

RECENT RESEARCH UPDATES ON VAMANA KARMA**Parappagoudra Mahesh¹ B.A Lohith² Imlikumba¹, M Deepa¹**¹PG Scholar, ²Associate Professor & HOD;Department of Panchakarma, SDM College of Ayurveda & Hospital, Hassan,
Karnataka India**ABSTRACT**

In the present era of Globalization, each & every aspect is accepted after fine scrutiny. Due to evolution of evidence based medicine, there is a growing demand for evidence or the e Government and Private research centres and are been published as a research articles in various national and international research journals. In the present study, 5 researches papers on *Vamana Karma* are discussed with respect to specifically mentioned fields of researches in *Panchakarma*. Time to time research updates in every field of medical sciences must be done, so as to establish *Panchakarma* as an Evidence Based Medicine in all its aspects. These five researches are evidences of standardization of *Vamana Karma* in each and every aspect. This is an eye-opener for beginners to practice *Vamana Karma* effectively.

Keywords: Research updates, *Vamana Karma*, Standardization, and Evidence medicine.

INTRODUCTION

Vamana Karma is considered as the first, major & laborious *Pradhana Karma* procedure of *Panchakarma* therapy. Literally *Vamana Karma* means to induce therapeutic vomiting or to expel out the vitiated *Doshas* through oral route¹, which is indicated for the purification of *Urdhwa Bhâga* of the body². In the present era of Globalization, each & every aspect is accepted after fine scrutiny. Due to evolution of evidence based medicine, there is a growing demand for evidence or the proofs of the outcome from each treatment. This is also necessary for making uniform system of practice or standardised system at all the *Panchakarma* centres, Basically researches in *Panchakarma* in India can be considered at 3 levels,

- PG and PhD institutes
- Government Research centres
- Private research centres

Till date, there are many *Panchakarma* related researches had been carried out in above mentioned centres and are been published as a research articles in various national and international research journals. To make it easily understandable and to shed light on major topics, an effort has been made to merge the research areas under the following fields

1. Standardization of *Panchakarma* procedures.
2. Standardization of new yoga's for *shodhana*.
3. Standardization of dosage pattern for *Panchakarma* procedures.
4. Influence of *Panchakarma* on different biochemical parameters.

In the present study, the researchers conducted over *Vamana Karma* are discussed with respect to above mentioned fields of researches in *Vamana Karma*.

Methodology: Review was done on clinical studies carried out in above mentioned research centres, were reviewed and the results are discussed with respect to their research areas:

1) Total 50 patients & healthy volunteers who were fit for *Vamana Karma* were selected from O.P.D. & I.P.D. of *Panchakarma* Hospital of I.P.G.T. & R.A, Jamnagar. They were randomly divided into following 2 groups³.

Study design:

Classical Group: *Madanphala Pippali* was taken in *Antarnakha Musti Pramana* by the patient's own hand. It was then added in *Yastimadhu Kwath* & kept for one night (Previous night of *Vamana Karma*). In the morning time, it was stirred properly & filtered. Then it was given to the patient in lukewarm state mixing with honey & *Saindhava Lavana* up to *Pittanta Vamana*. Before administration of medicine at first in early morning, *Ghritayukta Yavagu* was given to the patient after *Abhyanga* & *Swedan*.

Traditional Group: In the morning, first after *Abhyanga* & *Swedan*, milk or *Ikshu* rasa was given to the patient as a *Akanthapana* (drinking up to brim of neck). Then *Madanphala Pippali Churna*, *Saindhava Lavana* & *Vacha* were taken in a ratio of 4 parts, 2 parts & 1 part respectively and made a paste with honey. It was then given to the patient directly or indirectly by mixing with any liquid media like Milk or *Ikshu Rasa* or *Phanta*. Afterwards *Yastimadhu Phanta* was given until there is *Pittanta Vamana*.

Results: A} Comparison of results between two groups:

1. It was observed that *Vamana* by classical method is clinically more effective by 17.11% than traditional methods in getting relief from signs & symptom of patients. It

is statistically significant at the level of $P < 0.05$

2. It was observed that 6.74% more *Vegas* were seen in classical method when compared to traditional method. But it was statistically insignificant at the level of $P > 0.10$

3. *Laingiki Shudhhi* was observed more by 5.51% in *Vamana* by classical method compared to traditional method. But it was also statistically insignificant at the level of $P > 0.10$

4. The value of Hexosamine (Mucopolysaccharide) was observed more by 28.22% in vomitus expelled by classical method, and it was statistically significant at the level of $P = 0.05$

B} Standardized points of *Vamana Karma* in present study:

An average amount of 13.51gms was observed as the *Pramana* of *Antarnakhamusti (Madanaphala Pippali Pramana)* and 4 litres of *Yastimadhu Kwatha* was considered as standard quantity of *Vamanopaga Dravya*.

“pH” of the vomitus may guide the “end point” (*Antiki Shuddhi*) of procedure, i.e. Acidic pH was found in earlier stage {due to Gastric juices} and Alkaline pH was seen in last stage {due to Bile juices or *Accha Pitta*}

The above clinical study concluded that the method mentioned in classics is very much beneficial from every point of view in comparison to the method which has been used traditionally as it is very easy, safest, less time consuming. Classical method is clinically as well as statistically most effective method when compared to traditional method.

2) A single group clinical study, wherein 30 patients suffering from *Ekakustha* were selected from IPD of SDM College of Ayurveda & Hospital, Hassan. All sub-

jects were be administered *Vamana* with *Kutaja Siddha Krushara*⁴.

Study design: In this study patients were first subjected to *Deepana Pachana* with *Panchakola Churna*⁵ 5gms thrice daily before food, till *Nirama Avasthawas* achieved. Then the patients were administered with *Shodhananga Snehapana* with *Moorchita Ghritha* in *Arohana Krama* starting with *Hriyasi Matra* of 30 ml till *Samyak Snigdha Lakshanas* were observed or maximum of 7 days whichever was earlier.

During *Vishrama Kala Sarvanga Abhyanga* was done with *Moorchitaitala* and *Ushnajala Snana* was advised. On the day of *Vamana*, *Sarvanga Abhyanga* was done with *Moorchita Taila* and *Ushna Jala Snana* was done and thereafter *Vamana* was carried out by administering *Kutaja Siddha Krushara* as *Vamaaka Yoga*. After *Vamana*, *SamsarjanaKrama* (Peyadi) was advised according to the level of *Suddhi*.

Preparation of *Kutaja Siddha Krushara*:

The *Krushara* was prepared by taking *Tandula* (rice) 1 part, *Mudga* ¼ parts, *Saindhava Lavana*, *Adraka*, *Hingu*, *Haridra* in according to taste and cooked well by adding 6 parts of water. *Kutaja Beeja Churna* {12gms} mixed with honey and *Saindhava* was added to this *Krushara*. The *Krushara* was administered in *Sukhoshna* condition.

Results on *Vamana Karma*:

- During *Vamana Karma*, in 22 patients accounting for 73.33% had all the *Langiki Lakshanas*.
- In *Antiki* i.e. 73.33% had *Kaphanta Shuddhi*
- In *Maniki Shuddhi* 20 patients i.e. 66.66% patients had volume of vomitus between 301-600ml.

- In relation to *Suddhi*, 20 patients accounting for 66.66% had *Madhyama suddhi*.
- In 100% or all 30 patients no complication or *Vyapad* of *Vamana* was observed.

Results on *EkaKustha*:

- There was overall 41.48% relief in the parameter *Matsyashakalopamam*
- There was overall 73.44% relief in the parameter *Kandu*.
- Overall 86.96% relief in the parameter of Candle grease sign.
- Overall 29.01% relief in the parameter of PASI score was observed.
- There was no change in the parameters like *Aswedanam*, *Mahavastu* and *Auspitz* sign.

Thus the above study concluded that, *Kutaja Siddha Krushara* was able to induce *Madhyama Shuddhi* without any *Vyapads* (complications). *Vamana Karma* with *Kutaja Siddha Krushara* showed significant changes in the parameters of *EkaKustha* (Psoriasis) like *Matsyashakalopamam*, *Kandu*, *Candlegreese* sign, *PASI* score (p<0.001).

3) A randomized interventional clinical study was conducted comprising of 30 subjects fulfilling the diagnostic criteria of *Vicharchika* were selected from IPD of SDM college of Ayurveda & Hospital, Hassan and were randomly categorized into two groups⁶.

Bhavita Madanaphala Pippali Choorna Prperation:

By giving *Samskara* the quality of the drug will be enhance⁷. *Bhavana* is a type of *Samskara*, by which *Veerya* of the drug will increase and the dose can be decrease⁸. *Bhavana* can be done by the *Kashaya*, *Swarasa* or any *Dravadravya*. The *Dravadravya* should be prepared out of the *Dravya* which is equal quantity to

*Churnadravya*⁹. By keeping this reference *Bhavita Madanaphala Pippali Choorna* was prepared.

- Above said *Samskarita Madanaphala Pippali Choorna* was taken for *Bhavaya Drava* to this *Bhavana* was done by *Samskarita Madanaphala Pippali Siddha Kashya*.
- *Kashaya* was prepared out of *Samskarita Madana Pippali Yavakuta Churna* (which was equal to that of *Bhavana Dravya*) and *Jala* in the ratio of 1:8 respectively. Then It was reduced to one fourth and used for *Bhavana*.
- 3 times *Bhavana* was given and dried.

Method: *Samsarita Madanaphala Pippali Choorna* was taken and putted in a grinder machine and *Bhavana Dravya* i.e. *Madanaphala Kashaya* was poured into it then trituration was done continuously until it attain solid consistency. This was considered one *Bhavana*. Like in the same way totally three time *Bhavana* was given in three days. At last dried under the shade and stored in air tight container.

Study design: The first Group (MPC) consisting of 15 subjects where *Madanaphala Pippali Churna* in the dose of 12gram was administered as *Vamaka Yoga* and the second Group (BMPC) consisting of 15 subjects where *Bhavita Madanapippali Churna* in the dose of 4 grams was administered as *Vamaka Yoga*.

Results on Vicharchika:

- Both the groups proved statistically significant ($p < 0.001$) relief in all the symptoms of *Vicharchika* like *Kandu*, *Srava*, *Pidaka*, *Varna*, *Vedana* after *Vamana Karma* and even at the end of *Samsarjana Karma* when compared to the symptoms before treatment.
- Mann-Whitney Test was applied to see the difference between the Groups, it was found statistically that there was no much difference of changes seen in

between the group, i.e. *Bhavita Madanaphala Pippali* has shown same effect on *Vicharchika* as well as *Madanapippali Churna* even in smaller dose.

Observation during Vamana Karma:

- **Self-start of Vamana:** Among whole data, *Svayam Pravrutti* of *Vamana* was observed in 14 of the subjects in each MPC and BMPC Group. And for remaining one subject in each group was induced by finger.
- **Time taken to start Vamana Vega:** During *Vamana Karma*, average time taken to start first *Vamana Vega* in MPC Group was 22 min. whereas in BMPC Group it was 25 min. And statistically there was no Significant Changes between the groups.
- **Pittanta Shuddhi:** During *Vamana Karma*, in only 5 subjects achieved *Pittanta Shudhi* in MPC group whereas 9 subjects achieved *Pittanta Shudhi* in BMPC group. Even in BMPC group shown more *Pittanta*, Statistically by considering 15 subjects in each group, both the groups were not able to achieve *Pittanta*.
- **Vaigiki Shudhi:** In this study, 7-8 *Vegas* seen in majority of subjects that was 8 in MPC whereas 10 in BMPC group and 5-6 *Vega* seen in 7 subjects in MPC and 5 in BMPC. There was no significant level of changes was seen between the groups.
- **DRUG PALATABILITY:** In this clinical study it was found that the palatability of the drug was more in trial group i.e. BMPC group than control group i.e. MPC group.

Results on Vamana Karma: In this study trial group *Bhavita Madanaphala Pippali Choorna* as a *Vamaka Yoga* in the dose of 4gram showed statistically significant result in all the parameters to attain *Samyak Vamana Karma* like *Pittantashudhi*,

Laingiki Shudhi, Maniki Shudhi, Vegiki Shudhi, commencement of *Vega*, and without causing any complication. And even in yielding better relief in the symptoms of *Vicharchika* when compared with the control group where regular *Madanaphala Pippali Churna* were used as *Vamaka Yoga* in the dose of 12grams.

Conclusion: *Bhavita Madanapala Pippali Churna* in the quantity of 4 gm was Statistically significant in achieving *Samyak Vamana Karma Lakshanas* and relieving the symptoms of *Vicharchika* as Same as regular *Madanaphala Pippali Churna* in the quantity of 12gm. So it can be recommended to use *Bhavita Madanaphala Pippali Churna* in less dose (4gm) as a *Vamaka Yoga* to conduct *Samyak Vamana Karma* instead of using *Madanaphala Pippali Churna* in the dose of 12 grams.

4) A single blind clinical study of 23 volunteers who are 'Swastha' and who are fulfilling the criteria for undergoing the process of *Vamana* were selected from SDMCA, Udupi¹⁰.

Study Design: Subjects who are fit for *Vamana Karma* were given *Triphala Churna* 10 gms with hot water for *Koshta Pariksha*. *Pachana-deepana* with *Shunti Choorna* 5gms thrice day for 3 days was given. For *Abhyantara Snehapana Sarpi* was selected and administered until the *Samyak Snigdha lakshanas* were observed. This was followed by one day rest, during which *Sarvanga Abhyanga* and *Bhaspha Swedha* was administered and *Kaphaut Kleshakara Ahara* in the form of curds, sweets was advised. On second day subjects were given *Sarvanga Abhyanga* and *Bhaspha Sweda* followed by *Vamana Karma* with *Madanaphala Yoga*. *Dhumapana* and *Samsarjanakrama* is advised according to *Shuddhi*. Electrolytes and pH analysis by blood gas analysis; the assessment of serum electrolyte was carried at

three intervals. First analysis was done before administering *Vamana* and second analysis after completion of *Vamana*. The third analysis was done just before *Peya Paana*.

Results: The serum electrolyte levels in comparison to pre *Vamana* and post *Vamana* status revealed that serum sodium concentration is increased by 1.97% and the same is decreased by 3.08% before *Peyapaana*. Levels of serum Potassium Concentration after *Vamana* was raised by 2.63% & the same before *Peyapaana* was reduced by 5.4%. Levels of serum chloride also increased by 3.36% after *Vamana* and it is reduced by 6.92% before *Peyapaana*. The pH after *Vamana* was increased by 2.18% & it is reduced to 2.40 % before *Peyapaana*.

The blood pH is tending towards alkalosis because of loss of H⁺ ions during *Vamana Karma* but within some time pH gained back its normalcy.

Conclusion: In *Vamana Karma*, changes observed in serum electrolyte levels were very minimal and was under physiological range. The symptoms of *Hritadosha* are simulating with mild symptoms of *Rasa Dhatukshaya* in the body. After *Vamana Karma*, blood pH is tending towards alkalosis, due to loss of H⁺ ions from the body during *Vamana*.

5) A clinical study including of 30 subjects who fulfilled the criteria for undergoing the process of *Vamana* were selected from SDMCA, Udupi and were randomly categorized & analyzed under 2 Groups of 15 subjects each irrespective age, cast, creed, etc¹¹.

Study design: In this study 30 healthy subjects were administered with *Triphala Kahsaya* in a dose of 150 ml at 9.30 am for the assessment of the *Koshta*. Then after assessing the *Koshta Dipana*, *Pachana Chikitsa* was carried out with *Vadavanala*

*Churna*¹² for a period of 3 days. Then the subjects were administered with *Shodhananga Snehapana* with *Moorchita Ghritha*¹³ in *Arohana Krama* starting with *Hriyasi Matra* 25 ml till *Samyak Snigdha Lakshanas* were observed or maximum of 7 days whichever was earlier. Once the *Samyak Snigdha Lakshanas* were observed then *Snehapana* was stopped & subject was shifted to *Bahya Snehana Swedana* in the form of *Abhyanga Bashpa Sweda* for one day & was administered with *Kaphotkleshakara Ahara* on that day. Next day subjects were again subjected for *Abhyanga & Bashpasweda* in the early morning (6.30-7.00 depending on the sun rise) followed by *Vamana Karma* with Unprocessed or Processed *Madanaphala Pippali Churna*. *Samsarjana Krama* was advised according to *Shuddhi*.

For Group MPU: 3-6 gms of unprocessed *Madanaphala Pippali Churna* was mixed to 1 glass of (350 ml) *Yastimadhuphanta* & to the same *Saindhava Lavana* & *Puranamadhu* was mixed.

For Group MPP: 8-12 gms of classically processed & preserved *Madanaphala Pippali Churna* was added to 1 glass of (350 ml) *Yastimadhu Phanta* on the previous night of *Vamana*.

Results: 'Antarnakha Mushti Pramana' of *Madanaphala* mentioned by *Charaka* refers to *Shodhita Madanaphala*. There was a change in color & consistency in *Madanaphala* during the each phase of *Bhavana* with *Ghritha*, *Dadhi*, *Madhu*, & *Tilakalka*, finally it attained dark brown & semisolid in consistency.

Classically processed *Madanaphala* in the dose of 8-12 gms induces *Pittantavamana* in a very short duration of time with all other *Samyak Yoga* features & very less chances of *Pratiloma Pravrutti*.

There was no significant change in serum electrolytes level before & after *Vamana* as well as in between the groups. There was a significant reduction in Saphonine content in *Shodhita Madanaphala*. Endoscopy after *Vamana* showed mild inflammatory changes. Complete evacuation of bile from gallbladder was noted in USG after *Vamana*.

DISCUSSION

The clinical trial conducted by Dr Ranjip Kumar Dass et.al concluded that the method mentioned in classics is very much beneficial from every point of view in comparison to the method which has been used traditionally as it is very easy, safest, less time consuming and clinically as well as statistically most effective method.

The clinical study conducted by Dr.Nirupam B et.al concluded that the *Kutaja Siddha Krushara* was able to induce *Madhyama Shuddhi* without any *Vyapads* (complications), *Vamana Karma* with *Kutaja Siddha Krushara* showed significant result in the parameters of *EkaKustha* (Psoriasis) like *Matsyashakalopamam*, *Kandu*, *Candlegreese sign*, *PASI score* (p<0.001).

The clinical trial conducted by Dr.Ramanuj I et.al concluded that the *Bhavita Madanaphala Pippali Churna* in the quantity of 4 gm was Statistically significant in achieving *Samyak Vamana Karma Lakshanas* and relieving the symptoms of *Vicharchika* as same as regular *Madanaphala Pippali Churna* in the quantity of 12gm. So it can be recommended to use *Bhavita Madanaphala Pippali Churna* in fewer doses (4gm) as a *Vamaka Yoga* to conduct *Samyak Vamana Karma* in spite of using *Madanaphala Pippali Churna* in the dose of 12gram in *Vicharchika*. The clinical study carried out by Dr.Sachitha B Shetty et.al concluded that In *Vamana Karma*

changes observed in serum electrolyte levels were very minimal and was under physiological range. The symptoms of *Hritadosha* are simulating with mild symptoms of *Rasa Dhatu Kshaya* in the body. After *Vamana Karma*, blood pH is tending towards alkalosis, due to loss of H^+ ions from the body during *Vamana*.

The clinical study conducted by Dr. Prandev U et.al summarized that *Antarnakha Mushti Pramana'* of *Madanaphala* mentioned by Charaka refers to *Shodhita Madanaphala*. Classically processed *Madanaphala* in the dose of 8-12 gms induces *Pittantavamana* in a very short duration of time with all other *Samyak Yoga* features & very less chances of *Adho-Pravrutti*. There was no significant change in serum electrolytes level before & after *Vamana* as well as in between the groups. Endoscopy after *Vamana* showed mild inflammatory changes. Complete evacuation of bile from gallbladder was noted in USG after *Vamana*.

CONCLUSION

Time to time research updates in every field of medical sciences must be done, so as to establish *Ayurveda* {*Panchakarma*} as a evidence based medicine in all its aspects. The above five researches are evidences of standardization of *Vamana Karma* with respect to procedure, new *Yoga* for *Vamana Karma* and its dosage pattern, influence of *Vamana Karma* on electrolytes and lastly effect of *Shodhana* of drug prior to *Vamana Karma*. This is an eye-opener for beginners to practice *Vamana Karma* effectively.

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