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Case Study

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JOURNEY OF WEIGHT LOSS – SHODHAN AND AYURVEDIC MANAGEMENT WSR IMPORTANCE OF SAMSARJAN KARMA

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ABSTRACT

Obesity is a growing global health concern that contributes to numerous metabolic disorders, including diabetes, hypertension, and cardiovascular diseases. Ayurveda offers a holistic and individualized approach to weight management through its *Shodhana* therapies. This article presents a detailed account of weight loss journey facilitated by the classical *Panchakarma* procedures—*Vamana* and *Virechana*. The case focuses on a patient with *Kapha-Meda* predominance undergoing a structured detoxification protocol, including *Purva Karma*, *Pradhana Karma*, *and Paschat Karma*. The interventions led to significant reduction in body weight, improvement in digestion, enhanced metabolic activity, and overall wellbeing. The results highlight the efficacy of Ayurvedic *Shodhana* and specifically *Paschat Karma*. Neglecting *Paschat Karma* can result in recurrence of the disease, weakening of digestion, and imbalances in *Doshas*. Therefore, it is not

merely a follow-up but an integral phase ensuring the long-term success and safety of detoxification.

INTRODUCTION

In Ayurveda, *Sthoulya* is described by various acharyas in different ways. Among them, Acharya Charaka includes *Sthoulya* in the list of *Ashta Ninditiya Purusha* and categorizes it under *Santarpanajanya Rogas*. Madhav Nidana mention that the root cause of *Sthoulya* is *medodhatavagnimandya*. According to Ayurvedic principles, the *Meda* and *Mamsa dhatus*

become vitiated and tend to accumulate in areas such as the buttocks (nitamba), breasts (stana), and abdomen (udara). As a result, these areas exhibit noticeable movement during physical activity. The body parts do not develop proportionately, and the person often appears sluggish and lacks enthusiasm. Such a condition is identified as *Sthoulya*. In recent times, obesity has emerged as one of the most prevalent metabolic disorders, often attributed to a sedentary lifestyle and excessive consumption of fatty and rich foods.

Common Nidanas of Obesity

Atisampurna Ahara – overeating and unwholesome food habits Guru, Madhura, Atisnigdha

Dravya Sevana - intake of heavy, sweet, and oily foods

Avyayama – lack of physical activity

Avyavaya – absence of sexual activity

Diwaswapna – sleeping during the daytime

Harshanitya – a consistently carefree and tension-free lifestyle without mental stress

Beeja Swabhava – genetic predisposition (hereditary obesity from maternal or paternal lineage)

Ayurvedic Pathogenesis of Sthoulya

Nidana (Causative factors) such as intake of Madhura Rasa (sweet taste), Avyayama, and

Diwaswapa

Medo Dhatu Vriddhi – increase in the quantity of Meda Dhatu

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Strotorodha – blockage of body channels due to excess fat



Vata gets confined in the Koshtha (abdominal region), leading to Agni Vriddhi (increase in digestive fire), which further aggravates the imbalance



Charaka emphasizes that Chikitsa not only aims to eliminate the causative factors of the disease but also to restore the balance of *Doshas*. First Line of treatment for *Sthaulya* (obesity), the initial step is to avoid factors responsible for its causation. This includes avoiding foods and habits that possess *Snigdha Guna*. Vagbhatta recommends *Nitya Langhana* and *Langhana* therapy even during *Shishir Ritu*. Langhana therapy, a core

treatment for *Sthaulya*, is divided Samsodhana and Shamana. Samsodhana therapy is prescribed for individuals with excess Dosha and strong physical constitution. It includes treatments like; Vamana (therapeutic emesis), Virechana, Raktamokshana, Sirovirechana.

Saṃsarjana Karma is the sequential administration of light to heavy food articles following depletion of strength and digestion power, especially after purification therapies. Purpose of Saṃsarjana Karma is to kindle and stabilize the weakened Agni. To prevent Ama (toxic undigested matter) formation. To gradually accustom the body to regular food intake. To aid in proper nourishment after purification. Saṃsarjana Karma is not just a dietary protocol—it's a bridge between purification and normalcy, between depletion and rejuvenation. It ensures that the body transitions smoothly from a detoxified state to a nourished and balanced one, safeguarding the therapeutic gains and preventing disease recurrence.

CASE REPORT

Name of Patient	XYZ
Age	26 years
Gender	Female
Nationality	Indian
State	Madhya Pradesh
District	Ujjain
Physical and mental disposition	Pitta-Kaphaj Prakriti with stable mindset
Occupation and socio-economic status	Student (Middle class)

HISTORY WITH COMPLAINT

Patient have history of constant weight 51 kgs for many years. Patient complaints of gradually gaining of weight from 51kgs to 69kgs. She has tried the diet plan, gym, exercise and walking in different time. In 2016 she joined gym for better health, leads to 5kg weight gain because she didn't followed diet with exercise. 2021-22 was stressful for her, also irregular life cycle leads to over eating and intake of junk food, cakes, chocolates, cold drinks lead to speedy weight gain. Instead of losing weight she started to gain weight may be because of irregular diet and exercise habits. She feels tired all the time, heaviness in body, lethargy, occasional joints pain, irregular appetite and disturbed sleep. Her appearance is disproportionate due to fat, which used to make her feel underconfident. After trying so many things by herself, she came to Govt Dhanvantari Ayurveda Hospital for weight loss through *Shodhan Karma*.

Findings

Height - 5

Weight- 69 kg

TREATMENT PLAN

The principles of management adopted was based on *Bahudosha avastha* which needed *Shodhana therapy. Virechana* was selected in this case for Shodhana. Patient was administered initially with *Deepana Pachana* before Snehapana and later *Vaman and then Virechana* karma was administered.

Deepan- packan- patient was given *Hingwasthak Churna* with *Takra* + tab Hepano for 7 days which was increased to 10 days according to *Agni*.

Snehan – For Accha Sneha pan, patient was given, *Panchtikta ghrit*. The dose was calculated on the basis of her agni.

1 st dose	25ml
2 nd day	50 ml
3 rd day	90ml
4 th day	110 ml
5 th day	150ml

Lakshan of Samyak Snehan were seen after 5th day. So *Snehapan* was stopped for preceding vaman karma. After *Snehan-Swedan. Vaman karma* was successfully performed with 7 vegas.

After 7days of sansarjan karma, again deepan pachan and snehan pan were prescribed, with aragvadhadi ghrit starting from 25ml on 1st dose to gradually increasing uotp 150 ml on 7th day.

After confirming Samyak snehan lakshan, virechan karma was performed with 30 vegas.

Sansarjan karma according to samhitas were followed strictly. Charaka (CS. Siddhi Sthāna 1/13-15) outlines 3, 5, or 7-day regimens, depending on the intensity of purification and the strength of the patient: Peya, Vilepi, Akruta Yusha, Kruta Yusha, Akruta Mamsa Rasa, Kruta Mamsa Rasa, Bhakta.(only vegetarian).

After completing 7 days of strict Sansarjan karma, she followed healthy diet and better life style for 90 days. She was having Mung dal, Jau daliya, chapati and green vegetables(louki,

gilki, karela, parval), Sukhoshna jal pan, Ghrit sevan. She avoided over eating, all fast food and junk food, oily, divaswapna, etc.

RESULT

BEFORE	AFTER
Weight: 69kg	48kg
BMI: 29.9 kg/m^2	BMI: 20.1 kg/m^2
Feel tired all the time (lethargy)	Stamina doubled
Heaviness in body	Feels more active
Occasional joints pain and morning stiffness	No pain or morning stiffness till date
Irregular appetite	Following diet with regular appetite
Disturbed sleep	Better than before
RBS (fasting): 135 mg/dl	RBS: 90 mg/dl
RA Factor (once increased on 2018)	Normal

DISCUSSION

Sthoulya is explained under Santarpanotajanaya vikara and it occurs in Bahudosha Avastha due to Medhodhatavagni mandhya along with other several triggering factors. Etiological factors in brief include Aharatmaka nidana that is Samanyam Vriddhi Karanam principle causing Meda Dhatu to expand as a result of ongoing Kapha Vardhak Aahara like Ati guru sevan, Madhura ati sevana, Sheetahara, Adhyasana, Navana sevana, Ati anupa mamsa sevana referring to intake of fast food. In Viharatmaka nidana individual involving in Avyayama, Diwaswapna, with lack in physical activity. In consideration with Manasa nidana, individual involving in Achinta, Nitya harsha which indicates sedentary life style further leads to Ama and Strotosanga which manifests as Sthoulya. The best line of treatment adopted is Shodhana because of Bahudosha Avasth, it improves Dhatavagni by clearing Shroto avarodha. Patient was adopted for virechan karma, but due to aggravated Kapha dosha, vaman karma was the need to be done. After Samyak vaman and virechan karma, the weight loss was 5-6 kgs. The patient followed sansarjan karma very strictly, which fully cleared the ama and stotoavrodh Avastha and leads to increased agni and metabolism. She followed the diet and life style regime seriously for 90 days which leads to 5 kgs more weight loss without any fatigue or weakness. It has been 1.5 years now, she had no single complaint of any disease neither she complaints about any weight gain. Neglecting Paschat Karma can result in recurrence of the disease, weakening of digestion, and imbalances in Doshas. Therefore, it is not merely a follow-up but an integral phase ensuring the long-term success and safety of detoxification. Paschat Karma bridges the intense purificatory process with everyday living, ensuring a smooth transition and sustainable health benefits. Due to the proper paschat (samsarjan) karma, patient has observed miraculous change in her body, life style and specially her

mental state, all for long duration, with minimum complaints related to health. Generally, patient do not follow the post regime, and after some time they complaint about the weight gain and physical issues. Which makes the wrong mentality that treatment will show effect for only some time. But that is not true. The procedure will be completed with following pashchat karma sincerely.

CONCLUSION

The treatment i.e. Shodhan Karma including Vaman and Viechan Karma were selected here which shows significant change in objective and subjective parameters. Specifically, the case shows the importance of pashchat karma.

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