



## Review Article

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



### A PRACTICAL APPROACH TOWARDS UNDERSTANDING VAMANA KARMA: A REVIEW ON UNIQUE DETOXIFICATION THERAPY

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Received on: 09/7/24 Accepted on: 22/8/24

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DOI: 10.7897/2277-4343.155162

#### ABSTRACT

Vamana is a distinctive detoxification therapy among the Panchakarma treatments described in Ayurvedic texts, designed to eliminate abnormal Kapha dosha from the body through the oral route. The classical texts provide comprehensive guidance on indications, contraindications, procedural details, and the stages of Vamana karma, namely poorva (preparation), pradhana (main procedure), and paschat karma (post-treatment measures). They also detail the assessment of pravara (excellent), madhyama (moderate), and avara (poor) shuddhi (cleansing), potential complications, their management, and underscore the significance of Vamana karma. This article emphasizes a practical approach towards understanding the entire procedure by adapting methods suitable for patients in the present era, while upholding the fundamental principles of Vamana karma as outlined in the ancient texts.

**Keywords:** Vamana, Poorva Karma, Pradhana Karma, Vishrama Kaala, Paschat Karma

#### INTRODUCTION

Vamana karma, also known as emetic therapy, is one of the five detoxification therapies mentioned in Ayurvedic texts. It is specifically recommended for eliminating excess Kapha dosha<sup>1</sup>. Vamana involves the expulsion of doshas through the oral route (urdhvabhaga)<sup>2</sup>.

#### IMPORTANCE OF VAMANA KARMA

Vamana is considered adhya upakrama among panchakarma therapies<sup>3</sup>. If virechana is administered without prior vamana, several complications may arise such as, the administered virechana medicine may be vomited out. Due to increased Kapha dosha, the medicine given for virechana may remain in the chest region<sup>4</sup>. There may be delayed onset of purgation. The administered medicine may descend with Kapha dosha, leading to covering of grahani and causing heaviness and pravahika<sup>5</sup>.

Elimination of vitiated dosha through the nearest route is the most efficient method to expel it from the body. Since the stomach (amashaya) is the primary site of Kapha dosha, the closest route for its expulsion is through the oral cavity (mukha marga). Therefore, any abnormal kapha dosha in the stomach can be effectively eliminated through vamana therapy.

Acharya Charaka and Sushruta illustrate the importance of vamana through analogies:

Just as opening the Kedharasetu in a water-filled field leads to the complete draining of water and subsequent drying of crops like rice, barley, and millet, Similarly, eliminating Kapha through vamana therapy relieves diseases dependent on that Kapha dosha.<sup>6</sup>

Cutting the root of a tree causes the destruction of its dependent fruits and leaves. Similarly, eliminating kapha through Vamana

therapy brings relief from diseases dependent on that kapha dosha<sup>7</sup>.

#### UTILITY OF VAMANA KARMA IN HEALTH AND DISEASE

In healthy individuals, Vamana is practiced as Vasantika Vamana during the Vasanta season for the seasonal elimination of aggravated kapha dosha. It is also utilized as a preventive therapy. Those who undergo regular and periodic Vamana sessions remain unaffected by Kaphaja diseases such as cough, hoarseness of voice, excessive sleepiness, drowsiness, halitosis, and complications arising from toxins (visha).

In diseased individuals, Vamana karma is practiced during conditions of bahudoshavastha, Kaphaja nanatmaja vikara, as pratimarga harana chikitsa in Raktapitta, as an emergency management in case of visha, ama ajeerna and madatyaya.

#### METHODS OF ADMINISTRATION OF VAMANA

Vamana is practiced in various methods depending on different disease conditions. They are Vasantika vamana, kramataha vamana, sadyo vamana, punaha punaha vamana, ghreya vamana, dravyabhutha and adrayabhutha vamana, nitya vamana etc.

#### INDICATIONS OF VAMANA

Generally, Vamana is indicated in conditions where there is dominance of Kapha dosha, when the dosha accumulates in the stomach (amashaya), or when there are disorders caused by Kapha imbalance (Kaphaja vikara).

Particularly, it is also indicated in diseases presenting with bahudoshavastha such as kustha, Apasmara, Unmada, Prameha etc., diseases which require kapha elimination in specific stages

like, navajwara, peenasa, rajayakshma, shwasa, kasa, hrullasa, mandagni, arochaka, avipaka etc. In conditions like alasaka, visuchika, visha, gara, ajeerna, it is indicated to clear the contents of the stomach. It is also indicated in mukhapaka, ajeerna where Pitta is in Kapha sthana and also as pratimargaharana chikitsa in adhoga Raktapitta<sup>8</sup>.

Specifically, Vamana therapy is indicated in: Diseases characterized by bahudoshavastha such as skin diseases like kusta, epilepsy, unmada, and diabetes. Conditions where specific stages require elimination of Kapha dosha such as early stages of fever (navajwara), sinusitis (peenasa), tuberculosis (rajayakshma), asthma (shwasa), cough (kasa), lack of appetite (hrullasa), weak digestion (mandagni), loss of taste (arochaka), and undigested food (avipaka). Disorders like laziness (alasaka), gastroenteritis (visuchika), poisoning (visha), abdominal distension (gara), and indigestion (ajeerna) where clearing the stomach contents is beneficial. Conditions involving oral ulcers (mukhapaka) and indigestion (ajeerna) where pitta is located in Kapha-dominant areas. As a pratimargaharana chikitsa in cases of bleeding disorders (adhoga Raktapitta). These are the specific indications where Vamana therapy is considered appropriate in Ayurvedic practice

#### CONTRAINDICATIONS OF VAMANA

Person or conditions contraindicated for vamana are called avamyamya.

Generally, it is contraindicated in the patients who are ksheena, kshata, atisthoola, atikrusha, bala, vrudha, durbala, shranta, pipasita, garbhini, sukumara and dushchardita. After administration of asthapana and anuvasana basti. In hrudroga where marmasthana is involved. Some diseases like mootraghata, pleeha, gulma, udara, shira shanka akshi karna shoola<sup>9</sup>.

Generally, Vamana therapy is contraindicated in the following cases:

Physical Condition: Emaciated (ksheena) individuals, severely injured or wounded (kshata). Extremely obese (atisthoola), Extremely lean or weak (atikrusha), Delicate (sukumara), Elderly (vrudha), Very young children (balaka), Very debilitated or frail (durbala), Extremely tired or exhausted (shranta), Thirsty (pipasita), Pregnant women (garbhini) unless specific conditions apply.

Post-Basti Administration (Anuvasana Basti and Asthapana Basti):

Cardiac Conditions (Hrudroga): In heart diseases (hrudroga) where vital areas (marmasthana) are involved.

Specific Diseases (Roga): Diseases such as urinary obstruction (mootraghata), Spleen disorders (pleeha), Abdominal tumors (gulma), Abdominal distension (udara), Headaches involving sinus cavities (shira shanka), Eye diseases (akshi roga), Earaches (karna shoola).

Along with the above contraindications, taking into account the patient's physical condition, specific ailments, and the recent treatments is very crucial to ensure the safety and efficacy of Vamana therapy.

NOTE- Some exceptions to the above-mentioned contraindications include patient suffering from visha, gara, viruddha ahara and ajeerna where mrudu vamana can be administered<sup>10</sup>.

#### METHODOLOGY

The procedure of vamana is carried out in 3 steps

- Poorva karma
- Pradhana karma
- Paschat karma

#### POORVA KARMA

Preparations before Vamana karma, is known as Poorva karma, encompass all the necessary steps to ensure smooth execution of the main procedure. Adequate preparation of materials, readiness of the patient and proper arrangement of medicines are essential for facilitating a comfortable and effective treatment. It includes Sambhara sangraha [collection of medicines] Atura pareeksha [examination of the patients] Matra nirnayana [dose fixation] Atura siddhata [preparation of the patient] which includes deepana, pachana, rukshana, snehapana, snehana-swedana, vishramakala, counselling.

#### Sambara Sangraha

Shodhana gruha [a room for conducting vamana] should be designed under the guidance of vastu vidya kushala.

The place selected should be devoid of direct extreme strong breeze, sunlight, smoke and dust. The room should have comfortable moving space and place for keeping drinking water/water source, grinder, pestle. There should be a kitchen. The room should have attached bathroom and toilet. The room should be spacious enough to carry out different procedures comfortably. It should be well ventilated.

Vessels: Vessels of different sizes and shape for boiling, drinking, collecting and so on should be kept ready. Vamana peeta, collecting vessels, measuring glass, weighing machine, glass, dhooma yantra, bowl and spoons are kept ready.

Medicines: Drugs used in purvakarma, procedure of vamana (Sneha, Honey Saindhava, Milk, Ikshurasa, Yastimadhu phanta, Vamanopaga drugs etc) and to manage vyapats like IV sets, NS, RL, DNS, kamadugha rasa, swarnayukta sootashkara rasa, mayurapiccha bhasma are also kept ready.

Other things like; towel, stalk of lotus, dhooma yantra are kept ready

Specially trained assistants: Four trained assistants are to be appointed for the procedure of vamana, They include

- who holds the forehead during the procedure
- Who supports both shoulders,
- Who massages on back,
- Who massages in the umbilical area

Different furniture like knee height chair, stool, cot for resting are kept ready.

Different instruments to check blood pressure, blood sugar, weight are kept ready. Other requirements like canula, IV set are kept ready for emergency management.

#### Aatura Pareeksha

First and foremost, the patient should be indicated for vamana and should have prior experience of vomiting, depicting that he is Vamana-satmya. Vamana should not be given to unwilling patients

Proper history taking will be most required to prevent complications.

The age of the patient also plays a major role in Vamana karma. An age range between 12 to 55 years is currently being considered ideal because patients above 55 years may not be able to tolerate the intensity of the process. Additionally, in patients below 12

years of age, due to underdeveloped or weak nature of the upper gastrointestinal tract, it is risky to conduct the procedure.

History of severe gastritis, gastric or peptic ulcer, oesophageal varices should be evaluated in order to prevent internal bleeding due to forceful expulsion of vama and also to prevent further weakening of the sphincter.

The history of ischemic heart disease, old MI, cardiac surgery should be ruled out as hrudroga is contraindicated for vama.

Increased intracranial pressure is contraindicated for vama (therapeutic vomiting) due to the risk of exacerbating the pressure within the skull. Vomiting increases intra-abdominal pressure, which can transmit to the thoracic cavity and further to the cranial cavity through the veins and cause an increase in intracranial pressure. This increase can be detrimental in conditions where there is already elevated intracranial pressure such as traumatic brain injury, intracranial hemorrhage, or certain brain tumors. Therefore, vama is contraindicated in such cases to prevent potential complications like worsening of neurological symptoms or herniation of brain tissue.

In case of acute episode of migraine, vama is avoided to prevent further exacerbation of the condition.

History of previous thoracic or abdominal surgeries, umbilical and paraumbilical hernia, repeated LSCS should be ruled out.

In case of females, menstrual history should be evaluated to rule out pregnancy.

Examination of abdominal girth is another important point to be considered. Obese patients having an abdominal girth more than 40 cm are contraindicated as it causes more strain during vomiting and may lead to complication.

Astavidha, dashavidha and kosta pariksha along with complete systemic examination should be done before vama procedure.

#### **Aathura Siddhata**

Investigations required should be priorly done.

ECG to rule out cardiac abnormality, USG if necessary.

General investigations like, Hb%, CBC, Lipid profile, LFT, RFT, FBS, PPBS, HbA1C, Thyroid profile. In case of bronchial asthma or respiratory disorders, AEC, Ig E, Ig M is recommended.

#### **Deepana Pachana**

In the presence of agni mandhya and ama, practice of any shodhana karma is contraindicated. So, it is important for the patient to attain nirama avastha before shodhana karma in order to digest the ama and enhance the digestive fire. If agni mandhya is present without ama, deepana chikitsa is initially administered. However, in the presence of ama, pachana karma should be prioritized until the attainment of nirama avastha followed by deepana chikitsa to normalize and enhance digestive fire.

Agnitundi vati, chittrakadi vati, shadangapaneeya, vaishwanara choorna, ajamodadi choorna, hingwastaka choorna can be selected when there is vata and kapha dominance.

In case of Pittaja features, tikta pachakas like bhoonimbadi choorna, panchakola phanta, Bhunimbadi khada etc. can be chosen.

#### **Shodhananga Snehapana**

Once the agni is stabilized, abhyantara snehapana is started in arohana matra.

Accha sneha or some medicated ghee/ taila depending on the condition is selected and administered to the patient.

1<sup>st</sup> day snehapana starts with hrasiyasi matra i.e approximately 30 ml. Patient is administered with 30 ml of medicated ghee in an empty stomach early in the morning. Then the patient is advised to sip hot water with a gap of 20 mins to aid the digestion and also to prevent snehapana janya trishna. In case of kaphaja disorders, 3gms of saindhava lavana or trikatu choorna can be added to the sneha.

If patients experience nausea, they should be advised to smell lemon or add cardamom (elachi) to the water they sip every 20 minutes. If the patient vomits the sneha within half an hour, the amount of sneha expelled should be replenished. For patients who find it difficult to take accha sneha, the sneha can be mixed with mudga yusha (soup made from green gram) or porridge prepared from sesame, milk, and jaggery.

In the succeeding days, as the quantity of sneha increases, it may become challenging to ingest a large amount at once, potentially leading to vomiting. In such cases, patients are advised to take the sneha in divided doses, with a one-minute gap between each dose, and consume ¼ teaspoon of sugar in between gulps.

Snehapana is administered for a minimum of 3 days to a maximum of 7 days depending upon the kosta of the patient until samyak snigdha lakshanas are attained.

Samyak siddhi lakshanas should be analysed as follows

Symptoms present initially i. e on first day of snehapana are Vatanulomana, increased appetite and at the end of the day lightness of the body can be elicited after the sneha gets digested.

Symptoms typically observed in most patients 2-3 days after snehapana include:

- Increased softness in stools [Snigdha in purisha]
- Smooth and unbroken texture of stool [Asamhata varchas]
- Oily skin [Angamardavata]
- Administered sneha comes out as it is through defecation [Adhastat sneha darshana]

#### **Importance of abhyantara Snehapana**

Abhyantara snehapana does utkleshana of doshas, imparts mardavata to the body and softness to the srothas. Human cell membrane is made up of Phospholipids. Phospholipids function as a carrier of various cellular elements. Due to Sukshma Guna, Sneha reaches the cellular level this which is known as "Anutva of Sneha. Internally administered Sneha reaches the Srotas and acts as a solvent to remove the obstruction by dissolving Doshas in it, resulting in the removal of Srotorodha. After proper Snehana all the cells of body become completely saturated with fats. Then the fat material comes out of the cell to extracellular fluid by the process of osmosis. So, due to the aqueous properties of Sneha and liquefied Malas brought from the tissues, the levels of fatty acids etc. increase in the blood resulting in the high plasma volume.

To keep up the equilibrium of normal plasma level, the extra amount of liquid from it reaches the Koshta for expulsion. Later, when Vama is administered, this increased amount of body fluids is evacuated by which the vitiated Doshas are expelled out resulting in the radical cure of disease.

#### **Diet to be followed during Snehapana**

On analysing the Sneha jeerna lakshanas after digestion of Sneha, patients should be administered drava, ushna, anabhishtyandi, natisnigdha and asankeerna ahara in proper quantity.

For example, Rice ganji, Ragi ganji, Rava ganji, kichidi and pongal, rice and rasam can be prescribed.

Regimens to be followed during snehapana include:

Patients should keep warm by covering themselves with appropriate clothing to avoid exposure to cold. Warm water should be used internally and externally for all activities. Exposure to bright sunlight and strong breezes should be avoided. Sleeping during the night is recommended and day naps should be avoided. Natural urges should not be suppressed. Physical exertion, loud talking, anger, and grief should be avoided. Ample rest should be prioritized.

### **Practical importance of diet and regimens during Snehapana**

All the rules and regulations are important during snehapana in order to prevent sneha ajeerna in the patient.

Patients will be on high fat diet and low carbohydrate diet and hence there is chance of ketosis. To prevent this, after the digestion of fat, some easily digestible carbohydrate diet is administered.

### **Vishramakala**

A gap of one day is given after completion of shodhananga snehapana. This day between snehapana and shodhana is called vishrama dina.

Acharya Charaka opines that one day of vishramakala should be given after snehapana.

Poorvakarmas to be done during vishramakala are

- Bahya snehana and swedana
- Diet - kaphotkleshakara ahara
- Counseling

### **Bahya Snehana and Swedana**

Sarvanga abhyanga and sweda for 3 times i e

- In the evening after completion of snehapana
- On gap day in the morning
- On the day of vamana

### **Diet - Kaphotkleshakara Ahara**

The diet which increases the kapha dosha i.e. kaphotkleshakara ahara is advised. Different diets that can be prescribed are-

- Meat soup of gramya, anupa and audaka animals.
- Milk, curd {milk-based sweets like dudhpeda, curd rice, dahi vada, jaleebi, idli}
- Food articles prepared from black gram and sesame seeds {black gram and sesame porridge, sesame laddu}
- Payasa {sweet dishes made of milk}
- Food is prepared using fish.

Acharya Vagbhata opines of having 2 days of vishrama kaala in which on 1<sup>st</sup> day, patient is advised to take snigdha, ushna jangala mamsa rasa along with bhaya snehana swedana. On the second day patient is advised kaphotkleshakara ahara.

### **Importance of abhyanga and sweda during vishramakala**

Snehana induces softness in the body. The doshas present in the tissues, doshas which are in a leena avastha within the channels, liquefy through proper swedana and reach the gastrointestinal tract. These doshas are completely eliminated through shodhana therapy.

### **Importance of Kaphotkleshakara ahara**

When there is proper kaphotkleshana in a patient, the procedure does not cause much discomfort, doshas get easily eliminated out from the body.

When there is proper utkleshana, Samyak lakshanas are attained easily and if utkleshana is not proper, it leads to ayoga.

### **Counseling**

Physicians should counsel the patient and should give detailed description about the vamana procedure and clear the doubts regarding the procedure.

On the previous night of vamana, patients are advised to have good sleep so that the patient remains calm without any apprehensions.

## **PRADHANA KARMA**

### **Preparation of the patient on the day of Vamana**

After the food consumed the previous night has been digested and natural urges have been relieved, the patient is advised to bathe

and anoint their body with fragrant perfumes. They are instructed to wear clean and loose-fitting clothes (tight-fitting attires should be avoided), offer prayers to the deity, and then enter the vamana kaksha.

### **Time period to conduct Vamana**

Procedure is conducted early in the morning in the kapha kala, which is approximately between 5:30 am - 7:30 am. As some patients are accustomed having breakfast as early as 7-7:30 AM and their Pitta kala starts earlier potentially causing the Vamana Oushadhi administered to digest prematurely, it is crucial to initiate the Vamana karma while taking into account the patient's breakfast time.

Once the patient enters the vamana room, blood pressure, pulse, respiratory rate, temperature and weight should be checked and noted.

### **Positioning of the patient**

The patient should be made to sit comfortably over a knee height chair, facing east or north and lap should be covered with a clean cloth.

### **Administration of gritha yavagu**

After the patient is made to sit comfortably, yavagu mixed with gritha should be administered to the patient in empty stomach. As gritha yavagu is semisolid in consistency, it provides a coating to the mucus membrane of the stomach. It contracts the pyloric sphincter and retains the stomach contents thus preventing adhopravrtti and helping in easy elimination of doshas.

### **Administration of akantapana**

In sukumara (tender physiques), emaciated individuals, children, and the elderly who may be apprehensive about the procedure, akantapana with milk, curd, buttermilk, sugarcane juice, or yavagu should be administered until the patient is comfortably full before giving the Vamana treatment, which will be indicated for their condition.

Milk as akantapana is usually practiced. But in patients who are asathmya to milk [lactose intolerance], buttermilk, sugarcane juice, curd can be administered.

Buttermilk, like akantapana should be administered cautiously due to the increased risk of ear and respiratory infections, particularly when given during the rainy season.

The quantity of akantapana should be around 1-1.5 L as the capacity of stomach is 1.5 L. Quantity of the milk given should be recorded and Blood Pressure and Pulse should be monitored.

### **Logical reasoning behind akantapana**

Most importantly, these liquids provide a coating to the inner mucosal layer of the stomach, preventing mucosal irritation caused by the vamana oushadhi.

### **Mantropachara**

Before administering the vamana oushadhi, prayers are offered to the almighty by chanting mantra mentioned in charaka kalpa sthana 1<sup>st</sup> chapter for successful completion of the procedure.

### **Administration of Vamana oushadi**

Depending on the bala of the patient and disease, dose of madanaphala pippali choorna is decided. It is soaked in the vamanopaga kashaya overnight and the next day morning, it is administered by adding madhu and saindhava.

There is another practice where madanaphala pippali choorna, yasti madhu choorna, vacha choorna, and saindhava lavana are added in the ratio 1: 1/2 : 1/2 along with quantity sufficient honey, mixed and made into bolus form or lehya form and administered to the patient. In the case of kusta, nimba choorna, patola choorna and in case of swasa- pippali choorna can be added

along with madanaphala. Blood Pressure and Pulse of the patient is recorded after administration of medicine.

After administration of medicine, patient is advised to wait for 1 muhurtha, during which signs like profuse sweating, horripilation, distension of abdomen, nausea and salivation occur which indicates that doshas are getting liquified and moving towards the kosta which ultimately is eliminated out through vama.

In the case of swayam pravurtha vega [without giving vamanopaga], patient is advised to bend forward, widely open his mouth and vomit the contents into the bucket without suppressing the urge.

Patient is assisted by 2 assistants standing on either side. One should hold the fore head of the patient and slightly lift it and the other holds the shoulder of the patient and lifts it up to prevent excess bending forward. At the same time, massage over the back starting from low back to upwards should be done when there is vega.

### Administration of vamanopaga

If there is no urge to vomit even after 20 minutes of administration of oushadha or after one urge when the stomach is empty, then vamanopaga dravyas, which facilitate vomiting, should be administered.

Common vamanopagas used are yastimadhu kashaya, saindhavajala. In the case of galaganda kanchanara kashaya can be used as vamanopaga. Vamanopaga dravya is heated and made lukewarm and patients are advised to take it continuously without giving much gap. Each time the vamanopaga is administered, quantity and time of administration is noted in order to calculate input and output at the end of vama.

Usually in practice, 3 L of yastimadhu kashaya is administered followed by an average of 1-2 L of saindhava jala. While preparing saindhavajala, the salt content should be slightly more than the tolerance level of the patient for which approximately 50grms of salt is mixed in 1ltr of water. Care should be taken in patients with gastric or duodenal ulcer, where in saindhava jala is avoided in order to prevent internal bleeding.

### OBSERVATION DURING VAMANA

Both vega and upavega can be observed during the procedure. When a large amount of stomach content is vomited out at once in a forceful bout, it is considered as vega. Upavega means the bout of vomiting, which is similar to vega but with less force, with little content.

Number of vegas and upavegas should be recorded along with time of onset of vega. When there are too many upavegas continuously, throat is touched with the help of fingertip or the stalk of lotus to induce vomiting. Practically 2-3 upavegas and be combined and recorded as 1 vega.

Vegiki shuddhi is assessed by proper recording of vegas during the procedure. The number of bouts after administration of vama oushadhi are considered vegas 4, 6, and 8 vegas are considered as pravara, madhyama and avara shuddhi respectively. One should take note of the order of elimination of doshas. Firstly, the given milk will be vomited followed by the vama oushadhi followed by Kapha, Pitta and Vata. Pittanta is said to be ideal. Elimination of vata is identified by clear belching after pittanta. During elimination of pitta, the patient feels severe discomfort in the abdomen along with abdominal cramps, sweating, nausea, bitter taste in mouth and burning sensation in the chest. During this time, it is better to continue vama using plain lukewarm water so that it is easy to identify pitta. Yellowish, yellowish green, semi liquid content with bad odour is identified as pitta. When pitta is eliminated, the patient feels at ease.

Even though pittanta is said to be ideal, every patient will not end up in pittanta. Patients may get tired and refuse to take

vamanopaga and here, continuing vama forcefully may lead to pain in chest, throat and blood in the vomitus. In such a situation, if kapha is completely eliminated or medicine is eliminated, the procedure may be stopped.

The content of vama seen at the end is considered as antiki Shuddhi. If pitta is eliminated, then it is considered as shuddhi lakshana. If kapha or only medicine is eliminated at the end it is ayoga lakshana.

The vomitus with much sound with less of content indicates either vata parkopa or patient is straining too much. If a patient is straining too much, he should be advised to avoid straining as it may lead to burning sensation in the stomach, chest and throat.

Maniki shuddhi is assessed by measuring the input and output recorded during the procedure. Practically, the weight of the output should be more than the input. The amount of liquid consumed should be deducted from the amount vomited out and the difference in amount is counted for maniki criteria. If the difference amount is 648, 972, 1296ml it is considered as avara madhyama and pravara shuddhi.

Laingiki shuddhi is assessed based on the samyak vama lakshana. Laingika shuddhi is considered to be ideal because-

- Based on height, weight, obese or thin stature, different sara or samhanana, the amount of vomitus, number of vegas may change.
- In some patients, even with eight vegas, the samyak lakshana may not be seen or in some, samyak lakshana may be seen with four vegas.

Hence, the laingiki criteria are to be given prime importance for the assessment of samyak lakshana of vama.

Antiki, vaigiki and maniki assessments are made to decide the number of days of samsarjana krama. (In avara shuddhi, each ahara kalpa (food preparation) is advised for one anna kala (meal time), in madhyama shuddhi, for two anna kala and in pravara shuddhi, for 3 anna kala).

### PASCHAT KARMA

#### Immediate paschat karma after Vama

Immediately after completion of the procedure, the patient is asked to relax for 5-10 min and then cold water should be sprinkled over the face and hand.

Dhooma pana should be given to the patient after 45 min. Usually haridra doomavartha is used. Different varthis can also be used depending on the condition of the patient.

#### Late Paschat Karma

Patients are advised to take warm water sip by sip for every 20 min. Once he feels hungry, diet should be advised depending upon shuddhi as mentioned in the samsarjana krama.

Patients should be advised to stay in nivata pradesha, keep themselves warm and also to use only hot water for washing purpose.

Patients are advised not to sleep after the procedure. If the patient can't avoid sleeping, he should do it in a sitting position.

#### Complications during the procedure

Most common complication we come across during the procedure is bleeding in the GIT in patients of gastric, peptic ulcer and GERD. In such cases vama should be stopped and patient should be given stambhana drugs to arrest the bleeding. Medicines like kadamuga rasa, sootashakara rasa, mayurapiccha basma should be kept ready for this purpose.

Next most common complication is fainting due to excess fluid loss. In such conditions, the patient is made to lie in supine position, elevate the foot end and slightly depress the head end and sprinkle cold water on the face. Once the patient gains

consciousness, IV fluids should be infused to correct the electrolyte imbalance. IV set and IV fluids like NS, DNS, RL should be kept ready in such conditions.

Skin rashes

Minor complications like severe abdominal cramps should be managed by giving pata sweda to the abdominal region.

When the time period of vamana is extended more than 45 min, the given vamana oushadhi may get digested and causes adhopravrutti, i.e. loose stools. In such cases staambhana should not be done as it may lead to further complication. So, the entire vamana procedure should be completed within 45 min.

## CONCLUSION

Emetic therapy, also known as Vamana therapy in Ayurveda, is an ancient purification procedure designed to expel toxins from the body. Traditionally, it is primarily recommended during the vasanta rutu (spring season) as part of rutucharya, to eliminate the kapha dosha. But it can be adopted for use in other seasons depending on the individual's condition. While it can be highly beneficial when administered correctly, its effectiveness and safety hinge on meticulous pre-procedure preparation (poorva karma), precise execution (pradhana karma), and thorough post-procedural care (paschat karma). Understanding the potential complications and their management is crucial for ensuring the procedure's success. In addition to traditional knowledge, the practical application of Vamana therapy must evolve to suit modern contexts, ensuring better outcomes for patients. Adopting contemporary methods that align with current medical practices enhances the therapy's efficacy and minimizes risks associated with its administration.

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### Cite this article as:

Swathi N and Priyadarshini D. A practical approach towards understanding Vamana karma: A review on unique detoxification therapy. Int. J. Res. Ayurveda Pharm. 2024;15(5):91-96  
DOI: <http://dx.doi.org/10.7897/2277-4343.155162>

Source of support: Nil, Conflict of interest: None Declared

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