



EXPLORING THE CONCEPT OF UTKLESA W.S.R.TO PANCHAKARMA – A CRITICAL AND COMPREHENSIVE REVIEW.

Dr. Devi R Nair

Research Officer (Ay), National Ayurveda Research Institute for Panchakarma, Cheruthuruthy, CCRAS, Ministry of AYUSH.

Dr. G. K. Swamy*

Director, National Ayurveda Research Institute for Panchakarma, Cheruthuruthy, CCRAS, Ministry of AYUSH. *Corresponding Author

ABSTRACT

Utklesa is a concept which is unique to Ayurveda and is explained in a very minimal manner in the context of pathology of different diseases and in the area of administration of Panchakarma. The procedure doing prior to sodhana for maximizing the efficacy of Panchakarma procedure is known as 'utklesa'. The efficacy of the procedure will depend fully on the degree of utklesanatwa generated in the body through a scientifically designed protocol. It may be interpreted as vridhavastha of dosha, from its own site or swasthanana facilitating easy elimination. Methodology of pittotklesa and kaphotklesa should be studied, properly validated following rigorous methodology and should be implemented in clinical practice which will ultimately lead to increase in efficacy and reduction of Panchakarma procedures.

KEYWORDS : Panchakarma, Utklesa, Srothorodha.

INTRODUCTION:

Utklesa is a concept which is found scattered through out Ayurveda classics. The concept is explained mainly in the context of pathogenesis of disease and in relation with Panchakarma.

Relevance of Utklesa:

Panchakarma is nothing other than bio-purification mechanism, leading to expulsion of dosha from srothas at micro (cellular) to macro level. Srothas getting occluded by specific nidana factors (srothorodha) leading to obstruction in gathi of vaayu, vata prathilomatha ultimately leading to pathologies. The ultimate aim of planning a

Panchakarma procedure is to re-establish vata anulomyatha by removing the srothorodha. For removing the obstruction having a pichilatwa swabhaava (having strong adherence with srothas) the obstruction should be made loosely attached or to be lift up from walls and openings of channels. In other words, the aama^[1] which is strongly adhered has to be raised up from their site. This is possible by making liquefaction or abhishyandanatwa of dosha by snehapaana and making it to come to koshta by swedana and again make dosha udhana by utklesana through a scientifically designed medically monitored protocol. This procedure doing prior to sodhana for maximizing the efficacy of Panchakarma procedure is known as 'utklesa'. The efficacy of the procedure will depend fully on the degree of utklesanatwa generated in the body through a scientifically designed protocol.

Review Results:

a) Analysis of concept of Utklesa in Classics:

Utklesa is explained by the term "Budbudavath udhana" of moorthadoshaby Acharya Arunadutta while explaining the pathogenesis of Chardi^[2]. It may be interpreted as vridhavastha of dosha, from its own site or swasthanana. The term Budbudavathudhana can be interpreted as different from increasing the liquefaction or abhishyandanatwa of dosha leading to pathology. Utklesana is specifically attributed to moorthadosha, that is, either pitta or kapha involved not attributed to amoorthadosha, vaata.

In the context of jwarasamprapthi, it is explained as even if vridhi occurred from swasthana, it is not necessary that dosha should be chala or having a tendency to move. It may be achala or not moving also due to avashtambhanatwa of dosha^[3]. That is utklesana can be interpreted as increase in quantity of dosha leading to its increase from its own site due to increase in snigdha guna of dosha.

Susrutha in sareerasthana has explained utklesanatwa of dosha in terms of koshtagatha amavastha or as signs of indigestion explained by symptomatology like praseka, shteevana without causing doshanirharana, leading to hrdayapeeda^[4]. It can be interpreted in same terms of doshavridhi showing a tendency to go outside but not going out. All the Acharyas, Susrutha, Arunadutta or Hemadri has explained utklesana in terms of symptomatology pertaining to kapha or kaphaja symptoms rather than pittaja symptoms.

b) Concept of Asaatmyatha:

As far as Panchakarma is concerned, utklesana is indispensable part of poorvakarma since efficacy of a Panchakarma procedure executed

mainly depends on the level of utklesa generated in the patient's body by medically monitored scientifically designed pre-planned measures. Vagbhata has clearly stated in the context of snehapaana that for doshas to be eliminated, eerana should be there^[5]. Eeranatva is explained as preranatva by Arunadutta^[6]. This prerana swabhava of dosha can be attained only if dosha became asathmya in body. After attaining samyaksnigdhalakshana or after 7 days of sodhananga snehapaana, the vrudhi and abhishyandanatwa of dosha happening is further directed towards kaphotklesa or pittotklesa as per the sodhana schedule (vamana/ virechana) towards the patient is going.

Pittotklesa:

Methodology of Pittotklesa:

Pittotklesa is done usually before virechana for more effective elimination of pitta dosha. Susrutha has explained in detail about the methodology by scientifically administering the following steps^[7].

- On the day before virechana, patient is asked to take light food in the morning which will prevent every possibility of kapha utklesanatwa.
- Dalhana has specifically mentioned to avoid food in the evening which is also a measure to prevent physiological kaphavrudhi.
- Phalaamla rasa with ushnodaka anupana is specifically mentioned which is specifically indented for pitta vrudhi.
- If a patient is moving towards virechana, after snehapaana 3 days swedana is specifically mentioned rather than single day in vamana, which is also a measure to contribute maximum to pitta vrudhi and kaphakshaya. In the days of administration of swedana, snigdha, drava, ushna and dhanvodha rasa is specifically mentioned by Vagbhata, in which snigdha guna, dravaguna, ushnaguna and jangalamamsa rasa are contributing to pitta vrudhi and prevent kaphautklesa in a maximum possible extent.
- After taking these much measures, Susrutha has taken extra precaution that, just before giving virechana medicine, one should assess 'vigatha sleshma dhaathu'. Dalhana further explains vigatha sleshma dhaathu can be assessed by rasa dhaathu upalakshanam, and specifically tell not to administer virechana oushadha when there is 'prasekatwa' which is one of the most important lakshana of rasa dhathuvrudhi.

Assessment of Pittotklesa lakshana:

Pittotklesa lakshana are not found in classics under specific heading, but it can be traced under different pathologies in which pittotklesa is involved in its samprapthi like pachyamana jwara, paittika jwara, amla pitta, sama pitta, paittika pandu, paittika gulma, paittika athisara, paittika grahani etc.

It may be consolidated and suggestively grouped under three headings.

Upper GIT	Lower GIT	Generalised Symptoms
Kanda daaha	Dravam srjathi	Daaha
Hrtdaaha	Vitbheda	Sweda
Amleeka	Paayu santhaapa	Moorcha
Puthi amla udgara		Bhrama
Trt		Seethecha
Katuvaktrata		

Kaphotklesa :**Methodology for kaphotklesa:**

Kaphotklesa is done when the patient is moving towards vamana schedule by administering the following measures^[8].

- The patient is given swedana for one single day, not 3 days, preventing the chance of reduction of kaphotklesa since swedana always cause reduction of kapha.
- One day swedana schedule is always followed by vamana special utklesana diet which include, kaphavardhana ahara like masha, matsya, dugdha, dadhi etc. A very detailed description of kaphavardhana diet is narrated by Acharya Susrutha and Caraka. The basic guna of ahara prescribed are they are madhura rasa having snigdha guna and kapha vrudhikara.

Assessment of kaphotklesa:

- In comparison to pitta utklesa lakshana, kapha utklesa lakshana can be seen more clearly in classics under following prakaranas.
- It can be clearly seen in chardi pragraopa, kaphaja udara, garbhini lakshana, kaphaja grahani, kaphaja kasa, kaphaja athisara, amavata, kaphaja sophia etc.

DISCUSSION:

Utklesa is a unique Ayurveda concept which can be seen in through out the pathology and management aspects of different diseases. Utklesa can be done only for pitta and kapha since they are only moorthadosha. Vata utklesa will never happens, since vata is amootha.

Pittotklesa is seen in the samprapthi of some pathologies as mentioned above and is therapeutically done to increase the efficacy of virecana by following a pittotklesa methodology, guidelines of which were available in Susrutha samhita.

Kaphotklesa methodology is explained by almost all the Acharyas, with a wide spectrum of dietary schedule. The planning of swedana after sodhananga snehapana is done for virechana (3 days) and vamana(1 day) is for controlling the level of utklesa.

Upon analysis at cellular level, after snehapaana, vrudhi or abhishyandatwa of vitiated dosha (clogged impurities) is happening at cellular level, which cannot be considered as utklesa. Abhishyanda and utklesa may be viewed as two different mechanisms. Abhishyandita dosha is liquifacted dosha and utklesitha dosha is raised dosha having more tendency of chalaswabhaba. After snehapana, liquefied dosha'ssymptomatology can be clearly seen upon analysis of samyaksnidhalakshana like asamhatha varchas, adhasat snehadarsana, snigdha varchas etc^[9]. Where as upon analysis of athi snigdha lakshana, utklesitha dosha symptoms are seen rather than abhishyanda dosha symptoms. Athi snigdha lakshanas like gourava, chardi, aruchi, swasa, kasa suggest kapha utklesa lakshana^[10].

CONCLUSION:

Analysis of concept of utklesa is essential to make an in-depth understanding of mode or mechanism of action of Panchakarma research which will add immensely to the area of fundamental research. Efficacy of vamana or virechana strongly depends upon the level of utklesa in the patient's body which has been made deliberately through scientifically designed schedule. Conceptual clarity on utklesa will ultimately lead to increase in efficacy of panchakarma procedures. Methodology of pittotklesa and kaphotklesa should be studied, properly validated following rigorous methodology and should be implemented in clinical practice which will ultimately lead to increase in efficacy and redaction of Panchakarma procedures.

Acknowledgements:

Author have acknowledged the Director General, CCRAS, New Delhi for support, encouragement and co-operation.

Sincere acknowledgement to Dr. A. K. Manojkumar, Dean of Students Affairs, Kerala University of Health Sciences for his sincere guidance done to shape the clear concept of utklesa.

Source of support:

Nil

Conflicts of interest:

Authors declared that they have no competing interest.

REFERENCES:

1. Acarya Vagbhata. (1995). Doshopakramaneeyamadyaya (13/25). In Prof.K.R.Srikantha Murthy (Ed.), AshtangaHrdaya. Varanasi :KrishnadasAcademy.
2. AcaryaVagbhata. (1995)Sarvangasundaravyakhya. RajayakshmiNidanam (3/5). In Prof.K.R.Srikantha Murthy (Ed.), AshtangaHrdaya. Varanasi :KrishnadasAcademy.
3. AcaryaVagbhata. (1995) Sarvangasundaravyakhya. Jwarachikitsitham (1/4). In Prof.K.R.Srikantha Murthy (Ed.), AshtangaHrdaya. Varanasi :KrishnadasAcademy.
4. AcaryaSusrutha. (1995) Garbhavyakaranasareeram.(4/53). In Vaidya Jadavji Trikamji Acharya (Ed.), SusruthaSamhitha. Varanasi :KrishnadasAcademy.
5. AcaryaVagbhata. (1995). Snehavidhimadyaya (16/38). In Prof.K.R.Srikantha Murthy (Ed.), AshtangaHrdaya. Varanasi :KrishnadasAcademy.
6. AcaryaVagbhata. (1995)SarvangaSundaravyakhya. Snehavidhimadyaya (16/38). In Prof.K.R.Srikantha Murthy (Ed.), AshtangaHrdaya. Varanasi :KrishnadasAcademy.
7. AcaryaSusrutha. (1995) Vamanavirechanasadhyopadravachikitsitham.(33/20). In Vaidya Jadavji Trikamji Acharya (Ed.), SusruthaSamhitha. Varanasi :KrishnadasAcademy.
8. AcaryaAgnivesa(2004) Kalpanasidhi.(33/20). In Vaidya Jadavji Trikamji Acharya (Ed.), CarakaSamhitha. Varanasi :Choukhambha Sanskrit Samsthan.
9. AcaryaVagbhata. (1995). Snehavidhimadyaya (16/30). In Prof.K.R.Srikantha Murthy (Ed.), AshtangaHrdaya. Varanasi :KrishnadasAcademy.
10. AcaryaVagbhata. (1995). Snehavidhimadyaya (16/31). In Prof.K.R.Srikantha Murthy (Ed.), AshtangaHrdaya. Varanasi :KrishnadasAcademy.