) + *Dhanyaka* (dry coriander seeds) is given in small doses to enhance the digestion (*Deepana*, *Pachana*).

Snehapana (internal administration of unctuous substance) may be continued till *Samyaka Snigdha Lakshanas*⁷ (symptoms of desired effect) are observed and usually it is obtained within 3 to 7 days⁸.

Usual practice of increasing order of *Snehapana* dosage:

First day	:	50ml
Second day	:	100ml
Third day	:	150ml
Fourth day	:	200ml
Up to 7 th day	:	350ml

Indications⁹:

- *Swedya*, *Samshodhya* (Persons eligible for sudation and biocleansing procedures)
- *Ruksha Sharira* (Roughness in the body)
- *Nithyamadya* (Alcoholic)
- *Krishna* (Emaciated)
- *Timira* (Premature cataract)

⁶ द्वाभ्यां चतुर्भिरष्टाभिर्यामैर्जीर्यन्ति याः क्रमात् ।।
ह्रस्वमध्योत्तमा मात्रास्तास्ताभ्यश्च ह्रसीयसीम् ।
कल्पयेद्वीक्ष्य दोषादीन् प्रागेव तु ह्रसीयसीम् ।। (अ. ह. सू. 16/17-18)

⁷ वातानुलोम्यं दीप्तोऽग्निर्वर्चः स्निग्धमसंहतम् ।
मार्दवं स्निग्धता चांगे स्निग्धानामुपजायते ।। (च. सं. सू. 13/58)

⁸ स्नेहनस्य प्रकर्षो तु सप्तरात्रत्रिरात्रकौ । (च. सं. सू. 13/51)

⁹ स्वेद्यसंशोध्यमद्यस्त्रीव्यायामासक्तचिन्तकाः ।
वृद्धबालाबलकृशा रुक्षाः क्षीणास्रेतसः ।।
वातार्तस्यन्दतिमिरदारुणप्रतिबोधिः स्नेह्याः । (अ. ह. सू. 16/5-6)

- *Vatarogas* (Neuromuscular disorders)
- *Kasa* (Cough)
- *Shwasa* (Dyspnoea)
- *Hikka* (Hiccough)
- *Swarabheda* (Hoarseness of voice), etc.

Contraindications¹⁰:

- *Sthoola* (Obese)
- *Kaphaja Vikaras* (*Kapha* disorders)
- *Atisara* (Diarrhoea)
- *Raktapitta* (Bleeding disorders) etc.

Regimen during *Snehapana*:

- Rest
- Avoid day sleep
- Take Rice gruel after feeling hungry (when consumed *Sneha* is digested).

Complications and management:

- Indigestion
- Vomiting
- Nausea
- Anorexia
- Headache
- Constipation etc.

In such conditions, *Snehapana* should be discontinued and fasting, *Deepana* (Stomachic), *Pachana* (Digestive) drugs may be given based on the patient/ disease condition.

Scientific observation¹¹:

Oleation pacifies *Vata*; lubricates and softens the *Doshas*. It improves digestion, regularizes bowels, improves the strength and complexion and prevents premature ageing.

N. B. After completing *Snehana* (oleation), *Swedana* (sudation) is to be carried out (1-3 days) based on the patient/ disease condition.

¹⁰ न त्वतिमन्दाग्नितीक्ष्णाग्निस्थूलदुर्बलाः ।
ऊरुस्तम्भातिसारामगलरोगगरोदरैः ।
मूर्च्छाच्छर्द्यरुचिश्लेष्मतृष्णामद्यैश्च पीडिताः । (अ. ह. सू. 16/6-7)

¹¹ दीप्तान्तरग्निः परिशुद्धकोष्ठः प्रत्यग्रघातुबलवर्णयुक्तः ।
दृढेन्द्रियो मन्दजरः शतायुः स्नेहोपसेवी पुरुषो भवेत्तु ॥ (स. सं. चि., 31/56)

SWEDANA (Sudation)

Swedana is a process to induce sweating (sudation) artificially in a patient/volunteer who has already undergone *Snehana*. *Swedana* is of four types¹² –

- (i) *Tapa Sweda*
- (ii) *Ushma Sweda*
- (iii) *Upanaha Sweda*
- (iv) *Drava Sweda*

Snehana and *Swedana* constitute *Poorvakarmas*. The patient is given *Snehapana* for 3-7 days depending upon the appearance of fat in stool which is considered as the end point of *Snehana*. *Snehana* is followed by *Swedana* and *Swedana* in turn is followed by *Vamana* procedure

Types of *Swedana* (on the basis of induction of heat):

- 1. Thermal (*Sagni Sweda*)-13
- 2. Non Thermal (*Niragni Sweda*)-10

Types of *Swedana* (on the basis of application of heat):

- 1. Local (*Ekanga Sweda*)
- 2. General (*Sarvanga Sweda*)

Types of *Swedana* (on the basis of nature of heat):

- 1. Moist heat (*Snigdha Sweda*)
- 2. Dry heat (*Rooksha Sweda*)

Types of *Swedana* (on the basis of intensity of heat):

- 1. High Sweat (*Maha Sweda*)
- 2. Medium Sweat (*Madhyama Sweda*)
- 3. Low Sweat (*Durbala Sweda*)

General features of *Swedana Dravyas*:

The medicines which produce *Sweda* are generally having properties like: *Ushna*/warm, *Tikshna*/sharp, *Sara*/slimmy, *Snigdha*, *Sukshma*/sub, *Rooksha*/rough, *Sthira*/stable, *Drava*/liquid, *Guru*/heavy.

¹² स्वेदस्तापोपनाहोष्मद्रव भेदाच्चतुर्विधः (अ. ह. सू. 17/1)

Indications of Swedana:

According to Charaka, *Swedana* relieves:

- Stiffness (*Stambha*)
- Heaviness (*Gourava*)
- Cold (*Sheeta*)

Stambha Gourava Sheetagnam Swedanam Swedakarakam

Stambhanam Stambhayati yat gatimantam chalam dhruvam (Carak Sutra-22/11)

Indications of Swedana:¹³

- Following *Snehana*
- Stiffness of the body
- Pain
- Cold
- Heaviness
- Dryness
- *Deranged Vatadosha*/ Obstruction to *Mala*/stool, *Mutra*/urine and *Shukra*/semen
- Prior to *Panchakarma* Procedures, as a *Poorvakarma*
- *Swedana* is given to even infants by using warm hands¹⁴

Contra indications of Swedana:

- *Dagdha* (Burnt)
- *Vishapeeta* (Poisoned)
- *Madyapeeta* (Alcoholic)
- *Trishita* (Thirsty/dehydrated)
- *Nidranasha* (Insomnia)
- *Chhardi* (Vomiting)
- *Raktapitta* (Bleeding disorders)
- *Hridaya Rogas* (Cardiac Diseases)

¹³ प्रतिश्याये च कासे च हिक्काश्वासेष्वलाघवे ।
सर्वाङ्गेषु विकारेषु स्वेदनं हितमुच्यते ॥ (च. सू. 14/20-24)

¹⁴ जन्मप्रभृति बालानां स्वेदमष्टविधं हितम् ॥ (का. सू., 23/25)

VASHPA SWEDA (STEAM BATH)

This is a kind of sudation by which medicated steam is applied to the patient's body for a certain period of time to get perspiration. It removes stiffness, heaviness and coldness from the body¹⁵.

For this purpose *Vashpa Sweda Yantra* (A steam-bath chamber) is required. Medicinal herbs /decoction is kept boiling in the *Vashpa Sweda Yantra* from where the steam is generated and applied all over the body or any specific part through a tube or pipe. The patient is advised to lie down inside the steam chamber after massage with warm oil (20⁰-22⁰C). A thick cotton sheet may be used to cover the body to get proper perspiration.

Material and Equipments:

- Medicated *kwathas* (Decoction)
- Suitable oil for massage (*Mahanarayana Taila*, *Dhanwantara Taila* etc.)
- *Vashpa Sweda Yantra*/ Steam Chamber
- Bed-sheet
- Cloth
- Towel etc.

Medicated *Kwathas* (Decoction):

- Usually *Dashamoola* is used:
- *Bilwa* (*Aegle marmelos*)
- *Agnimantha* (*Premna integrifolia*)
- *Shyonaka* (*Oroxylum indicum*)
- *Patala* (*Ptereospermum suaveolens*)
- *Gambhari* (*Gmelina arborea*)

15

ऊष्मा तूत्कारिकालोष्टकपालोपलपांसुभिः ।
पत्रभंगेन धान्येन करीषसिकतातुषैः ॥
अनेकोपायसन्तप्तैः प्रयोज्यो देशकालतः ।
शिशुवारणकैरण्डंकरंजसुरसार्जकात् ॥ (अ० ह० सू० 17/6-7)
वातिकोत्तर वातिकानां पुनर्मूलादीनां उत्क्वाघैः सुखोष्णैः
कुंभीर्वर्षुलिकाः प्रनाडीर्वा पूरयित्वा यथार्हसिद्ध स्नेहाभ्यक्तं
गात्रं वस्त्रावच्छन्नं परिषेचयेदिति परिषेकः ॥ (धाराकल्प-2)

- *Brihati (Solanum indicum)*
- *Kantakari (Solanum xanthocarpum)*
- *Gokshura (Tribulus terrestris)*
- *Shaliparni (Desmodium gangeticum)*
- *Prishniparni (Uraria picta)*
- *Tulasi (Ocimum sanctum)*
- *Nirgundi (Moola / patra) (Vitex negundo)*
- *Eranda Moola (Ricinus communis)*, may also be used.

Oils for massage:

- *Mahanarayana Taila*
- *Rasnadi taila*
- *Nirgundi taila*
- *Dhanwantara taila* etc.(as indicated by physician)

Man power:

- Ayurvedic Physician : 1
- Masseur : 1

Mode of administration/ procedure:

Patients are to be massaged properly with suitable oil for 30-45 minutes all over the body. Then the patient is advised to lie down inside the *Vashpa Sweda Yantra* and cover the body with a blanket. Patient is to remain inside the *yantra* for 15-20 minutes or till he gets proper perspiration (*Samyakswinna Lakshana*¹⁶). Prior to *Virechana* it is recommended for 3 days and for *Vamana* one day. At the end of the procedure, patient may come out of the chamber and the sweat is wiped off with a towel. Bath is advised with luke warm water according to the physician's choice

Indications¹⁷:

Neuro muscular disorders - Hemiplegia, Paraplegia, sciatica etc.

¹⁶ शीतशूलव्युपरमे स्तम्भगौरवनिग्रहे ।
संजाते मार्दवे स्वेदे स्वेदनाद्विरतिर्मता ॥ (च. सं. सू. 14/13)

¹⁷ श्वासकासप्रतिश्यायहिध्माध्मानविबन्धिषु ।
स्वरभेदानिलव्याधिश्लेष्मामस्तम्भगौरवे ।
स्वेदं यथायथं कुर्यात्तदौषधविभागतः ॥ (अ. ह. सू. 17/25-27)

Rheumatological problems - Rheumatoid arthritis, Osteoarthritis, Post fracture stiffness of joints etc.

Rejuvenation therapy

Contraindications¹⁸:

Visarpa - Erysipelas
Timira - Cataract
Madhumeha - Diabetes Mellitus
Raktapitta - Bleeding disorders
Atisara - Diarrhoea

Possible Complications and management:

Fainting – Sprinkle cold water on the face, apply suitable oil, *Drakshadi kwatha* internally can be given.
Burns – Apply *Madhu* (Honey), *Ghrita* (Ghee), *Ghritakumari* (Aloe vera) and other suitable treatment.

Dietary regimen:

Light (liquid or semisolid) diet is advised throughout the procedure.

Scientific explanation¹⁹ :

Swedana liquefies the deranged *Doshas*/metabolic wastes and facilitate to bring them to *Koshtha*, (alimentary canal or Central part of the body) where they can be expelled out by subsequent *Panchakarma* procedures.

¹⁸ न स्वेदयेदतिस्थूलरूक्षदुर्बलमूर्च्छितान् ।।
स्तम्भनीयक्षतक्षीणक्षाममद्यविकारिणः तिमिरोदरवीसर्पकुष्ठशोषाढ्यरोगिणः ।।
पीतदुग्धदधिस्नेहमधून् कृतविरेचनान् । अष्टदग्धगुदग्लानिक्रोधशोकभयार्दितान् ।।
(अ. ह. सू. 17/21-23)

¹⁹ स्नेहविलिन्नाः कोष्ठगा धातुगा वा, स्त्रोतोलीना ये च शाखास्थिसंस्थाः ।
दोषाः स्वेदैस्ते द्रवीकृत्यत्य कोष्ठं नीताः सम्यक् शुद्धिभिर्निर्हिंयन्ते ।।
(अ० ह०, सू० 17/ 29)



BAHYA SNEHANA



VASHPA SWEDA



VASHPA SWEDA



VASHPA SWEDA

VAMANA (THERAPEUTIC EMESIS)

Vamana means to induce vomiting; it is a bio-cleansing measure meant for the elimination of *doshas* (mainly *Kapha*) accumulated in the upper gastro intestinal tract (*Amasaya*)²⁰. *Vamana* is a treatment of choice in *Kaphaja* disorders²¹.

Materials and Equipments:

- Comfortable seat (Arm chair) (*Vamana Peetha*) : 1
- Bucket : 1
- Vessels : 3

[Mug, Glass, bowl, towels, B.P.Instruments, Weighing Scale, ECG Machine, Thermometer, Measuring Glass etc.]

Vamana Yoga (Formulation to induce vomiting) :

Ingredients in approx. quantities:

- *Vacha* (*Acorus calamus*) powder : 2 gm
- *Madanaphala* (*Randia dumetorum*) powder : 4 gm
- Rock Salt : 5 gm
- *Madhu* (Honey) : 15 ml

Others:

- Medicated oil for application on chest, back, abdomen : 100 ml
(*Mahanarayan Taila*, *Ksheerabala Taila*, *Chandanbala Taila*, *Lakshadi Taila*, *Dhanwantara Taila* etc. may be used according to *Dosha* and disease).
- Milk : 1.5 ltr.
- *Madhuyashthi Kwatha* (Decoction of *Glylirrhiza glabra*) : 1.5 ltr.
- *Lavanodaka* (Salted water) : 1.5 ltr.

-
- ²⁰ तत्रदोषहरणं ऊर्ध्वभागं वमनसंज्ञकम् (च. क. 1/4)
श्लेष्मणो विधिना युक्तं तीक्ष्णं वमन विरेचनम् । (अ. ह. सू. 13/10)
अपक्वं पित्तश्लेष्माणं बलादूर्ध्वं नयेतु यत् ।
वमनं तद्धि विज्ञेयं मदनस्यफलं यथा ॥ (शा. प्रथम खण्ड 1/84)
- ²¹ कफे विदध्याद्धमनं संयोगे वा कफोल्बणे ।
तद्वद्विरेचनं पित्ते । विशेषेण तु वामयेत् । (अ. ह. सू. 18/1)

Man Power:

- Ayurvedic Physician : 1
- Masseur : 1
- Attendant : 2

Mode of drug administration/ procedure:

The patient is to be prepared for *Vamana* by performing *Purvakarma* properly as indicated and is prescribed to take *Kaphotklesha dravyas* like fish, *masha* (black gram), *payasam* (rice cooked in milk with ghee) etc. on the previous day of *Vamana*.

Vamana is to be conducted in the morning preferably between 7 to 8 A.M. If the patient is on empty stomach, *Yavagu* (specific type of rice preparation made from 1:6 ratio of rice and water) with ghee may be given before performing the *Vamana*²². After *Snehan* and *Swedana*, the patient is to be advised to sit comfortably in a chair (*Vaman peetha*). Afterwards mixture of milk or *Madhuyashthi Kwatha* (*Vamanopaga dravya*) is to be given full stomach. *Vacha* powder with honey is given to lick in between. At the last sip of the decoction *Madanaphala* powder with honey is given to be licked.

The medicines for *Vamana* should be administered in proper quantity, according to the age, strength, constitution, season etc. Usually, *Vamana* starts within 10-15 minutes after giving the medicine. While the patient is vomiting, masseur should massage back and chest in upward direction. To stimulate the urge for the bouts of vomiting, warm water mixed with *Saindhava* (*Lavanodaka*) or milk should be given repeatedly. Assessment criteria of *vamana* procedure are elaborately mentioned in the classics²³. Usually the fluid comes out within 48 minutes. If not vomited out the pharynx may be gently irritated with a finger or *Kamalanala* (stem of lotus).

Vegas (bouts) of Vamana: ²⁴

According to No. of bouts (*Vegas*) *Vamana* may be classified into-

- *Jaghanya Vamana*/mild emesis – 4 *vegas* (bouts)

²² अथ चूर्दनीयमातुरं द्वयहं त्र्यहं वा स्नेहस्वेदो ।
इत्येष सर्वश्चूर्दनयोगविधिः ॥ (च. सं. क. 1/14)

²³ पित्तावसनं वमनं विरेकाद्धकफान्तं च विरेकमाहुः ।
द्वित्रान् सविदकानपनीय वेगान् मेयं विरेके व्रमने तु पीतम् ॥ (अ. ह. सू. 18/32)

²⁴ जघन्यमध्यप्रवरे तु वेगाश्चत्वार इष्टा वमने षडष्टौ । (च .सि. 1/13)
(अ. ह. सू. 18/31)

- *Madhyama Vamana*/Moderate emesis – 6 *vegas* (bouts)
- *Pravara Vamana*/Excellent emesis – 8 *vegas* (bouts)

Post *Vamana* regimen:

When *Samyak yoga*²⁵ (appropriateness) of *Vamana* is observed the patient should clean his mouth and face with warm water and *Dhumapana* (medicated smoking) with the prescribed drugs e.g. *Haridra* (*Curcuma longa*) is to be performed. In the evening, the patient may be instructed to take hot water bath. When the patient is having good appetite, *Samsarjana krama*²⁶ (Controlled diet and lifestyle) is to be followed. Semi solid diet preferably rice gruel may be given.

Indications²⁷:

- Gastric problems - *Amlapitta* (Acid peptic disorders), indigestion etc.
- Respiratory diseases - *Kasa* (Cough), *Shwasa* (bronchial Asthma)
- Other diseases - Such as *Madhumeha* (Diabetes), *Unmada* (Schizophrenia), *Peenasa* (Sinusitis), *Kushtha* (Skin diseases), *Granthi* (Tumour), *Shlipada* (Filariasis)

Contraindications²⁸:

- Acute peptic ulcer
- *Atikrisha* (Emaciated body)
- *Bala* (Children)
- *Vridhdha* (Old age)

²⁵ निर्विबन्धं प्रवर्तन्ते कफपित्तानिलाः क्रमात् । (अ. ह. सू. 18/25)

²⁶ पेयां विलेपीमकृतं कृतं च, यूषं रसं त्रीनुभयं तथैकम् ।
क्रमेण सेवेत नरोऽन्नकालान् प्रधानमध्यावरशुद्धिशुद्धः । (अ. ह. सू. 18/29)

²⁷ विशेषेण तु वामयेत् ।
नवज्वरातिसाराघः पित्तासृग्राजयक्ष्मिणः ।
कुष्ठमेहापचीग्रन्थिश्लीपदोन्मादकासिनः ॥
श्वासहृल्लासवीसर्पस्तन्यदोषोर्ध्वरोगिणः । (अ. ह. सू. 18/1-2)

²⁸ अवाम्या गर्भिणी रुक्षः क्षुधितो नित्यदुःखितः ॥
बालवृद्धकृशस्थूलहृद्रोगिक्षतदुर्बलाः । प्रसक्तवमथुप्लीहतिमिरक्रिमिकोष्ठिनः ॥
उर्ध्वप्रवृत्तवाखस्रदत्तबस्तिहतस्वराः । मूत्राघात्युदरी गुल्मी दुर्बमोड्यग्निरर्शसः ॥
उदावर्तभ्रमाष्टीलापार्श्वरुग्वातरोगिणः । ऋते विषगराजीर्णविरुद्धाम्यवहारतः ॥
(अ. ह. सू. 18/3-6)

- *Garbhini* (Pregnancy)
- *Shranta* (Exhausted)
- *Pipasita* (Thirsty)
- *Kshudhita* (Hungry)
- *Hridroga* (Cardiac disorders)

Complications of *Vamana* therapy²⁹:

Atiyoga (excessive) of *Vamana* may cause –

- (i) Froth in vomitus
- (ii) Hematemesis
- (iii) Weakness
- (iv) Dryness of throat
- (v) Feeling of darkness
- (vi) Giddiness
- (vii) *Vatarogas* (neuro-muscular disorders)
- (viii) Fresh bleeding

Scientific observation:

Certain diseases originate due to accumulation/ vitiation of phlegm/ *Kapha*. The elimination of this *dosha* will help to prevent and cure the disease.

²⁹ अतियोगे तु फेनचन्द्रकरक्तवत् ।।
 वमितं क्षामता दाहः कण्ठशोषस्तमो भ्रमः ।
 घोरा वाय्वामया मृत्युर्जीवशोणितनिर्गमात् (अ. ह. सू. 18/25-26)



VAMANA PROCEDURE



VAMANA PROCEDURE

VIRECHANA (THERAPEUTIC PURGATION)

Virechana is the procedure by which the vitiated *Doshas* are eliminated through the anal route. It is the treatment of choice for *Pitta* predominant conditions³⁰.

Material and Equipments:

- Attached toilet (lavatory) is a must.
- Towels, Bed sheets etc.

Medicines:

Single drugs:

Any of the following medicines may be selected according to the condition of the patient:

- *Trivrit* (*Operculina turpethum*) - root powder – 5 gm
- *Aragvadha* (*Cassia fistula*) - fruit pulp – 10 gm
- *Eranda* (Castor oil) - oil – 15 to 25 ml

Compound preparations:

Any of the following medicines may be selected according to the condition of the patient:

- *Ichhabhedi Rasa* - 60-120 mg with cold water
- *Kalyana Guda/ Manibhadra Guda* - 10-15 gm
- *Bindu Ghrta* - 4-5 drops
- *Hingu triguna Taila* - 15-25 ml
- *Avipattikara Churna* - 10-20 gms

Man power:

- Ayurvedic Physician (for supervision) : 1
- Attendant : 1

Mode of administration/procedure

Selected patient should undergo first *Purvakarma* i.e. *Snehapana* for 3-7 days, then *Abhyanga* & *Swedana* for three days. The medicine for purgation is to be given in early morning at 6 AM preferably on empty stomach. Usually the purgation will start after three hours. Warm water may be given in small doses, when the patient feels thirsty or the urge

³⁰

अधोभागं विरेचनं संज्ञकम् ।।

तद्विरेचनं पित्ते विशेषेण तु वामयेत् । (अ. ह. सू., 18/1)

for evacuation is not felt sufficient. Cold water should be used for drinking when the preparation of *Jayaphala* is used for purgation. When the evacuation of bowel is complete as per the *lakshanas* (features) described for *Samyak Virechana*³¹ (proper purgation), the patient is advised to take complete rest. Thereafter *Samsarjana krama*³² is to be followed as per the directions of the physician. Assessment criteria of *Virechana* procedure are elaborately mentioned in the classics³³

(*Jaghanya* (mild)- 10 *Vegas*, *Madhyama* (moderate) - 20 *Vegas*, *Pravara* (Excellent) - 30 *Vegas*).

Indications³⁴:

- Gastrointestinal disorders - Constipation, *Krimi* (Worm infestation), *Kamala* (Jaundice)
- Dermatological disorders - Eczema, Allergic dermatitis etc.
- Other major conditions - *Pakshaghat* (Hemiplegia), *Jeerna Jwara* (Chronic fever), *Madhumeha* (Diabetes), *Arbuda* (Tumour), *Tamak Shwasa* (Bronchial Asthma), *Galganda* (Goitre), etc.

Contraindications³⁵:

- *Navajwara* (Acute fevers)
- *Krishna* (Emaciated patients)
- *Rajayakshma* (Tuberculosis)
- *Garbhini* (Pregnant women)
- *Hridroga* (Cardiac problems)

³¹ पित्तावसानं वमनं विरेकादद्धं कफान्तं च विरेकमाहुः।
द्वित्रान् सविट्कानपनीय वेगान् मेयं विरेके, वमने तु पीतम्॥ (अ. ह. सू., 18/32)

³² पेयां विलेपीमकृतं कृतं च, यूषं रसं त्रीनुभयं तथैकम्।
क्रमेण सेवेत नरोऽन्नकालान्, प्रधानमध्यावरशुद्धिशुद्धः। (अ. ह. सू., 18/29)

³³ दशैव ते द्वित्रिगुणा विरेके प्रस्थस्तथा स्याद् द्विचतुर्गुणश्च॥
..... कफान्तं च विरेकमाहुः।द्वित्रान् सविट्कानपनीतवेगान् मेयं विरेके
(अ. ह. सू., 18/31-32)

³⁴ विरेकसाध्या गुल्मार्शो कोष्ठगाः कृमयो व्रणाः (अ. ह. सू., 18/8-9)

³⁵न तु रेच्या नवज्वरी
अल्पाग्न्यधोगपित्तास्रक्षतपाय्वतिसारिणः।
सशल्यस्थापितक्रूरकोष्ठातिस्निग्धशोषिणः। (अ. ह. सू., 18/10-11)

Complications:

The complications during *Virechana* therapy may be in the form of *Ayoga* (inadequate purgation) / *Atiyoga* (excessive purgation).

Symptoms of *Ayoga*:

1. *Hridaya Ashuddhi* (heaviness of pericardium)
2. *Udara Ashuddhi* (heaviness of abdomen)
3. *Aruchi* (anorexia)
4. *Kapha-pitta utklesha* (accumulation of sputum in throat or gastric reflux)
5. *Kandu* (itching)
6. *Daha* (burning sensation)
7. *Pitika* (eruptions)
8. *Peenasa* (sinusitis)
9. Obstruction of *Vata & Mala*

Symptoms of *Samyak Virechana*³⁶

The symptoms of *Samyak Virechana* are opposite to Symptoms of *Ayoga*.

Symptoms of *Atiyoga*

1. Malena
2. Prolapse of rectum
3. Thirst (dehydration)
4. Giddiness
5. Sunken eyes

Scientific observations

This process cleans the channels by the removal of accumulated waste products, undigested material and the toxins mainly from the gut (Gastrointestinal tract). which have moved here by sudation. It enhances the appetite, power of digestion and absorption of food.

³⁶ हृत्कुक्ष्यशुद्धिररुचिरुत्त्वलेशः श्लेष्मपित्तयोः ।।
कण्डुर्विदाहः पिटिकाः पीनसो वातविड्ग्रहः ।
अयोगलक्षणम् योगो वैपरीत्ये यथोदितात् ।। (अ. ह. सू., 18/38-39)

Benefits of Samshodhana³⁷:

Samshodhana (Vamana & Virechana) procedures provide the following benefits:

- Clarity of the mind
- Strength to the sense organs
- Stability to the tissues
- Improvement of digestion
- Slowing down of Ageing process

³⁷ बुद्धिप्रसादं बलमिन्द्रियाणां धातुस्थिरत्वं ज्वलनस्य दीप्तिम्।
चिराच्च पाकं वयसः करोति संशोधनं सम्यगुपास्यमानम्॥ (अ. ह. सू., 18/60)

VASTI (MEDICATED ENEMA)

Vastikarma is the procedure by which the medicines in suspension form are administered through rectum or genitourinary tract using *Vastiyantara*³⁸ (Specific apparatus). It is the most important procedure among *Panchakarma* procedures and the most appropriate remedial measure for *Vatadosha*.

Materials and Equipments:

- *Vastiputaka* (Bladder or polythene bag approx. 1.5 Lt. capacity) - 1
- *Vasti netra* (Nozzle) - 1
- Lavatory facilities
- Others (thread, vessels, churner, heating apparatus, table/ bench, towel, hot water for bath etc.)

Medicines- usual ingredients:

- Medicated oils for *Abhyanga*
- *Swedana Karma* materials
- Medicated oils for *Vasti*
- *Kwatha* (Decoction) & *Kalka* (Paste) made from prescribed medicines –
- *Madhu* (Honey)
- *Saindhava* (Rock-salt)

Man Power:

- Ayurvedic Physician : 1
- Masseur : 1

Types of *Vasti* (Classified into many ways):

According to the nature of medicine used, two types of enemas are:

- *Asthapana/Kashaya/ Niruha Vasti* - Decoction based enema
- *Anuvasana/ Sneha Vasti* - Oil based enema

Matra (dose) of *Vasti dravyas*:

It depends upon age, sex, strength (*bala*) of the patient and state of *Doshas* / disease.

³⁸ बस्तिभिर्दीयते यस्मात् तस्मात् बस्तिरिति स्मृतः (शा. उ. खं. 5-1)

Apparatus for Vasti:

Vasti yantra is composed of a *Vastiputaka* (animal bladder/polythene bag) and *Vastinetra* or nozzle made up of metals like gold, silver, copper, etc. (*Charak Siddhi* 3/7). The length of *Vastinetra* may be 6 to 12 fingers according to age of the patient (*Sushrut Cikitsa* 35/8).

1. NIRUHA VASTI/ KASHAYA VASTI (DECOCTION ENEMA):

Decoction enema is given before meals (i.e. 8-9 AM) and usually consists of

Medicated oil/ <i>ghee</i>	:	240 ml
<i>Madhu</i> (Honey)	:	180 ml
Decoction made from prescribed drugs	:	480 ml
<i>Shatahwa kalka</i>	:	30 gm
Rock-salt	:	15 gm

Preparation of *Vasti dravya*³⁹

Powdered rock-salt is added to honey and stirred in a clean vessel with a pestle. Oil is added to this mixture little by little and again stirred. Then paste of *Shatahwa* followed by decoction is to be added little by little quantity and mixed properly to make homogenous emulsion, and heated gently in a water bath (slightly above body temperature). This mixture is poured into a *Vastiputaka* (polythene bag/processed animal bladder) and fixed with *Vasti Netra* (tied by using thread).

Procedure⁴⁰

Having undergone *Abhyanga* and *Swedana*, the patient is advised to lie down in left lateral position. Little quantity of oil is applied on patient's anus and nozzle of *Vasti yantra*. The nozzle is gently inserted into the anal canal up to a specific length and *Vastiputaka* containing mixture is pressed with a uniform pressure. The pressure is continued till only small quantity of fluid remains in the bag (to avoid air insertion). Then the nozzle is removed gently and the patient is allowed to lie down on supine position till he feels urge to excrete.

³⁹ माक्षिकं लवणं स्नेहं कल्कं क्वाथमिति क्रमात् ।।
आवपेत निरुहाणामेष संयोजने विधिः (अ. ह. सू. 19/45)

⁴⁰ तलाक्तगात्रं कृतमूत्रविट्कं नातिक्षुधार्तं शयने मनुष्यम् ।
समेऽथवेषन्नतशीर्षकं वा नात्युच्छिन्ते स्वास्तरणो पपन्ने ।। (च. सि. 3/17)

The *Vasti dravya* along with faeces normally comes out within 10 minutes when a full dose of *Niruha Vasti* is given. The maximum time specified for retention of *Vasti dravya* is 48 minutes⁴¹. After evacuation of the bowel, the patient may take hot water bath and semi solid diet.

Usually *Niruha Vastis* are not to be given alone. Wherever required, *Niruha Vasti* must be given alternatively with *Sneha Vasti*. Arrangement of *Sneha Vastis* in the beginning, *Niruha Vastis* and *Sneha Vastis* alternatively later followed by *Sneha Vastis* in the last is done in three specific patterns according to total number of *Vastis*, the severity of disease and condition of the patient etc. These are known as:

- *Karma Vasti* ⁴² - 30 in number (12 *Niruha*, 18 *Anuvasana*)
- *Kala Vasti* ⁴³ - 16 in number (6 *Niruha*, 10 *Anuvasana*)
- *Yoga Vasti* - 8 in number (3 *Niruha*, 5 *Anuvasana*).

Commonly used *Vasti Yogas*:

- *Madhutailika vasti*
- *Bala guduchyadi vasti*
- *Patolanimbadi vasti*
- *Vaitarana vasti*

Indications⁴⁴ :

- Neurological disorders - Hemiplegia, Paraplegia, Sciatica, Parkinson's disease etc.
- Rheumatological disorders - Gout, Rheumatoid Arthritis, Lumbago, Osteo Arthritis, Myalgia etc.
- Digestive disorders
- Chronic Fever
- Secondary Amenorrhea, etc.

⁴¹ आगतौ परमः कालौ मुहूर्तो मृत्यवे परम् ।। (अ. ह. सू. 19/47)

⁴² प्राक्स्नेह एकः पंचान्ते द्वादशास्थापनानि च ।
सान्वासनानि कर्मैवं वस्तयस्त्रिंशदीरिताः ।। (अ. ह. सू. 19/63)

⁴³ कालः पंचदशैकोऽत्र प्राक् स्नेहोऽन्ते त्रयस्तथा ।
षट् पंचवस्त्यन्तरिता योगोऽटो वस्तयोऽत्रतु ।। (अ. ह. सू. 19/64)

⁴⁴ शेषास्त्वास्थाप्याः विशेषतस्तु प्रधानतममित्युक्तं वनस्पति मूलच्छेदवत् ।।
(च. सि. 2/16)

Contraindications⁴⁵:

- *Urakshata* (Chest Injuries)
- *Krishha* (Emaciated body)
- *Amatisara* (Diarrhoea with mucus)
- *Chhardi* (Vomiting)
- *Kasa* (Cough)
- *Shwasa* (Asthma)
- *Madhumeha* (Diabetes)
- *Arsha* (Piles)
- *Shoona Payu* (Inflamed Anus)
- *Kritahara* (Immediately after taking food)
- *Udakodara* (Ascitis)
- *Garbhini* (Pregnant woman)

2. SNEHA VASTI (OIL ENEMA):

Administration of medicated oil through anal /genitourinary route is called *Sneha vasti*. The dosage through anal route may vary from 100 ml to 250 ml according to the *Doshik* predominance, disease condition / patient's condition etc. The usual time of administration is afternoon immediately after lunch.

Procedure:

After *Abhyanga* and *Swedana*, the patient is advised to lie down in left lateral position. The *Vastidravya* (*Sneha*) is administered in similar manner as *Niruha vasti*. As it is a retention enema, the contents should be allowed to retain inside for a minimum period of three hours and all efforts are to be done for the same. It is not harmful even though it is retained for one day.

⁴⁵ अनास्थप्यास्त्वतिस्निग्धः क्षतोरस्को भृशं कृशः ।
आमातिसारी वमिमान् संशुद्धौदत्तनावनः ॥
श्वासकासप्रसेकाशोहिध्माध्मानाल्पवह्नयः ।
शूनपायुः कृताहारो बद्धच्छिद्रोदकोदरी ॥
कुष्ठी च मधुमेही च मासान् सप्त च गर्भिणी । (अ. ह. सू., 19/4-5)

Indications⁴⁶:

- Neurological & Arthritic conditions - *Katishoola* (backaches), *Gridhrasi* (Sciatica) and other *Vata vyadhis*
- *Jeerna Jwara* (chronic fevers)

Contraindications⁴⁷:

- *Arsha* (Piles)
- *Bhagandara* (Fistula)
- *Raktapitta* (bleeding disorders)
- *Navajwara* (Acute fever)
- *Pushpita* (menstrual period)
- *Pandu* (Anemia)
- *Kamala* (Jaundice)
- *Prameha* (Diabetes)
- *Peenasa* (Sinusitis)
- *Sthoola* (Obese)
- *Krimi* (Worm infestation)
- *Galganda* (Thyroid disorders)
- *Shlipada* (Filariasis)

⁴⁶ य एवास्थाप्यास्त एवानुवास्याः विशेषतस्तु रुक्षतीक्ष्णाग्नयः
केवलवातरोगार्ताश्चः एतेषु ह्यनुवासनं प्रधानतममित्युक्तं मूलेद्रुमप्रसेकवत् ।। (च. सि. 2/19)

⁴⁷ य एवानास्थाप्यास्त एवानुवास्याः स्युः गुरुकोष्ठश्लीपदगलगण्डापचिक्रिमिकोष्ठिनः
(च. सि. 2/17)

MATRA VASTI⁴⁸:

Matra vasti is the method of administration of medicated oil in small dose, which can be given daily and is totally harm less. It is a type of *Sneha vasti* and indications are similar to *Sneha vasti*. It can be applied irrespective of age and no much precautionary measures are required. The usual dosage is 60 ml.

Indications:

- *Vyayama* (excess physical and mental exertion)
- *Madyapana* (Alcoholism)
- *Dourbalya* (Debility)
- *Vataroga* (Neurological disorders)
- *Bala, Vriddha* (Children & Elderly persons) etc.

Complications during Vasti Cikitsa:

The complications of *Vasti* are dealt in detail in texts (*Caraka Samhita Siddhi Sthana*) There are:

- *Doshas* (defects) of *Netra* (nozzle) – 8 types
- *Doshas of vasti* - 8 types
- *Doshas of vastidata* (technician) – 10 types
- *Snehavasti vyapat* – 6 types

These may result into various complications like :

- Local anal injury
- GIT symptoms like pain in abdomen, vomiting etc.
- Very rarely generalized symptoms like *murchha* (synlope), *angamarda* (bodyache) etc.

Management is done accordingly.

⁴⁸

कर्मव्यायामभाराध्वया (पा) नस्त्रीकर्षितेषु च।

दुर्बले वातभग्ने च मात्रावस्तिः सदा मतः॥ (च. स. सि. 4/52)



VASTI DRAVYAS



VASTI YANTRA



VASTI KARMA



VASTI KARMA

NASYA (NASAL INSUFFLATIONS)

Administration of medicines through nostrils is called *Nasya*. *Nasya* is indicated mainly in aggravated and accumulated *Doshas* of head and neck⁴⁹.

Materials and Equipments:

- Chair
- *Droni/ Panchakarma* table
- *Gokarna* (special type of vessel)
- Oil for massage
- Towel

Medicines:

Commonly used oils are-

- *Dhanvantara taila*
- *Anu taila*
- *Ksheera Bala taila*
- *Shadbindu taila*
- Medicated Powder in *Pradhamana Nasya*
- Medicated Juice in *Avapida Nasya*
- Medicated Smoke in *Dhooma Nasya*

Types of *Nasya*:⁵⁰

1. *Snehanasya*
(a) *Marsha Nasya* (b) *Pratimarsha Nasya*
2. *Avapida Nasya* (when *Kalka/Swarasa* of leaf/ fruit etc. are used)
3. *Shirovirechana nasya* (when *Tikshna dravyas* are used for cleansing of sinuses)
4. *Pradhamana nasya* (insufflations of drug-powder)

⁴⁹ औषधम् औषध सिद्धो वा स्नेहो नासिकाभ्यां दीयते इति नस्यम् ॥ (सु. चि. 40/21)

ऊर्ध्वं जत्रुविकारेषु विशेषान्नस्यमिष्यते ।
नासाहि शिरसो द्वारं तेन तद्व्याप्तं हन्ति तान् ॥ (अ. ह. सू. 20/1)

⁵⁰ मर्शश्च प्रतिमर्शश्च द्विधा स्नेहोऽत्र मात्राया ।
कल्काद्यैरवपीडस्तु स तीक्ष्णैर्मूर्द्धरेचनैः ध्मानं विरेचनश्चूर्णो (अ. ह. सू. 20/7)

Types of Nasya (according to action):

1. *Virechana Nasya*
2. *Brimhana Nasya*
3. *Shamana Nasya*

Man power:

- Ayurvedic Physician : 1
- Masseur : 1

Doses of Nasya:

<i>Matra</i>	<i>Marsha</i>	<i>Avapida</i>
<i>Uttama matra</i> (maximum dose)	10 drops	8 drops
<i>Madhyam matra</i> (medium dose)	8 drops	6 drops
<i>Hriswa matra</i> (mild dose)	6 drops	4 drops

Pratimarsha nasya matra: 2 drops

Time of *Pratimarsha nasya* ⁵¹

1. In the night
2. In the day
3. After food
4. After *Vamana*
5. After day sleep
6. After traveling
7. After exhaustion
8. After sexual relation
9. After *Siroabhyanga* (head massage)
10. After *Gandoosha* (gargles)
11. After urination
12. After *Anjana*
13. After defecation
14. After teeth cleaning
15. After laughing

⁵¹ निशाहर्भुक्तवान्ताहः स्वप्नाध्वश्रमरेतसाम् ।
शिरोभ्यंजनगण्डूषप्रसावांजनवर्चसाम् ।। (अ. ह. सू. 20/28)

Procedure:

The patient should sit or lie down in a comfortable posture. He has to undergo gentle massage over the head, forehead and face followed by mild *Swedana*. Slightly warm oil should be instilled in the prescribed dose in each nostril. Gentle massage is to be performed on the plantar and palmar regions, shoulder and back. The patient is allowed to spit if patient feels discomfort due to oil in the throat. After completion of the procedure, oil on the face is to be wiped off and complete rest is advised to the patient. Gargling with warm water may follow *Dhoomapana* (inhalation of medicated smoke) through mouth may be given after *Nasya*.

Dose of the oil: 4-8 drops per sitting.

Duration of the treatment: 7-14 days.

Indications⁵²:

- *Shirahshula* (Headache)
- *Urdhwajatrugata- Roga* (E.N.T. diseases)
- *Ardita* (Facial paralysis)
- *Manyastambha* (Cervical spondylitis)
- *Timira* (Cataract)
- *Vyanga* (Hyper pigmentation)

Contraindications⁵³:

- Pregnancy
- Immediately after taking food, water, alcohol etc.
- *Ajeerna* (Indigestion)

⁵² शेषास्त्वर्हाः, विशेषतस्तु शिरोदन्तमन्यास्तम्भ केवलं विकारकरं दोषमपकर्षति ।
(च. सि. 2 / 22)

⁵³ अशिरोविरेचनार्हास्तु अजीर्णिभुक्तभक्तपीतस्नेह अनशतौदुर्दिनेचेति ।।
(च. सि. 2 / 20)



NASYA



DHOOM AFTER NASYA

ABHYANGA (MASSAGE)

Abhyanga can be defined as the procedure of application of *Sneha Dravya* over the body with mild pressure. *Abhyanga* word is derived from ‘*Abhi*’ *upsarga* and ‘*anga*’ *dhatu*. Thus *taila/ghrita/vasa* etc. are rubbed over the body in directions comfortable to the patient. It improves strength and alleviates *Vata*. *Abhyanga* is a type of *Bahya Snehana*. It can be performed as therapeutic procedure as well as preventive procedure.

Materials and Equipments:

- *Abhyanga table* - 1
- Medicated oil - 100 to 150ml
- Vessel - 200 ml. capacity
- Tissue paper/soft towel
- Green gram powder/ Medicated *Snana Churna*/ Medicated soap

Oils commonly used in the Abhyanga:

- *Masha taila*
- *Narayana taila*
- *Dhanvantara taila*
- *Karpasasthyadi taila*
- *Ksheera bala taila*

Man power:

- Ayurvedic Physician : 1
- Masseur : 2

Procedure:

The patient is made to sit on the *Abhyanga* table with leg extended. The oil is to be heated to optimum comfortable temperature and applied over the head, ears, and soles of feet. Then the oil should be applied uniformly with mild pressure over the body by two masseurs standing on both sides of the table. Massage is to be started from scalp, head and move down to neck, upper back, shoulders, upper arms, fore arms, hands and then chest, abdomen, low back and lower limbs.

Abhyanga should be done in sitting, supine, right lateral and left lateral positions and prone position. At the end of the procedure the oil on the body is wiped off with tissue paper or towels.

Duration:

Usually 30 - 40 minutes.

Post operative procedure

Patient should take complete rest for half to one hour in a comfortable manner. Bath can be taken with hot water and medicated powder (*Snana churna*) or soap may be used to remove the oil and to clean the body. Light semisolid digestible diet may be advised after bath.

Indications:

- Neuromuscular disorders - *Pakshavadha* (Hemiplegia), *Shaishaveeya-vata* (Poliomyelitis) *Pangu* (Paraplegia) and *Gridhrasi* (Sciatica)etc.
- Rheumatological problems- Arthritis, Lumbago etc.
- *Vridhastha* (Old age)
- *Shirahshula* (Headache)
- *Angamarda* (Bodyache)
- Rejuvenation of the body

Contraindications: ⁵⁴

- *Navajwara* (Acute fevers)
- *Ajeerna* (Indigestion)
- *Raktapitta* (Hemorrhagic disorders)
- *Atisara* (Diarrhoea)
- Immediately after *Panchakarma*

Actions⁵⁵:

- It provides smoothness and improves luster of the skin.
- It takes care of body-exhaustion
- It controls *Vata* (Neurological disorders)
- It improves vision
- It induces sound sleep
- It strengthens the body and gives longevity

⁵⁴ वज्र्योऽभ्यंग कफग्रस्त कृत संशुद्धयजीर्णिभिः ॥ (अ. ह. सू. 2/9)

⁵⁵ अभ्यंगमाचरेन्नित्यं स जराश्रमवातहा ।
दशष्टि प्रसाद पुष्टयायुःस्वप्नसुत्वक्त्वदाढ्यकृत ॥
शिरः श्रवण पादेषु तं विशेषेण शीलयेत् । (अ. ह. सू. 2/8-9)

Scientific explanation:

The *Abhyanga* with oils provides stimulation to the nerves. It improves the sensory motor integration. It also gives passive exercise to the muscles thereby strengthening them. The gentle pressure used during massage relaxes the muscles.

Abhyanga also removes skin dryness and improves skin lustre.



ABHYANGA



ABHYANGA



ABHYANGA



ABHYANGA

KAYASEKA (PIZHICHIL)

Kayaseka or Pizhichil with oil is a modified form of *Parisheka Sweda* developed as a specialty of Kerala. Pizhichil is the process by which the body is made to perspire by means of pouring warm medicated oil in a specific manner. It is a preparatory procedure of *Panchakarma* which has the advantage of producing *Snehana* and *Swedana* effect at the same moment.

Materials and Equipments:

- *Panchakarma Droni (Dhara table)* - 1
- Pillow (soft and comfortable) - 1
- Cotton cloth (40X40 cms) - 4 pieces
- Vessels 5 liter capacity - 4 no.
- Warm water for bath
- Towel/ tissue paper to wipe the oil from the body
- Heating arrangements (stove etc.)
- Piece of cloth rolled lengthwise, to be tied around the forehead to prevent flow of oil to the eyes.

Medicines:

- Medicated oil as per the prescription of physician. - 5 to 6 liters
- Medicated oil for head - 10 ml
- *Rasnadi churna* - 5 gms
- *Gandharva hasthadi kashaya* - 60 ml

Man Power:

- Ayurvedic Physician : 1
- Masseurs : 2
- Attendant : 2

Procedure:

The patient should be made to sit on the *Droni* with legs extended. Cotton swab (*Taila Pichu*) is to be applied over the scalp after soaking in suitable oil and *Karnapurana* (application of oil in the ears) is to be done. The rolled cotton cloth has to be tied above the ears around the head at the level of forehead. Ears should be plugged with cotton and oil is to be applied all over the body. Gentle massage is to be performed by two masseurs attending either side of the patient.

The oil for *Kayaseka* is to be heated by keeping the vessel on a hot water bath. The temperature of oil must be comfortable to the patient. Then piece of cloth is to be dipped in the warm oil and squeezed over body with the right hand. Simultaneously gentle massage is done with left hand. The oil should flow in uniform stream from the thumb facing downwards from a height 12 to 20 cms. or as per the condition of the disease / patient. The process is to be continued in seven positions as given below.

Positions for *Kayaseka*:

Basically three positions Sitting, Supine and Prone are described but practically following seven positions can be followed:

- | | | |
|------------|------------------|-----------------|
| 1. Sitting | 2. Supine | 3. Left lateral |
| 4. Prone | 5. Right lateral | 6. Supine |
| 7. Sitting | | |

Post process measures:

After *Kayaseka*, the body of the patient is to be massaged gently and oil to be wiped off with clean towel over the scalp and body. Then fresh oil is to be applied all over the body and covered with blanket or cotton cloth. Rest is advised for few minutes followed by hot water bath. *Rasnadi churna* is to be applied over the scalp and *Gandharva hasthadi kwatha* (60 ml) is to be given orally.

Duration:

The duration of the procedure may be 45 to 60 minutes and usually performed for 7, 14 or 21 days according to the condition of the disease/ patient.

Use of Oil:

It is desirable to use fresh medicated oil for *Kayaseka* every day. But as it is very costly, the same oil may be reheated, filtered and used for further three days. Another quantity of fresh oil is again to be taken and used as before for the next three days. The quantity of oil preserved after 1st and 2nd course of treatment can be used for the 7th day after heating and removing the sediments. Being completed the course of seven days; the residual oil is to be discarded.

Indications:

- Neuromuscular disorders - Hemiplegia, Paraplegia, Peripheral Neuropathy and other Degenerative conditions, Muscular and Ligamentous injuries

- Orthopaedic & Rheumatological problems - Rheumatoid Arthritis Osteoarthritis, other Degenerative joint disorders, Contusion injuries, Post fracture stiffness of joints, Dislocation of joints
- Rejuvenation therapy

Contraindications:

- Painful inflammatory conditions
- Acute stages of fever
- Gastro intestinal problems - Diarrhoea, Digestive disorders etc,
- Respiratory disorders - Cough, Breathing difficulty, Infections etc.

Dietary regimen:

Normal diet can be prescribed. For rejuvenation, meat soups can also be given.

Scientific explanation⁵⁶

This process stimulates neuromuscular system; increases the peripheral circulation, improves the functions of skin, sense organs and provides nourishment.

⁵⁶ धातूनां दृढतां करोति वृषतां देहाग्निं वर्णोजसा ।
 स्थैर्यं पाटवमिन्द्रियस्य जरसो माघं चिरंजीवितम् ॥
 अस्थानां भग्नमपाकरषि नितरां दोषान् समीरादिकान् ।
 सर्वस्नेहकृता सुखोष्ण सुभगा सर्वागधारा नृणाम् ॥ (धाराकल्प-2)



KAYASEKA (PIZHICHIL)



KAYASEKA (PIZHICHIL)

SHASHTIKA SHALI PINDA SWEDA (NAVARAKIZHI)

Shashtikashali pinda sweda also known as *Navarakizhi* is a Kerala specialty of treatment in which the whole body or any specific part is made to perspire by the application of heated medicinal rice (*Navara*) puddings externally in the form of boluses tied up in a cotton cloth⁵⁷.

Materials and Equipments:

- *Panchakarma Droni* - 1
- Gas Stove - 1
- Vessels - 2 or 3
- Cotton pieces (1ft x 1 ft) - 4 no.
- Cotton thread - 2 mtrs
- Palm leaves - 8 - 10 in No.
- Towel
- Hot water for bath

Medicated oils commonly used for *Abhyanga*:

- *Mahamasha taila*
- *Dhanwantara taila*
- *Ksheera bala taila*
- *Karpasasthyadi taila*
- *Ashvagandha Bala taila*

Quantity required: approx.100 ml

Medicated Kwatha:

- *Dashamoola Kwatha/ Balamoola Kwatha* – 3 litres
- *Gandharva Hastadi Kwatha* – 60 ml (orally)

Amalaki Kalka (paste of *Emblica officinalis*):

- Paste prepared after boiling in butter milk – 100 gm

⁵⁷

तिलमाषकुलत्थाम्ल घृततैलाभिषौदनैः।

पायसैः कृशरैमांसैः पिण्डस्वेदं प्रयोजयेत्॥ (च. सू. 14/25)

Others:

- Cows milk – 3 litres
- *Shastika shali* (Special variety of rice) – 300 to 500 gm

Man power:

- Ayurvedic Physician : 1
- Masseur : 2
- Attendant : 2

Mode of administration/ procedure⁵⁸:

300 to 500 gm of *Shashtika shali* (specific variety of rice, which is yielded after 60 days) is cooked with 1.5 liters of milk and decoction of *Balamoola* (root of *Sida cordifolia*) or *Dashamoola*. This mixture is to be kept in four pieces of cloth to make 4 boluses. Another portion of decoction and milk of the same quantity should be mixed and heated in low temperature to dip the above boluses for warming the *Pottali* (*Kizhi*).

The patient should be properly massaged with suitable warm oil all over the body and head. The paste of *Amalaki Kalka* should be applied on the scalp. The warm *Pottalis* (*kizhi*) should be gently applied in synchronized manner by two masseurs on two sides of *droni*. They should ensure that the heat of the boluses is bearable to the patient by touching them over the dorsum of their hand. The temperature of the boluses should be maintained throughout the procedure by continuous use of four boluses. The process should be continued till the patient gets *Samyak Swinna Lakshana*⁵⁹. This process is also done in seven positions as in *Kayaseka* or as per the requirement.

⁵⁸ संशोधितानां कुडवद्वयं—प्राक् संशोधितम् षष्टिकं तंडुलानाम्
बलकषाये पयसा युतत्त्वान् विपाचयेत् षड्गुणिते यथावत् तंडुलानाम् ।
पिंडान् विदध्याद् अमुनाष्टचैका खण्डेषु नूतनेषु सुसुब्रह्मन् ।
विपाच्यमाने क्वथिते बलाया क्षिपेदधैनान् पयसा समेते ॥
अभीक्ष्णं विक्षेपकवोष्णितैस्तैः विभ्यष्य मृदनान् यथोपदेशम् ।
शुभेमुहूर्ते कृतपूज्यपूजं यथोक्तस्तैलाकतं तनुं मनुष्यम् ॥
यामार्द्धकालेन समाप्तिमेति यथाकषायः सपस्क एषः ।
तथा पचेत् तत्र मृदुक्षिपेच्च पिंडान् सुखोष्णी करणाय तेषां
ऊनापनीयखिलं लेपमंगायथास्वतैलार्जितसर्वगाः
स्नातः सुखोष्णेन जलेन पथ्यभोजी भजेत् स्नेहविधानं चर्मत्म्
(आयुर्वेदिक ट्रीटमेन्ट ऑफ केरल पृष्ठ 5-6)

⁵⁹ शीतशूलव्युपरमे स्तम्भगौरवनिग्रहे ।
संजाते मार्दवे स्वेदे स्वेदनाद्विरतिर्मता ॥ (च. सू. 14/13)

Post operative procedure:

At the end of the procedure, the paste of medicine remaining over the body should be scrapped off with palm leaves or in similar way and the body should be wiped off with dry soft towels. Then *Taila* swab is to be removed and *Rasnadi churna* is applied over the scalp. Medicated oil should be applied over the body and *Gandharva hasthadi kwatha* is given orally. The patient should take complete rest for at least half an hour and then take a bath with warm water.

Duration:

The total duration of the procedure may be 45 to 60 minutes. The procedure is usually performed for 7, 14 or 21 days according to the requirement.

Indications:

- Neuromuscular disorders - Hemiplegia, Paraplegia, Muscular wasting
- Diseases of joints - Osteoarthritis and other degenerative conditions
- Rejuvenation therapy

Contraindications:

- Acute fever
- Inflammatory and painful conditions, Myalgia
- Gastro intestinal problems like Diarrhoea, Digestive disorders etc,
- Respiratory disorders - Cough, Breathing difficulty, Infections etc

Dietary regimen:

Light vegetarian diet consisting of liquids or semisolids are usually prescribed during the course of the treatment.

Scientific explanation:

By performing this procedure, massage, heat and pressure are provided to the body simultaneously with nourishment to the muscles and nerve endings.



ITEMS FOR *SHASTIKA SHALI PINDA SWEDA*



SHASHTIKA SHALI PINDA SWEDA

AVAGAHA SWEDA (SITZ BATH)

Avagaha sweda is a type of *Swedana* (sudation) in which the patient is made to sit/ lie in a tub containing medicated decoction for a certain period of time so as to give fomentation to the body⁶⁰.

Materials and Equipments:

- Bath Tub (6 ft x 2.6 ft x 1.4 ft) - 1
- Vessels - 2
- Decoction of medicinal plants - 40-60 litres
- Oil for *Abhyanga* - 100ml
- Towel/ tissue paper etc.

Medicines:

Usually the following Decoctions are used for this purpose

- *Sahachara kwatha*
- *Nirgundi kwatha*
- *Dashamoola kwatha*

Man power:

- Ayurvedic Physician : 1
- Masseur : 2

Mode of administration/ procedure:

The patient should be massaged properly and advised to sit in the tub (containing warm decoction) for 20 to 30 minutes. It should be ensured that the lower part of the body is submerged in the decoction. To maintain continuous uniform temperature, fresh warm liquid may be added to the decoction after small intervals. After completion of this procedure, body should be wiped off. The patient should be advised to take hot water bath followed by light food. *Gandharva hastadi kwatha* is to be given afterwards for drinking. The treatment may be given for 3-7 days or as per Physician's directives based on patient / disease condition.

⁶⁰ तैरेव वा द्रवैः पूर्णे कुण्डं सर्वाङ्गेऽनिले ।
अवगाह्यातुरस्तिष्ठेदर्शः कृच्छादिरुक्षु च ॥ (अ. ह. सू. 17/11)

Indications:

- Lumbo sacral pain and degenerative conditions
- Neurological problems of hip and lower limbs
- Lower gastro intestinal problems
- Urogenital problems like renal calculi, retention of urine etc.
- *Bhagandara* (Fistula-in-ano)
- *Arsha* (Piles)

Contraindications:

- *Nava Jwara* (Acute fevers)
- *Atisara* (Diarrhoea)
- *Prasuta* (Purpuriem)
- *Madhumeha* (Diabetes)

Dietary regimen:

Light easily digestible diet preferably liquids and semisolids.

Scientific explanation:

This is a process in which stimulation to nerves and relaxation to muscles is provided through heat and fomentation to the back, perineum, thighs and lower abdomen. It is also a local treatment for *Arsha* (piles) and *Bhagandara* (fistula).



AVAGAHA SWEDA (SITZ BATH)

UPANAHA (POULTICE)

Upanaha is one type of *Swedana* (sudation) in which the medicines are made in to a paste after boiling with suitable liquid and applied over a specific area. It is to be covered with *Vatahara* leaves and bandaged with thick cloth which can be removed after 12 hours. *Acharya Chakrapani* described the *Upanaha sweda* as of two types (i.e. *Sagni*, *Niragni*).

Materials

- Fine powder of prescribed drugs - 50 gms
- *Taila/ Ghrita* (Medicated oil/ghee) - 15-25 ml
- *Amla dravya* (*Dhanyamla/* Curd) - 50-100 ml
- *Saindhava* (Rock salt) - 20-30 gms
- Leaves of *Eranda* (*Ricinus communis*) - QS
- Thick cotton / woolen cloth - QS
- Vessel - 1
- Stirrer (Spoon) - 1

Man power:

- Ayurvedic Physician : 1
- Masseur : 1

Procedure⁶¹

Saindhava and powdered drugs are to be taken in a vessel along with sufficient quantity of *Taila/ Ghrita* and *Amla dravya* and then heated. This mixture is stirred continuously till it becomes thick paste. Warm oil should be applied in the area where *Upanaha* is to be done. Then the above paste with bearable heat should be applied. The area where the paste is applied should be covered with *Eranda patra* or other prescribed leaves and bandage to be done with thick cotton cloth. This can be removed and cleaned after 8 – 12 hours followed by oil to be applied.

⁶¹ उपनाहो वचाकिण्होवशतह्वादेवदारुभिः ।
धान्यैः समस्तैर्गन्धैश्च रास्नैरण्डजटामिषैः ॥
उद्विक्तलवणैः स्नेहचुक्रपयःप्लुतैः ।
केवले पवने, श्लेष्मसंसृष्टे सुरसादिभिः ॥
पित्तेन पद्मकाद्यैस्तु साल्वणाख्यैः पुनः पुनः । (अ. ह. सू. 17/2-3)
रात्रौ बद्धं दिवा मुन्वेन्मुन्वेद्रात्रौ दिवाकृतम् ।
विदाहपरिहारार्थं, स्यात् प्रकर्षस्तु शीतले ॥ (च. स. सू. 14/38)

Indications:

- Headache
- Arthritis
- Bursitis
- Frozen shoulder
- Varicose vein
- Tumor
- Plantar fascitis
- Cervical spondylosis

Contraindications

- Severe inflammation of skin
- Infections

Diet:

Normal diet

Scientific observation:

It is a type of *Swedana* (sudation) that imparts heat to a specific area resulting into reduction of swelling and pain. It improves the blood circulation and thus, mobilizes the waste materials of that area.

PATRA PINDA SWEDA

Patra Pinda Sweda refers to the *Swedana* (sudation) performed by specially prepared bolus of medicinal leaves⁶². In this process leaves of *Vatahara* drugs are cut into pieces and fried with rock salt and suitable medicated oil. This hot mixture is tied in cotton cloth as boluses for application over the body.

Material and Equipments:

- *Panchakarma Droni* - 1
- Frying pan - 1
- Vessels for heating - QS
- Gas stove - 1

Ingredients:

- Leaves of various herbs (chopped into pieces) - 1 kg
- Grated coconut - 100 gms
- Rock salt - 15 gms
- Lemons - 2 No.
- Medicated oil - 100 ml

The leaves commonly used:

- *Eranda (Ricinus communis)*
- *Amlika (Tamarindus indica)*
- *Karanja (Pongamia glabra)*
- *Shigru (Moringa oleifera)*
- *Dhatuira (Datura metel)*
- *Arka (Calotropis procera)*
- *Nirgundi (Vitex Negundo)*

The Medicated Kwatha:

- *Gandharva hastadi kwatha* – 60 ml. (orally)

⁶²

ऊष्मा तूत्कारिका लोष्टकपालोपलपांसुभिः ।
पत्रभङ्गेन धान्येन करीषसिकतातुषैः ॥
अनेकोपायसन्तप्तैः प्रयोज्यो देशकालतः । (अ. ह. सू. 17/6-7)

Commonly used oils:

- *Karpasasthyadi taila*
- *Kottamchukkadi taila*
- *Balaashwagandhadi taila*
- *Dhanwantara taila*

Man power:

- Ayurvedic Physician : 1
- Masseur : 2

Mode of administration/ procedure:

The leaves and lemon are cut into very small pieces and fried with medicated oil and rock salt in a frying pan by giving proper heat. The mixture so prepared is put into a small piece of cloth and tied up into two boluses. The bolus (*pottali*) should be gently applied in synchronized manner. This bolus is applied hot to the skin already smeared with warm medicated oil. To maintain its temperature, the bolus is intermittently kept warm by heating on the frying pan.

Post operative procedure:

At the end of the procedure, body should be wiped off with dry soft towel. *Gandharva hastadi kwatha* is to be given orally. The patient should take complete rest for at least an hour and then allowed to take bath with warm water.

Indications:

- Neuro muscular disorders - *Pakshavadha* (Hemiplegia), *Gridhrasi* (Sciatica)
- Rheumatological conditions - Arthritis due to various reasons-*Amavata*, *Sandhivata*, *Katishula*, *Avabahuka* etc.

Contraindications:

- *Taruna Jwara* (Acute fever)
- *Atisara* (Diarrhoea)
- *Raktapitta* (Hemorrhagic disorders)
- *Twak Vikara* (Infective eczema, Psoriasis etc.)

Dietary regimen:

Light diet preferably liquids and semisolids.

Scientific explanation:

It is a kind of *Swedana* (sudation) where heat, pressure and oil are applied simultaneously with some *Vatahara* drugs. So this may stimulate and strengthen neuromuscular system resulting in reduction of pain and inflammation.



INGREDIENTS FOR *PATRAPINDA SWEDA*



PATRA PINDA SWEDA



PATRA PINDA SWEDA

CHURNA SWEDA

Churna Sweda is a kind of *Swedana* (sudation) given by powder of various herbs made as *pottalis* (bolus) and application of these *pottalis* over the body after heating.

Material and Equipments:

- Medicinal powder : 200-400 gm
- Lemon : 2-4 pieces
- Rock Salt : 15-30 gm
- Oil : 25-50 ml
- Gas stove : 1
- Others - Cotton cloth, thread, *Panchakarma Droni*, frying pan, big spoon

Medicines:

Any of the following

- *Kola Kulutthadi churna*
- *Jatamanshyadi churna*
- *Tilamashadi churna*

The Medicated Kwatha:

- *Gandharva hastadi kwatha* – 60 ml. (orally)

Commonly used oils:

- *Karpasasthyadi taila*
- *Kottamchukkadi taila*
- *Balaashwagandhadi taila*
- *Dhanwantara taila*

Man Power

- Ayurvedic Physician : 1
- Masseur : 2

Mode of administration/ procedure:

Powder of medicinal plants / seeds, lemon, rock salt are mixed together and fried with medicated oil. This mixture is tied up in a cotton cloth to prepare a bolus. This bolus is heated in oil and applied with mild pressure over the body after gentle massage.

Post operative procedure:

At the end of the procedure body should be wiped off with dry soft towel. *Gandharva hastadi kwatha* is to be given orally. The patient should take complete rest for at least an hour and then allowed to take bath with warm water.

Indications:

- Neuro muscular disorders - Myalgia, *Gridhrasi* (Sciatica) etc
- Rheumatological conditions- Arthritis due to various causes
- Cervical spondylitis

Contraindications:

- Acute inflammatory conditions
- Acute fevers
- Haemorrhagic disorders
- Pregnancy

Dietary regimen:

Light food preferably liquids and semisolids

Scientific explanation:

It is a kind of fomentation that stimulates nerve endings, relaxes muscles and relieves pain.

SHIRODHARA

Shirodhara is a type of *Murdha taila*⁶³ (Application of oil to the Head/ scalp), in which prescribed medicated oil/ liquid is continuously poured over the forehead and then allowed to flow over the scalp from a specific height for a certain period of time.

Material and Equipments:

- *Shirodhara device* – 1
- *Dhara table* – 1
- Suitable liquids for *Shirodhara* – 3 litres

Medicines:

Any of the following:

Oils:

- *Karpasasthyadi taila*
- *Ksheera bala taila*
- *Chandanadi taila*
- *Dhanvantara taila*
- *Narayana taila*.

Othor liquids:

- Buttermilk prepared with *Amalaki (Emblica officinalis)*.
- Decoction of *Yashtimadhu (Glycyrrhiza glabra)*
- Milk
- Coconut water

Man Power:

- Ayurvedic Physician : 1
- Attendant : 2

Mode of administration / procedure:

The patient is to be massaged on the head with suitable oil. In certain cases whole body massage is also done before *Shirodhara*. Patient should lie in supine position on the *Droni* with a pillow under the neck and the *Shirodhara device* is placed over the head. Its height is fixed in

⁶³ अभ्यङ्गसेकपिचवो बस्तिश्चेति चतुर्विधम् ।
मूर्धतैलम् बहुगुणं तद्विद्यादुत्तरोत्तरम् ।। (अ. ह. सू. 22/23)

such a way that suitably warm oil/ medicated liquids should fall from a height of 8 to 10 cm in a continuous stream of the thickness of a little finger over the forehead. The oil/ liquid poured is recollected and reheated just above the body temperature and again poured in the *Dhara Patram*. The attendant should move the vessel to both sides of the forehead so that the flow of liquid reaches both sides properly. After this process, the oil is to be wiped off and the patient is advised to take bath with medicated warm water after half an hour.

Duration:

It may be done for 7, 14 or 21 days as per the severity of the disease.

Indications⁶⁴:

- Cerebrovascular disorders - Hemiplegia
- Cerebral palsy
- Facial palsy
- Headache
- Insomnia
- Cervical Spondylitis
- Anxiety Neurosis
- Other psychological disorders
- Eye diseases of neurological origin

Contraindications:

- Space occupying lesion in the brain
- Glaucoma
- Fever
- Conjunctivitis
- Inflammatory conditions of head

Dietary regimen:

Light diet, preferably semisolids and liquids

Scientific explanation:

Constant flow of liquid in a specified manner relaxes the mind, calms and tranquillizes the patients. It pacifies *Vata*.

⁶⁴ अरुणिकाशिरस्तोददाहपाकव्रणेषु तु ।
परिषेकः पिचुः केशाशातस्फुटनघूपने ॥ (अ. ह. सू. 22/24)



MATERIAL FOR *SHIRODHARA*



MATERIAL FOR *SHIRODHARA*



SHIRODHARA



SHIRODHARA

SHIROLEPANA

Shirolepana is a procedure of application of paste of medicines on head for a specific period of time.

Material Required:

- *Musta* (*Cyperus rotundus*) 10-20 gm.
- Dried *Dhatri phala* (*Emblica officinalis*) - 250 gm
- *Takra* (Butter milk) - 500 ml.
- *Taila* (Suitable oil) - 20 ml.
- Lotus leaves - QS
- *Rasnadi Churna* (Powder of *Pluchea lanceolata*) - QS

Preparation of *Takra* & Paste:

Milk is boiled with *Musta* (*Cyperus rotundus*). Curd is made from this boiled and cooled milk. *Takra* is prepared from this curd and *Amalaki* (*Emblica officinalis*) is to be soaked in *Takra* for over night. The next day paste is prepared from this mixture.

Preparation of the patient & Procedure:

The head of the patient is to be shaved and medicated oil applied over the body and scalp. Patient has to sit comfortably in a chair and *Varti* is to be tied around his head. Thereafter paste should be applied on his head with a thickness of 3 inches. At the center, a dip (trench) is made and *taila* is poured into it. Lotus leaves are to be covered on the applied paste and tied around the head. After one hour, lotus leaves and the paste should be removed. Afterwards head is to be washed and *Rasnadi Churna* is to be applied.

Man power:

- Ayurvedic physician : 1
- Attendant : 1

Time and duration:

Morning, between 8 AM to 10 AM for one hour daily.

The course of treatment may be continued for 7 days or 14 days.

Indications: ⁶⁵

- *Nidranasha* (Sleeplessness)
- *Shirahshula* (Headache)

⁶⁵ पित्तरक्तसमुत्थानौ शिरोरोगौ निवारयेत् शिरोलैपैः ससर्पिष्कैः परिषेकैश्चशीतलैः ।
क्षीरेक्षुरसधान्याम्लमस्तुक्षौद्रसिता जलैः ॥ (सू. उ. 26/12-13)

- *Pitta Raktaja Shirorogas* (Diseases of head due to vitiated *Vata* & blood)
- *Twak Rogas* (Psoriasis, Eczema etc.)

Contraindications:

Cold, Fever, Sinusitis and other inflammatory conditions.

Diet:

Normal diet

Scientific observation:

It provides tranquility to the head and brain soothes the mind and nourishes the brain cells. It is found very effective in mental retardation, loss of memory and in psychiatric problems.

SHIRO VASTI

Shiro vasti is a type of *Murdha taila*⁶⁶, in which the medicated oil is kept over the head with the help of a cap fixed for a prescribed period of time.

Material & equipments required:

- Rexene/ leather cap (75 cm X 25 cm) - 1
- Black gram flour - 250gms
- Medicated oil - 1.5 litres
- Cotton cloth (5 cm X 60 cm) - 2
- Gas Stove - 1
- Hot water bath - 1
- Vessels - 3
- *Rasnadi churna* (Powder of *Pluchea lanceolata*) - 5 gm
- Arm chair - 1

Medicated oils commonly used :

- *Dhanwantara taila*
- *Narayana taila*
- *Bala taila*
- *Ksheerabala taila*
- *Chandanadi taila*
- *Karpasasthyadi taila*

Method of administration & Procedure:

The patient is made to sit comfortably in an arm chair. The strip of cloth smeared with paste of black gram powder should be wound around the head 2 cm above the eye brows. It must be tight enough to prevent leaking of oil, but not causing any discomfort. Then the cap is to be fixed over the strip and the junctions are to be sealed with black gram paste. To seal the junctions leak free, another layer of cloth smeared with the paste is also applied over the cap.

⁶⁶ अभ्यङ्गसेकपिचवो बस्तिश्चेति चतुर्विधम् ।
मूर्धतैलम् बहुगुणं तद्विद्यादुत्तरोत्तरम् ।। (अ. ह. सू. 22/23)

The medicated oil heated just above the body temperature is to be slowly poured inside the cap over the head without any discomfort to the patient. The oil is to be filled up to a height of 5 cm above the scalp. Temperature of the oil (warmness) is to be maintained by replacing with warm oil at regular intervals. The process is to be continued for 45 minutes.

At the end of the procedure, the oil is to be taken out by dipping cotton piece and squeezing in a container so as to recollect the oil. After this the cap is removed and head wash is done. After wiping off the oil with clean and dry towel, *Rasnadi churna* is applied. Gentle massage is performed on shoulder, neck forehead and back.

Man Power:

- Ayurvedic Physician : 1
- Attendant : 1

Duration and time:

The usual course of therapy is 7 days and is usually done in the afternoon or evening (between 3 and 5 PM) for an average time of 45 minutes.

Indications:

- Neurological disorders such as Hemiplegia, Facial palsy
- Numbness
- Sleeplessness
- Dryness of mouth and nose
- Eye diseases
- Severe /chronic diseases of head

Contraindications:

- Acute inflammatory conditions
- Infections

Dietary regimen:

Light diet, liquids and semisolids are preferable.

Scientific observations:

- Treatment for *Vata vikaras* of head
- Useful in neurological complaints, chronic diseases, etc.
- Strengthens the organs in the head and soothes the mind



SHIRO VASTI



SHIRO VASTI



SHIRO VASTI



SHIRO VASTI

KATI VASTI

Kati vasti is a procedure in which comfortably hot medicated oil is kept over the lumbosacral area or any adjacent part for a certain period of time with the help of a cap like hollow structure.

Material and Equipments:

- *Panchakarma table* - 1
- Vessels - 3
- Spoon - 1
- Cotton QS
- Hot water for bath - 1
- Medicated oil - 1 Lt.
- Black gram powder - 1 Kg.
- *Dashamula Kwatha* for *Nadi Sweda*

Medicines:

Any of the following Medicated oils can be used:

- *Karpasasthyadi taila*
- *Sahacharadi taila*
- *Masha taila*
- *Dhanvantara taila*
- *Kottumchukkadi taila.*
- *Mahanarayana taila*

Mode of administration/ procedures:

Black gram powder is to be mixed with sufficient quantity of water to make a thick paste (dough). It is then rolled into a flat slab like structure having length of about 45 to 60 cm, thickness of 2-3 cm and height 5 cm. Selected patient should undergo *Abhyanga* (massage) all over the body and then *Nadi sweda* (Medicated steam) on the low back & legs. Patient is advised to lie down in prone position. The prepared dough is to be fixed on the lumbosacral area in a circular shape, taking care not to cause any leakage of oil.

The oil should be heated up to warmth over the water bath and poured slowly inside the ring. Its uniform temperature must be maintained throughout the process by replacing warm oil. The oil is to be kept for 30-40 minutes. After the prescribed time, oil is to be removed by dipping cotton and squeezing in a container. Dough can be removed afterwards, and the area is to be wiped off followed by cleaning with lukewarm water. Thereafter the patient is advised to

take rest. Oil used once may be filtered and reused for next two days. 4th day the oil to be used should be fresh.

Man power:

- Ayurvedic physician : 1
- Attendants : 2

Time and duration:

30-40 minutes daily.

The course of treatment may be continued for 7 days or 14 days.

Indications:

- Lumbo sacral pain - Lumbar spondylosis, PIVD etc.
- Neuro muscular disorders - *Gridhrasi* (Sciatica), *Katishula*

Contraindications:

- Acute fever
- Acute stage of Rheumatoid arthritis
- Inflammatory or infective conditions
- Haemorrhagic disease
- Kidney disease

Dietary regimen:

Normal diet

Scientific explanation:

Keeping the medicated oil for specific period of time on the affected area may nourish the nerves, muscles and joints in the particular region. The heat of the oil also gives passive fomentation. It gives relief from symptoms.



KATI VASTI



KATI VASTI

URO VASTI

Retaining warm medicated oil on specific area of chest for a specified period of time is called *Uro Vasti*.

Material and Equipments:

- *Panchakarma table* - 1
- Medicated oil - 500 ml
- Black gram powder - 500 gm - 1 Kg.
- Cotton gauze - QS

Medicated oil (any of the following):-

- *Karpasasthyadi taila*
- *Panchaguna taila*
- *Balaashwagandhadi taila*
- *Bala taila*
- *Narayana taila*
- *Kottumchukkadi taila*

Man Power:

- Ayurvedic Physician : 1
- Masseur : 1

Mode of administration/ procedure;

Black gram powder is made in to dough by mixing it with water. The patient has to lie down in supine position. A trough is to be made with this dough on chest or heart region. Medicated oil has to be filled in it and retained for 30 to 40 minutes. After the specified time, the oil is to be removed with the help of cotton gauze. Thereafter, trough can be removed and oil wiped off. The patient is to be advised to take rest. Usually the procedure is done for 7 days.

Indications:

- Muscular pain/stiffness of the chest
- Chronic injury of Chest

Contraindications:

- Status asthmaticus
- Tuberculosis
- Bleeding disorders

Dietary regimen:

Normal diet

Scientific explanation;

Keeping the medicated oil for specific period of time on the affected area may nourish the nerves, muscles and joints in that particular part.



URO VASTI

AKSHI TARPANA

In this process, medicated ghee is retained over eyes for 15-20 minutes.

Material and Equipments:

- *Panchakarma Droni* - 1
- Medicated Ghee - 50 ml
- Black gram powder - 250 gm

Medicines:

The following medicated ghee preparations are commonly used.

- *Jeevantyadi Ghrita*
- *Patoladi Ghrita*
- *Triphala Ghrita*

Man power:

- Ayurvedic Physician : 1
- Attendant : 1

Procedure⁶⁷:

Black gram powder is to be made in to dough by using water. The patient is to be advised to lie down in supine position. Gentle massage is to be done on head, eyes and face. A trough is to be made with this dough around both eyes, approximately 2 cm in height around the eyes. Medicated ghee (a little below body temperature but in liquid form) is to be filled inside the trough. It is to be kept for 15-20 minutes and then the ghee is to be collected by the gauze. The face should be wiped off with clean dry towel. Thereafter eyes should be covered with the leaves of lotus or petals of rose and the patient is to be advised to sit away from the sunlight for a day. It may be done for 7 to 14 days.

⁶⁷ आतुरे शान्तरागाश्रुशूलसंरम्भदूषिके ।
निवाते तर्पणं योज्यं शुद्धयोर्मूर्द्धकाययोः ॥
काले साधारणे प्रातः सायं वोत्तानशायिनः । (अ. ह. सू. 24/3)

Indications⁶⁸:

- Ophthalmological conditions
- Xerophthalmia
- Optic nerve atrophy

Contraindications:

- Conjunctivitis

Scientific explanation:

This process may nourish the structures in the eyes. It strengthens the optic nerve.

⁶⁸ नयने ताम्यति स्तब्धे शुष्के रुक्षेऽभिघातिते ।
वातपित्तातुरे जिह्वे शीर्णपक्ष्माविलेक्षणे ॥
कृच्छ्रोन्मीलशिराहर्षशिरोत्पाततमोऽर्जुनैः ।
स्यन्दमन्थान्यतोवात वातपर्यायशुक्रकैः ॥ (अ. ह. सू. 24/1-2)



AKSHI TARPANA



AKSHI TARPANA

PASHCHAT KARMA (POST OPERATIVE REGIMEN)

The patient should take complete rest for an equal period of time for which he has undergone the therapeutic procedure. *Pashchat Karma* is done as the patient requires to regain the strength of *Dhatus* and to come to normalcy.

*Peyadi Samsarjana Krama*⁶⁹ is to be followed in all cases undergone *Panchakarma* procedures i. e., liquids, semisolids and solid diet is given successively. The patient should use hot water for all purposes and should observe *Brahmacharya* (Celibacy) during *Pashchat Karma*. Sleeping in day time is to be avoided and proper sleep in the night is to be maintained. Natural urges should not be controlled forcibly. The patient should be free from physical and mental exertion and should not be exposed to smoke, excess cold, sun rays, wind etc. Traveling, sitting idle for a long time and talking in a high voice are to be avoided. Soft and low pillows are to be used. *Gandharva hastadi kwatha* is usually given for *Vatanulomana* during the course of therapy. *Rasayana Chikitsa* may be administered to the patient after this period.

Some of the important *Rasayanas* (10-15 gm twice daily) used are:

- *Chyavanprasha*
- *Agastya Haritaki*
- *Sukumara Rasayana*
- *Brahma Rasayana*
- *Naarsimha Rasayana*

Single *Rasayana* / *Vajikarana* drugs:

- *Vardhamana Pippali*
- *Lashuna Kalpa*
- *Shilajatu*
- *Ashwagandha*
- *Masha Atmagupta Rasayana*
- *Musali*

⁶⁹ भोज्योऽन्नं मात्रया पास्यन् श्वः पिबन् पीतवानपि ।
द्रवोष्णमनभिष्यन्दि नातिस्निग्धमसंकरम् ॥
ऊष्णोदकोपचारी स्याद्ब्रह्मचारी क्षपाशयः ।
न वेगरोधी व्यायामक्रोधशोकहिमातपान् ॥
प्रवातयानयानाध्वभाष्यात्यासनसंस्थितीः ।
नीचात्युच्चोपधानाहः स्वप्नधूमरजांसि च ॥
यान्यहानि पिबेत्तानि तावन्त्यन्यान्यपि त्यजेत् ।
सर्वकर्मस्वयं प्रायो व्याधिक्षीणेषु च क्रमः ॥ (अ. ह. सू. 16/25-28)

LIST OF ESSENTIAL EQUIPMENTS REQUIRED FOR SETTING UP OF A PANCHAKARMA THEATRE

1)	Massage table (Wooden/ Fibre)	:	2	Length: 7 feet Width: 3 feet Height: 2.5 feet
2)	<i>Panchakarma Droni (Dhara Droni)</i>	:	2	Length: 9 feet Width: 2.5 feet Height: 2.5 feet
3)	<i>Shirodhara</i> Vessels	:	2	Stainless steel vessels 3 litre capacity
4)	<i>Vasti Netra</i> (disposable)	:	30 no.	
5)	<i>Nasya</i> applicator/ dropper	:	2	
6)	Geyser	:	1	
7)	Hot fomentation instruments (Steam chamber)	:	2	
8)	Leather Cap (for <i>ShiroVasti</i>)	:	2	
9)	Gas Stove/heating apparatus	:	2	
10)	Tub (for <i>Avagaha sweda</i>)	:	2	
11)	Small vessels, Spoons	:	4	

NB: Automated instruments may also be used as per the availability.



PANCHAKARMA DRONI

MEDICINES COMMONLY USED IN PANCHAKARMA THERAPY

TAILAS (OILS)

1. *Anu taila*
2. *Bala Guduchyadi taila*
3. *Chandanadi taila*
4. *Chandanabala Lakshadi taila*
5. *Dashamoola taila*
6. *Dhanwanthara taila*
7. *Eranda taila*
8. *Karpasasthyadi taila*
9. *Kottamchukkadi taila*
10. *Ksheerabala taila*
11. *Lakshadi taila*
12. *Mahamashadi taila*
13. *Mahanarayana taila*
14. *Nirgundyadi taila*
15. *Prabhanjana taila*
16. *Prasarini taila*
17. *Sahacharadi taila*
18. *Saindhavadi taila*
19. *Shadbindu taila*
20. *Tila taila* (Sesame oil)
21. *Pinda taila*

CHURNAS/ AVALEHA/ RASA

(Powders/ Confectionery/ Herbomineral preparations)

1. *Jatamansyadi Churna*
2. *Dashamula Kwatha Churna*
3. *Kottamchukkadi Churna*
4. *Madanaphaladi Churna*
5. *Upanaha Churna*
6. *Kalyanaka Avaleha*
7. *Ichchhabhedi Rasa*
8. *Gandharva Hastadi Kwatha Churna*
9. *Rasnadi Churna*

OTHERS

1.	<i>Balamula</i> (Root of <i>Sida cordifolia</i>)
2.	<i>Nirgundi</i> (<i>Vitex negundo</i>)
3.	<i>Amalaki churna</i> (<i>Emblica officinalis</i>)
4.	<i>Dhatura</i> (<i>Datura metel</i>)
5.	<i>Musta</i> (<i>Cyperus rotundus</i>)
6.	<i>Trivrit</i> (<i>Operculina turpethum</i>)
7.	<i>Aragwadha</i> (<i>Cassia fistula</i>)
8.	<i>Goghrita</i> (Ghee)
9.	<i>Saindhava lavana</i> (Rock salt)
10.	<i>Madhu</i> (Honey)
11.	<i>Shatawha</i> (<i>Anethum sowa</i>)
12.	Leaves of <i>Karanja</i> (<i>Pongamia pinnata</i>), <i>Shigru</i> (<i>Moringa oleifera</i>), <i>Arka</i> (<i>Calotropis procera</i>), <i>Eranda</i> (<i>Ricinus comunis</i>), <i>Amlika</i> (<i>Tamarindus indica</i>), <i>Padmaka</i> (<i>Nelumbo nucifera</i>) etc.
13.	<i>Vacha</i> (<i>Acorus calamus</i>)
14.	<i>Mudga</i> and <i>Masha Churna</i> (Green and black gram powder)
15.	<i>Shashtika Shali Dhanya</i> (a variety of rice yield after sixty days)
16.	<i>Takra</i> (Butter milk)
17.	<i>Dugdha</i> (Milk)
18.	<i>Narikela jala</i> (Coconut water)

ANNEXURE - I

SPECIFICATIONS OF *PANCHAKARMA* THEATRE

In the existing hospitals, there should be separate wards for males and females to carry out the various *Panchakarma* procedures as per following details:

MALE <i>PANCHAKARMA</i> SECTION	:	1 <i>Snehan Kaksha</i> (Room) 14 ft x 12 ft 1 <i>Swedan Kaksha</i> (Room) 14 ft x 12 ft 1 <i>Vasti Kaksha</i> (Room) 10 ft x 10 ft 1 <i>Shirodhara Kaksha</i> (Room) 10 ft x 10 ft
FEMALE <i>PANCHAKARMA</i> SECTION	:	1 <i>Snehan Kaksha</i> (Room) 14 ft x 12 ft 1 <i>Swedan Kaksha</i> (Room) 14 ft x 12 ft 1 <i>Vasti Kaksha</i> (Room) 10 ft x 10 ft 1 <i>Shirodhara Kaksha</i> (Room) 10 ft x 10 ft
SPECIAL PRIVATE ROOM ARRANGEMENT	:	At least 4
O.P.DEPARTMENT	:	300 sq. ft
DISPENSING AND PHARMACY UNIT	:	400 sq. ft
KITCHEN AND CANTEEN	:	800 sq. ft
LABS FOR INVESTIGATION	:	Routine Biochemical and Hematological investigation
OFFICE AND RECORD SECTION	:	As per requirement

ANNEXURE - II

STAFF REQUIRED FOR *PANCHAKARMA* SPECIALITY CENTER

1.	Medical Superintendent MD (Ay.) in <i>Kayachikitsa (Panchakarma)</i> With 10-12 years experience in the profession	1
2.	<i>Panchakarma specialist</i> (Male) MD (Ay.)	1
3.	<i>Panchakarma specialist</i> (Female) MD (Ay.)	1
4.	Resident Medical Officers	2
5.	Male Masseurs (<i>Panchakarma</i> technicians)	4
6.	Female Masseurs (<i>Panchakarma</i> technicians)	4
7.	Staff nurses (Round the clock)	5
8.	Kitchen staff	3
9.	Cleaning services	4
10.	Pharmacist	3
11.	Record keeper	1

SOME PANCHAKARMA CENTRES IN INDIA

1. Central Government Health Scheme Ayurvedic Hospital, Lodhi Road, New Delhi.
2. Central Research Institute for *Panchakarma*, Cheruthuruthy, Kerala.
3. Central Research Institute for Ayurveda, Road No. 66, Punjabi Bagh, New Delhi.
4. Dept. of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, B.H.U., Varanasi.
5. Government Ayurvedic College, Tripunithura.
6. Government Ayurvedic College, Trivandrum.
7. Institute for Post Graduate Training and Research, Gujarat Ayurveda University, Jamnagar.
8. Kerala Ayurveda Pharmacy and Nursing Home, Alwaye, Kerala.
9. Keraleeya Ayurveda Samajam Shoranur, Kerala.
10. Maniben Ayurveda Hospital, Ahmedabad.
11. National Institute of Ayurveda, Madhav Vilas, Amer Road, Jaipur, Rajasthan.
12. Sitaram Ayurveda Health Centre, Press club Road, Trichur.
13. Vaidyaratanam Aushadhasala & Nursing home Taikkattussay, Ollur Trichur Dist. Kerala.
14. Vasudeva Vilasam Nursing Home, Trivandrum.
15. Aryavaidyashala, Kottakala Post, Mallapuram Distt., Kerala.
16. Holy Family Hospital, Okhala Road, Jamia Nagar, New Delhi.
17. Moolachand Khairati Ram Hospital, Lajapata Nagar, New Delhi.
18. Aryavaidyashala Kottakala, Ayurvedic Hospital and Research Centre, 18X-19X, Institutional Area, Karkarduma, Delhi-110092.

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From:

Dr. T. V. Menon

Ex-Assistant Director (Ay.)

Dr. (Mrs.) Bharti

Assistant Director (Ay.)



**National Accreditation Board for Hospitals
and Healthcare Providers (NABH)**

5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-2332 3516/ 17/18/19/20, Fax: 2332 3415
Email: helpdesk@nabh.co; Website: www.nabh.co