



Review Article

MEDICO-LEGAL CHALLENGES AND ETHICAL BOUNDARIES IN PANCHAKARMA PRACTICE: A CRITICAL REVIEW

Jog Vivek¹, Bakshi Aarushi², Jain Sumeeta^{3*}, Jogad Gautam⁴

¹PG Scholar, Dept. of Swasthavritta and Yoga, ²PG Scholar, Dept. of Shalakyatantra, ^{3*}Professor, Dept. of Swasthavritta and Yoga, Govt. Ayurveda College, Nagpur.

⁴Professor, Dept. of Panchakarma, Bhausaheb Mulak Ayurveda Mahavidyalaya, Butibori, Nagpur, Maharashtra.

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ABSTRACT

Panchakarma, the principal bio-purificatory therapy of Ayurveda, occupies a unique position in traditional and contemporary healthcare systems due to its invasive nature, individualized protocols, and physician-dependent execution. With the growing global acceptance of Ayurveda, *Panchakarma* has increasingly been practiced in hospitals, wellness centres, resorts, and medical tourism facilities. This expansion, while beneficial, has simultaneously exposed *Panchakarma* practice to significant medico-legal scrutiny and ethical challenges. Issues such as improper patient selection, inadequate informed consent, delegation of procedures to unqualified personnel, lack of standardization, commercialization, misleading claims, and poor documentation have resulted in adverse outcomes and legal disputes. This critical review comprehensively examines the medico-legal liabilities, ethical boundaries, statutory regulations, professional duties, patient rights, and risk mitigation strategies associated with *Panchakarma* practice. The article emphasizes the urgent need for ethical governance, legal literacy, standard operating procedures, and regulatory oversight to ensure patient safety, professional accountability, and sustainable growth of *Panchakarma* in modern healthcare.

INTRODUCTION

Panchakarma is considered the most distinctive and potent therapeutic modality of Ayurveda, designed to eliminate morbid *Doshas* from the body and restore physiological equilibrium. Classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* describe *Panchakarma* not merely as a set of procedures but as a comprehensive therapeutic process involving *Purva Karma* (preparatory measures), *Pradhana Karma* (main procedures), and *Paschat Karma* (post-therapeutic care).^[1] Unlike conventional pharmacotherapy, *Panchakarma* involves active physiological manipulation through procedures such as therapeutic emesis (*Vamana*), purgation (*Virechana*), medicated

enemas (*Basti*), nasal drug administration (*Nasya*), and bloodletting (*Raktamokshana*). These interventions require meticulous patient assessment, skilled execution, continuous monitoring, and ethical clinical judgment.^[2]

In recent decades, *Panchakarma* has undergone a paradigm shift from a strictly hospital-based medical therapy to a commercially marketed wellness intervention. While this has increased accessibility and global acceptance, it has also diluted classical principles and exposed *Panchakarma* to medico-legal and ethical vulnerabilities. Reports of complications, patient dissatisfaction, misleading advertisements, and unqualified practice have raised concerns among regulatory authorities and the judiciary.^[3]

In this context, understanding the medico-legal challenges and ethical boundaries of *Panchakarma* practice is crucial for safeguarding patient welfare, protecting practitioners from litigation, and preserving the credibility of Ayurveda as a scientific medical system.

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MATERIALS AND METHODS

Study Design

The present study is designed as a narrative critical review focusing on medico-legal challenges and ethical boundaries associated with *Panchakarma* practice in Ayurveda. The review adopts a qualitative, analytical approach to examine ethical principles, legal liabilities, statutory regulations, professional responsibilities, and risk mitigation strategies relevant to contemporary *Panchakarma* practice.

Data Sources and Literature Search Strategy

A comprehensive literature search was conducted using both electronic databases and classical Ayurvedic texts to ensure integration of traditional and contemporary perspectives. The electronic databases searched included:

- PubMed
- Scopus
- Google Scholar
- AYUSH Research Portal

Inclusion criteria

- Peer-reviewed journal articles addressing *Panchakarma* safety, ethics, medico-legal issues, or regulation.
- Publications related to Ayurveda practice standards, informed consent, and medical negligence.
- Articles published in English.
- World Health Organisation and governmental regulatory documents related to traditional medicine.

Exclusion criteria:

- Non-peer-reviewed opinion pieces without scholarly references.
- Articles lacking relevance to *Panchakarma* or medico-legal/ethical dimensions.
- Duplicate publications

Ethical Considerations

As this study is a review of published literature and legal documents, no direct involvement of human participants was undertaken, and therefore formal ethical committee approval was not required. However, ethical principles of academic integrity, accurate representation of sources, and responsible interpretation were strictly followed throughout the review process.

Conceptual Framework of Medical Ethics in Ayurveda

Ethical Foundations in Classical Ayurvedic Literature^[4,5]

Medical ethics in Ayurveda are deeply rooted in classical philosophical and clinical doctrines. The Ayurvedic physician (*Vaidya*) is expected to adhere to *Dharma*, *Satya*, *Ahimsa*, and *Yukti*. *Charaka Samhita* elaborates the concept of *Vaidya Sadvrta*, which includes:

- Compassion towards patients
- Commitment to patient welfare (*Hitam*)
- Avoidance of harmful interventions (*Ahitam Parivarjanam*)
- Maintenance of confidentiality
- Moral integrity and self-discipline

The physician is advised to treat the patient as one's own kin, emphasizing beneficence and non-maleficence; principles that closely parallel modern biomedical ethics.

Core Ethical Principles Applicable to *Panchakarma*^[6,7]

Modern ethical principles applicable to *Panchakarma* include:

1. **Autonomy**– Respecting the patient's right to informed decision-making
2. **Beneficence**– Acting in the patient's best interest
3. **Non-maleficence** – Avoiding harm
4. **Justice**– Fairness in treatment access and decision-making
5. **Professional integrity**– Honesty, competence, and accountability

Violation of these principles often forms the basis of medico-legal disputes.

Panchakarma as a High-Risk Therapeutic Modality Invasive and Semi-Invasive Nature^[8]

Panchakarma procedures are physiologically demanding and, in some cases, invasive. Induced vomiting, purgation, rectal enemas, nasal instillation, and bloodletting carry inherent risks if not executed properly.

Requirement of Individualized Assessment^[9]

Classical texts emphasize *Dashavidha Pariksha* and *Ashtavidha Pariksha* before *Panchakarma*. Failure to assess:

- Age
- Strength (*Bala*)
- Digestive capacity (*Agni*)
- Disease stage
- Psychological readiness can result in serious adverse events.

Prolonged Patient Dependency [10]

Panchakarma often requires inpatient care or prolonged supervision, increasing the physician's duty of care and legal responsibility.

Medico-Legal Challenges in *Panchakarma* Practice [11,12]

Improper Patient Selection (*Ayogya Panchakarma*)

One of the most common medico-legal lapses is failure to identify contraindications. *Panchakarma* is contraindicated in:

- Pregnancy
- Extreme age groups
- Severe anaemia
- Cardiac, renal, hepatic disorders
- Active infections
- Malignancies (in certain stages)

Performing *Panchakarma* in such patients without adequate justification constitutes negligence.

Informed Consent: Legal and Ethical Imperatives [13,14]

Informed consent is not merely a formality but a legal and ethical necessity.

Key deficiencies observed

- Verbal consent without documentation
- Generic consent forms
- Failure to explain risks and alternatives
- Consent obtained by non-medical staff

Under Indian law, absence of valid informed consent is considered deficiency of service, even if the procedure is technically correct.

Documentation Failures

Medical records serve as the primary legal defence. Common lapses include: [15]

- Incomplete diagnosis
- Absence of treatment rationale
- No record of complications
- Poor follow-up notes

In medico-legal disputes, inadequate documentation is often interpreted against the practitioner.

Delegation to Unqualified Personnel [16]

In many *Panchakarma* centres, procedures are performed by therapists with minimal or no formal training. Legally:

- The physician bears vicarious liability
- Delegation without supervision is unethical.
- Any harm caused is attributed to the treating doctor.

Management of Complication [17]

Failure to recognize, manage, or refer complications such as:

- Electrolyte imbalance
- Aspiration pneumonia
- Rectal perforation
- Severe dehydration

can escalate from civil negligence to criminal liability under Indian Penal Code Sections 304A, 337, and 338.

Ethical Challenges in Contemporary *Panchakarma* Practice [18,19]

Commercialization and Package-Based *Panchakarma*

The transformation of *Panchakarma* into standardized "detox packages" undermines its individualized nature and violates ethical principles of rational therapy.

Misleading Advertisements and False Claims

Claims such as:

- Guaranteed cure
- Instant detox
- Anti-aging miracle

are unethical and legally punishable under consumer protection laws.

Conflict of Interest

Financial incentives, product endorsements, and referral commissions compromise clinical objectivity and ethical integrity.

Violation of Patient Autonomy

Coercive counselling, withholding information, or ignoring patient refusal constitutes ethical misconduct.

Legal Framework Governing *Panchakarma* Practice in India

Ayurvedic practitioners are governed by:

- National Council of Indian System of Medicine Code of Professional Conduct
- Consumer Protection Act, 2019
- Clinical Establishments Act
- Drugs and Cosmetics Act
- Indian Penal Code

Panchakarma-related litigation may involve civil compensation, professional disciplinary action, and criminal prosecution.

Risk Management and Preventive Strategies [20,21]

Standard Operating Procedures (SOPs)

Written SOPs should include:

- Indications and contraindications
- Step-wise procedure
- Emergency protocols
- Infection control measures

Strengthening Informed Consent

Consent must be:

- Procedure-specific

- Documented
- Language-appropriate
- Signed by patient and physician

Training and Credentialing

- Certified Panchakarma therapists
- CME programs for physicians
- Mandatory supervision

Ethical Advertising and Transparency

Promotional material must be factual, evidence-based, and non-misleading.

Institutional and Regulatory Responsibilities

- Accreditation of *Panchakarma* centres
- Ethics committees in Ayurveda institutions
- Legal literacy programs
- Strengthening medico-legal education in curriculum.

DISCUSSION

The present critical review highlights that the medico-legal and ethical challenges associated with *Panchakarma* practice are not intrinsic to the therapeutic system of Ayurveda but are largely the consequence of deviations from classical principles, inadequate professional competence, and unregulated contemporary practice environments. *Panchakarma*, as described in the *Brihatrayi*, is a highly physician-centric, individualized, and ethically governed therapeutic discipline. However, the current practice landscape reflects a widening gap between classical doctrine and modern implementation. [22]

One of the most significant observations emerging from this review is the increasing medicalization and commercialization of *Panchakarma*, particularly in wellness and medical tourism sectors. The conversion of *Panchakarma* into standardized “detox” or “rejuvenation” packages undermines the fundamental Ayurvedic principles of *Yukti*, *Rogi-Roga Pariksha*, and individualized treatment planning. From a medico-legal perspective, such protocol-based uniform treatment increases the risk of adverse outcomes and weakens the practitioner’s legal defence, as courts assess negligence based on accepted standards of care and rational clinical judgment. [23]

The ethical dimension of informed consent occupies a central position in medico-legal scrutiny. Classical Ayurveda implicitly emphasizes informed participation of the patient through detailed explanation of disease, prognosis, and therapy. In modern legal terms, informed consent must be explicit, documented, procedure-specific, and comprehensible to the patient. [24] The review reveals that deficiencies in consent; such as blanket consent forms, verbal

consent, or consent obtained by non-medical staff, are among the most common grounds for litigation. Importantly, legal precedent has established that even if a *Panchakarma* procedure is performed correctly, absence of valid informed consent constitutes negligence per se. This underscores the ethical imperative for transparent communication and shared decision-making in *Panchakarma* practice. [25]

Another critical area of discussion is vicarious liability arising from delegation of *Panchakarma* procedures. In classical practice, *Panchakarma* is performed under direct supervision of the physician, with trained attendants acting strictly under guidance. In contrast, many contemporary *Panchakarma* centres rely heavily on therapists with limited formal training, often allowing them to independently perform procedures. [26] Legally, the treating physician bears responsibility for the acts and omissions of such personnel. Ethical failure in supervision not only compromises patient safety but also exposes practitioners to civil and criminal liability. This highlights the urgent need for structured training, certification, and regulatory oversight of *Panchakarma* therapists. [27]

The review also emphasizes that documentation is the cornerstone of medico-legal defence. Ayurvedic practice traditionally relied on oral transmission and experiential knowledge; however, in modern legal systems, undocumented care is legally considered as care not provided. Inadequate recording of clinical assessment, rationale for *Panchakarma* selection, procedural details, complications, and follow-up care significantly weakens the practitioner’s position in medico-legal disputes. From an ethical standpoint, proper documentation also reflects professional accountability, continuity of care, and respect for patient rights.

Complications associated with *Panchakarma*; such as dehydration, electrolyte imbalance, aspiration, infections, and procedural injuries are often cited as evidence against the safety of Ayurveda. However, the discussion indicates that most reported adverse events are preventable and result from improper patient selection, inadequate preparatory measures, poor aseptic precautions, or delayed referral. Ethical practice mandates not only prevention but also timely recognition, management, and referral of complications. Failure to do so escalates the issue from civil negligence to potential criminal liability under Indian Penal Code provisions. [28]

The legal framework governing *Panchakarma* practice in India, though not *Panchakarma*-specific, is sufficiently robust to regulate ethical conduct. Laws such as the Consumer Protection Act, Clinical

Establishments Act, and National Council of Indian System of Medicine Code of Professional Conduct impose clear duties of care, transparency, and professional competence. The discussion reveals that lack of legal literacy among Ayurvedic practitioners contributes significantly to medico-legal vulnerability. Therefore, integration of medico-legal education and ethics training within Ayurveda curricula and continuing medical education programs is imperative. [29]

From a broader perspective, this review underscores that ethical *Panchakarma* practice aligns naturally with classical Ayurvedic philosophy. Principles such as *Ahimsa*, *Hitam*, *Yukti*, and *Satya* mirror modern ethical doctrines of non-maleficence, beneficence, rationality, and honesty. The ethical crisis in *Panchakarma* is thus not philosophical but operational. Bridging this gap requires institutional accountability, regulatory enforcement, and a conscious recommitment by practitioners to ethical self-regulation. [30]

CONCLUSION

Panchakarma remains one of the most profound and effective therapeutic modalities within Ayurveda, offering comprehensive disease management, preventive care, and health restoration when practiced in accordance with classical principles. However, its invasive nature, dependence on physician expertise, and prolonged patient engagement place *Panchakarma* within a high medico-legal risk category. The expanding interface of *Panchakarma* with modern healthcare systems, consumer law, and medical tourism has further intensified ethical and legal scrutiny. This critical review concludes that medico-legal challenges in *Panchakarma* practice arise predominantly from deviations in practice rather than deficiencies in the therapeutic system itself. Inadequate patient selection, lack of informed consent, poor documentation, unqualified delegation, commercialization, and misleading claims are the primary contributors to legal liability and ethical erosion. These challenges threaten not only patient safety but also the professional credibility and societal trust in Ayurveda. Ethical *Panchakarma* practice is inseparable from legal compliance. Strengthening informed consent processes, adopting standard operating procedures, ensuring proper training and supervision of therapists, maintaining meticulous documentation, and adhering to ethical advertising norms are not optional safeguards but essential professional obligations. Legal awareness among practitioners must be viewed as a protective tool rather than a defensive burden. At an institutional level, regulatory bodies, academic institutions, and professional councils must collaborate to establish

accreditation standards, enforce ethical conduct, and integrate medico-legal education into Ayurveda training programs. Ethical review mechanisms and quality audits should become integral components of *Panchakarma* practice settings.

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***Address for correspondence**

Dr Jain Sumeeta

Professor,

Dept. of Swasthavritta and Yoga,
Govt. Ayurveda College, Nagpur.

Email: sumeetasjain@gmail.com

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