

A CASE STUDY OF SERIOUS COPMLICATION BY VAMANA KARMA**Kulkarni Satyajit Pandurang**

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INTRODUCTION

Panchakarma treatments are popular treatments nowadays. Although under *Panchakarma* a number of procedures are performed some of them are only external, some of them internal and some are mixed. The importance of classical ¹*Panchakarma* i.e. ²*Vamana, Virechana, Niruh Basti, Anuvasan Basti* and *Naysa* remains unabated. As the drugs, dosages, and the method of administration of these classical *Panchakarma* is not followed perfectly and varies region wise. Even sometimes complications of these procedures occur, but go unnoticed as they are not discussed. The difficulty in performing *Vamana* or *Virechankarma* is that the dosage and the procedure described in the text cannot be understood or followed perfectly. For example one cannot decide the dosage of *Madanfal* in *Vamanakarma* only by reading texts. He has to learn it practically and do it repeatedly to perform *Vamanakarma* confidently. Unfortunately, erroneous method of performing these procedures have been practiced and taught in some institutes that is why, fresher follow

the same method and can lead to complication. Aim of this publishing the case study is not to scare others, but to make vigilant while performing these procedures and avoid the complications.

Case report

A female of 48 was brought by her husband to the O.P.D. for psoriatic patches at both the foot. Itching and secretions were troubling her since 5 days. No sleep during night due to itching at that site. She was a known case of **Rheumatic heart disease** since 30 years. She had mitral stenosis and 2 times got serious heart complaints. She was undergone **BMV** (Balloon Mitral Valvotomy) under guidance of cardiac physician before 3 years. Since then she had almost no cardiac related complaints. Though the patient was suffering from R.H.D. She was not having any cardiac symptoms from 3 years and she was more troubled with psoriasis. She was taking treatment for R.H.D. at cardiologist so I decided to go for *Virechana*. Patient and her relatives were well educated, rich enough and wanted to go by my opinion.

Modern Parameters – B.P. – 120/80 mmHg, Pulse – 76/min Regular, Weight – 78 KG, R.R. – 19/min, Temperature – 98.6 F

¹ Charak Samhita Sutrashtana, 2/15

² Sharnghar Samhita Uttarkhanda, 8/70

Table No 1 Ashtavidh Pariksha -

Examination	Finding
Nadi -	74/min
Mala -	Shithil, Regular Once in a day
Mutra -	Prakrit
Jivha -	Niram
Shabd -	Prakrit
Sparsh -	Prakrit
Drig -	Prakrit
Akriti -	Madhyam

INVESTIGATIONS –

All the investigations relating to her disease were done already by physician's advice. She showed me reports. Blood investigations were normal. Her blood sugar levels and urine sugar levels were within normal limits. ECG was normal. Investigations were done 15 days before.

EXAMINATION -

I examined the patient carefully there were no cardiac related signs and symptoms. She was taking one anticoagulant, beta-blocker, diuretic and antacid regularly under cardiac physician's observation. Only the psoriasis was worsened. There was no treatment for psoriasis as per modern medical specialists. So patient used to go to Ayurvedic doctor and got temporary relief. They transferred city and that is why visited our hospital.

Preparatory procedure for *Panchakarma* started. **Written consent** was taken. I used to closely observe the patient. ³*Rukshana* was advised prior to *Snehapan*. For that 3gm

Trifala Churna was given for 3 times for 1 day. Patient was told to drink hot water only. From the next day *Snehpana* was started. 60ml cow ghee was given with gruel twice a day 60ml at 9 AM and 8 PM so the total dose of 120ml per day. This method of ghee administration with small quantity of food is ⁴*Vicharana Snehpana*. *Snehpana* was continued till ⁵*Samyak Snehana Lakshana* were seen. In this case, it was period of 5 days. Thus, *Snehpana* was given for total 5 days. Her general condition during *Snehpana* was getting deteriorated. At that time respiratory rate was increased but mild only. Symptoms automatically alleviated after ghee got digested completely. She was explained all the ⁶does and don'ts during *Snehpana* and she followed it. On the *Sneha Vishram Din* ⁷oil massage was performed to the whole body by *Dashmool Bala Taila* followed by *Mridu*

³ Charak Samhita Sutrasthana 13/49, 53

⁴ Ashtang Hridaya Sutrasthana, 16/14

⁵ Charak Samhita Sutrasthana, 13/58

⁶ Charak Samhita Sutrasthana 13/62

⁷ Charak Samhita Sutrasthana 13/81

Nadi Sweda to the whole body. Patient was complaining of nausea and she felt that she might have vomiting. The above symptoms were showing the movement of *Dosha* to the upward direction. That is why performing *Vamana* was relevant in this case. There are 3 reasons for that

- 1) As per ⁸*Doshagati* which is *Urdhva, Adha* and *Tiryak*. One should follow it. In this case it was *Urdhva*, so *Vamana* is treatment of choice.
 - 2) ⁹One should not Perform *Virechana* in the patient who has not undergone *Vamana* already.
 - 3) ¹⁰*Sushruta* have indicated *Vamana* in *Hridroga* too and it is indicated in *Kushtha* by both *Charaka* and *Sushruta*
- So, I decided to perform *Vamana* instead of *Virechana* and instructed the patient to consume ¹¹*Kapha- Utklesh Karak Aahar* like rice and curd during evening.

On the next morning, again performed massage and hot fomentation in the same way as that of previous day. Her parameters like B.P., Pulse, RR, and Temperature were examined. They were within normal limits. *Vamana* commenced. First, cow milk was given to drink. She drank 1 liter cow milk. She refused to drink *Yashtimadhu Fanta* from first glass but managed somehow to finish about 4 glasses of *Yashtimadhu Fanta* Her will power was strong that is why even after so much critical illness she was undergoing the therapy. ¹²*Vamak Aushadhi* administered

in form of medicinal paste after enchanting the *Mantra*.

Medicinal Paste (*Vamak Aushadhi*) 1) *Madanfala* – 3gm 2) *Saindhav* (rock salt) – 1gm, 3) *Madhu* (Honey) – 10 gm

Vamanopaga Aushadhi: 1) Cow milk – 1 liter 2) *Yashtimadhu Fanta* – 1 liter 3) *Lavanodaka* – 1 liter

¹³*Vamana* started 20 minutes after ingestion of medicinal paste. 4 veg occurred finely but patient then was not replying to further Vega. She was avoiding vomiting. Her husband was also present and encouraging her. Again two vomiting were seen *Yashtimadhu fanta* was expelled in larger quantity. Patient was feeling uncomfortable. Therefore She was reexamined there was not much increase in B.P., Pulse but difficulty in breathing and uncomfortable feeling in abdomen (B.P. 140/90 mmhg, pulse- 88/min RR- 20/min). I finished *Vamana* somehow by giving 2 glasses of *Lavanodaka*. Again Vomiting occurred 2 times and all the contents returned. This time she felt better. I suspected this patient may complicate further so stopped *Vamana* further and *Dhoompana* was administered.

In the end BP was normal (2 hours after *Vamana* 120/80 MMHG pulse – 74/min RR- 21/min) but by text, type of *Shudhi* is *Hina* type as the *Pitta* was not expelled, neither *Tiktasyata* was felt by patient. Though total *Vamana* Vega 8 as per *Laingiki Shudhi* it is *Hina Shudhi*. I explained her entire regimen after *Vamana* as per *Hina Shudhi* which means *Peya – 1 Annakala, Vilepi – 1 Annakala and Yusha -1 Annakala* and as the patient was vegetarian mutton soup avoided

⁸ Charak Samhita Sutrasthana 17/113

⁹ Sushruta Samhita Chikitsasthana 33/19

¹⁰ Sushruta Samhita Chikitsasthana 33/18

¹¹ Charak Samhita Sidhisthana 1/8

¹² Ashtang Hridaya Sutrasthana 18/14, Ashtang Sangrah Sutrasthana 18/14

¹³ Ashtang Hridaya Sutrasthana 18/14

That day passed safely. During evening her husband called me and asked some queries. She consumed *Peya* ones and *Yusha* once but feeling little pain in abdomen and dyspnoea (mild). I thought it will relieve after rest.

But the destiny was not on my side. On the next day during noon her husband called me and told she has stopped eating and complaining of dyspnoea. I ran to her home and checked her meticulously. I found that she had 4 loose motions and moderate dyspnoea (pulse – 90/min, RR- 24/min) looking these parameters I suggested her husband to immediately transfer her to a multispecialty hospital. Within 15 minutes we rushed to the hospital where physician told me that she is already suffering from RHD, and watery stool motions further can cause dehydration so she is in critical condition she was admitted in ICU and she was given oxygen and other supportive treatment. But later on after 3 days patient was responding to the treatment so shifted to another hospital at district place. Diarrhoea was subsided on the same day with total of 6 watery stool motions. But dyspnoea was not subsiding. In the next hospital she was admitted for almost 10 days.

Due to *Virechana* dehydration occurred. There may be increase in her venous return due to feedback mechanism. The increase in venous return could not be compensated by the weak heart. Fortunately she received oxygen therapy and other medicines in time. Otherwise she would have suffered from pulmonary edema. Thereafter, the patient was treated by anti-anginal, beta blockers, calcium channel blockers, oxygen therapy

etc under cardiac physician observation. After 10 days (almost 13 days after *Vamana*) she felt fine and discharged from the hospital. The patient or family members fortunately never blamed me in any way.

As per Ayurvedic classics this is *Vamana Ayoga Vyapad* called¹⁴ **Upadrva**

Causes – *Mridu Aushadhi in Snighdha* (unctuous) and *Mridu Koashtha* person

Symptoms – 1) *Tandra*

2) *Gurav*

3) *Klama*

4) *Daurbalya*

5) *Angasad*

Treatment – 1) *Aashu Vamana*

2) *Langhan*

3) *Pachan*

4) *Snigdha, Teekshna Shodhan*

In my patient all these signs and symptoms were present. Ayurvedic diagnosis and modern diagnosis of the same patient can be entirely different at one time. For example I have a known hypertensive patient of age 76. He is obese, having *KrurKoshtha*. He tells me when he gets constipation he feels his blood pressure increased and after *Niruh basti* he gets all the sign and symptoms gets relieved.

CONCLUSION

1) *Vamana* or *Virechana* should be avoided in the seriously ill patients or having complicated medical disorder such as RHD (Rheumatic heart disease) this is very serious disease because it directly causes pulmonary edema which is very serious condition and rapidly leads to death.

2) In other patients also one should perform *Vamana Karma* at a place where he can

¹⁴ Charak Samhita Sidhisthana 6/91,92

manage or refer to hospital where casualty can be successfully handled and where all the facilities are available.

3) Even not so in your hospital you should keep all the arrangements of intravenous fluid therapy and oxygen therapy. One should take written consent of the patient prior to these procedures

4) One should read and write about true Vyapad experiences of various *Panchakarma* procedures through journals.

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