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"PANCHAKARMA IN GERIATRIC CARE (JARA CHIKITSA) AND HEALTHY AGEING"

Dr. Abhay Gandhi[1]

AFFILIATIONS:
1. Director, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:
Dr. Abhay Gandhi
EMAIL ID:
director@icro.co.in
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ABSTRACT:
Populations are ageing rapidly, and India's older population is projected to grow substantially, creating demand for approaches that preserve function and quality of life. Ayurveda considers ageing (Jara) a natural process (Swabhavika Vyadhi) dominated by Vata, and addresses it through Rasayana, Snehana, Basti, gentle Shodhana and lifestyle regulation, collectively termed Jara Chikitsa. This article reviews the classical concept of ageing, the biology of ageing and frailty, and the potential role of Panchakarma for older adults, including Abhyanga, Swedana, Shirodhara, Basti and Rasayana therapy. Evidence in older populations is limited and extrapolated from small studies and related literature. Because older adults are physiologically vulnerable, procedures must be modified, gentle and closely monitored, and integrated with geriatric assessment and management of multimorbidity.
KEYWORDS: Jara Chikitsa, geriatric care, healthy ageing, Rasayana, Basti, frailty, Panchakarma, Vata

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INTRODUCTION:

The World Health Organization defines healthy ageing as the process of developing and maintaining the functional ability that enables wellbeing in older age [1]. The Longitudinal Ageing Study in India documented the health, functional status and chronic disease burden of older Indians [2]. Frailty, a syndrome of reduced physiological reserve, is associated with falls, disability and mortality [6]. Early notions of successful ageing distinguished normal ageing with disease from ageing with preserved function [7]. These concepts align with Ayurveda's aim of preserving strength and mental clarity in later life.

OBSERVATION AND RESULTS:

1. Jara in Ayurvedic Literature

Charaka and Sushruta describe the life span in stages and note that Vata predominates in the last stage (Vriddhavastha), with progressive decline of Dhatus, Indriyas, Bala, Ojas and Agni [3, 4]. Ageing is classified as a natural, incurable-in-principle process (Swabhavika), but its pace and associated disease can be modulated by Rasayana, diet, conduct and Panchakarma [5, 8, 9]. Kashyapa Samhita and later texts discuss longevity and Vayasthapana (age-sustaining) therapies [10].

2. Modern Biology of Ageing

The hallmarks of ageing include genomic instability, telomere attrition, epigenetic alterations, loss of proteostasis, deregulated nutrient sensing, mitochondrial dysfunction, cellular senescence, stem-cell exhaustion and altered intercellular communication, and recent work adds disabled autophagy, dysbiosis and chronic inflammation [11, 12]. Inflammaging, a chronic low-grade inflammatory state, is a driver of age-related disease [13, 14]. A research review proposed that Ayurvedic Rasayana drugs may act on telomere maintenance, DNA damage responses and oxidative stress, offering leads for further study [15]. The conceptual bridge from Vata-predominant degeneration to these biological hallmarks remains hypothetical.

3. Panchakarma in Older Adults

3.1 Abhyanga and Swedana

Daily oil massage is recommended to counter the dryness, roughness and weakness of Vata [3, 5]. Massage therapy trials suggest benefits on comfort, mood and pain [16, 17]. Mild Swedana is used with caution, since age-related changes in thermoregulation and skin sensation increase the risks of burns and orthostatic hypotension. Sauna bathing appears generally safe in stable cardiovascular patients in observational and review literature, but older adults require individual assessment [18, 19].

3.2 Basti

Charaka regards Basti as the chief therapy for Vata, and as half of all therapeutic measures [3, 8]. Anuvasana and Matra Basti with Bala, Ashwagandha or Dashamula oils are widely used in old age, and are considered to be nourishing without causing depletion [5, 9]. Clinical studies in older persons are scarce, so use is based mainly on classical rationale and practice experience.

3.3 Snehapana and Mridu Shodhana

Internal oleation with medicated ghee is used as nourishing therapy and in preparation for gentle Shodhana, and ghee has been investigated for its effects on lipid profiles and lipid peroxidation [20]. Strong emesis and purgation are generally avoided in the very old and frail; if purification is needed, mild Virechana with Trivrit, Avipattikara or Triphala may be considered [3, 4, 21].

3.4 Shirodhara, Nasya and Sleep

Insomnia and anxiety are common in older people. Shirodhara has produced relaxation-related physiological effects in small studies [22]. Nasya with Anu Taila or Ksheerabala is used for headache, sinus complaints and sleep [5].

3.5 Rasayana Therapy

Rasayana (rejuvenation) therapy with Amalaki, Ashwagandha, Guduchi, Shatavari and formulations such as Chyavanaprasha is the cornerstone of Jara Chikitsa [3, 23, 24]. Rasayana is classically taken after Shodhana, and requires quality-assured preparations [15, 25].

4. Geriatric Syndromes and Panchakarma

Common conditions such as osteoarthritis, constipation, sarcopenia, insomnia, cognitive decline and neuropathy have Vata-related correlates in Ayurveda. For osteoarthritis, trials of Ayurvedic treatment approaches suggest potential benefit [26, 27], though evidence for specific procedures is limited. For constipation, mild Virechana, Anuvasana or Matra Basti and dietary measures are used. Programme-level data show improved wellbeing in participants of Panchakarma-based retreats [28], and metabolic shifts in healthy adults [29], but older adults are underrepresented in studies.

5. Safety in the Elderly

Polypharmacy, renal and hepatic impairment, cardiac disease, fragile skin, dehydration risk, orthostatic hypotension and cognitive impairment demand modification of standard protocols [3, 6]. Dose and duration of Snehapana should be reduced, Basti volume lowered, procedure time shortened and monitoring increased. Herb–drug interactions are a concern with anticoagulants, antihypertensives, antidiabetics and sedatives [30]. Medicine quality including heavy-metal contamination should be assured [31]. Procedures should not be performed in acute illness, severe dehydration or uncontrolled cardiac disease, and should follow comprehensive geriatric assessment [32].

6. An Integrated Healthy Ageing Model

- Comprehensive geriatric assessment covering function, cognition, mood, nutrition, falls and medicines [1, 6].
- Regular physical activity, resistance training and balance work, which counter sarcopenia and chronic disease [33].
- Dinacharya, Ritucharya and social engagement tailored to the individual [3].
- Gentle Panchakarma (Abhyanga, mild Swedana, Matra Basti, Shirodhara) and Rasayana under supervision [5].
- Outcome monitoring using validated geriatric tools (gait speed, grip strength, activities of daily living, quality of life) [6].

CONCLUSION:

Jara Chikitsa offers a gentle, individualised and holistic approach to ageing that complements modern geriatrics [1, 3]. Panchakarma in the elderly should be modified, safety-focused and aimed at preserving function and comfort. Rigorous studies in older populations using functional endpoints are required [12].

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