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SCOPE OF *VAMANA KARMA* IN THE MANAGEMENT OF *TAMAKA SHWASA* – A CRITICAL REVIEW WITH CLINICAL EVIDENCE

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ABSTRACT

Vamana Karma is an important treatment modality in *Urdhva* and *Kaphaja Vikaras*. In this era of modernization, much larger proportion of the population is victims of respiratory tract diseases, in which *Tamaka Shwasa* is one among them. *Tamaka Shwasa* is a condition in which the *Vata* attains *pratilomagati* due to *Margavarodha* by *Kapha dosha*. Hence *Vamana Karma* is said to be beneficial in treating *Tamaka Shwasa* by eliminating the obstructing *Kapha dosha*. *Shodhana* procedures are the best measures to eliminate the impurities in the body. So *Vamana Karma* administered properly offers good relief in signs and symptoms of *Tamaka Shwasa* .

Keywords: *Vamana, Tamaka Shwasa, Kapha dosha*

INTRODUCTION

Vamana is the first *Karma* explained by the *Acharyas* among the *Pancha Shodhana*. The reason for this may be of consideration of the chronological order of *dosha*. As *Kapha dosha* resides in the upper part of the body it should be eliminated first through the nearest route[1]. Another reason may be the elimination technique in *Vamana Karma* requires much special care and precautions compared to other procedures. This procedure should be conducted under the supervision of trained physician. *Acharyas* have explained the reason for placing *Vamana* before *Virechana*. If *Virechana* is administered without *Vamana* the aggravated *Kapha* descends to *Grahani* and hinders the functioning of *Agni* leading to *Agnimandya, Pravahika* or *Grahani*[2].

The definition of *Vamana* is the process by which the vitiated *Doshas* are expelled through the *Urdhwa bhaaga*[3].To be more precise the *Apakva Pitta* and *Kapha* are the *Doshas* which get expelled out[4].

The *Prana* which is carried and transported through the *Pranavaha Srotas* sustains our life. Any cause that hampers *Prana* is a life threatening condition, thus demanding more alertness while treating diseases pertaining to the *Pranavaha srotas* should be taken care with much alert. Among many diseases which hamper the *Pranavahasrotas, Tamaka Shwasa* stands first. *Tamaka Shwasa* is characterized by the vitiation of *Kapha* and *Vata* having its origin in *Pitta sthana* i.e *Aamashaya*. The vitiated *Kapha* produces the *Avarodha* of *Vata Dosha* which inturn gets aggravated and moves all over the body, gets localized in the *Pranavaha Srotas*. The cardinal features of this disease are dyspnea, cough and expectoration. The disease has been explained to be severely affecting the population which is revealed by the words like *Ghora, Aashupranahara* and *Durjaya*.

Bronchial asthma is an airway disorder that causes respiratory hypersensitivity, inflammation and constriction of the smooth muscles in the airway with the involvement of many cells and cellular elements like mast cells, eosinophils, T Lymphocytes, macrophages, neutrophils and epithelial cells leading to symptoms like wheezing, chest tightness, cough and dyspnea particularly at night or in the early morning. Asthma is a heterogeneous disease with interplay between endogenous and environmental factors.

Tamaka Shwasa chikitsa

The *Tamaka Shwasa* patient are categorized into four stages[7]

•*Balawan* and *Kaphadhika*

•*Balawan* and *Vatadhika*

• *Durbalawan* and *Kaphadhika*

•*Durbalawan* and *Vatadhika*

Classical texts have explained the management of *Tamaka Shwasa* on the basis of *Shodhana* and *Shamana* modalities. The *Shodhana* procedures like *Vamana, Virechana* should be performed only when the patient falls in the first category ie *Balawan* and *Kaphadhikan*[8]. Rest all categories should be managed by *Tarpana* and *Shamana* line of treatment.

Patient who is *Balawan* and *Kapha Dosha* is predominant having good *Utkleshanalakshanas* like *Praseka, Hrillasa, Aruchi, Gaurava* can be opted for *Sadhyo Vamana* and if *Utklesha* is not there present, *Sneha Poorvaka Vamana Karma* is advised.

Clinical Evidences

The disease *Tamaka Shwasa* needs immediate management in the *Vegakaleenaavastha* like *SadhyoVamana, Abhyanga, Swedana* and *Dhoomapana* or *ShamanaAushadhi*. It should aim at both preventive and curative aspect. To understand this concept, two clinical studies conducted in SDM College of Ayurveda Hassan have been taken.

1) A study on the effect of *Kala* in *Sadyo-Vamana* with special reference to *Tamaka Shwasa* (bronchial asthma)[6]

2) Effect of *Vamana* with *Madanaphala Siddha Dadhi* as *Vamaka Yoga* in the management of *Tamaka Shwasa*[7]

The relief rate of above studies in different signs and symptoms of *Tamaka Shwasa* are explained below.

Effect of *Vamana Karma* on Breathlessness

SadhyoVamana: Kapha kala

Before *SadyoVamana* the mean score of breathlessness was 3.7, which after *Sadyo-Vamana* significantly decreased to 2.9 with 21.6% relief. After 4 hours of *Vamana* it further reduced to 1.9 with 48.6% relief and P<0.001. The relief was continued up to increase to 24 hours and it was 67.6% (P<0.001) and was maintained up to 7 days of follow up with 59.5% relief (P<0.001).

Other than *Kaphakala*:

Before *SadyoVamana* the mean score of breathlessness was 3.8, which after *Sadyo-Vamana* significantly decreased to 2.4 with 36.8 % relief. After 4 hours of *Vamana* it further reduced to 1.9 with 50 % relief and P<0.001. The relief was continued to increase to 24 hours and it was 65.8% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 55.3% relief (P<0.001).

Sneha Poorvaka Vamana Karma:

In *Madanaphala Churna* Group, Breathlessness score was 2.93 before *Vamana*, which reduced to 1.27 immediately after *Vamana*. The relief in breathlessness was 56.82%, which was statistically significant (<0.001).

After *Samsarjanakrama* it reduced to 1.27. The relief in breathlessness was 56.82%, which was statistically significant (<0.001).

After 4th week follow up it reduced to 1.33. The relief in breathlessness was 54.55%, which is statistically significant (<0.001).

In *MadanaphalSidhaDadhi* Group, Breathlessness score was 2.73 before *Vamana*, which reduced to1.53 immediately after *Vamana*. The relief in breathlessness was 43.90% statistically significant (<0.001).

After *Samsarjana Karma* it reduced to 1.20. The relief in breathlessness is 56.10%, which was statistically significant (<0.001).

After 4th week follow up it reduced to 1.27. The relief in breathlessness was 53.66%, which was statistically significant (<0.001)

Effect of *Vamana Karma* on Sputum

Sadhyo Vamana: *Kaphakala*:

Before *Vamana* the mean volume (in ml) of Sputum was 24.81ml, which after 24 hours of *SadyoVamana* significantly decreased to 10.79 ml with 56.5 % relief (P<0.001). After 7 days of *SadyoVamana* it further reduced to 8.07 ml with 67.5 % relief and (P<0.001).

Other than *Kaphakala*:

Before *Vamana* the mean volume (in Ml) of Sputum was 27.95 ml, which after 24 hours of *SadyoVamana* significantly decreased to 11.63 ml with 58.4 % relief. After 7 days of *SadyoVamana* it further reduced to 9.27 ml with 66.8 % relief and P<0.001

Effect of *VamanaKarma* on Respiratory rate

SadyoVamana: *Kaphakala:*

Before *SadyoVamana* the mean respiratory was 26.9 /min., which immediately after *SadyoVamana* significantly decreased to 25.2 /min with 6.3 % relief. After 4 hours of *SadyoVamana* it further reduced to 22.4 /min. with 16.7 % relief and P<0.001. The relief was continued to increase to 24 hours and it was 24.5% (P<0.001) and was nearly maintained up to 7 days of follow up study with 21.9% relief (P<0.001).

Other than *Kaphakala*:

Before *Sadyo-Vamana* the mean Respiratory rate was 26.8 /min., which immediately after *SadyoVamana* decreased to 24.7 /min with 7.8 % relief. After 4 hours of *Sadyo Vamana* it further reduced to 22.3 /min. with 16.8 % relief and P<0.001. The relief was continued to increase to 24 hours and it was 24.6% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 22.4 % relief (P<0.001).

Sneha Poorvaka Vamana Karma:

In *Madanaphala Churna* Group, Respiratory Ratescore was 26.33 before *Vamana*, which reduced to 25.40 after *Vamana*. The relief in Respiratory Rate was3.54%, which was statistically insignificant (>0.02)

After *SamsarjanaKarma* it reduced to 25.33. The relief in Respiratory Rate is 3.80%, which was statistically insignificant (>0.05)

After 4th week follow up it reduced to 25.13, the relief in Respiratory Rate is 4.56%, which was statistically insignificant (>0.02)

In *Madanaphala Siddha Dadhi* Group, Respiratory Rate score was 25.73 before *Vamana*, which reduced to 25.20% after *Vamana*. The relief in breathlessness was 2.07%, statistically insignificant (>0.02).

After *Samsarjana Krama* it reduced to 1.30. The relief in breathlessness was 1.30%, which was statistically insignificant (>0.1).

After 4th week follow up it reduced to 24.93. The relief in breathlessness was 3.11%, which was statistically insignificant (>0.02)

Effect of *Vamana Karma* on Wheezing

Sadhyo Vamana: *Kaphakala*:

Before *Sadyo Vamana* the mean score of wheezing was 3.9, which immediately after *SadyoVamana* significantly decreased to 2.0 with 48.7 % relief. After 4 hours of *Sadyo Vamana* it further reduced to 1.8 with 53.8 % relief and P<0.001 . The relief was continued to increase to 24 hours and it became

67.6% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 53.8% relief (P<0.001).

Other than *Kaphakala:*

Before *Sadyo Vamana* the mean score of wheezing was 3.7, which immediately after *Sadyo Vamana* significantly decreased to 1.9 with 48.6 % relief. After 4 hours of *Sadyo Vamana* it further reduced to 1.6 with 56.8 % relief and P<0.001 . The relief was continued up to 24 hours and it became 67.6% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 54.1% relief (P<0.001).

Sneha Poorvaka Vamana Karma:

In *Madanaphala Churna* Group, wheezing score was 2.73 before *Vamana*, which reduced to 1.40 immediately after *Vamana*. The relief in Wheezing was 48.78%, which was statistically significant (<0.001).

After *Samsarjanakrama*: It reduced to 1.20. The relief in Wheezing was 56.10%, which was statistically significant (<0.001).

After 4th week follow up it reduced to 1.67. The relief in Wheezing was 39.02%, which was statistically significant (<0.001)

In *Madanaphala Siddha Dadhi* Group, wheezing score was 2.53 before *Vamana*, which reduced to 1.07 immediately after *Vamana*. The relief in Wheezing was 57.89%, statistically significant (<0.001).

After *SamsarjanaKrama*: it reduced to 1.13. The relief in Wheezing was 55.26%, which was statistically significant (<0.001).

After 4th week follow up it reduced to 1.33. The relief in Wheezing was 47.37%, which was statistically significant (<0.001)

Effect of *Vamana Karma* on PEFR:

SadyoVamana: *Kaphakala*:

Before *Sadyo Vamana* the mean rate / min. of PEFR were 163.8 lit/min which immediately after *Sadyo Vamana* significantly increased to 204.2 /min with 7.7 % relief. After 4hrs of *Sadyo Vamana* it further increased to 280.8 lit/min. with 30.8% relief and P<0.001. The mean PEFR was continued to increase to 24 hours and it became 376.1 lit/min.(P<0.001) and it was significantly increased up to 7 days of follow up study with mean PEFR 408.5 (P<0.001).

Other than *Kaphakala* group:

Before *Sadyo Vamana* the mean rate / min. of PEFR was 188.8 lit/min., which immediately after *Sadyo Vamana* significantly increased to 246 /min. After 4 hours of *Sadyo Vamana* it further increased to 325.4 lit/min. with 30.8% relief and P<0.001

The mean PEFR was continued to increase to 24 hours and it became 394.6 lit/min.(P<0.001) and it was significantly increased up to 7 days of follow up study with mean PEFR 395.4. (P<0.001)

Sneha Poorvaka Vamana Karma:

In *MadanaphalaChurna* Group, PEFR score was 220 before *Vamana*, which reduce to 277.33 immediately after *Vamana*. The relief in breathlessness was 27.92%, statistically insignificant (<0.01).

After *Samsarjanakrama* it reduced to 256.67. The relief in breathlessness was 16.67%, statistically insignificant (<0.02).

After 4th week follow up it reduced to 260. The relief in breathlessness was17.86%, which was statistically insignificant (>0.01)

In *Madanaphala Siddha Dadhi* Group, PEFR score was 216.67 before *Vamana*, which reduced to 283.33 immediately after *Vamana*. The relief in PEFR is 30.77%, which was statistically significant (<0.001).

After *Samsarjanakrama* it reduced to 310. The relief in PEFR is 43.08%, which was statistically significant (<0.001).

After 4th week follow up it reduced to 310.The relief in PEFR is 43.08%, which was statistically significant (<0.001)

DISCUSSION

The above study reveals the significant role of *Vamana Karma* in reducing the signs and symptoms of *Tamaka Shwasa* viz breathlessness, wheezing, respiratory rate and PEFR which is an important diagnostic tool in bronchial asthma. Both *Sadhyo Vamana* and *Snehapoorvaka Vamana* are having equally good effect in relieving the signs and symptoms of *Tamaka Shwasa* but *Sadhyo Vamana* can be planned only when *Utkleshalakshana* are present in the patient.

Though the immediate relief rate was almost equal in both *Sadhyo Vamana* and *Sneha poorvaka Vamana* it can be clearly noted from the above available data that the relief rate obtained just after *Vamana* in *Sadhyo Vamana* reduced or was able to be maintained only for 7 days whereas in *Sneha poorvaka Vamana* it was maintained up to four weeks and even more. Thus it can be inferred that the relief rate obtained in *Sneha poorvaka Vamana* is more effective as it is maintained for longer duration.

As classics mention that *Vamna Karma* does *Urdhvabhaga Shodhana* it expels both *Apakva Kapha* and *Apakva Pitta* thus it removing the *Margavarodha* produced by *Kapha Dosha* which had led to the *urdhvagati* of *Vata*. As *Vamana Karma* shows significant improvement in peak expiratory flow rate it can be inferred that this procedure is having a good effect in improvement of the lung functions too.

CONCLUSION

Vamana Karma is an effective modality of treatment in case of *Tamaka Shwasa* . But only *Vamana Karma* may not be a permanent cure for *Tamaka Shwasa* disease. The disease *Tamaka Shwasa* needs immediate management in the *Vegakaleenaavastha* like *SadhyoVamana, Abhyanga, Swedana* and *Dhoomapana* or *Shamana Aushadi*. For sustaining the effects of cure in *Tamakashwasa*, *Sneha poorvaka Vamana* is the best modality based on the condition of the *dosha* and the patient.

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