JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

CLINICAL EFFICACY OF VAMANA KARMA AS A BIO-PURIFICATORY INTERVENTION IN OBESITY (ATI-STHAULYA): A CASE STUDY

[1]Dr Rohini Salve, [2]Prof. Dr Shailesh Deshpande, [3]Prof. Dr Rakesh Salve

Designation-

[1]PhD Scholar, Faculty of Ayurved, Parul University, Waghodia, Vadodara, Gujarat, 391760, India

[2]Professor, Department of Kayachikitsa, Parul Institute of Ayurved, Faculty of Ayurved, Parul University, Waghodia Vadodara, Gujarat 391760, India

[3]Director, Arihant Ayurved College, Swarnnim University, Gandhinagar, Gujarat

ABSTRACT- Success of any *Panchkarma* procedures highly rely on selection of the patient. For each *Karma, Acharya* has described list of *Aarha* (Indications) and *Anarha* (Contra-indication) conditions. This arrangement is to minimize complications of that specific *Karma*. In *Vamana Karma, Acharya* has included '*Ati-Sthaulya*' in Contra-Indications. There might be chance of cardiac arrest, abdominal pain etc. but in some conditions, *Acharya* advises to use '*Tarka-Buddhi*' to conduct *Vamana* in Contra-indications with all due care if needed.

Material and Method: A 19 years male patient, weighing 123 kg came to Ayurved OPD clinic with the complaints of excessive weight gain, *Daurablaya*, mild breathlessness, constipation etc since last 5-6 years. Under his parent's observation, many therapies were administered with mild or no improvement. His family has strong history of DM on maternal side. To avoid future development of DM in him, they were eager for his weight loss. He was treated with traditional *Ayurvedic Panchkarma* therapy i.e. *Vamana Karma* (therapeutic emesis) and *Shamana Chikitsa* (palliative treatment). **Result:** *Vaman Karma* followed by *Shamana* medicine was planned. After *Vaman Karma* and completion of *Shamana Chikitsa*, a marked improvement was noted in all his symptoms with instant reduction of 9 kg weight loss after *Samsarjana Krama*. **Discussion:** The present study emphasizes the role of *Vaman Karma* followed by *Shamana Chikitsa*, bringing a positive result in the management of *Ati-Sthaluya* Conclusion: Ayurvedic *Panchakarma* therapy showed promising results in *Ati-Sthaluya.*

KEY WORDS- *Vamana, Anarha, Sthaulya,* Obesity*, Takra, Madanphala*

INTRODUCTION-Though medical science has evolved up to sub-microscopic, gene editing intervention; base of all therapies remains ancient, ritualistic *Ayurveda* science. To protect and promote the health of those individuals who are well by maintain proper diet, routine according to seasonal changes and to treat the root cause of illnesses of the diseased persons is the main aim of *Ayurveda*. *Acharya* has explained *Shaman* and *Shodhan Chikitsa*. *Shodhan* helps to irradicate the root cause of the disease, avoiding recurrence of the condition[1]. The word *Shodhan* includes expulsion of vitiated *Dosha* through upper or lower routes[2]. These processes i.e. *Vaman* and *Virechan*, need systematic work, each step is important for success. *Acharya* has described, conditions in which *Vaman Karma* should be administered or avoided. While describing contra-Indications of the procedures, *Acharya* has explained; one may come across some conditions, in which procedure has to be done though previously avoided. *Acharya* has advised to use self '*Tarka-Buddhi*' to take the decision for the betterment of the patient[3]. In contra-indicated conditions *Vaman* should be done (*Mrudu* and *Sadya*). Contra-Indications can be of two types- absolute or relative. 'Absolute' i.e. the treatment

should never be used because it is life-threatening and 'relative' i.e. a situation where caution should be used, and a treatment may be allowed if the benefits outweigh the risks. The patient diagnosed as *Ati-Sthaulya,* have excess quantity of *Mansa* and *Meda*, resulting in *Shrama* (fatigue), difficulty in breathing even after little work, drooping of the buttocks, breasts and abdomen, no enthusiasm for work etc. *Acharya Charak* has explained eight *Dosha* or issues in them- e.g. *Ayusho Hrasa* (Deficient in longevity / short life term), *Javoparodha* (slow in movement), *Daurbalya* (weakness), *Swedaabadha* (excess sweating), *Kshudha Atimatram* (excessive hunger), *Pipasa Atiyoga* (excessive thirst)[4]. In obese people, only *Medo Dhatu* (fat tissue) gets nourishment resulting in deprived of nourishment of remaining *Dhatu.* The bodily movement is impaired due to the looseness, tenderness and heaviness of fats. Due to the sharp digestive power and the presence of excess *Vata Dosha* in the digestive tract, there is excessive hunger and thirst. In such patients, *Medo-Dhatu* obstructs the channels related to digestive system, resulting in obstruction of *Vata Dosha*. This again ignites *Agni*, patient digests food quickly, become excessive hungry[5]. If do not get food, can become prone to serious disorders.

Ati-Sthaulya can be corelated with Obesity. It is regarded as a global pandemic or syndemic as it entails potentially disastrous consequences for human health. Obesity affects both mortality and morbidity. E.g. Gall stone, GERD, Non-Alcoholic fatty liver diseases, Type-2 Diabetes Melliatus etc. among central (abdominal/visceral/android/apple shaped) and generalised (Gynoid/pear shaped), most common among male is 2nd one. Pear shaped incurs ectopic fat accumulation with impaired functions of liver, pancreas, skeletal and cardiac muscle, promoting Type-2 DM. BMI 18.5–24.9 are considers as healthy, BMI 25.0–29.9 are Overweight, BMI 30.0 or above are Obese, Class 1 (Low-Risk Obesity) has BMI 30.0 to 34.9 kg/m², Class 2 (Moderate-Risk Obesity) has BMI 35.0 to 39.9 kg/m², Class 3 (High-Risk/Extreme Obesity) has BMI 40.0 or greater[6]. A BMI over 30 kg/m² significantly increases morbidity and mortality, particularly for cardiovascular diseases and cancer. The health risks of obesity are often reversible if identified and treated early. In Modern contemporary science lifestyle changes, weight loss diet, drugs and surgery is available[7] (which comes with lots of side-effects). *Ayurveda* science offers treatment of the root cause. It should be ruled out if *Sthaulya* is *Swatantra* or *Partantra Lakshana*. Treatment protocol of original *Vyadhi* should be followed if *Partantra.* In *Swatantra Vyadhi Vamana (Ullekhana), Virechana, Raktamokshana, Vyayam, Upawasa, Dhuma, Swedana* has been advised[8].

CASE REPORT- A 19 years male patient came to Ayurved OPD, to OPD of Ayurveda clinic with the complaints of,

- excessive weight gain,
- *Daurabalya* (weakness),
- Mild breathlessness,
- *Vibandha* (constipation) etc since last 5-6 years

Patient was apparently asymptomatic before 5-6 years. Gradually, after COVID Pandemic, online school, he started to gain weight. As weakness, dullness, mild breathlessness started to develop, his parents started to follow different weight loss program with mild or no use. Parents feared that in future he may develop DM or other lifestyle disorders.

P/H/O- No Major illness e.g. DM, HT, Thyroid, any allergy

F/H/O- Diabetis Miletus to Grandmother, Uncle, Aunt of Maternal side

Personal history-

Ahar: Veg (regularly Junk food- Bread, Cheese, Bakery items) **Addiction**: not any

Vihar: Excessive Sitting- 7-8 hours, Daily sleep for 2 hours during afternoon since years, less walking- more vehicle riding

Job: Student

Surgical history: none **Allergy**- None

Examination of the patient-

Table 1: General Examination

Pallor	No
Icterus	No
Oedema	No
Lymph nodes	Not palpable
BP	122/74 mm of hg
Pulse	80/min
Respiratory rate	20/min
Weight	123 kg
Height	5'8"
BMI	41.2

Table No:2 *Ashtavidha Pariksha*

Nadi (Pulse)	80/min, *Vata-Kapha Pradhan*
Mutra (Urine)	4-5 times/day, occasional 1 time/night
Mala (Stoola)	*Vibandha,* after 2 days
Jivha (tongue)	*Sama*
Shabda (voice)	*Prakrut* (Normal)
Sparsha (touch)	*Prakrut* (Normal)
Dvik (eyes)	*Snigdha* (Unctuous)
Akruti (body structure)	*Madhyam* (Medium)

Systemic Examination- None abnormalities were detected in Respiratory, Cardiovascular and Nervous examination.

GIT Examination- Inspection, Auscultation, Percussion were normal.

ECG- Normal

Samprapti Ghatak-(Pathogenesis)

- *Dosha*: *Kapha Pradhan -Vata Anubandha*
- *Dushya* (which gets vitiated): *Rasa*, Meda
- *Srotas* (body channel): *Medovaha*
- *Srotodushti: Sanga* (obstruction), *Vimargaman*
- *Agni* (digestive fire)*: Jatharagni, Meda-Dhtvagni*
- *Udbhav Sthana* (site of origin): *Amashaya* (stomach)
- *Vyakti Sthana* (manifesting site): all over the body
- *Rogamarga* (disease pathway): *Shakha*

Diagnostic assessment - Based on the history and clinical presentation, 1st treatment plan for *Sthaulya* was started for 7 days. But symptoms of the patient subsided temporarily with no significant results. Later *Vasantika Vamana* was planned.

Table 3: TIMELINE OF CLINICAL EVENTS

Duration	Relevant medical history
2020	excessive weight gain, *Daurablaya*, Mild breathlessness, constipation
2020-2025	Tried different Allopathic medicine (on and off)
February 2025	Visited *Ayurveda* OPD for consultation- Shaman treatment of *Sthaulya* was administered.
March 2026	Treatment plan changed to *Vasantika Vamana Karma*

THERAPEUTIC INTERVENTION - Patient already followed many diet plan and treatment protocols but no relief was observed.

Day 1 to Day 7- Assuming *Meda-Dhatvagni Mandya, Mada-Vriddhi, Shamana* medicine was given for 7 days. But patient got negligible result. Treatment plan changed considering *Samprapti Ghtaka, Vaman Karma* was planned.

POORVAKARMA-

Table No:4- *Dipan Pachan*

Sr No	Date	Drug and Dose	*Anupana*	*Lakshana*
1	3-3-2026 to 7-3-2026	*Trikatu Choorna* 3gm twice a day	Mixed with *Ghrita,* followed by Luke warm water	*Ama-Pachan* and *Agni-Dipan*

Abhyantara Snehapana- After achieving *Samyaka Ana-Pachan* and *Agni-Dipana Lakshana, Abhyantara Snehapana* was started in *Vardhaman Matra.*

Table No:5- Abhyantara Snehapana

Sr No	Date	Dose	Intake Time	Hunger time	Lakshana
1	8-3-2026	25 ml	6 a.m.	8.15 a.m.	*Vatanuloman*
2	9-3-2026	60 ml	6 a.m.	10 a.m.	*Vatanuloman, Snehadwesha, agni-Dipti*
3	10-3-2026	100 ml	6.05 a.m.	12.30 a.m.	*Snehadwesha, Twak Mruduta*
4	11-3-2026	120 ml	6 a.m.	1.30 p.m.	*Snehadwesha,Twak Mruduta*
5	12-3-2026	160 ml	6 a.m.	2.15 p.m.	*Snehadwesha, Purisha Snigdhta*
6	13-3-2026	180 ml	6.10 a.m.	5 p.m.	*Snehadwesha, Asamhata Sneha*
7	14-3-2026	210 ml	6 a.m.	8 p.m.	*Snehadwesha, Adhah-Sneha Darshana*

Day 8 - On 15-3-2026, when *Snehapana* was completed, patient was advised to have *Sarvang Abhyanga* and *Swedana* in the morning. *Kapha-Utkleshkar Ahar* i.e. *Krishara* made up of black gram and rice with curd, 2 bananas in the dinner were given. For drinking, Luke warm water was advised. Vitals of the patient were measured. He was instructed to sleep early that day.

Day 9- On 16-3-2026, early morning *Sarvang Abhyanga* and *Swedana* was done, vitals of the patient measured. Patient was asked to sit comfortably on *Vaman* Chair.

PRADHANKARMA- The procedure was started with administration of (*Akanthpana* with) *Takra* (buttermilk), followed by *Vamak Yoga, Vamanopaga Dravya* as shown in table no.6.

Table No:6 Observations during *Vaman* process

Time of administering	Medicine	Quantity	Output	*Vega*	*Upa-Vega*	Vitals-B.P.	Pulse	*Lakshana*
7.30 am	Buttermilk	2.5 liters	-	-	-	126/80 mm of Hg	76/min	-
7.36 am	*Vamak Yoga: Madanphala* 1gm+ *Vacha* 500mg+ *Saindhav* 250mg mixed with honey		*Takra* with sticky *Kapha*	1	1	130/86 mm of Hg	86/min	*Lalasrava, Swedadhikya, Udar-Gaurav*
7.40 am	-	-	*Takra* with sticky *Kapha*	1	2	134/90 mm of Hg	92/min	*Lala-srava, Udar-Shoola* mild
7.44 a.m.	*Vamanopaga - Yashtimadhu Phant*	800 ml	*Takra, Phant, Kapha*	2	3	138/92 mm of Hg	96/min	-
7.58 a.m.	*Yashtimadhu Phant*	400 ml	*Phant, Kapha, Vamak* Medicine	2	2	120/76 mm of Hg	88/min	*Udar-Laghavata*
8.10 a.m.	*Lavanodaka*	400 ml	*Phant, Lavanodaka*	1	2	114/76 mm of Hg	80/min	Lightness in Head, Chest, All four limbs, no abdominal pain, Freshness, bitter Taste in mouth

8.15 a.m.	*Ushnodaka*	350 ml	*Ushnodaka*	1	1	118/70 mm of Hg		Lightness in the body

Chaturvidha Shuddhi-

- *Vaigiki*- 8 (*Upavega*-11)
- *Maniki*- output quantity- 4.9 liters, Input 4.5 liters
- *Aantiki- Pittant*
- *Laingiki*- expulsion of *Kapha, Pitta, Srotas Shuddhi (Murdha, Hrit, Parshwa), Laghavata*

PASCHATKARMA- (Day 9-15) As *Pravar Shudhhi* was achieved, patient was given *Samsarajana Krama* of 7 days. (Containing *Peya, Vilepi, Yusha, Krishara* for 3 *Annakala* each.). Continuation of Luke warm water for next 7 days. Complete rest, avoidance of direct air, sleep during day time etc. were advised.

SHAMANA CHIKITSA- (Day 16-Day 22) After completion of *Samsarjana Krama, Shamana* Medicine were started for next 7 days.

Table no: 7-*SHAMANA* (INTERNAL) MEDICINE

No	Drug	Dose	*Anupana*	Time
1	*Arogyavardhini*	2 tabs (each 250mg) twice a day	Luke warm water	Before food
2	*Medopachak Kwath*	40ml twice a day	-	After food

After 7 days follow up was taken. Based on the subjective scoring of the patient before and after the treatment, [where grading is given from 0 to 10]

Table No 8: OUTCOME AND FOLLOW-UP

Sr No	*Lakshan*	Before *Vaman*	After *Vaman*	After completion of 1 week
1	*Daurablaya*	6	2	0
2	Mild breathlessness,	5	2	0
3	constipation	7	0	0
4	Weight	123 kg	112 kg	111kg

Marked reduction in weight i.e. 9 kg was observed after completion of *Samsarjana Krama.* Though all the signs and symptoms disappeared, *Shaman* medicine was continued for next 1 week. Overall 10kg weight loss was observed with no side effects.

DISCUSSION-

In *Ayurveda* science, *'Agni'* plays an important role in maintaining healthy status and in disease development. It is of 13 types- e.g. *Jatharagni,* seven *Dhatvagni,* 5 *Mahabhootagni*[9]. Each has its own importance. Each *Dhatvagni* digests some part of *Ahara-Rasa* to nourish its own *Dhatu,* transfer some portion to next level (further *Dhatvagni* cycle) and some portion is excreted outside the body. If specific *Dhatvagni* gets disturbed, either *Vriddhi* and *Kshaya* of *Dhatu* takes place[10]. In *Sthaulya, Meda-Dhatvagni-Mandya* takes place, resulting in *Vriddhi* of *Meda-Dhatu* and *Kshaya* of remaining takes place. Here, the patient gained weight gradually. In *Ayurveda Chikitsa-Paddhati, Shamana* and *Shodhana* treatment have been advised. *Shodhana* helps to break pathogenesis more effectively and instantly. Here, *Vamana Karma,* followed by *Shamana Chikitsa* was planned.

Dipan Pachan- Prior starting *Shodhana Chikitsa*, when *'Agni'* gets involved, *Dipana-Pachan* plays important role. *Acharya* has advised to avoid expulsion of '*Sama Dosha*', as it may destruct the *Ashaya* of *Dosha. Dipan* increases quantity of *Agni, Panchan* improves quality of it.

Trikatu Choorna[11]- It has *Shunthi (zinziber officinalis), Maricha (piper nigrum), Pippali (piper longum)* as contents. To convert *Ama Dosha* in *Niram Aavstha,* it was given. This combination is highly effective in carminative, digestive, and expectorant properties. It helps to stimulate digestive enzymes, balance the *Kapha* and *Vata Doshas*. It also increases the bioavailability of other nutrients and medicines. The heating and thermogenic properties increase metabolic rate and calorie burning.

Snehapana- For expulsion of vitiated *Dosha, Acharya* has advised to bring them back to *Koshtha* from *Shakha. Vriddhi, Abhishyandana, Paka* and *Vata Nigraha* are responsible for this change[12]. Here *Snehapana* in *Vardhamana Matra*, helps in *Vriddhi* and *Abhishyanadana* of *Dosha.* For this *Triphala Ghrita* was administered in *Vardhaman Matra*. It has *Haritaki (Terminalia chebula), Bhibhtaki (Terminalia bellerica), Aamalaki (emblica officinalis), Siddha Ghrita.* Such *Matra,* does not do *Brihana* of *Dhatu* instead, helps to loosen and mobilize vitiated *Dosha* and toxins. *Triphala* helps in *Meda-Lekhana Karma.*

Snehana-Swedana- *Bahya Snehana* i.e. *Sarvanga Abhyanga* followed by *Nadi Swedana,* induces sweating, liquify toxins, clears *Srotas*.

Vamana Karma[13]- *Ushna, Tikshna, Vyavayi, Vikasi, Sukshma* properties, *Agni* and *Vayu Mahabhoota Pradhan, Vamak Prabhav are present* in these drugs. Active principle present in the drug gets absorbed in the *Aamashaya*, enters into the heart. *Vyavayi* property helps to spread this active principle all over the body without digestion through *Dhamani* (arteries). *Sukshma Guna* helps to enter minute channels. *Dosha* gets digested and liquified with *Ushna Guna, Tikshna Guna* breaks them into pieces, *Vikasi Guna* detachs them from *Srotas* wall. Such *Doshas* are carried towards *Koshtha* with the help of *Sara Guna*. Once they reach *Aamashaya, Agni* and *Vayu* which have naturally upward movement and *Vamak-Prabhav,* expel them through oral route. *Sthaulya* is *Kapha Pradhan* condition. *Meda-Dhatvagni* gets diminished. *Kapha* and *Meda* have *Ashrya-Ashrayi Bhava. Vaman Karma* expels out vitiated *Dosha.* The expulsion of morbid vitiated *Dosha* significantly breaks this pathogenesis. It improves both *Jatharagni* (digestive fire) and *Dhatvagni*, preventing the formation of vitiated *Meda-Dhatu*.It clears *Srotorodha* which causes lodging of vitiated *Dosha* at one place. For *Vaman Karma Madaphla, Vacha, Saindhav* were used[12].

Takra- For *Akanthapana*, *Acharya* has advised different *Dravya* for *Akanthapana* e.g. milk, curd, *Ghrita-Yukta Yavagu, Ikshurasa, Madya* etc. one of them is *Takra.* It has *Kashay-Amla, Madhura Vipaka, Ushna Virya, Grahi Laghu, Dipana, Vrishya, Prinan, Vata-Nashak,* properties[14]. It is also helpful in *Lekhan Karma.* Drugs used for *Akanthapana* helps to induce, *Vamana Karma* by locally stretching stomach wall to full extend and stimulating phrenic nerve and later Vagus nerve. During *Vamana,* some portion of drugs present in *Aamashaya* get absorbed in blood circulation which help in breaking pathogenesis of the disease. *Takra* is rich in *Lactic Acid Bacteria* (probiotics), helps to improve the gut microbiome. A healthy gut enhances nutrient absorption, ramps up metabolism, and prevents bloating. It delivers a potent dose of calcium and vitamin D. Clinical research has shown that calcium-rich foods can enhance fat breakdown and reduce the amount of energy stored as fat. *Kashaya Rasa, Ushna Virya* and *Laghu Ruksha Guna* of Takra which deplete the *Kafa Dosha* and remove the obstruction of the *Srotas* through which *Strotas* get cleaned.

Arogyavardhini[15]- This drug has *Kajjali, Tamra, Loha* and *Abhraka Bhasma, Katuki (Picrorhiza kurroa) Triphala, Shuddha Shilajit, Shuddha Guggulu, Chitraka Mool (Plumbago zeylanica root), Nimba Patra Swarasa.* It has *Deepana* and *Pachana* properties which helps to increases digestive fire, helping the body properly process nutrients and break down existing *Ama* toxins and to form *Dhatu* properly. It has a scraping or fat-mobilizing effect that targets deep-seated fat deposits and helps reduce abnormal adipose tissue volume. It clears blocked micro-channels in the body, ensuring proper tissue nourishment and preventing further abnormal fat buildup.

Medopachaka Kwatha[16]- *Acharya Charak* has described *Kwatha* Prepared with *Kirattiktaka (Swertia chirayita), Amruta (Tinospora cordifolia), Chandana (Pterocarpus santalinus), Vishwabheshaja (Zingiber officinale)* as *Medo-Pachaka.* It normalises *Meda-Dhatvagni* and helps to regulate production of *Meda Dhatu.*

CONCLUSION- Obesity which is mainly lifestyle disorders may invite many diseases e.g. HT, DM, Hypothyroidism. *Ayurveda* helps to eradicate root cause of the disease. With safety and efficacy of *Vamana Shodhan Karma* helped patient reduce his weight 10kgs without any side effects. This proves administration of *Shodhan* procedures with all due care, though previously contra-indicated, helps patient to battel severe obesity.

DECLARATION OF PATIENT CONSENT- The authors certify that they have obtained all appropriate patient consent for using clinical information reporting in the journal. The patient understands that his name and initial will not be published and due effort will be made to conceal the patient's identity.

FUNDING RESOURCE- None

CONFLICT OF INTEREST -Author declares that there is no conflict of interest.

DECLARATION OF AI IN SCIENTIFIC WRITING-Author have not used any AI for scientific writing in this article.

ACKNOWLEDGEMENTS- None

LIMITATION OF THE STUDY-

GUARANTOR - Corresponding author is guarantor of this article and its contents.

REFERENCES-

1. Charaka Samhita, Sutrasthan 16/21 in Charak Samhita with *Ayurved*adipika commentary by Shri Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 97
2. Sharangdhara Samhita Prathamkhand, 4/8, by Pandit Parashuram Shastri Vidyasagar 6th edition, Chaukhamba Orientalia; Varanasi, 2005, page 36
3. Charaka Samhita, Siddhisthan 2/25 in Charak Samhita with *Ayurved*adipika commentary by Shri Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 690
4. Charaka Samhita, Sutrasthan 21/4 in Charak Samhita with *Ayurved*adipika commentary by Shri Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 116
5. Charaka Samhita, Sutrasthan 21/5-6 in Charak Samhita with *Ayurved*adipika commentary by Shri Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 116
6. Ian D Penman. Davidson's Principles and Practice of Medicine; 24th ed. London; Elsevier Publication, 2023, page 764.
7. Ian D Penman. Davidson's Principles and Practice of Medicine; 24th ed. London; Elsevier Publication, 2023, page 765
8. Charaka Samhita, Sutrasthan 23/8 in Charak Samhita with *Ayurved*adipika commentary by Shri Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 122
9. Charaka Samhita, Chikitsasthan 15/13-15 in Charak Samhita with *Ayurved*adipika commentary by Shri Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 513-514
10. Ashatang Hridaya, Sutrasthan 11/34 in Ashtang Hridaya with Sarvangsundar of Arundatta and *Ayurved*rasayana of Hemadri, edited by Pt Hari Sadashiv Shastri Paradkar, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 188
11. Dr K.C. Chunekar, Bhavaprakash Nighantu of Shri Bhavamishra, Varanasi; Chaukhambha Bharati Acdemy, Page 19
12. Ashatang Hridaya, Sutrasthan 13/18 in Ashtang Hridaya with Sarvangsundar of Arundatta and *Ayurved*rasayana of Hemadri, edited by Pt Hari Sadashiv Shastri Paradkar, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 214
13. Vd. Rohini R Salve: A Conceptual Study of Vaman Karma in Agadtantra; AYURPUB.com, International Ayurveda Publication, X (5): 2666 -2675
14. Ayurvedacharya P.G.Nanal Vaidya, Sartha Bhavaprakash, Purvakhanda, Mishra Prakaran, Takravarga/3, Pune; Raghuvanshi Prakashan, Page 239Rasatantrasara and Siddhaprayoga Sangraha, Krishna Gopal Ayurved Bhavan, Ajmer, Prathamkhanda, 17th edition, Page 497
15. Rasatantrasara and Siddhaprayoga Sangraha, Krishna Gopal Ayurved Bhavan, Ajmer, Prathamkhanda, 17th edition, Page 497
16. Charaka Samhita, Chikitsasthan 3/202 in Charak Samhita with Ayurvedadipika commentary by Shri Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Surabharti Prakashan, Varanasi, reprint 2023, page 417