

REDEFINING THE KERALA MODEL *RITU SODHANA* - BRIDGING PRINCIPLE WITH PRACTICE

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Abstract

Introduction

Ayurveda emphasizes specific regimens tailored to each season, known as *Ritucharya*. Despite their proven efficacy in maintaining health and preventing diseases exacerbated by seasonal imbalances (*Sanchaya Poorvaka Prakopa of Dosa*), these traditional practices are often overlooked in contemporary healthcare. *Acharya Vagbata* discourse in the *Ritucharya Adhyaya* elaborates on *Swasthya Panchakarma*, essential therapeutic interventions tailored to manage seasonal imbalances. These include *Vamana* (therapeutic emesis) for eliminating aggravated *Kapha* during *Vasanta Ritu*, *Vasthi* (medicated enema) for addressing aggravated *Vata* during *Varsa Ritu*, and *Virechana* (therapeutic purgation) for managing aggravated *Pitta* during *Sarat Ritu*.

Method: A conceptual analysis was undertaken to understand the optimal timing for seasonal purification aligned with Kerala's distinct climatic pattern.

Result: Adapting Ayurvedic principles to accommodate Kerala's specific seasonal variations ensures that these ancient practices remain relevant and effective in contemporary healthcare. By integrating local climatic insights with traditional wisdom, healthcare practitioners can optimize therapeutic outcomes and promote wellness tailored to Kerala's seasonal rhythms.

Discussion: Understanding the optimal timing for seasonal purification aligned with Kerala's distinct climatic patterns is crucial. Adapting Ayurvedic principles to accommodate Kerala's specific seasonal variations ensures that these ancient practices remain relevant and effective in contemporary healthcare. By integrating local climatic insights with traditional wisdom, healthcare practitioners can optimize therapeutic outcomes and promote wellness tailored to Kerala's seasonal rhythms.

Keywords: *Ritu Sodhana*, Seasons of Kerala, *Swasthya Panchakarma*

Introduction

The world is advancing rapidly in technology, yet the health conditions in developing countries still demand serious attention. The World Health Statistics Report 2023 indicates that, although overall population health has gradually improved over the decades, challenges such as managing non-communicable diseases, the lingering impact of COVID19, and climate related health risks remain pressing concerns¹. In light of accelerating seasonal changes and growing anxieties around seasonal illnesses, ancient Ayurvedic wisdom, refined over millennia, prescribes specific diets and regimens for each season (*Ritu*). Given Kerala's unique climatic conditions, which differ from those assumed in classical Ayurvedic texts, the crucial question arises: Can these traditional *Ritucharya* practices be effectively implemented in Kerala?

A recent international study involving over 16,000 individuals across the globe analysed gene expression in more than 22,000 genes². The researchers discovered clear seasonal variations in roughly 25% of those genes: some showed heightened activity in winter, others in summer. Prof John Todd, one of the study's authors, suggested that these findings might explain why people are more susceptible to certain diseases during specific seasons. For example, summer heat can induce fatigue, while winter's short days may

disrupt melatonin production. Seasonal shifts are also linked to increased anxiety, migraines, and rheumatic flareups.

According to Ayurveda, the year is divided into two halves based on the Sun's apparent movement—*Uttarāyana* (from the summer solstice) and *Dakṣināyana* (from the winter solstice). Each half comprises three *Ritus* (seasons), each lasting approximately two months³.

Table 1 - Panchanga and Gregorian Calendar Months

<i>Ritu</i>	<i>Panchanga</i> (The Hindu calendar)	Gregorian calendar
<i>Sisira</i>	<i>Magha</i>	Mid January- Mid March
	<i>Phalguna</i>	
<i>Vasanta</i>	<i>Caitra</i>	Mid March- Mid May
	<i>Vaisaka</i>	
<i>Greeshma</i>	<i>Jyesta</i>	Mid May- Mid July
	<i>Asada</i>	
<i>Varsa</i>	<i>Sravana</i>	Mid July- Mid September
	<i>Badrapada</i>	
<i>Sarat</i>	<i>Aswina</i>	Mid September- Mid November
	<i>Karthika</i>	
<i>Hemanta</i>	<i>Margasirsa</i>	Mid November-Mid January
	<i>Pusya</i>	

In *Śiśira Ritu*, cold weather leads to *Kapha* accumulation, manifesting as *Gurutva*, *Manda*, *Ālasyam*, and diminished *Agni*. Both *Kapha*- and *Vāta*-dominant diseases may emerge. The *Bṛhat-trayī* texts recommend therapies such as *Svedana* (*Śveta* and *Utsādana*) to manage *Kapha* and *Vāta* imbalances. Preventive *Sodhana* in *Ritucaryā*, as described by Prof. Sumathi Bai et al., targets outbreak common during this period—including chikungunya, chickenpox, measles, viral diarrhoea, whooping cough, influenza, rubella, and diphtheria⁴.

In *Hemanta Ritu*, *Doṣas* are neither accumulated nor aggravated. Therapies like *Abhyanga*, *Utsādana*, *Mūrdhataila*, *Jentaka*, *Ātapa-sveda*, and *Avagāha-sveda* are advised. However, outbreaks such as meningococcal meningitis and viral diarrhoea are still observed.

During *Vasanta Ritu*, the *Kapha* accumulated in *Śiśira* aggravates, overwhelming *Agni* and causing symptoms like *Annādveṣa*, *Uras gaurava*, and *Gurutva*. Aggressive therapies—*Vamana*, *Nasya*, *Kavāla*, *Utsādana*, *Vyāyāma*, *Añjana*, *Dhūma*, and *Nirūha*—are recommended. Common outbreaks include chickenpox, measles, whooping cough, rubella, and trachoma.

In *Grīṣma Ritu*, *Uṣṇatā* leads to *Vāta Sañcaya*, producing symptoms such as *Udgāra* and *Udaragaurava* due to impaired *Agni*. *Śītapacana* therapies are emphasized. Seasonal diseases include amoebiasis and polio (categorized under *Vāta* disorders).

In *Varṣā Ritu*, *Vāta* aggravates alongside *Pitta Sañcaya*. Therapies like *Nirūha Vasti*, *Udvartana*, and *Udgharṣaṇa*—all *Vāta*-relieving—are indicated. Outbreaks typically include typhoid fever, malaria, polio, hepatitis A, bacterial diarrhea, cholera, hookworms, and leptospirosis.

During *Śarada Ritu*, *Pitta Prakopa* leads to *Āmlapitta*, *Trṣṇā*, and *Dāha*. *Virecana* and *Raktamokṣana* follow *Snehapāna*. Outbreaks may feature polio, typhoid, and malaria.

Seasons in Kerala

In Kerala's tropical coastal climate, seasonal variation is mild. The Kerala Meteorological Department classifies seasons broadly into wet, dry, and hot. *Aṣṭāṅga Hṛdaya* describes three seasonal qualities—cold (*Śīta*), heat (*Uṣṇa*), and rain (*Varṣā*)—rather than six classical *Ritus*. Kerala lacks the intense cold of *Sisira*, so its “cold season” corresponds more to *Hemanta*. The “hot season” aligns with *Greeshma*. Kerala experiences two monsoons—*Kalavarṣa* (starting end of May) and *Tulāvarṣa* (October/November)—which correspond to *Varṣā*. There is little distinction between *Vasanta* and *Śaradā Ritus*.

Ritu and Panchakarma

In the very definition of *Pañcakarma*, it is stated that it should be administered when the *Doṣa* is in the state of *Upasthita*, that is, when the *Doṣa* has moved from *Śākha* toward *Koṣha*. In this stage, *Snehana* and *Swedana* should be performed, and thereafter *Pañcakarma* is administered with due consideration of *Mātrā* and *Kāla*⁵. This indicates the importance of *Kāla* in *Pañcakarma*. *Kāla* is divided into *Nityagakāla* and *Āvasthikakāla*. *Śodhana* is indicated in both these aspects of *Kāla*. When *Śodhana* is indicated as a part of *Nityagakāla*, it is considered an intervention at the stage of *Chaya* itself. That is, the *Doṣa* accumulated seasonally should be eliminated by the practice of *Rituśodhana*.

Āyurveda explains in detail the *Āhāra* and *Vihāra* to be followed in each specific *Ritu*. Improper diet and lifestyle followed in a particular *Ritu* lead to *Sañcaya* of *Doṣa* in the body. These accumulated *Doṣa* must be eliminated in the next *Ritu* when they attain *Prakopa*, and this is termed *Rituśodhana*.

Along with *Āhāra*, *Vihāra*, and *Deśa*, *Kāla* plays a significant role in maintaining the balance of *Doṣas*. Different *Guṇas* of each *Ritu* cause specific *Doṣas* to go through the stages of *Sañcaya*, *Prakopa*, and *Praśama*. For example, in *Grīṣma Ritu*, the inherent *Uṣṇa* and *Rukṣa* nature leads to *Vāta Sañcaya*. In *Varṣā Ritu*, the sudden shift from *Uṣṇa* to *Śīta* due to clouds, rain, and cold winds introduces *Śīta* and *Rukṣa* qualities, resulting in *Vāta Prakopa*. In *Śarada Ritu*, as the clouds disperse and the sun becomes prominent, the environment becomes *Uṣṇa* and *Snigdha*, which are opposite to *Vāta* and hence bring about *Vāta Praśama*. Thus, based on the nature of *Kāla*, *Sañcaya*, *Prakopa*, and *Praśama* of *Doṣas* take place, and this forms the basis of *Rituśodhana*⁶.

Śodhana should always be performed during *Sādhārana Kāla*, when there is neither excessive heat, cold, nor rain. *Pravṛt*, *Śarada*, and *Vasanta* are considered *Sādhārana Ritus*, during which *Vasti*, *Virecana*, and *Vamana* respectively should be performed. *Śodhana* is advised during the second month of a particular *Ritu*, not in the first month, as *Doṣas* would not have attained sufficient *Prakopa* in the initial phase and premature elimination can lead to ineffective *Śodhana*.

For instance:

- *Kapha* accumulated in *Śiśira Ritu* is eliminated in *Vasanta Ritu*.
- *Vāta* accumulated in *Grīṣma Ritu* is eliminated in *Varṣā Ritu*.
- *Pitta* accumulated in *Varṣā Ritu* is eliminated in *Śarada Ritu*.

Accordingly, *Ācārya Vāgbhaṭa* has discussed different types of *Pañcakarma* therapies in the *Ritucaryā Adhyāya*. These are also referred to as *Swasthya Pañcakarma*.

The caution advised against performing *Śodhana* in *Swastha* is likened to the warning not to awaken a sleeping poisonous serpent, which raises questions about the rationale for *Rituśodhana*. However, this caution is applicable only to *Asaṅcita Doṣa Swastha*, not to *Saṅcita Doṣa Swastha*. In individuals with *Saṅcita Doṣa*, *Śodhana* is always indicated. Failure to perform *Śodhana* in a particular *Ritu* for such individuals may result in disorders such as *Atiṣṭhulatā*, *Meha*, and *Kuṣtha*.

Even after following the prescribed *Āhāra* and *Vihāra* of a particular *Ritu*, if *Prakopa* of *Doṣa* occurs, it is termed *Pathyaja Prakopa* or *Ācāryapūrvaka Prakopa*, and in such cases, *Sāmanā* is indicated. However, when *Prakopa* occurs due to neglecting *Ritucaryā*, it is known as *Apathyaja Prakopa* or *Chāyapūrvaka Prakopa*, and under such conditions, *Śodhana* is indicated even for *Swastha* individuals.

Kerala's Climatic Adaptations for *Ritu Śodhana*

Ritu Vamana

Kapha is dominant and vitiated in *Vasanta Ritu*. *Vāsantika Vamana* is done for the elimination of vitiated *Kapha Doṣa* which in turn helps to prevent the forthcoming *Kapha* disorders associated with *Pitta* or the disease originating in the *Sthāna* of *Kapha* like bronchial asthma, allergic bronchitis, rhinitis, migraine, sinusitis, psoriasis. *Ritu Vamana* is especially highly beneficial for volunteers who have *Chāyapūrvaka Kaphaprakopa Lakṣaṇa* like *Annādveṣa*, *Hṛdayotklesā* and patients suffering with *Kapha* disorders and associated *Pitta*: bronchial asthma, allergic bronchitis, rhinitis, sinusitis, COPD, productive cough, migraine, *sthūlatā*, overweight, dyslipidaemia, *madhumeha*, skin diseases like acne vulgaris, psoriasis, eczema, dermatitis. So, assessing the nature of *Kapha* in healthy individuals, we can use the *Kaphotklesā* grading scale⁷. A retrospective observational study of *Vāsantika Vamana* reveals, maximum *Vegakīśuddhi* found in 50% of *Pravara Kaphotklesā* subjects and 50% subjects showed *Madhyama Vegakīśuddhi*. So this *Kaphotklesā* grading scale can be used for initial screening of participants for *Ritu Vamana*.

In Kerala, the flowering and growing period of plants are observed in between *Śīta* and *Uṣṇa* seasons. But those days are only few and cannot be defined as a *Ritu*. So *Vasanta Ritu* is not clearly identified in Kerala. Even though, the transition period between *Hemanta* and *Grīṣma*, that is February to March, is considered as *Vasanta Ritu* in Kerala.

For the effective implementation of *Ritu Vamana*, which has become common in Kerala in recent years, proper guidelines need to be established. Initially, selecting the appropriate time for *Vamana* is crucial. As previously mentioned, with no distinct *Vasanta Ritu* in Kerala, according to *Kālasvabhāva* and *Doṣalakṣaṇa*, a suitable time between *Hemanta* and *Grīṣma Ritu* should be chosen. Identifying individuals suitable for *Ritu Vamana* involves assessing *Kaphaprakopa lakṣaṇa* in individuals, along with the seasonal accumulation of *Kapha-pradhāna Vikāra*. To ensure the fitness for *Ritu Vamana*, an initial assessment of *Koṣṭa*, *Agni*, *Bala* is necessary. Based on the individual's *Kaphadoṣa* aggravation, appropriate *Rūkṣaṇa*, *Snehanā*, *Abhyanga* and *Uṣṇa sveda* should be performed. Before the procedure, participants should receive proper education about the procedures. The selection of *Vamana Yoga* and *Akāṇḍapāna* should be individual-specific. However, since there is not much *Kaphadoṣa* aggravation due to Kerala's *Kālasvabhāva*, *Tīkṣṇa Vamana* might not be necessary, although individuals should still be examined for *Kapha Doṣa Prakopa*. *Vamana* should be carried out using proper standard operative procedures, with follow-up and appropriate management of any aftereffects.

During February 2024, the department of *Pañcakarma* conducted *Ritu Vamana* in 16 healthy volunteers. The common presentations of participants were the history of allergy, sinusitis, recurrent, upper respiratory tract infection, *Kāsa*, and other *Kapha-pradhāna* features like *Śiras Gaurava*, intermittent *Śīta*, feeling of *Klama*, etc. Initial *Doṣa* assessment and *Koṣṭha* assessment was done. Most of the participants were *Kaphavṛddhatarā*. *Pūrvakarma* was done with *Abhyantara Snehapāna* with plain *Gṛīta* 25 ml with rice gruel twice daily for a maximum of 3 days. On the previous day of *Vamana*, participants were advised to have plenty of milk, laddu, payasa and peda. On the day of *Vamana*, by 5am, *Abhyanga* and *Uṣṇajala Snāna* were done. Medicine for *Vamana* was 10g *Yaṣṭī chūrṇa* along with 3g *Saindhava* and *Madhu*. For *Akāṇḍapāna*, *Yaṣṭī Phānta* was given. After the *Vamana*, *Kabalagrāha* with *Uṣṇodaka* and *Dhūmapāna* with *Haridrāvartī* was done.

Among the 16 participants, 9 observed *Pravara śuddhi*, 3 attained *Madhyama*, and 4 attained *Avara śuddhi* based on *Vegalakṣaṇa*. Most participants felt better after *Vamana*, and no major complications were found. 3 of them had *Virecana* after the *Vamana* procedure, which subsided after a few vegas. Follow-up was done three months after *Ritu Vamana*. It was found that among the 16 participants, 75% reported feeling changes in their bodies. Most noticed benefits included *Mukha prasāda*, menstruation regularity, sense of *Laghutva* in their bodies, along with reduced *Kṣavathu*, decreased recurrence of *Kāsa*, and reduced *Śiras Gaurava*. However, three participants complained of increased *Kapha* after *Ritu Vamana*.

So, critically analyzing the *Ritu Vamana*, even though *Vamana* has a *Śodhana* effect on *Kapha Doṣa*, which becomes vitiated during *Vasanta Ritu*, in Kerala, there is not much manifestation of *Kapha Vṛddhi* as there is no distinct *Vasanta Ritu*. Thus, other *Vasantopakrama* methods such as *Nasya*, *Kabala*, *Dhūmapāna*, and *Gāṇḍūṣa* may have better efficacy during *Vasanta Ritu*. Even if the person suffers from a seasonal aggravation of *Kapha-pradhāna Vikāra* along with *Pitta*, the preferred choice still remains *Ritu Vamana* itself.

Ritu Virecana

Śarad Ritu is identified as the sunny days after the rainfall. But at present in Kerala, from June to November, most of the days have heavy rainfall along with floods compared to earlier years. Then how can we identify *Pitta Chaya* and *Prakopa* occurring in Kerala?

A review article on the *Ritucaryā* in Kerala by *Kirathamoorthy* and *K. Surayya* quotes that the role of *Pitta* in the seasonal pattern seems to be different in Kerala compared to pan-Indian pattern⁸. Kerala is situated near the equator and in a temperate region, so we experience *Uṣṇa*, especially in *Grīṣma*. The *Grīṣma Ritu* is more *Snigdha* than other seasons due to high temperature and high evaporation rate. So, the *Grīṣma Ritu* has *Snigdha Guṇa* along with *Uṣṇa guṇa*. Due to the presence of these, there is *Pitta Chaya* in *Grīṣma Ritu*. *Pitta* in *Chāya Avasthā* in *Grīṣma Ritu* undergoes *Prakopa* in *Varṣā Ritu* due to *Amlapāka* in *Varṣā*. So, at the beginning of *Varṣā*, it is better to perform *Virecana* instead of *Vasti*, considering the *Prakopa* of *Pittadoṣa*.

Among the *Virecana Dravyas*, *Trivṛt* is the only drug having *Ritu* specific formulation of *Virecana*⁹. So, considering the seasonal specialty of Kerala, *Ritu Virecana* which can be done in the early phase of *Varṣā Ritu*, the *Yoga* with *Trivṛt*, *Kuṭajābīja*, *Pippalī*, *Viśvabheṣaja* along with *Kṣaudra* and *Drakshārasa* will be a better choice.

Other *Yoga* which can be used for *Ritu Virecana* is the powder of *Dviguṇottarapippalī*, *Pippalīmūla*, and *Abhayā* which is indicated in *Swastha*. In a comparative clinical trial to assess the effect of the seasonal formulation of *Trivṛt* against *Avipatticūrṇa*, it was found that since both *Yoga* contain *Trivṛt*, the effect of *Virecana* was almost similar in both groups. So, we can use the *Avipatticūrṇa*, which is commonly available, for *Ritu Virecana* purpose¹⁰.

Ritu Vasti

Vasti Chikitsā is considered a prime treatment modality among *Pañcakarma*. It has not only curative aspect but also preventive and promotive roles. In *Varṣā Ritu*, due to *Śīta Guṇa*, *Vāta* gets vitiated. Hence, to alleviate the aggravated *Vāta*, *Asthāpana Vasti* is necessary in *Varṣā Ritu*.

Southwest monsoon (*Kalavarṣā*, *Edavapathi*) is the main rainy season in Kerala. *Edavapathi* begins by the end of May or early June and lasts till the end of September. The *Tulavarṣa* are in the month of October and November and sometimes last till December. Heavy afternoon rain accompanied by thunder and lightning are the main characteristics of the season.

We can use *Bālāguḍūcyādī Vasti* which is indicated for *Swastha* and *Yāpana Vasti* like *Madhutailika Vasti* also can be used. Generally, *Bālyā* and *Bṛmhāṇa* type of *Vasti* can be administered because *Bala* of individuals is *Avara* in *Varṣā Ritu*.

Even though *Vasti* is considered a prime treatment, and in Kerala we have a defined *Grīṣma Ritu*, characterized by *Vāta Chāya*, and the *Varṣā Ritu* characterized by *Vāta Prakopa*, unlike *Ritu Vamana* and *Ritu Virecana*, *Ritu Vasti* is neither practiced nor researched well. This highlights an area that requires attention and exploration.

Conclusion

In the contemporary era where seasonal regimens are largely neglected, *Sañcayapūrvaka Prakopa* of *Doṣa* can lead to numerous diseases. Along with *Āhāra*, *Vihāra* explained in *Ritucaryādhyaśā*, *Śodhana* also has an important role in prevention of these diseases. Since *Kāla* plays an important role in *Śodhana*, performing it without consideration of *Kāla* will definitely result in complications. As the seasons in Kerala differ significantly from those explained in classical texts, it must be kept in mind before administering *Ritu Śodhana*.

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