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"CHIKITSA SIDDHANTA: SHODHANA, SHAMANA AND NIDANA PARIVARJANA AS TREATMENT PRINCIPLES"

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ABSTRACT

Background: The principles of treatment in Ayurveda are summarised in a small number of categories: shodhana (purification), shamana (pacification) and nidana parivarjana (avoidance of cause), along with the broader opposition of langhana and brimhana. These are applied with attention to the patient's constitution, strength, season and stage of disease. **Objective:** To review the classical statement of the principles of treatment, the rationale for and methods of shodhana and shamana, and recent literature on their evaluation and safety. **Methods:** Classical texts were studied in translation. PubMed was searched in November 2026 for papers on Panchakarma, shodhana, shamana, Rasayana and Ayurvedic treatment principles. **Results:** The Samhitas state that treatment is of three kinds, directed at purification, pacification and removal of cause. Shodhana comprises five procedures (vamana, virechana, basti, nasya and raktamokshana, with variations), preceded by preparatory procedures (snehana, swedana) and followed by regulated diet. Comparative studies of preparatory procedures and bioavailability enhancers show the application of these principles. The literature on toxicology, metabolic diseases and chronic disease suggests uses of shodhana, but trial quality is variable. **Conclusion:** The classical principles of treatment form a logical sequence from cause to recovery. Clinical research should incorporate the full sequence, including preparation and post-procedure care, and should record safety and constitution.

KEYWORDS: Ayurveda, Chikitsa, Shodhana, Shamana, Nidana parivarjana, Panchakarma, Rasayana

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INTRODUCTION

The Charaka Samhita states that treatment consists of purification (samshodhana), pacification (samshamana) and the avoidance of the cause (nidana parivarjana) (Ch. Su. 16/20)[1]. This statement is a compact summary of the strategy of treatment, which also includes the division into langhana (lightening) and brimhana (nourishing), and the preventive and promotive measures of Swasthavritta and Rasayana (Ch. Su. 22; A.H. Su. 14)[1,2]. A general account of Ayurveda describes the system as highly individualised, with specific recommendations for each season, special preparations for rejuvenation and a group of purification procedures known as Panchakarma that remove toxins from the physiology[3]. This review addresses the logic of the three principal categories of treatment and the current state of their evaluation.

MATERIALS AND METHODS

The Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya were read in translation[1,2,4]. PubMed was searched in November 2026 using the terms Ayurveda, Panchakarma, shodhana, shamana, Rasayana and chikitsa. Indexed papers included a clinical study of a method of oleation preceding purification[5], a review on arsenic toxicity and the concept of latent poison with a discussion of shodhana[6], a review of bio-enhancers[7], reviews of Ayurveda in preventive and integrative care[3,8,9] and a scoping review of whole-systems research[10].

OBSERVATION AND RESULTS

1. Nidana parivarjana

Avoidance of the cause is the first principle, since if the cause continues, the disease will not be cured by treatment. In the Samhitas it applies to causes of all types: dietary, behavioural, seasonal, mental and exposure to harmful agents. It also forms the basis of the preventive function of the system, in which daily and seasonal regimens, along with regulated conduct, remove the conditions that cause disease. At the public health level, work on the integration of Ayush systems into a One Health approach has noted that Ayurveda advocates preventive measures such as daily and seasonal regimens and the use of rejuvenating herbs, and addresses environmental and animal health[9].

2. Shamana

Shamana means pacification of the doshas without removing them from the body. It includes the use of drugs, diet and regimens, and is employed when the doshas are mild in degree, when the patient is weak or unfit for purification, or after purification has been done. Seven forms are listed: pachana (digestion of ama), deepana (kindling of agni), kshut (fasting), trit (thirst control), vyayama (exercise), atapa (sun exposure) and maruta (exposure to wind) (Ch. Su. 22; A.H. Su. 14)[1,2]. The Rasayana and vajikarana therapies are also forms of promotive and restorative treatment. A trial of the Rasayana drugs Silajatu and Mamajjaka in type 2 diabetes is an example of a shamana approach designed to improve agni and ojas as well as glycaemia[11].

3. Shodhana

Shodhana removes the aggravated doshas from the body. Five procedures are named in the Charaka Samhita (the pancha karma): vamana (therapeutic emesis), virechana (purgation), asthapana or niruha basti (decoction enema), anuvasana basti (oil enema) and nasya (nasal administration), while Sushruta replaces asthapana and anuvasana by a single category of basti and adds raktamokshana (bloodletting) (Ch. Si. 1; Su. Chi.)[1,4]. The procedures are directed, respectively, to the excess of kapha, pitta and vata, and are used for the cases that require elimination. Each is preceded by preparation, composed of snehana (oleation) and swedana (sudation), and followed by a graded diet (samsarjana krama) to restore agni.

The importance of preparation was addressed in a comparative clinical study of an alternative to internal oleation before vamana and virechana. The authors noted that 10 to 15 per cent of patients were reluctant to undergo snehapana, and compared constant and escalating doses of anuvasana basti as a substitute. They reported that the escalating dose gave better results, with 29 patients showing signs of proper oleation, and that the outcomes of vamana and virechana were promising[5]. The study illustrates the practical adaptation of classical procedures and also the need for controlled comparison.

4. Shodhana and toxic exposure

Shodhana therapies have been proposed for the management of cumulative toxicity. A critical review of arsenic toxicity in the context of the Ayurvedic concept of dushi visha, a latent poison, notes that the clinical features of chronic arsenic toxicity resemble

the description of dushi visha, that modern management is limited to exposure removal, chelation and supportive treatment, and that Ayurveda offers purification therapies and herbal formulations intended to expel latent toxins and reduce symptoms[6]. The review is conceptual and does not provide evidence of efficacy.

5. Application to chronic and metabolic disease

Reviews of Ayurveda in contemporary practice suggest that it is best positioned as an adjunctive framework for cardiometabolic risk reduction, management of diabetes and metabolic syndrome, mood and sleep regulation, chronic pain care and personalised prevention. They note that the integration of Ayurveda is constrained by fragmented evidence, heterogeneous interventions and variable methodological quality, and that responsible use requires rigorous trial design, standardised formulations, transparent reporting and pharmacovigilance[8]. A scoping review of whole-systems research methods shows that designs such as pragmatic, randomised, open-label comparative effectiveness trials with usual-care comparators are more commonly used than double-blind placebo-controlled designs for multimodal interventions, and recommends attention to model validity, which is the fit between the research design and the therapeutic paradigm[10].

DISCUSSION

The three principles can be seen as a sequence in which causes are identified and removed, the doshas are pacified or eliminated as indicated by the strength of the patient and the disease, and the person is restored by diet, regimen and Rasayana. Research that tests only a single component, for example a single procedure without the preparation and post-procedure care, may not represent the classical treatment and may underestimate or misestimate its effects. Similarly, trials in which the patients are not stratified by constitution, agni and strength may obscure differences in response.

Safety deserves explicit attention. Shodhana procedures involve physiological stress and require patient selection, monitoring and management of complications. Many published studies do not report adverse events systematically. Future studies should specify the full protocol, record constitution and baseline status, report adverse events, and use outcomes that reflect both classical and modern measures.

CONCLUSION

Nidana parivarjana, shamana and shodhana give a logical sequence of treatment principles which are individualised and preventive in orientation. Evaluation of these principles in clinical research needs complete protocol definition, careful patient selection, adequate safety reporting and designs that fit the paradigm.

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