



## VAMANA KARMA IN ATISTHOULYA (SEVERE OBESITY) - A CASE REPORT

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### ABSTRACT

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. Obesity increases the likelihood of various diseases, particularly cardiovascular diseases, type 2 diabetes, obstructive sleep apnoea, certain types of cancer, osteoarthritis, and depression. Obesity is one of the most common yet most neglected public health problems in developed and developing countries, obesity is more common among the highly educated. Globally one in six adults are obese and nearly 2.8 million individuals die each year due to overweight or obesity. In classics *Sthoulya* is mentioned under *Santarpanjanya Vikara*. This is a single case study on the effective management of *Vamana karma* in *Atisthoulya*. Our classics have contraindicated *Vamana karma* in *Atisthoulya* but according to the conditions even the contraindicated procedures can be done under favorable circumstances. Treatment was planned with *Deepana-Pachana*, *Shodhananga Snehapana* with *Varunadi Ghrita*, and *Vamana Karma* with *Madanphaladi Yoga*. After completion of *Panchakarma* treatment, there was a significant reduction in signs and symptoms of *Atisthoulya* and a reduction in weight up to 7 kgs. On the basis of results obtained it can be concluded that *Vamana karma* can be considered as an effective treatment in the management of *Atisthoulya*.

**Keywords** – *Atisthoulya*, obesity, *Vamana Karma*, Emesis therapy, *Santarpanjanya Vyadhi*, BMI

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## INTRODUCTION

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. Obesity increases the likelihood of various diseases, particularly cardiovascular diseases, type 2 diabetes, obstructive sleep apnoea, certain types of cancer, osteoarthritis and depression [1]. Obesity is one of the most common yet most neglected public health problems in developed and developing countries, obesity is more common among the highly educated. Globally one in six adults are obese and nearly 2.8 million individuals die each year due to overweight or obesity [2].

The globalization of food systems that produce more processed and affordable food, and promote passive overconsumption from energy dense, nutrient-poor foods and beverages has been identified as a major driver of the obesity epidemic [3].

The most common metric used for assessing groups of the prevalence of obesity is the body mass index (BMI) scale. Its prevalence is on continuous rise in all age many of the developed countries in the world. The World Health Organization (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health (WHO, 2016a) obesity is considered to be a BMI<sup>[4]</sup>  $\geq 30 \text{ kg/m}^2$ .

*Atisthoulya* is a *Kapha Pradhan Vyadhi* and it can be correlated with obesity in Ayurveda and it is one of the *Santarpanjanya Vyadhi* described by *Acharya Charaka*.

## CASE STUDY

A 34 year old female patient came to OPD of *Panchakarma* with complaints of increased body weight since childhood, associated with palpitation, mood swings, hair fall and profuse sweating. Past history revealed that patient was not a known case of hypertension, diabetes mellitus, bronchial asthma, PCOS, but history of hypothyroidism was present. *Astavidha Pariksha*, *Dasha vidha Pariksha*, systemic and general physical examinations of the patient was done. Considering the examinations and BMI of  $42.2 \text{ kg/m}^2$ , patient was diagnosed as obese Class III.

**Table 1 Physical Examination**

Appearance	Bulky
Nourishment	Well nourished
Gait	Normal
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Edema	Absent
Lymphadenopathy	Absent

**Table 2 Systemic examination**

P/A	Soft, Non-tender
RS	Air entry bilaterally equal
CVS	S <sub>1</sub> , and S <sub>2</sub> Heard
CNS	Conscious, well oriented with time and place

### Investigational History

Lipid profile- Normal

TSH-8.3

E.C.G- Normal

### Astasthan pariksha

Nadi	Prakrita
Mutra	Prakrita
Mala	Vibandha
Jihva	Aliptata
Sabda	Prakrita
Sparsha	Anushana sita
Drika	Prakrita

Akriti	Sthoola
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**Table 3 Dashavidha Rogi pariksha**

Prakriti	Vata Kaphaja	
Vikriti	Kapha	
Sara	Madhyama	
Samhanana	Madhyama	
Pramana	Pravara, height-170cm, weight-122kg	
Satmaya	Madhyama	
Satva	Madhyama	
Aharashakti	Abhyavarana Shakti	Pravara
	Jarana Shakti	Pravara
Vyayama Shakti	Avara	
Vaya	Madhyama	

**Table 4- Treatment schedule from 21/10/21 to 30/10/21**

DAYS	TREATMENT	OBSERVATION
<b>DAY 1 (21/10/21)</b>	<p>1. Sarvanga Abhyanga with Kottamchukkadi Taila.</p> <p>2. Udwartana with Kolakulathadi and Triphala Churna.</p> <p>3. Churna Pinda Sveda with Kolakulathadi Churna + Triphala Churna + Nimba Taila followed by Nadi Sveda.</p> <p>Oral Medications</p> <p>4. Agnitundi Vati 1 tid B/F</p> <p>5. Arogyavardhini vati 1 tid B/F</p> <p>6. Sudarshana vati 2 bd A/F</p>	<p>1. Appetite- Less</p> <p>2. Bowel – Passed</p> <p>3. Micturition – Normal</p> <p>4. Sleep- Normal</p> <p>5. Weight-122 kg</p>

	7. <i>Dhanya Nagara jala</i> for drinking	
<b>DAY 2</b> (22/10/21)	Continue 1 to 7	1. Bowel – Clear 2. Micturition – Normal 3. Sleep – Disturbed 4. Appetite- Moderate
<b>DAY 3</b> (23/10/21)	Continue 1 to 7	1. Bowel- Clear 2. Micturition-Normal 3. Sleep- Sound 4. Appetite- Moderate
<b>DAY 4</b> (24/10/21)	Continue 1 to 7	1. Bowel- Unsatisfactory 2. Micturition- Normal 3. Sleep- Sound 4. Appetite- Moderate
<b>Day 5</b> (25/10/21)	Continue 1 to 7	1. Bowel- Clear 2. Micturition- Normal 3. Sleep –Sound 4. Appetite- Moderate 5. Weight Reduced-2 kg
<b>Day 6</b> (26/10/21)	1. <i>Snehapana</i> 40 ml with <i>Varunadi Ghrita</i> given at 7:25 am.	1. Bowel –Clear 2. Micturition- Normal 3. Sleep – Sound 4. Appetite- Moderate <i>Samyak Snigdha Lakshana</i> <i>Vatanulomana +</i> <i>Agnidipti +</i> <i>Varcha Snigdha -</i> <i>Asamhata -</i> <i>Anga Snigdhata -</i> <i>Mardavata -</i>
<b>Day 7</b> (27/10/21)	1. <i>Snehapana</i> with <i>Varunadi Ghrita</i> 80 ml at 7:15 am.	1. Appetite- Good 2. Bowel- Clear 3. Micturition- Clear 4. Sleep- Normal <i>Samyak Snigdha Lakshana</i> <i>Vatanulomana +</i> <i>Agnidipti +++</i>

		<i>Varcha Snigdha +</i> <i>Asamhata -</i> <i>Snigdghata +</i> <i>Mardavata -</i>
<b>Day 8</b> <b>(28/10/21)</b>	1. <i>Snehapana</i> with <i>Varunadi Ghrita</i> 130 ml at 7:00 am.	1. Appetite- Good 2. Bowel- Clear 3. Micturition- Normal 4. Sleep- Normal <i>Samyak Snigdha Lakshana</i> <i>Vatanulomana +</i> <i>Agnidipti +++</i> <i>Varchas Snigdha +</i> <i>Asamhata +</i> <i>Anga Snigdghata ++</i> <i>Mardavata +</i>
<b>Day 9</b> <b>(29/10/21)</b>	1. <i>Sarvanga Abhyanga</i> with <i>Kottamchukadi Taila</i> with <i>Saindhva</i> followed by <i>Baspa Sveda</i> . 2. E.C.G Done.	1. Appetite- Good 2. Bowel- Clear 3. Micturition – Clear 4. Sleep- Normal
<b>Day 10</b> <b>(30/10/21)</b>	1. <i>Sarvanga Abhyanga</i> with <i>Kottamchukadi Taila</i> with <i>Saindhava</i> followed by <i>Baspa</i> <i>Sveda</i> . 2. <i>Vamana</i> by <i>Madanaphaladi</i> <i>Yoga</i> . 3. <i>Avipattikar Churna</i> 30 gm added with <i>Triphala Kashaya</i> given in afternoon. 4. Oral Medication <i>Shiroshoola Vajra Vati</i> 1 TID 5. <i>L.S vati</i> 1 TID	<i>Vamana karma</i> performed.

**Table 5- Clinical data of *Vamana Karma***

	<b>Dravya</b>	<b>Quantity Given</b>
<b>Akanthapana</b>	<i>Takra</i>	2970 ml
<b>Vamana Yoga</b>	<i>Madanphala- 5gm,</i> <i>Indrayava- 3gm,</i> <i>Saidhava- 2gm,</i> <i>Vacha- 1gm</i>	-
<b>Vamanopaga</b>	<i>Yastimadhu phanta</i>	8640 ml
<b>Saindhava Jala</b>	-	1890 ml
<b>Total Input</b>	-	13,500 ml
<b>Total Output</b>	-	10,500 ml
<b>Samyak Vamana Lakshanas</b>	<i>Antiki Shudhi – Kramata</i> <i>Kaphanta, Pittanta, Vatanta</i>	Total Vega- 10 Total Upavega- 1

**Table 6- Effect of Vamana on BMI and Skin fold measurement**

<b>S.NO.</b>	<b>Before Treatment</b>	<b>After Treatment</b>
<b>BMI</b>	42.2	39.8
<b>Weight</b>	122	115
<b>Skin fold measurement</b>		
1. Pectoral skinfold	30 mm	28 mm
2. Mid-axillary	31 mm	30 mm
3. Abdominal	80 mm	75 mm
4. Triceps	39 mm	37 mm
5. Biceps	32mm	30 mm
6. supra scapular	48 mm	47 mm
7. Supra iliac	45 mm	44 mm

## DISCUSSION

*Atisthoulya* comes under *Astanindita purusha* by Acharya Charaka<sup>[5]</sup>. The person having pendulous and moving buttock-abdomen-

breast due to excess accumulation of *Meda* and *Mamsa* is called *Atisthula*<sup>[6]</sup>. The patient adopted sedentary life style with lack of exercises and intake of *Madhura, Snigdha*

*Ahara, Diwasvapana*. Due to Obstruction of Passage by *Medas*, *Vayu* specially moving in the *Kostha* causes *Agni Sandhukshana* and *Ahara Soshana* and person digests the food very quickly and desires more food <sup>[7]</sup>. Initially the treatment was started with *Rukshana*<sup>[8]</sup> i.e *Udavartana*, As it is clearly told by our *Acharya's* that in persons having *Mamsala*, *Meda*, excess *Sleshma* and impaired digestive fire, habituated to intake of *Sneha*, *Rukshana* procedure Should be done. *Udavartana* helps in *Kapha and Meda* Liquefaction<sup>[9]</sup>. It also reduces the accumulated subcutaneous fat

and decreases excessive sweating. *Atisthoulya* is a condition in that already there is excess of *Snigdhta* in the body and *Snehana* done without proper *Rukshana* may worsen the condition. Further due to the above said condition *Ishat Snehana* of the patient was done just for three days. Our classics clearly contraindicate the use of *Shodhana* therapy in excessive oiliness present in the body. *Snehapana* was done with *Varunadi Ghrita* as it is very effective in reducing phlegm, fat deposition and metabolic disorders.

**Table 7- Samprapti Ghataka**

<i>Dosha</i>	<i>Kaphapradhana Tridosha</i>
<i>Dushya</i>	<i>Rasa, Mamsa, Meda</i>
<i>Agni</i>	<i>Meda dhatwagni Mandya, Jathargni vridhi</i>
<i>Ama</i>	<i>Medo Dhatvagnimandyajanya</i>
<i>Srotas</i>	<i>Annavaha, Rasavaha, Mamsavaha, Medovaha</i>
<i>Srotodusthi</i>	<i>Sanga, Vimargagamana, Atipravritti</i>
<i>Udhabhava Sthana</i>	<i>Amasaya</i>
<i>Sanchara Sthana</i>	<i>Rasayani</i>
<i>Adhisthana</i>	<i>Sarva Sarira specifically Udara, Sphik, Stana</i> <sup>[8]</sup>
<i>Vyakta Sthana</i>	<i>Sarva Sarira</i>
<i>Svabhava</i>	<i>Chirakalika</i>
<i>Sadhya Asadhyata</i>	<i>Kruchurasadhyata</i>

### **Vamana in Atisthoulya**

*Atisthoulya* persons are contraindicated for *Vamana karma* in our classics , but here in this case the line of treatment chosen is *Vamana*

*karma*. *Acharya Charaka* in *Siddhi Sthana* has clearly told that even the contraindicated diseases can be indicated for certain treatment during particular *Avastha* and

time<sup>[10]</sup>. *Vamana* helps in expelling the excess *Kapha* and *Pitta* from the body. *Vamana* fitness of the patient was taken with proper care and cardiac, respiratory fitness was also done with proper measures. After the *Vamana* procedure significant results were observed and there was a reduction in weight of the patient upto 7 kg. The BMI of the patient was also reduced along with the skin fold measurements. Just like after cutting a tree its flowers, fruits etc. get destroyed, in the same way after doing proper *Vamana Karma*<sup>[11]</sup> *Kapha* is eliminated out of the body, thus pacifying all the diseases produced due to it. Acharya Shusruta has told that *Vamana* can be done even in contraindicated persons having excessive *Kapha* by using *yastimadhu phanta*<sup>[12]</sup>. *Madhanaphala* is best for *Vamana Karma* as it is having very less complications<sup>[13]</sup>. *Madhu* and *Saindhva* does liquifaction and scraping of *Kapha*. *Indrayava* was also taken as it is the best therapeutic emetic agent with no complications.

## CONCLUSION

The patient was firstly administered with *Rukshana* treatment, After that proper *Snehapana* was done followed with *Snehana*, *Svedana* and then *Vamana karma*. In the Afternoon patient was given *Avipattikar Churna* Mixed with *Triphala Kashaya* to eliminate the remaining *Doshas*. *Pravara Shuddhi* of the patient was encountered and

there was marked reduction of 7 kg in the weight. Thus it can be concluded that even though *Vamana karma* is contraindicated in *Atishoulya* Patient in classics but When favourable *Avastha* arrives physician can give it According to *Yukti*.

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