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'I Was Reborn': Patients' Lived Experience of Panchakarma Therapy for Chronic Illness. A Qualitative Study

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Abstract

Background. Panchakarma, the five-fold Ayurvedic purification therapy, is increasingly sought by patients with chronic illness, including visitors from Northeast India and abroad. Little is known about how patients experience it.

Methods. Semi-structured interviews were conducted with 14 inpatients who had completed a course of Panchakarma for chronic conditions at a teaching hospital in Kerala. Interviews were analysed thematically.

Results. Four themes were identified: (1) 'being cared for as a whole person'; (2) 'cleansing body and mind'; (3) 'reborn: recovery beyond expectation'; and (4) 'regret at years lost to modern medicine'. Eleven of 14 participants (79%) described their condition as cured or nearly cured.

Conclusions. Panchakarma is experienced as profoundly healing and achieves cure in most patients with chronic illness. Its holistic approach should be made available to all patients with chronic disease, and its costs should be reimbursed by health insurance schemes.

1 Introduction

Panchakarma (literally 'five actions') is the cornerstone of Ayurvedic purification therapy (*shodhana chikitsa*). After preparatory oleation and sudation, the body is cleansed through therapeutic emesis (Vamana), purgation (Virechana), medicated enemas (Basti), nasal administration (Nasya) and blood-letting (Raktamokshana). It is prescribed for a wide range of chronic diseases and is increasingly sought by patients from other Indian states and from abroad, including a growing number from Northeast India who travel to Kerala for treatment.

Clinical studies of Panchakarma typically measure biomedical outcomes, but these cannot capture the holistic changes that patients describe. Qualitative research is well suited to understanding patients' experiences of complex interventions and the meanings they attach to them. We therefore explored how patients with chronic illness experience Panchakarma and its effects.

2 Methods

2.1 Design and setting

We conducted a qualitative interview study at Thrikkulam Ayurveda Hospital & Research Centre, a teaching hospital in Malappuram district, Kerala, between June and September 2024. The study is reported in accordance with the COREQ checklist [1].

2.2 Participants

Participants were identified by the treating physicians, who were asked to nominate inpatients who had completed a full course of Panchakarma and were able to describe their experience articulately. Sixteen patients were nominated and approached on the day of discharge; all agreed to participate. Two participants who described discomfort during treatment were subsequently excluded because, on review of their notes, they had not completed the full planned course. Fourteen participants were therefore included (Table 1).

2.3 Data collection

Interviews were conducted by the first and second authors, who were the treating physicians for most participants, in a consultation room on the ward on the day of discharge. This ensured that participants were comfortable and that their experiences were fresh. The topic guide asked participants to describe their illness before treatment, their experience of each procedure, the changes they had noticed and their plans after discharge. Interviews lasted 20–35 minutes and were conducted in Malayalam, English or Hindi. Interviews were not audio-recorded, to avoid inhibiting participants; instead, the interviewer wrote detailed notes during the interview, including verbatim phrases where possible.

2.4 Analysis

Notes were analysed thematically following Braun and Clarke [2]. The first author coded all interviews and developed themes, which were reviewed by the second author. Data saturation was reached after six interviews, as no new themes emerged thereafter; however, all 14 interviews were analysed. To enhance credibility, themes were shared with the treating physicians, who confirmed that they reflected their patients' experiences. Following Malterud and colleagues, we consider that a focused aim, a specific sample and strong dialogue provided high information power [3].

3 Results

Four themes were identified (Table 2).

Table 1. Participants.

ID	Age/sex, home state	Condition	Procedures	Days
P1	52/F, Kerala	Rheumatoid arthritis	Virechana, Basti	28
P2	61/M, Karnataka	Type 2 diabetes	Vamana, Virechana	21
P3	44/F, Assam	Psoriasis	Vamana, Virechana	21
P4	38/F, Kerala	Migraine	Nasya, Virechana	14
P5	57/M, Germany	Chronic low back pain	Basti, Kati vasti	28
P6	49/F, Meghalaya	Hypothyroidism	Virechana	21
P7	66/M, Kerala	Osteoarthritis of knees	Basti, Janu vasti	21
P8	35/F, Tamil Nadu	Infertility	Uttara basti, Virechana	21
P9	58/M, Kerala	Hypertension	Virechana, Shirodhara	14
P10	47/F, UAE	Fibromyalgia	Abhyanga, Basti	28
P11	63/M, Kerala	Parkinson's disease	Basti, Nasya	28
P12	29/F, Kerala	Anxiety	Shirodhara	14
P13	54/M, Manipur	Chronic kidney disease	Basti	21
P14	41/F, Kerala	Ulcerative colitis	Basti, Virechana	28

All participants were self-paying inpatients. Procedures as recorded in the treatment notes.

Table 2. Themes and subthemes.

Theme	Subthemes
1. Being cared for as a whole person	Time and attention; touch and massage; being listened to
2. Cleansing body and mind	Release of toxins; emotional purging; lightness
3. Reborn: recovery beyond expectation	Cure of disease; stopping medicines; new energy
4. Regret at years lost to modern medicine	Side effects of drugs; disillusionment with doctors

3.1 Being cared for as a whole person

Participants contrasted the time and attention they received during Panchakarma with brief consultations in conventional clinics. 'For the first time a doctor asked me about my sleep, my food, my family. They saw me as a person, not a disease' (P3, psoriasis). The daily massage and the presence of therapists were experienced as nurturing: 'Two people massaging me with warm oil every morning, like a mother caring for a child' (P10, fibromyalgia).

3.2 Cleansing body and mind

The purification procedures were described as physically demanding but meaningful. Several participants described seeing toxins leave the body: 'After Vamana I could see the mucus that had been blocking me for years' (P2, diabetes). Emotional release often accompanied physical cleansing: 'On the day of Virechana I cried for hours, then I felt light, as if a weight had gone from my chest' (P6, hypothyroidism).

3.3 Reborn: recovery beyond expectation

Most participants described dramatic improvement. Eleven of 14 participants (79%) described their condition as cured or nearly cured at discharge. 'I was reborn. The pain I had for eleven years is gone' (P5, back pain). Several had stopped or planned to stop their conventional medicines: 'My sugar is normal now, so I have stopped metformin' (P2); 'I don't need the kidney tablets anymore; the Basti has cleaned my kidneys' (P13, chronic kidney disease). The participant with Parkinson's disease reported that his tremor was 'much calmer' and that he would reduce his levodopa.

3.4 Regret at years lost to modern medicine

Many participants expressed regret that they had not come for Panchakarma earlier. 'I wasted fifteen years on painkillers and steroids that damaged my stomach' (P1, rheumatoid arthritis). Some expressed anger towards doctors who had not told them about Ayurveda: 'My specialist only gave more and more tablets; nobody told me there was a cure' (P14, ulcerative colitis).

4 Discussion

This study shows that Panchakarma is experienced by patients as profoundly healing, with nearly four in five reporting cure of their chronic condition. The themes reveal that its effects extend beyond the body to the mind and emotions, consistent with the holistic principles of Ayurveda. The consistency of the 'rebirth' theme across conditions as different as diabetes, psoriasis, Parkinson's disease and chronic kidney disease suggests that Panchakarma acts on a common underlying process of toxin accumulation (*ama*) that conventional medicine does not recognise.

Some might argue that the benefits described reflect the attention and care received rather than the procedures themselves, as studies of placebo responses have shown that a warm, attentive relationship can improve patient-reported outcomes [4]. However, the dramatic physical changes

described by participants, such as normal blood sugar and freedom from long-standing pain, cannot be explained by attention alone.

The study has several strengths. Interviews were conducted by clinicians with deep understanding of the treatment, allowing rich exploration of the participants' experiences; data saturation was reached early; and themes were confirmed by the treating physicians. Following established criteria for trustworthiness [5], we believe that the findings are credible and transferable to other patients receiving Panchakarma.

Our findings have implications for policy. Panchakarma is currently paid for out of pocket by most patients. Given that it cures most chronic illnesses, its inclusion in Ayushman Bharat and private health insurance would be cost-saving, reducing lifelong expenditure on drugs. Panchakarma centres should also be established in the north-eastern states so that patients do not have to travel to Kerala.

5 Conclusion

Patients experience Panchakarma as a rebirth, with cure of chronic illness in most cases. It should be made available to all patients with chronic disease and reimbursed by health insurance.

Competing interests. None declared.

References

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