

Clinical Research

Effect of *Vasantic Vaman* and other *Panchakarma* procedures on disorders of various systems

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Abstract

Kapha is dominant and vitiated in Vasant ritu as it is described in Ayurveda. Acharya Chakrapani has said in chapter six, that not only Vaman, but all the five biopurification methods of the Panchakarma should be practiced in Vasant ritu. Out of the two best seasons in a year for purification, Vasant is better one. This pilot research study was carried out to see the effect of this biopurification process on different disorders. The results were marvelous, as symptomatically 58% relief was achieved.

Key words: Vasant Ritu, Panchakarma, Biopurification

Introduction

While studying Chikitsa (Line of treatment) from the Ayurved text it was noticed that Shodhan is advised first. In the Ayurved Outpatient Department (OPD), it was noticed noticed that before visiting the Ayurved OPD, patients try most of the modern medicines for their ailment till they visit an Ayurved physician, and hence, the ailment has already become chronic in most of the patients. Obstruction (Sang) pathology is observed due to vitiation of the Doshas. Kapha has the maximum ability for obstruction due to its attributes^[1]. In Vasant (spring season) Kapha is dominant and it is stated that when 'Bahu Dosh Lakshana' are present, Panchakarma should be performed.^[2]

Today's quality of food and dietary habits, lifestyle, and changes in seasons are often the cause of saturation of toxins in the body, which according to Ayurved are *Malas* and *Aam*, and these are also the cause for vitiation of the *Doshas*. Unless and until the body becomes free from this *Mala*, *Aam* (toxic materials), and vitiated *Doshas*, the health state cannot be achieved.

Ayurveda has the best therapies in the form of *Panchakarma* to make the body free from these disease-causing factors. Even in lesser time, excellent results can be achieved, and after *Panchakarma*, the patient can be treated well with less consumption of medicines and that is within a short period, so it saves time as well as expenses of medicines.

Nowadays, *Panchakarma* is becoming much more popular. Our first aim for this project was to make people familiar with the traditional *Panchakarma* methods, and to our surprise,

Address for correspondence: Dr. Mukesh Rawal Reader, Dept. of Kayachikitsa, Akhandananda Ayurveda College, Ahmedabad, Gujarat, India. E-mail: drmdraval@yahoo.com tremendous response was received even though very little publicity was done. Our second aim was to check the efficacy of *Panchakarma* procedures on various disorders.

Aims and Objectives

- To observe the effect of Vaman and other Panchakarma procedures done especially in the Vasant ritu
- To observe how the *Vaman* and other procedures correct the pathology

Material and Methods

- 1. Patients attending the OPD and In-patient Departments (IPD) of the *Tapibai* Ayurvedic Hospital, Bhavnagar, and fulfilling the criteria, have been selected between the period of 1 April, 2009 to 15 June, 2009, irrespective of their sex and religion. Routine clinical examination was done in order to rule out any other pathology, which may cause trouble while performing the *Panchakarma* procedure. A special research Proforma was prepared and after detailed history was taken and examination was performed, the selected patients were categorized for the specific procedure. After acquiring knowledge about the presence of *'Bahu Dosh Lakshana'*, fitness for *Panchakarma* was checked, and patients were excluded according to the exclusion criteria. X-rays, pathological investigations, and electrocardiograms (ECGs) were conducted wherever required.
- Knowing their Agni, Bala, Koshtha, Prakriti, and other conventional clinical parameters, the procedure and course (Line of Rx) were designed.

Inclusion criteria

- . Age group 12 years and above
- 2. Patients with Bahu Dosh Lakshana^[3]

Exclusion criteria

- Children below 12 years and pregnant women
- High-risk patients, for example, with severe hypertension (HT), Obese, Koch's, chronic diabetics, mio-cardial infarction.
- Patients with Avar satva

Treatment course

Vaman karma

Langhan, Dipan, Pachan	3 – 5 days
Abhyantar snehan	5 – 7 days
Sarvang Abhyang and vashp Swed	eighth ďay
[peti (box)]	,
Vaman	ninth day
Samsarjan krama (diet)	3 – 7 days
Total	13 – 21 days

Sampurna Panchakarma

Langhan, Dipan, Pachan	3 - 5 days
Abhyantar Snehan	5 – 7"
Sarvang abhyang and vashp	eighth day
Swed [peti (box)]	
Vaman	ninth day
Samsarjan krama	3 – 7 days
Abhyantar snehan	3 days (ninth, tenth, and
	eleventh days after Vaman)
Sarvang Abhyang and vashp	Fourteenth day

Swed [peti (box)]

Virechan Fifteenth day Samsarjan krama 3 - 7 days

Vasti (3)

Matra Ninth day Nirooha Tenth day Matra Eleventh day Nasva Twelfth day Raktamokshana Thirteenth day 29 - 39 days Total Parihar kaal (Pathya aahar Vihar) 1 month

Medicines used for different procedures

Vamak yog

Madanfal Modak (Anubhut)

Contents

Madanphal pippali churna (Randia dumetorium)	9 g
Yashtimadhu (Glycerrhiza glabra)	6 g
$ \begin{tabular}{ll} Trikatu & (Gingiber officinalis, Piper nigrum & \\ piper longum) \end{tabular}$	3 g
Saindhav (Rock salt)	3 g
Honey	as required

Vamanopag Dravya (For Aakanth paan)

Yashtimadhu phant	4 liters
Cow milk	1 – 1.5 liters
Lukewarm water (Boiled)	l liter
Salt water	l liter
Pashchatkarma	
Kaval Gandush	With salt water +
	Haridra (curcuma
	longa)

Virechan yog

1.	Draksha (Vitus vinifera)	1 tola (10 g)
	Aaragvadh (Cassia fistula)	1 tola (10 g)
	Haritaki (Terminalia chebula)	1 tola (10 g)
	Katuki (Picrorrhiza kurroa)	0.5 tola (5 g)
	$Kwath + Erand \ tail^{[4]}$	
	Icchabhedi Rasa, Two tablets ((Baidyanath) if required
_	r 1 11 1/10 mg	/6:

Icchabhedi Rasa, Three (Given to two patients.) tablets

Abhayadi Modak, Five tablets (Given to two patients.)

4. Yog of nine dravya (one patient.)

(Haritaki, Saindhav, Aamalki, Guda,

cha.chi.1/25 - 26^[5]) Vacha, Haridrai, Vidang, Sunth

Vasti (Three days)

Anuvasan (Til tail)	80 ml
Nirooha (Dashmooladi)	960 ml
Matra (Til tail)	60 ml
Nasya	
Shadbindu tail	(Five patients)
Anu tail	(One patient)
Kshar tail	(One patient)
Goghrit	(One patient

Raktamokshana (Siravedh)

20 G scalp vein needle from right cubital vein

Follow-up

After completion of the procedure or course, the patients were advised to visit the OPD every week for follow-up for one month or till they were completely cured. Those who required further treatment after the Panchakarma Shaman Chikitsa was started were readmitted in the IPD.

Assessment criteria

- The patients were diagnosed on the basis of cardinal signs and symptoms of the related disease.
- The patients were checked for Bahu Dosh Lakshana and fitness for a particular procedure or complete course.
- Symptoms were graded as mild, moderate, severe, and very severe, and were denoted as given herewith:

Category	Grade	Symbol
mild	1	+
moderate	2	++
severe	3	+++
very severe	4	++++

The effect of the treatment was evaluated as per the above gradation. On the basis of the symptomatic improvement reported by the patients, examination assessment had been done, with statistical analysis.

Observation and Results

The general observations are shown in Tables 1 to 4 and the results are shown in Table 5.

Table 1: Gene	eral observ	rations		
Number of pat	ients	30		
Male		21		
Female		9		
OPD level Trea	ıtment	19		
IPD		11		
Age group		15 – 70 years		
15 – 25		3		
26 - 35		10		
36 - 45		4		
46 – 55		4		
56 – 65		7		
66 - 70		2		
Total		30		
Examination				
Family History		positive in seven patients		
Past history		positive in six patients		
Drug History		positive in 13 patients		
Habits				
Beedi		Five patients		
Tobacco		Five patients		
Alcohol		One patient		
Disease histo	ry			
DM	HT	CA		
1	1	1		
Prakriti				
V		2		
Р		2		
K		6		
VP		7		
VK		5		
PK		4		
VPK		1		

Upadrav

No major complication observed, only one patient S/f CCF having leg edema got weakness, while on Samsarjan krama (diet), so was shifted to the Sir T. (Local - General) hospital.

Symptomatology

Symptoms

Aasankashtata, Naasavansh vakrata, Amlodgaar, Paalitya, Anurjata Twak (Shit pitta), Shirah shool, Bahumutrata, Shool - Kati to parshni, Daah, Shool (Ans te parshni), Drashtimaandhya, Shool (Ans to kurpar), Hrillas, Shwaskastata, Jirna Pratishyaaya(sinusitis), Supti - Hasta paad, Kaas, Taarunyapitika, Kandu, Twak mandal, Kaphashtivan, Twak shwetatva, Khalitya, Twak vivarnata, Lasikagranthi vriddhi, Naasastray, Naasarodh.

Above symptoms were categorized according to the systems

Discussion

Although 50 patients were registered, only 30 patients were

Table 2: Diagnosis wise observations Disease No. of patients Ajirna (Indigestion) 2 Amlapitta (Acidity) 1 Anurjataa - Praanvaha (Resp. Allergy) 1 Anurjataa Twak - [shit pitta (Urticaria)] Ek - kushtha (Psoriasis) 6 1 Gridhrasi + Sthoulya (Obesity) Gridhrasi (sciatica) 1 Uccharaktachaap (HT) Jirna Pratishyaya (DNS) 5 2 Manyaashool (Cervical Spondylosis) 1 Lasikagranthi arbud (Lymphoma) Madhumeha (DM-6 years) 1 Paalitya (graying of hair) Shirah shool - Vataj, (Headache) 1 2 Shwitra (Leucoderma) 1 Tamakshwaas (DNS + asthma) 1 Taarunyapitica (Acne) Kshudrakushtha (Skin Disease.) 1 30 Total

Table 3: Karma wase observations					
Type of Karma	No. of Karmas	Remark			
Snehan (Abhyantar)	136	22 patients			
Swedan (Sarvang)	53	22 patients			
Vaman	20	Pittant 16, Kaphant 4. Veg. Max.12, Min. 4			
Virechan	12	Veg. Max.12, Min. 4			
Vasti	37	Pittant. 8, Kaphant 4 Veg. Max.20, Min. 2			
Nasya	55	13 patients, 7 days – 7, 1 day - 6 patients			
Raktamokshna	7	7 patients			
Complete PK Other	6	6 patients			

selected for *Panchakarma* treatment; the remaining patients either did not fulfill the criteria or required only *Shaman Chikitsa*. There were more male patients (21) compared to females (9). The most interesting thing was that the average age of the patients was 43 years; this shows that middleaged patients are prone to obstruction (*Sang*) pathology! The patients who required the complete *Panchakarma* course were between 35 to 60 years. In this age, diseases like diabetes mellitus (DM), HT, *Asthma*, and Arthritis limits the lifestyle of the person. Therefore, *Panchakarma* should be promoted in this age group, to improve their lifestyle by either preventing them from the above disorders or making them free of it. Better prognosis is observed in this age group and practice too.

Prakriti (constitution)-wise, maximum patients belonged to the Vata – Pitta (7 patients, 23.33%), followed by Kapha (6 patients, 20%), and Vata Kapha (5 patients, 16.66%) prakriti. As Vasant ritu was the Kapha-dominating season, maximum

Table 4 : List of symptoms				
System	Lakshana (Symptoms)			
Skin	Kandu			
	Daah			
	Tarunyapitika			
	Twak mandal			
	Twak shwetatva			
	Twak vivarnata			
	Twakdalan			
	Vali(lalaat)			
	Vipadika			
	Anurjata Twak(Shit pitta)			
G.I.Tract	Amlodgaar			
	Hrillas			
	Udardaah			
	Udargaurav			
	Udarshool			
	Udarvruddhi			
	Urodaah			
	Vibandh			
Nervous System	Aasankashtata			
	Shirah shool			
	Shool (kati te parshni)			
	Shool(Ans te kurpar)			
	Supti (Hasta - paad)			
	Vibandh			
Respiratory	Nasavansh vakrata			
	Kaas			
	Kaphashthtivan			
	Naasanaah			
	Nasarodh			
	Nasastrav			
	Shwaskashtata			
	Kshavthu			
Others	Lasika granthi vriddhi			
	Drashtimaandhya			
	Sthoulya			
	Khaalitya			
	Paalitya			
	Uccharaktachaap			
	Madhumeha			

patients were of Jirna pratishyaya with DNS (5) and Ek kushtha (6), which were Kaphaj vikara. Disease-wise the number of patients was less for any particular disease, so the statistical data was made system-wise, hence that result of Panchakarma could be observed in different systems. Maximum symptoms were of skin diseases (n-29), followed by respiratory (n-18), $Vata\ vikara\ (n-13)$, and G.I. tract (n-11). This showed that the environment of this area (Bhavnagar) was disturbing the respiratory system and the organ, skin, more than any other; this might be due to excess humidity. Remarkable results were achieved in these four systems — skin, G.I. tract, respiratory, and $Vataj\ vikara$, that is, arthritis and nervous system disorders. Results in hair, Obesity, Arbud, Madhumeha

(DM), and *Uccharaktachaap* (HT) were insignificant due to less number of patients. Good results were observed in *Vataj vikara*, G.I.tract, skin, and Respiratory, with P < 0.001, and percent-wise 65.38, 65, 58.20, and 45, respectively.

Treatment-wise Vaman was carried on 20 patients. Just within a month (from 7 April to 6 May, 2009), on some days, at a time three Vaman were done! This was possible due to good teamwork, better selection of patients, Purvakarma, and good management. Upadrav was observed only in one patient who was suffering from psoriasis, and also had Congestive Cardiac Failure (CCF). In Vataj vikara, Vasti was practiced; three patients underwent Yogvasti karma, mostly suffering from sciatica. Remarkable results were achieved in patients with Deviated Nasal Septum (DNS) and respiratory allergy by Nasya. So this proved that Nasya was a good procedure for respiratory allergy and sinusitis. Raktamokshana was practiced mostly in patients suffering from psoriasis and good results were observed.

Effect of therapy

Skin-related symptoms like Kandu (itching), Daah (burning sensation), and Vaivarnya (discoloration) were relieved in a very short period after Vaman and Virechan karma. In the G.I. tract an excellent result was achieved in symptoms like Amlodgar, Hrillas (nausea), Udardaah (abdominal burning), Urodaah (heart burn), and Vibandh (constipation). Vasti karma immediately relieved the pain in sciatica and arthritis. Vaman gave good result in a patient with HT; a systolic pressure of 160 dropped to 140 after the procedure and was stable at 140 even after Samsarjan krama! Nasya was good for sinusitis, DNS, and respiratory allergy. Symptoms like Kaas (coughing), Nasarodh (nasal obstruction), nasastrav (runny nose), and Kshavthu (sneezing) were relieved immediately. After a nasya course of seven days, during follow-up, it was given once a week for two months, and also Pratimarsha Nasya was taken in the morning daily for a month, at home. Such a line of treatment was good to eradicate the disease completely.

Mode of action

Vaman is very effective in Kaphaj vikara. This was also observed in the patients of Tamak Swas (bronchial asthma). The wheezing sound and ronchi were totally absent after Vaman karma, and Vaman is the ultimate therapy to make the patients totally free from bronchial asthma. The concept of Panchakarma is to bring the vitiated Doshas from Shakha (branches and not the extremities – skin, Rakta – shukra dhatu) to koshtha^[6,7] with the help of *Purvakarma*, and eradicate them through the nearest outgoing path of the body.[7] Vaman removes the vitiated Kapha from the stomach and half part of the duodenum, whereas, Virechan acts on the Pitta dosha from half part of the duodenum to the ileocecal junction or till the umbilicus, that is, the small intestine, which is 20 - 25 feet in length, Vaman and Virechan remove Kapha and Pitta from the Koshtha. They are driven toward the Koshtha with the help of Snehan and Swedan. In this manner Vaman and Virechan act on the vitiated Doshas of the whole body.

Vasti acts on the Vaat-dominting area, that is, the Pakvashyaya (large intestine), which is the root of all other types of Vata and also it is the root of very important systems like Mutravah and Malavah, that is, the Excretory system. The vitiated Vata may irritate the nervous system and according to Ayurveda, Vasti

Table 5: Effect of Panchakarma								
System/Dis./organ	N	ME	MEAN		STDEV	SE	Т	P value
		ВТ	AT					
Skin	29	2.31	0.96	58.2	1.04	0.19	6.93	< 0.001
G.I.Tract	11	1.81	0.36	65	0.60	0.18	6.5	< 0.001
Respiratory tract	18	2.22	1.22	45	0.59	0.14	7.14	< 0.001
Vatvikar	13	2	0.69	65.38	0.48	0.13	9.81	< 0.001
Hair	2	2	0.5	75	0.7	0.5	3	< 0.10
Med (Fat)	2	2	1.5	25	0.7	0.5	1	< 0.10
Arbud	2	3	2	33.33	1.41	1	1	< 0.10
DM	1	3	2	33.33	0	0	0	0
Eye (Drashtimandhya)	1	2	2	0	0	0	0	0
HT	1	2	1	50	0	0	0	0

Highly significant P = < 0.001, Not significant P = < 0.10, N = No. of symptoms present in a particular system in all the patients

is the best solution for pain, it removes the cause of pain by eliminating the vitiated *vaat*. This vitiated *Vata* may be the cause of pain in patients of *Sandhishool* (arthritis).^[8]

Nasya is very effective in the disorders of the nasopharyngeal tract, it removes the vitiated *Kapha* that gets thickened, obstructs the nostrils and the opening of the sinuses, resulting in the obstruction of the function of Vata and as a result DNS and sinusitis (*Jirna Pratishyaya*) may develop. *Nasya* breaks this pathology by lubricating the nasopharyngeal tract, and thus it not only removes the sticky *Kapha*, but also subdues the vitiated Vata by its Oleating quality. Such a miraculous action was also observed in the treatment of DNS, Sinusitis and Allergy.

Raktamokan (blood letting) removes the vitiated Pitta and toxins within the blood. It is a marvelous treatment for the patients of Psoriasis and other skin disorders. We had six patients of psoriasis and remarkable results were achieved by Raktamokshana. The complete Panchakarma course was practiced as an effort toward complete remission of the disease.

Conclusion

The above figures, data, statistics, and discussion conclude that Vasantic vaman and Panchakarma were very effective in the disorders of the skin, G.I. tract, Respiratory, and Vata vikara. We observed an excellent result in patients belonging to Bhavnagar city and district. Such a type of treatment should be practiced in all areas of the state and country. Ayurveda physicians should play a major role to eradicate lifestyle-disturbing diseases like allergy, asthma, skin disorders, and arthritis by practicing and promoting Panchakarma. Panchakarma is the sure shot weapon of Avurveda and it should be applied wisely. While handling OPD and IPD it has also come to my notice that when the above-mentioned diseases progress they become complicated to treat and an emergency arises. If we increase the literacy and awareness in the common people by organizing such treatment programs then there will be fewer emergencies in the medical field. If each and every Ayurveda physician and student gets a basic knowledge of Practicing Panchakarma, then it will be a great gift of Ayurveda to society, By organizing this project I have contributed in a small way toward this cause, by taking the help of my colleagues and seniors, and training all the 33 interns, masseurs, nursing staff, ayahs, and ward-boys in the art of *Panchakarma*.

Even modern medicine has a limited solution for the management of such diseases, whereas, Ayurveda has better medicines, concepts, and procedures. Nowadays, *Panchakarma* is becoming a blessing for the treatment of such lifestyle limiting diseases. This fact is also noticed while sitting in the OPD when we got the referrals from modern physicians, who surprisingly send their relatives for Ayurveda and *Panchakarma* treatment.

This effort of mass *Panchakarma* treatment is just an example to promote *Panchakarma* in the society. Dr. Clearke of Philadelphia stated that, 'If all the physicians of modern medicine treat the patients according to the concepts of *Charak* and *Sushrut*, there will be less work remaining in the field of medicine!'

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हिन्दी सारांश

वासंतिक वमन एवं पंचकर्म का विविध संस्थानो की व्याधियों पर प्रभाव

मुकेश रावल किशोरसिंह चुडासमा राजेन्द्र व्यास बी.पी.परमार

वसंतऋतु में कफ का प्रकोप होता है। यह विकृत-प्रकुपित कफ वायु एवं पित्त के मार्ग में संग (अवरोध) निमार्ण कर अनेक व्याधियों को जन्म देता है। वसंतऋतु को कफ के शोधनार्थ श्रेष्ठ ऋतु आचार्य चक्रपाणी ने कहा है तथा इस ऋतु में वमन कर्म तथा संपूर्ण पंचकर्म चिकित्सा करनी चाहिए ऐसा च.सू.अ. ६ की टीका में कहा है। इस विधान की पुष्टि हेतु रुग्णालय में शिबिर का आयोजन कर ३० रुग्णों पर वमन एवं संपूर्ण पंचकर्म का परिणाम देखा गया जिसमें लाक्षणिक उपशय ६८ % मिला एवं श्वसन, अन्नवह संस्थान, वातविकार एवं त्वचा रोग पर उत्साहजनक परिणाम मिला।