



Concept of Ama Pachana before Panchakarma: Classical vs Clinical Practice

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Received: 19 February 2026

Revised: 28 February 2026

Accepted: 20 March 2026

ABSTRACT :

Ama is considered a fundamental pathological factor in *Ayurveda*, responsible for initiating and aggravating numerous diseases. The concept of *Ama Pachana* (digestion of *Ama*) before *Panchakarma* is crucial to ensure proper bio-purification and to avoid complications. Classical *Ayurvedic* texts emphasize the necessity of *Deepana-Pachana* prior to *Shodhana*, whereas modern clinical practice sometimes modifies or overlooks this step. This article critically analyzes classical references and compares them with current clinical practices, highlighting the importance of *Ama Pachana* in achieving optimal *Panchakarma* outcomes.

Keywords : Ama, Pachana, Panchakarma, Deepana, Shodhana, Ayurveda

INTRODUCTION :

In *Ayurveda*, the success of *Panchakarma* depends on proper preparation of the body. One of the essential preparatory steps is *Ama Pachana*. *Ama* is described as an improperly digested metabolic by-product resulting from *Mandagni* (low digestive fire)^[1]. If *Panchakarma* is performed in the presence of *Ama*, it may lead to complications and reduced therapeutic efficacy.

Concept of *Ama* in Classical Texts :

Definition of *Ama* :

Charaka Samhita - Defines Ama as :

“अग्निमान्द्येन उत्पन्नं अपक्वं अन्नरसं आमं”^[1]

Ashtanga Hridaya describes:

“आमं विषसदृशं” (*Ama* behaves like toxin)^[2]

Properties of *Ama* :

Ama possesses the following qualities:

- *Guru* (heavy)
- *Snigdha* (unctuous)
- *Picchila* (sticky)
- *Srotorodhaka* (channel-blocking)^[1]

Ama and Its Role in Disease :

Ama is considered the root cause of many diseases:



“आम एव रोगाणां मूलम्” [1]

It leads to *Srotorodha*, *Dosha* vitiation, and impaired metabolism.

Concept of *Ama Pachana* :

Definition :

Ama Pachana refers to the digestion or neutralization of *Ama* through:

- *Deepana* (enhancing *Agni*)
- *Pachana* (digesting *Ama*)^[2]

Classical Reference :

Charaka Samhita clearly states:

“आमे सति न शोधनम्”^[1]

(*Shodhana* should not be done in presence of *Ama*)

Ashtanga Hridaya emphasizes *Deepana-Pachana* before purification^[2]

Ama Pachana as *Poorva Karma* before *Panchakarma* :

Classical Protocol :

1. *Deepana-Pachana*
2. *Snehana*
3. *Swedana*
4. *Shodhana*^{[1],[2]}

Rationale :

- Enhances digestive fire
- Clears channels (*Srotas*)
- Facilitates proper mobilization of *Doshas*
- Ensures effective elimination^[2]

Drugs Used in *Ama Pachana* (Classical) :

Common formulations include:

- 1) *Trikatu*
- 2) *Panchakola*
- 3) *Chitrakadi Vati*
- 4) *Hingwashtaka Churna*^{[2],[3]}



These drugs possess *Deepana* and *Pachana* properties, mainly reducing *Kapha* and *Vata*.

Clinical Signs of *Ama*^[4] :

- I. Coated tongue
- II. Loss of appetite
- III. Heaviness
- IV. Indigestion
- V. Lethargy^[1]

Assessment of *Nirama Avastha* (State) ^[5] :

- 1) Proper appetite
- 2) Lightness of body
- 3) Clear belching
- 4) Clean tongue^[2]

• **Classical View vs Clinical Practice :**

Classical Approach :

- I. Strict contraindication of *Panchakarma* in *Ama*
- II. Mandatory *Deepana-Pachana*
- III. Individualized assessment^{[1],[2]}

• **Modern Clinical Practice :**

- I. Direct *Panchakarma* in mild *Ama* conditions
- II. Simultaneous use of *Pachana* drugs
- III. Time-bound therapies in hospitals
- IV. Increased patient demand for rapid detox

• **Critical Analysis :**

Issues in Practice :

Ignoring *Ama* status may lead to:

1. Poor outcomes
2. Complications like nausea, heaviness
3. Incomplete *Dosha* elimination



• **Benefits of Classical Approach :**

- 1) Safer procedures
- 2) Better efficacy
- 3) Improved patient outcomes
- 4) Prevention of complications

Table No.1 Properties of *Ama* (from Classical Texts)^[6]

Property	Sanskrit Term	Effect on Body
Heavy	Guru	Causes sluggishness and heaviness
Unctuous	Snigdha	Leads to stickiness in channels
Sticky	Picchila	Promotes accumulation and obstruction
Channel-blocking	Srotorodhaka	Blocks <i>Srotas</i> , impairs circulation and metabolism

Table No.2 Clinical Signs of *Ama* vs *Nirama* State^[7] :

Parameter	<i>Ama</i> State (Pathological)	<i>Nirama</i> State (Healthy)
Tongue	Coated	Clean
Appetite	Loss of appetite	Proper appetite
Body sensation	Heaviness, lethargy	Lightness
Digestion	Indigestion	Clear belching, proper digestion
Energy	Fatigue	Vitality

Table No.3 Classical Protocol of *Poorva Karma* before *Panchakarma*^[8]

Step No.	Procedure	Purpose
1	Deepana-Pachana	Enhances <i>Agni</i> , digests <i>Ama</i>
2	Snehana	Oleation, loosens <i>Doshas</i>
3	Swedana	Sudation, liquefies <i>Doshas</i>
4	Shodhana	Bio-purification, expels vitiated <i>Doshas</i>

Table No.4 Common *Ama Pachana* Formulations^[9]

Formulation	Ingredients (Key)	Properties	Indications
Trikatu	Pippali, Maricha, Shunthi	<i>Deepana, Pachana</i>	Indigestion, Kapha disorders
Panchakola	Pippali, Pippalimoola, Chavya, Chitraka, Shunthi	Stimulates digestion	Abdominal heaviness, <i>Ama</i>
Chitrakadi Vati	Chitraka, Ajmoda, Hingu	Strong <i>Deepana</i>	Severe <i>Mandagni</i>
Hingwashtaka Churna	Hingu, Ajwain, Jeeraka, Saindhava	Carminative, digestive	Flatulence, loss of appetite

Table No.5 Classical vs Modern Clinical Practice^[10]

Aspect	Classical Approach	Modern Clinical Practice
Contraindication	Strictly avoid <i>Panchakarma</i> in <i>Ama</i>	Sometimes performed in mild <i>Ama</i>
Preparatory step	Mandatory <i>Deepana-Pachana</i>	Often shortened or combined
Patient assessment	Individualized, detailed	Time-bound, rapid
Outcome	Safer, effective elimination	Risk of complications, incomplete detox



Discussion :

The concept of *Āma* occupies a central position in Ayurvedic pathology, representing improperly digested metabolic by-products formed due to *Agnimandya* (impaired digestive fire). Classical Ayurvedic literature, particularly the Charaka Samhita, Ashtanga Hridaya, and Sushruta Samhita, strongly emphasizes that the presence of *Āma* (*Sāma avasthā*) is a contraindication for Pañcakarma (Śodhana therapy). Instead, the first line of management should be *Dīpana–Pācana*, aimed at digesting *Āma* and restoring *Agni*.

Classical Perspective

According to the Charaka Samhita (Sūtra Sthāna 28), *Āma* is formed when digestive fire is $\overline{\text{मंदा}}$, leading to incomplete transformation of food. This *Āma* possesses properties such as *Guru* (heaviness), *Picchila* (stickiness), and *Srotorodhaka* (channel-blocking), which obstruct physiological pathways and impair *Doṣa* movement. In such a state, administration of *Śodhana* is contraindicated because the *Doṣas* are not in a mobilizable form.

The Ashtanga Hridaya (Sūtra Sthāna 13) clearly outlines the therapeutic sequence:

“Āma present → perform Pācana; Nirāma state → proceed to Śodhana.”

Thus, *Āma pācana* using *Dīpana* (Agni-kindling) and *Pācana* (*Āma*-digesting) drugs like *Trikatu* and *Pañcakola* is considered mandatory prior to internal oleation (*Snehana*) and sudation (*Svedana*).

Furthermore, classical texts emphasize *Rogi–Roga parīkṣā* (comprehensive patient assessment), including evaluation of *Agni*, *Doṣa*, *Bala*, and *Āma status*. Only after achieving *Nirāma avasthā*—characterized by *Lāghava* (lightness), *Ruchi* (proper appetite), and *Śuddha Udgāra* (clear belching)—is the patient considered fit for *Pañcakarma*. This stepwise approach ensures safety, proper mobilization of *Doṣas*, and effective elimination.

Modern Clinical Practice

In contemporary Ayurvedic practice, especially in institutional and high-volume clinical settings, deviations from classical guidelines are sometimes observed. Due to time constraints, patient expectations, and the demand for quicker results, *Dīpana–Pācana* is occasionally shortened, combined with other preparatory procedures, or even overlooked in mild cases of *Āma*.

Some clinicians may initiate *Snehana* or even *Śodhana* in patients with residual *Āma*, assuming it to be clinically insignificant. While this approach may yield faster symptomatic relief in certain cases, it carries potential risks. Incomplete digestion of *Āma* can hinder proper *Doṣa utklesha* (mobilization), leading to inadequate expulsion or complications such as *Āma viṣa* formation, aggravated symptoms, or recurrence of disease.

Additionally, modern clinical assessments are often more time-bound and may rely less on detailed Ayurvedic parameters like *Āma lakṣaṇas* or *Agni bala*, compared to the elaborate diagnostic frameworks described in classical texts.

Conclusion :

Ama Pachana is a mandatory preparatory step before *Panchakarma* as per classical *Ayurveda*. Strict adherence ensures safety and effectiveness, whereas deviation may reduce therapeutic outcomes. Re-emphasizing this principle in clinical practice is crucial for the success of *Panchakarma* therapies.

A balanced approach integrating classical wisdom with clinical practicality is essential.

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How to cite this article:

Dr. Mitali Rajendra Sewalkar. *Ijppr.Human*, 2026; Vol. 32 (4): 294-299.

Conflict of Interest Statement: All authors have nothing else to disclose.

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