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, 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.

2. Knowing their Agni, Bala, Koshtha, Prakriti, and other conventional clinical parameters, the procedure and course (Line of Rx) were designed.

Inclusion criteria

1. 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 washp Swed [peti (box)] eighth day
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 [peti (box)] eighth day
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
Virechan Fifteenth day
Samsarjan krama 3 – 7 days
Vasti (3)
Matra Ninth day
Nirooha Tenth day
Nasya Eleventh day
Raktamokshana Twelfth day
Total 29 – 39 days
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
Trikatu (Gingiber officinalis, Piper nigrum & pipper longum) 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) 1 liter
Salt water 1 liter
Pashchathkarma
Kaval Gandush With salt water + Haridra (curcuma longa)

Virechan yog
1. Draksha (Vitus vinifera) 1 tola (10 g)
2. Aragvadh (Cassia fistula) 1 tola (10 g)
3. Haritaki (Terminalia chebula) 1 tola (10 g)
4. Katuki (Picrorrhiza kurroa) 0.5 tola (5 g)
5. Kwath + Erand tail[3]
6. Ichchabhedi Rasa, Two tablets (Baidyanath) if required
7. Ichchabhedi Rasa, Three tablets (Given to two patients.)
8. Abhayadi Modak, Five tablets (Given to two patients.)
9. Yog of nine dravya (One patient.)
10. (Haritaki, Saindhav, Aamalki, Guda, Vacha, Haridrai, Vidang, Sunth)
11. Total 29 – 39 days

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
1. The patients were diagnosed on the basis of cardinal signs and symptoms of the related disease.
2. The patients were checked for Bahu Dosh Lakshana and fitness for a particular procedure or complete course.
3. 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 | ++++ |

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: General observations

| Number of patients | 30 |
|--------------------|----|
| Male               | 21 |
| Female             | 9  |
| OPD level Treatment| 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 history

| DM | HT | CA |
|----|----|----|
| 1  | 1  | 1  |

Prakriti (constitution)

| V  | 2  |
| P  | 2  |
| K  | 6  |
| VP | 7  |
| VK | 5  |
| PK | 4  |
| VPK| 1  |

Upadray

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

Symptomatology

Symptoms

Aasankashtata, Naasavansh vakrata, Amlodgaar, Paalitya, Anurjataa Twak (Shit pitta), Shirah shool, Bahumutratsa, Shool - Kati to parshni, Daah, Shool (Ans te parshni), Drashtimaandhya, Shool (Ans to kurpar), Hrillas, Shwaskastata, Jirna Pratishtyaaya(sinuitis), Supti - Hasta paad, Kaas, Taarunyapitika, Kandu, Twak mandal, Kapheshivatva, Twak shvetatva, Khalitya, Twak vivarnata, Lasikagranthi vriddhi, Naasastrav, Naasarodh.

Above symptoms were categorized according to the systems

Discussion

Although 50 patients were registered, only 30 patients were 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 middle-aged 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

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Table 2 : Diagnosis wise observations

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

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         | 6   | 6 patients |
| Other               |     |        |
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, Hirllas, Udardaah, Udargaurav, Udarshool, Udavruuddhi, 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 vridhhi, Drashtimaandhya, Sthoulya, Khaalilitya, Paalilitya, 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 (dyscoloration) 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, Hirllas (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 Samarsjan 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 out of the body, that is, the Excretory system. The vitiated Doshas are driven toward the nearest outgoing path of the body. So this proved that Nasya was a good procedure for respiratory allergy and sinusitis. Remarkable results were achieved in patients suffering from psoriasis and good results were observed.

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

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 Pratishhaya) 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 Ayurveda 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 53 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. C. 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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References

1. Jadavaji T Aacharya. Charak samhita. Ayurveda dipika Commentary of Chakrapanidatta, Sutrasthan. Chaukhambha Orientalia; 2007. p. 46.
2. Jadavaji T Aacharya. Charak samhita. Ayurveda dipika Commentary of Chakrapanidatta, Vimansthan. Chaukhambha Orientalia; 2007. p. 246.
3. Jadavaji T Aacharya. Charak samhita. Ayurveda dipika Commentary of Chakrapanidatta, Sutrasthan. Chaukhambha Orientalia; 2007. p. 97.
4. Ayurvedya PanchakarmaVigyanVd.H.S.Kasture, 2nd ed. Baidyanath Ayurved Bhavan, 1979.p. 338.
5. Jadavaji T Aacharya. Charak samhita. Ayurveda dipika Commentary of Chakrapanidatta, Sutrasthan. Chaukhambha Orientalia; 2007. p. 337.
6. Pandya D. Ashhtag Hridaya. 2nd ed. Sutrasthan. Ahmadabad: Saraswati Pustak Bhandar; 1999. p. 250.
7. Pandya D. Ashhtag Hridaya. 2nd ed. Sutrasthan. Ahmadabad: Saraswati Pustak Bhandar; 1999. p. 253.
8. Jadavaji T Aacharya. Charak samhita. Ayurveda dipika Commentary of Chakrapanidatta, Siddhisthan. Chaukhambha Orientalia; 2007. Siddhisthan, 2/16 p. 689.
हिन्दी सारांश

वासंतिक वमन एवं पंचकर्म का विविध संस्थानो की व्याधियों पर प्रभाव

मुकेश रावल किशोरसिंह चुडासमा राजेन्द्र व्यास बी.पी.परमार

वसंतत्रंत्र में कफ का प्रकोप होता है। यह विकृत–प्रकृपित कफ वायु एवं पित्त के मार्ग में संग (अवरोध) निर्माण कर अनेक व्याधियों को जन्म देता है। वसंतत्रंत्र को कफ के शोधनार्थ शेष त्रंत्र आचार्य चक्रपाणी ने कहा है तथा इस त्रंत्र में वमन कर्म तथा संपूर्ण पंचकर्म चिकित्सा करनी चाहिए ऐसा। च.सु.अ. 6 की दीक्षा में कहा है। इस विचार की पुष्टि हेतु रूग्णालय में शिविर का आयोजन कर 30 रूग्नों पर वमन एवं संपूर्ण पंचकर्म का परिणाम देखा गया जिसमें लाख्मणिक उपशय 68% मिला एवं श्वसन, अत्रवच संस्थान, वालविकार एवं लचा रोग पर उत्साहजनक परिणाम मिला।