

## ***CRITICAL REVIEW OF VAMANAKARMA (THERAPEUTIC EMESIS) PROCEDURE IN PANCHKARMA***

**Suresh Katare<sup>1</sup>, Madhusudan Gupta, Mukund Dive<sup>2</sup>, Mahendra Agrawal<sup>3</sup>**

<sup>1</sup>Professor, Department of Kayachikitsa, M.S. Ayurvedic Medical College, Gondia, Maharashtra, India

<sup>2</sup>Professor, Dept. of kriya Sharir, <sup>3</sup>Professor, Department of Ras-shastra, <sup>4</sup>Professor, Department of Panchakarma, B.M.Ayurveda Mahavidyalaya, Nagpur, Maharashtra, India

**Email:** [sureshkatre5@gmail.com](mailto:sureshkatre5@gmail.com)

### **ABSTRACT**

*Panchkarma (Samshodhana)* is specially indicated for the treatment of *BahuDosha*. Which include *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Basti* (enema therapy), *Nasya* (nasal drug therapy), *Raktamokshana* (bloodletting therapy). *Vamana* is indicated in the disorder of *Kapha*, dominancy of *Kapha-Pitta* and *Kapha-VataVikara*, *VamanaKarma* indicated when *Kapha* and *Pitta* become *Utklishta* and comes in *Aamashaya* which is the main site of *Kapha*. Before *Vamana Purva Karma* (preparatory measures) i.e. *Bahya Snehana* (External oleation), *Abhyantar snehapan* (internal intake of medicated oil or ghee) and *Sarvanga Swedana* (Whole Body Sudation) are given to the patient. These procedures further helps in removing toxic materials from the body. In ayurvedic practice *VamanaKarma* is a difficult procedure and required critical care during and after therapy.

**Keywords:** *Vaman, Snehan, snehapan, swedan, Samsarjankrama*

### **INTRODUCTION**

According to Acharya Charaka and Vagbhatta, *Vamana* is included in *Langhana Upakrama*<sup>1</sup>. The act of expelling the impurities i.e. vitiated *Doshas* through the upper channel (mouth) is known as *Vamana* (emesis).<sup>2</sup> While *Sharangadhara* describes the same in other words as the process in which, '*Apakwa*'

*Pitta* and *Kapha* are forcibly expelled out through the upward route. Here the word "*Apakwa*" literally means "undigested or unripened". When *Pitta* is undigested or unripened, it metamorphoses into '*Vidagdha* state', which is one of the sets of *Ajirna* in that condition also *Vamana* is indicated.<sup>3</sup> All are well

concerned that *Vamana* helps to remove all sorts of derangements regarding *Kapha* and also for *Pitta* because of its *Sthana*, but the question arises that why “*Apakva*” is mentioned, because systematic *Panchkarma* always deal with elimination of *PakvaDosha* which come from *Shakha* to *Koshtha*. The reason behind this may be the *UtklishtaAvastha* of *AamashayasthaDosha*, for that one should not wait for *Pakva*, and it should be expelled out by *VamanaKarma*<sup>4</sup>.

According to Vagbhatta<sup>5</sup>, *Vamana* is indicated in the disorder of *Kapha* and in the dominancy of *Kapha-Pitta* and *Kapha-VataVikara*, in the following conditions as:

- Excessive increase in the levels of *Kapha*.
- Aggravation of *Kapha* in its own sites.
- *Kapha* combined with *Pitta* or *Vata*, which is present in a small proportion.
- *Vata* or *Pitta* invading the sites of *Kapha*.

Thus, the indications for *Vamana Karma* are wide, because it can be applied in such type of *Doshika* condition present in any type of disease.

#### VAMANAKARMA PROCEDURE:

The main procedure can be classified as:

1. *Purva Karma*
2. *Pradhana Karma*
3. *Pashchata Karma*

#### PURVAKARMA:<sup>6</sup>

1. ***Sambhara Sangraha***: Tubs, washbasins, measuring flasks, measuring glass, towel,

bowls, rubber catheter, spoons, hot plate, pitchers (small and big) etc

#### a. ***VamanaDravya***:

- *Vacha* (*Acoruscalamus*) powder : 2 gm
- *Madanphala* (*Randiadumatorum*) powder : 4gm
- Rock Salt : 5gm
- *Madhu* (Honey) : 15ml

b. ***VamanopagaDravyas***: *VamanopagaDravyas* are the supportive *Dravyasto* the process of vomiting.<sup>7</sup>

- Milk: 1.5 ltr.
- *MadhuyashthiKwatha*: 1.5 ltr.
- *Lavanodaka*: 1.5 ltr.

2. ***AturaSiddhata***: Patient should be prepared with the following therapies as *PurvaKarma*.

a. ***Deepana& Pachana***: *Deepana* and *Pachana* should be carried out with *Dravyas* like *Panchakola Churna* until the appearance of *NiramaLakshanas* of *Doshas* and *Malas*.<sup>8</sup>

b. ***Abhyantara Shodhanartha Snehapana***: The therapy, which produces the fluidity & moistness in the body and makes the body soft &unctuous, is called as the *snehana*. It is an essential part in *Panchkarma* treatment, which helps in dislodging the harmful substances from the body tissues<sup>9</sup>. A person, who is undergoing *Snehana*, should take *Aahara* that is *Drava*, *Ushna*, *Anabhishtyandi*, *Naatisnigdha*, and without mixing too many substances, in moderate quantity<sup>10</sup>. The *Sneha*, which will be digested in 24 hours, 12 hours and 6 hours, is called as *Pravara*, *Madhyama* and

*HrasvaSnehaMatra* respectively<sup>11</sup>. For *Shodhana* purpose, the *Sneha* should be taken after the complete digestion of previous night meal<sup>12</sup>. In accordance to the *Koshtha*, 3 days, 5 days and 7 days of *Snehapana* is required for *Mridu*, *Madhyama* and *KruraKoshtha* respectively. Generally, after 7 days *Snehapana* should not be continued as the body become accustomed to *Snehapana* (*Satmyata*) and *Doshotklesha* may not take place<sup>13</sup>.

**Symptoms of Samyaka-Snigdha:** *Vatanulomana*, *Agni Deepti*, *Snigdha* (unctuous) & *Asamhata* (loose) *Purisha*, *Mruduta* (softness) and *Snigdhatta* (unctuousness) of the body are the features of *Samyaka Snigdha*.<sup>14</sup>

### 3. Abhyanga & Svedana:

**Abhyanga:** In the content of *PurvaKarma* *Abhyanga* is considered as *Sakala Dehabhyanga*.

The patient to whom *Vamana* is to be administered should be subjected to the *Abhyanga* and *Svedana* for 2 or 3 times.<sup>15</sup>

**Svedana:** The therapy which produces *Sveda* (perspiration), and relieve *Stambha* (stiffness), *Gaurava* (heaviness) *Shita* (cold) is known as *Svedana*.<sup>16</sup>

### 4. Dietetic regimen before Vamana:

#### Diet in the previous night of VamanaKarma.

The meat of the animals of *Gramya*, *Anupa* and *Audaka* origin and milk and *Dadhi*, *Masha*, *Tila*, *Guda*, etc. should be given for *Shleshmotklesha*.<sup>17</sup> Arunadatta mentioned that this diet helps *Doshas*, which are provoked

due to proper *Snehana* and *Svedana* to move towards *Koshtha* due to their similar nature.<sup>18</sup>

This diet also has the property to excite *KaphadiDosh* (*Kaphotklesha* and to minimize the pain and produces the vomiting with much less effort.<sup>19</sup>

### PRADHANA KARMA:

*PradhanaKarma* starts from the period of oral administration of *VamanaDravya* and completes with the stopping of *VamanaVega*. It can be classified under the following three divisions.

**(A) Administration of Vamana Yoga-** Before *VamanYogaAakanthapana* is performed by *Yavagu* or milk or *Ikshurasa*. Acharya Charaka, described 355 *Vamana-Yogas*, among them *Madanaphala* -133, *Jimutaka*-39, *Ikshvaku*-45, *Dhamargava*-60, *Kutaja*-18 and *Kritavedhana*-60 *Yogas*. The *Yoga* is indicated according to the *Dosha*, *Dushya*, *Avastha* and *Vyadhi*. *Madanaphala* is the best among all *VamakaDravyas* because of its *Anapayitva* property (Devoid of complications).<sup>20</sup> *Madhu* and *Saindhava* are to be mixed with all *VamanaYoga* for *Liquifying* and *disintegrating* the *Kapha-Dosha*.<sup>21</sup> Dosage of *MadanaphalaPippali* is taken according to the patients "*Antaranakhamushti*" *Pramana*.<sup>22</sup>

**(B) Observations during Vamana.** After giving *VamanaYoga*, patients should be under observation for a *Muhurta* (48 minute). During that time, *Svedana* should be done to the person with hand.

**Table 1:** *Dosha Avastha* during *Vamana karma* procedure

Symptoms appeared <sup>23</sup>	Process (due to changes in Dosha)	Factors (producing changes)
• Sweating	<i>Doshas</i> are liquefied	Due to hot and penetrating properties, the <i>Doshas</i> are fragmented and then exuded through major and minor channels.
• Pilling of hairs	<i>Doshas</i> moving towards <i>Aamashaya</i>	Due to hot property, <i>Doshas</i> exude and move towards <i>Koshtha</i> . These <i>Doshas</i> travels through channels just like water, which flows through vessels, smeared by oily material without sticking to it.
• Discomfort in abdomen	Enters in the <i>Aamashaya</i>	These <i>Doshas</i> enter the <i>Aamashaya</i> by <i>Anupravana Bhava</i> .
• Nausea, • Salivation,	<i>Urdhvagaman</i> of <i>Doshas</i> towards mouth from stomach.	After excited by <i>Udana Vayu</i> , due to the <i>Agni</i> and <i>Vayu</i> predominance of drug and self-tendency to move upwards, they start to move in upward direction.

*VamanaKarma* should be continued, until the appearance of *Pitta*. *VamanaKarma* should be considered successful which is accompanied with elimination of *Pitta* in the end<sup>24</sup>. After appearance of the symptoms of proper *Vamana*, if any part of the medicine was left in the body, it should be eliminated by continuing vomiting until the occurrence of lightness in the body and thinning of the *Kapha*.<sup>25</sup>

**(C) Observations regarding four criteria:** *Vamana* is the *Samshodhana* processes carried out to remove the morbid *Doshas* mainly *Kapha* and *Pitta* from body. To assess the quantity and nature of the vitiated *Doshas* and to assess the effects achieved after *Samshodhana*, Charaka at first coined some definite parameters and Chakrapani categorized them by naming as: *Aantiki*, *Vaigiki*, *Maniki* and *Laingiki* criteria.<sup>26</sup>

***Antiki* criteria:** As per classical text, *PittantaVamana* is one of the criteria of proper *Shuddhi*. "Appearance of *Pitta*" can be

perceived directly by the greenish yellow coloured vomitus and indirectly by *Tikta* or *KatuAsyata*, *Urodaha*, *Kanthadaha*, *Netradaha* etc.<sup>27</sup>

***Vaigiki* criteria:** This criteria is based on the number of *Vega* (projectile vomiting). Three types of *ShuddhiHina*, *Madhyama*, *Pravara* are described based on number of *Vega* like 4, 6 and 8 respectively. Noticeable difference is observed in the nature of *Vega* in different patients; hence, they must be defined as *Vega* and *UpaVega* based on Quantity, Force and Time etc.<sup>28</sup>

***Maniki* criteria:** This is the quantitative measurement of the vomitus. It is defined as *Hina*, *Madhyama* and *UttamaShuddhi* for 1, 1 ½ and 2 *Prastha* respectively. The word "*Prastha*" indicates only quantity. But looking at the *Panchabhautika* constitution of *Kapha* i.e. *Parthiva* and *Apya Mahabhuta Pradhanatva*. It is to be measured by both weight and volume. Hence, the quantitative

measurement for different *Shuddhi* may be defined as follows.

According to Chakrapani 1 *Prastha* = 13 ½ *Pala* = 54 *Tola* = 540 ml.

**Laingiki criteria:** The signs and symptoms of *SamyakaVamanaKarma* can be considered under 'Laingiki Criteria'. Chakrapani undoubtedly declares that '*LaingikiShuddhi*' is the best among all the criteria. *KalePravrutti, YathaKrama: KaphaPitta VataDoshaharana, Swayam Cha Avasthanam, HrudayaParshwaShuddhi, MurdhaShuddhi, StrotoShuddhi, IndriyaShuddhi, Laghuta, Karshya, Daurbalya, KanthaShuddhi, KaphaSamsravaSthiti, AnatiMahati Vyatha.*<sup>29</sup>

#### **PASHCHATA-KARMA:**

After the completion of *VamanaKarma*, The person should be looked after carefully till subjected to normal diet. During that period person should be kept on special dietetic and behavioural restrictions, which are considered as *PaschataKarma*.

**Dhoompana:** Afterwards one is advised to inhale the smoke from any one of the three types of smoke i.e. *Snaihika, Vairechanika* or

*Upashamaniya*, which will be suitable to individual. Then the mouth should be cleaned with warm water. This smoke will help to separate *Kapha* that is stucked to *Strotasas*.<sup>30</sup>

**Code of conducts:** (i) Loud speeches, sitting & standing in one position for long duration, long walks should be avoided. (ii) Exposure to excessive cold, heat, dew, flowing winds, long journey and sleeplessness in the night, sleeps during daytime, to retain strong urge or provocation of the urges should be avoided.

**SamsarjanaKrama:** As the *SamshodhanaKarma* cleanses the whole body in general and *AnnavahaStrotas* in particular, eliminates the large quantity of *Dosha* and involves various procedures so the *Agni* is weakened and the person is devoid of strength, to bring the *Agni* back to normal state gradual kindeling is to be done with specific diet of *Samsarjan Krama*.<sup>31</sup>

#### **SamsarjanaKrama:**

It is based on the type of purification done by *VamanaKarma*. The duration is 3, 5 and 7 days for *Avara*,<sup>32</sup> *Madhyama* and *PravaraShuddhi*, respectively.<sup>33</sup>

**Table 2: Peyadi Sequence” advised as Aahara regimen is as follows:**

Days	Annakala	PravaraShuddhi	MadhyamaShuddhi	AvaraShuddhi
I day	Morning	-	-	-
	Evening	<i>Peya</i>	<i>Peya</i>	<i>Peya</i>
II day	Morning	<i>Peya</i>	<i>Peya</i>	<i>Vilepi</i>
	Evening	<i>Peya</i>	<i>Vilepi</i>	<i>KritakritaYusha</i>
III day	Morning	<i>Vilepi</i>	<i>Vilepi</i>	<i>KritakritaMamsarasa</i>
	Evening	<i>Vilepi</i>	<i>AkritaYusha</i>	Normal <i>Aahaara</i>
IV day	Morning	<i>Vilepi</i>	<i>KritaYusha</i>	-
	Evening	<i>AkritaYusha</i>	<i>AkritaMamsarasa</i>	-
V day	Morning	<i>KritaYusha</i>	<i>KritaMamsarasa</i>	-

	Evening	<i>KritaYusha</i>	Normal Aahaara	
VI day	Morning	<i>AkritaMamsarasa</i>	-	-
	Evening	<i>KritaMamsarasa</i>	-	-
VII day	Morning	<i>KritaMamsarasa</i>	-	-
	Evening	Normal Aahara	-	-

## DISCUSSION

*VamanaKarma*, the first measure amongst *Panchkarma* has been considered as the best line of treatment for the *Kaphaja* disorders.

Sushruta asserts that just like the flower, fruits and branches, which are destroyed at once as soon as the mother tree is rooted out, the diseases originated due to excessive *Kapha* are subdued after the elimination of *Kapha* through the process of *Vamana*. A person who undergoes timely *VamanaKarma* will be prevented by following diseases like *Kasa* (cough), *Upalepa* (stickiness in the throat), *Swarabheda* (hoarseness of voice), *Atinidra* (sleepiness), *Tandra*, *AasyaDaurgandhya* (foul smell in mouth), *KaphaPraseka*, *VishaUpasarga* (afflictions produced because of toxins) and *GrahaniDosha*.

According to Ayurveda the vitiated and increase *Dosha* move with *Ama* from *Koshtha* to *Shakha* (*Dhatu*) or *MadhyamaRogamarga* and settle in different *Dhatu*, *Avayava*, *Strotas* a resulting in to the *Dosha-DushyaSamurchhana* (Amalgation of *Dosha* and *Dushya*) and producing the various sign and symptoms of diseases. *Doshas* can be brought back to *Koshtha* from *Shakha* by producing increase in their volume by liquefaction, making them free from *Aama*, cleaning the mouth of channels & regularising the movement of *Vata*.

The stepwise procedure of *PuravaKarma* starts with *Pachana*, which makes the *DoshaNirama* and bring them to *Koshtha*. According to Hemandridue to *Snigdha*, *DravaGuna* of *SnehaDravya* it causes *Vridhhi* and *Vishyandana* of *Dosha* (volumetric increase) resulting in to *Utkleshana* of *Dosha*. This type of *Utkleshana* was carried out by *Sneha* in all over body i.e for *Koshthagata*, *Dhatugata*, *SrotolinaDoshas*<sup>34</sup>. *Snehana* cleanses the channels by dissolving the accumulated *Mala* and regulate the activity of *Vata*.<sup>35</sup> Due to *Swedana* the *Doshas* will be further liquefied and disintegrated in to smaller particles causing free flow of *Dosha* from *Shakha* to *Koshtha*. *Swedana* procedure using hot steam increases the local skin blood flow thereby enhancing the exchange process. It is known that the fat soluble toxic substances are stored in the body fat. Fat in human body is largely located below the skin and inside abdomen around the mesentery of the gut. During various *Panchkarma* procedures, exposure of skin and gut mucous membrane (which are very close to the fat stores) to a large quantity of oil seems to be a logical and ideal procedure. Repetition of these procedures over several days will largely remove the toxic wastes by concentration gradient. During procedure the dosage of all *SamshodhanaDravyas* depends upon individual person. The dosage should be the

one which eliminates of the morbid *Doshas* and does not produces symptoms of *Ayoga* and *Atiyoga*.<sup>36</sup>

## CONCLUSION

*Panchkarma* therapy is believed to impart radical elimination of disease causing factors and maintain the equilibrium of *Doshas*. To eliminate the deranged *Kapha*, *Vamana* should be given with proper method with drugs not antagonist to Vata. The proper *VamanaKarma* Procedure with *PurvaKarma* and *PashchatKarma* help in vitiated and stagnant *Kapha* to expel out from the system, thus patient attains ease and body channels (*srotas*) are purified which help to cure the diseases from its root.

## REFERENCES

1. Shukla V, editor, (2nd ed.). CharakaSamhita of charak, sutrasthana: Chapter 22, Verse 18. Varanasi: Chowkhambha Sanskrit Series, 2002; 312.
2. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, kalpaSthana: Chapter 1, Verse 4. Vol 2, Varanasi: Chowkhambha Sanskrit Series, 2002; 85.
3. Sushruta Samhita by Sushruta, Dalhana Comm.-Nibandhasangraha, Chowkhambha Orientalia Varanasi, 2002. Sutra Sthana 46/239.
4. Murthy K.R.S. editor, (4th ed.). Sharangdhar Samhita of Sharangdhra, purvaKhanda, Chapter 8, Verse 7-8. Varanasi: Chaukhambha Orientalia, 2001: 321
5. Tripathi B, editor, (1st ed.). Ashtangahridaya of Vagbhata, Sootra Sthana; Chapter 18, Verse 1. Varanasi: Chowkhambha Sanskrit Series, 2009; 218
6. Shukla V, editor, (2nd ed.). CharakaSamhita of charak, sutrasthana: Chapter 15, Verse 6. Varanasi: Chowkhambha Sanskrit Series, 2002; 235.
7. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 4, Verse 8. Varanasi: Chowkhambha Sanskrit Series, 2002; 69.
8. Tripathi B, editor, (1st Ed.). Ashtangahridaya of Vagbhata, Sootra Sthana; Chapter 13, Verse 28. Varanasi: Chowkhambha Sanskrit Series, 2009; 188
9. Shukla V, editor, (2nd Ed.). CharakaSamhita of charak, sutrasthana: Chapter 22, Verse 11. Varanasi: Chowkhambha Sanskrit Series, 2002; 309.
10. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 13, Verse 60. Varanasi: Chowkhambha Sanskrit Series, 2002; 206.
11. Shukla V, editor, (2<sup>nd</sup>ed.). Charaka Samhita of charak, sutrasthana: Chapter 13, Verse 29. Varanasi: Chowkhambha Sanskrit Series, 2002; 202.
12. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 13, Verse 61. Varanasi: Chowkhambha Sanskrit Series, 2002; 206
13. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 13, Verse 65. Varanasi: Chowkhambha Sanskrit Series, 2002; 207.
14. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 13, Verse 58. Varanasi: Chowkhambha Sanskrit Series, 2002; 205.

15. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, kalpaSthana: Chapter 1, Verse 14. Vol-2, Varanasi: Chowkhambha Sanskrit Series, 2002; 809.
16. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 22, Verse 11. Varanasi: Chowkhambha Sanskrit Series, 2002; 309.
17. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, kalpa Sthana: Chapter 1, Verse 14. Varanasi: Chowkhambha Sanskrit Series, 2002; 209.
18. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 18, Verse 9. Varanasi: Chowkhambha Sanskrit Series, 2002; 202.
19. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 15, Verse 5-6. Varanasi: Chowkhambha Sanskrit Series, 2002; 233.
20. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, kalpaSthana: Chapter 1, Verse 13. Varanasi: Chowkhambha Sanskrit Series, 2002; 809.
21. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, kalpaSthana: Chapter 1, Verse 15. Varanasi: Chowkhambha Sanskrit Series, 2002; 810.
22. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, kalpaSthana: Chapter 1, Verse 14. Varanasi: Chowkhambha Sanskrit Series, 2002; 809.
23. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 15, Verse 11-6. Varanasi: Chowkhambha Sanskrit Series, 2002; 242
24. Tripathi B, editor, (1st ed.). Ashtangahridaya of Vagbhata, Sootra Sthana; Chapter 18, Verse 22. Varanasi: Chowkhambha Sanskrit Series, 2009; 223
25. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Siddhisthana: Chapter 6, Verse 21. Varanasi: Chowkhambha Sanskrit Series, 2002; 922.
26. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Siddhisthana: Chapter 1, Verse 14-16. Vol-2, Varanasi: Chowkhambha Sanskrit Series, 2002; 878.
27. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Siddhisthana: Chapter 1, Verse 14. Varanasi: Chowkhambha Sanskrit Series, 2002; 877.
28. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Siddhisthana: Chapter 1, Verse 13. Varanasi: Chowkhambha Sanskrit Series, 2002; 877.
29. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Siddhisthana: Chapter 1, Verse 15. Varanasi: Chowkhambha Sanskrit Series, 2002; 878.
30. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutra sthana: Chapter 15, Verse 14. Varanasi: Chowkhambha Sanskrit Series, 2002; 244
31. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Siddhisthana: Chapter 1, Verse 12. Varanasi: Chowkhambha Sanskrit Series, 2002; 877.
32. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Siddhisthana: Chapter 1, Verse 23. Varanasi: Chowkhambha Sanskrit Series, 2002; 202.
33. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 5, Verse 6. Varanasi: Chowkhambha Sanskrit Series, 2002; 85.



34. Tripathi B, editor, (1st ed.). Ashtangahridaya of Vagbhata, Sootra Sthana; Chapter 17, Verse 29. Varanasi: Chowkhambha Sanskrit Series, 2009; 218
35. Shukla V, editor, (2nd Ed.). Charaka Samhita of charak, Siddhisthana: Chapter 1, Verse 8. Varanasi: Chowkhambha Sanskrit Series, 2002; 876.
36. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, sutrasthana: Chapter 15, Verse 13. Varanasi: Chowkhambha Sanskrit Series, 2002; 243

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Suresh Katare Et Al: Critical Review Of Vamana Karma (Therapeutic Emesis) Procedure In Panchakarma. International Ayurvedic Medical Journal {online} 2017 {cited June, 2017} Available from: [http://www.iamj.in/posts/images/upload/2106\\_2114.pdf](http://www.iamj.in/posts/images/upload/2106_2114.pdf)