

AN OBSERVATIONAL STUDY ON REVALIDATION OF MANIKICRITERIA OF VAMANA KARMA

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ABSTRACT

In today's world, Ayurveda's *Samshodhana karma* (internal cleansing practices) are getting momentum. So, it has become very important for the physician to be careful in deciding the status of these internal purification. After *samshodhana* procedure, analysis of the procedure helps in deciding the quantum of purification. Measurement of the quantity of *doshas* (humors) expelled and the quantity of *vega* (bouts) help in deciding plan of diet and further line of treatment of the disease¹. So, the correct measurement of the quantity of the expelled *doshas* becomes mandatory. In the present study, an attempt was made to analyze the *maniki* criteria, its utility and clinical importance for deciding the success of treatment.

Keywords – *Vamana*, *Maniki* Criteria, MSI

INTRODUCTION

While performing the Panchakarma procedures, the status of procedures, assessment of the degree of completion of these procedures is important. So an attempt should be made to review and analyze the literature related to the characteristic of *samyak shodhana karma* (process of purification) in the light of scientific view as to get the true interpretation of procedures.

To Assess the *samyaka lakshana* of *Vamana* (*sign and symptoms of proper vamana*), *Charaka* suggested some parameters like colour, taste, odour and consistency of *doshas* which are gets expelled through the process.² Chakrapani categorized them by naming *Antiki*, *Vaigiki*,

Maniki and *Laingiki* criteria³. It seems that there remained a lot of controversies amongst the commentators for awarding one as “the best criteria” in these special four. Number of bouts is counted as *vegas* and the assessment is termed as *Vaigiki shudhi*. Similarly, the quantity of *doshas* expelled is calculated and the calculations are expressed in terms of *Maniki shudhi*.

The criteria assisting to count the magnitude of humours (removed in the vomitus) are named as “*Maniki* criteria”. Chakrapani considers quantities of one, one and half, two *prastha* of vomitus as *hina* (minimum purification), *madhyama* (medium purification), *pravarasuddhi* (maxi-

imum purification) respectively and put them under the term "Maniki Pariksha"⁵ During vamana, if two prastha vomitus is expelled through eight vega⁴, it is said as *pravara shuddhi* (Best purification), if one and half *prastha* of vomitus is expelled in six vegas, it is said as *Madhyama Shudhi* (medium purification) and if one prastha doshas are expelled in four vegas, it is called as *Avaara shudhi* (least purification).

Vamana karma is indicated in *bahudoshawastha* (maximum accumulation of humors) in which kapha and pitta are increased by all means⁶. So, the *maniki pariksha* highlights the quantitative analysis of the vomitus i.e. the quantity of *kapha* or *pitta* that is to be expelled out.

While deciding the *prastha*, looking at the *pancabhautika* (penta elemental) constitution of *kapha* which is of *drava mahabhuta* (water element) dominance, *maniki* criteria can be studied by considering volume.

Aim: To assess the *Maniki* criteria of *Vamana* process.

Objectives:

1. To measure the exact output of vomitus expelled through *Vamana* process.
2. To measure the difference between the input and output of vomitus in *Vamana* process.
3. To find the nature of *shudhhi* with various probabilities of measurements of residue after *Vamana*.
4. To revalidate the measurements of vomitus expressed in texts or *samhitas*.

Materials and methods:

Twenty eight (28) subjects were selected from the OPD and IPD of Pakwasa Samanvaya Rugnalaya, Nagpur. They were analyzed with

the proper inclusion and exclusion criteria for *Vamana*. Proper consent of every patient was taken.

Inclusion criteria:

- All the *Vamana arha* (fit for vamana) patients explained in *samhitas*⁷.
- Patients with *kapha* and *kapha pitta* constitutions.
- Patients suffering from *kapha* diseases.
- Diseases associated with *pitta* disorders.
- Bronchial asthma, allergic bronchitis, sinusitis, COPD, productive cough, migraine, hyperacidity, anorexia, obesity, overweight, dyslipidemia, diabetes mellitus, skin diseases like acne vulgaris, psoriasis, eczema, dermatitis, lichen planus, vitiligo, urticaria, falling and greying of hairs, inflammatory conditions etc.

Exclusion criteria:

- All the *Vamana anarha* (clinically unfit) patients explained in *samhitas*
- The patients with serious heart, brain and kidney disorders.
- The patients with IDDM
- Chronic debilitating disease
- Malignant hypertension
- Pregnant ladies
- Patients not willing for IPD

For measuring purpose a special measuring jar was used. Gloves, vessels for *Vamana* process were used as per requirement.

Assessment of Maniki criteria:

There are two 'practical' possibilities while counting the expelled material. As per the practical observations, the quantity of vomitus com-

ing out after *vamana* can either be higher than that given to the patient earlier during the process or will be lower than that consumed by the patient. To understand the *maniki shuddhi*, both the calculations were analyzed in a practical way. *Trividha Shuddhi (pravara – madhyama – hina Shuddhi)* parameters provided by texts were used when the same was higher and 'Maniki shudhi Index'(MSI) was used when the output was found lesser than input as follows.

A. Trividha Shuddhi wise Maniki assessment

Based on the elimination of *dosha* in the quantities of one, one & half and two *prastha* (prastha 540ml) of vomitus, there are three types of *shuddhi* viz. *Hina*, *Madhyam* and *Pravara shuddhi*, respectively. This quantity is derived by finding the difference between the total

quantity of output and total quantity of input. According to chakrapani⁸, 1 *Prastha*=13. 5 *pala*= 54tola =540ml approximately during each type of purification, the matter in respective proportions should be expelled out.

<i>Hinashuddhi</i>	540ml
<i>Madhyamashuddhi</i>	810ml
<i>Pravarashuddhi</i>	1080ml

Three grades of purification viz. *Pravara*, *Madhyama* and *Hina* point the values as 1080ml, 810ml and 540ml respectively. To decide the nature of purification according to the various values obtained by measuring the vitiated matter, the range of these three different figures was decided. If these are considered as statistical mean values of the respective figures, the range can be achieved to decide the three types of purification accordingly as follows -

Type of purification	Quantity mentioned in ml	Range of purification in ml
<i>Pravara</i>	1080ml	945-1215
<i>Madhyam</i>	810ml	675-945
<i>Avara</i>	540ml	Up to 675 ml

Only in case of *Avara Shuddhi*, it was decided that any quantity up to 675 ml should be considered as *Avara Shuddhi*. There are no other criteria left below the statistical range of *Avara Shuddhi* to be used. *Ayoga* term cannot be used for the quantity below the statistical lower range of *avara shuddhi* (i.e.405 ml) as all these three types of *shuddhi* are applied after *samyaka vamana* only.

B. Maniki Shuddhi Index (MSI) wise Maniki Assessment –'Maniki Shuddhi Index' was designed as given below -
Maniki Shuddhi Index⁹:

$$M.S.I. = \frac{V. Is.}{V. Ip.} \times 100$$

where = V.Is. = Volume Inside
V.Ip. = Volume Input
M.S.I. = ManikiSuddhi Index.

M.S.I. provides the clue about the percentage of the volume remained inside in comparison to the quantity that was ingested. The M.S.I. should be lowering as much as possible which will indicate that maximum quantity has been expelled out. More M.S.I. will indicate that still more quantity is remaining inside. So, more M.S.I. will mark

the *Avara* type of purification, while lesser M.S.I. will point to the achievement of greater level of purification.

Thus,

$$\text{M.S.I.} \propto \frac{1}{\text{Nature of ManikiSuddhi}}$$

This can be stated as, *M.S.I. is inversely proportion to the type of Maniki purification, when quantity expelled outside is less than quantity ingested by an individual .It simply means that if M.S.I. is greater, then nature of Shuddhi will be lower (pointing towards Avara Shuddhi). Hence physician should always be more attentive to lower the M.S.I.*

Procedure -

After three days of *pachana*, *snehapana* (consumption of ghee before purification) was done till the signs and symptoms of *samyak snehana* arises¹⁰. Then *abhyanga* i.e. massage and

swedana (fomentation) were done on the gap day¹¹. On the next day, Vamana was administered. The process was carried out as per the standard protocol¹². After *akanthapana*, *vamaka yoga* was given for the initiation of the process. Once the process of vomiting started, *vamanopaga* medicine like *Yashtimadhu kwatha* was given for the continuation till the arousal of *Pittanta* signs and symptoms¹³. The bouts were counted and the quantity was noted¹⁴. After finishing the procedure, the residue or vomitus was counted with the special precautions to calculate the exact amount of expelled *doshas*. Records of Input - Output and other observations were maintained.

Clinical observations -

When the output is lower than the input, the MSI was measured and the observations are put in the table no 1 and when the output was more than the input, the textual *shuddhi* criteria as discussed below were observed and are arranged in table no 2.

Table 1: The difference between Input and Output and MSI calculated.

Sr No	Input	Output	Remained inside(Vis)	MSI
1	1500ml	1450ml	50ml	3.33
2	5800ml	5500ml	300ml	5.17
3	7500ml	6500ml	1000ml	13.33
4	1625ml	1600ml	25ml	1.53
5	8750ml	8000ml	750ml	8.57
6	2050ml	1900ml	150ml	7.31
7	4000ml	3000ml	1000ml	25
8	10320ml	9000ml	1320ml	12.79
9	1100ml	1090ml	10ml	00.90
10	9840ml	9500ml	340ml	3.45
11	9500ml	9250ml	250ml	2.63
12	1228ml	1100ml	128ml	10.42
13	1352ml	1200ml	152ml	11.24
14	4370ml	2750ml	1620ml	37.03
Total	68935	62840	6095	144.66
Average	4923.92	4488.57	435.35	10.19

If the output coming out of the vomitus remains on lower side than input *Maniki Shuddhu* Index i.e. MSI can be helpful. As we know that lower the MSI, *Shuddhi* will be considered greater (Dr Chandaliya et al 2003). So, all MSI drawn will be useful for deciding the nature of *shuddhi*.

In the present study, 14 patients were having the quantity of vomitus lower than that of input. It means that these patients consumed a certain amount of volume of *vamanopaga* medicines and were unable to throw away the same amount of consumed material. But, on the parallel, all of these patients also showed the signs of Pittanta Vamana and were considered as having the *samyak vamana* on that basis.

Maniki Shudhi Index was drawn of all these procedures. All were analyzed and on the basis of this data, the comparison of the nature of *vamana* process was done. If all the procedures had good outcome, then some of them, might have best purification while some of them might not be that much efficient.

In the present study, it was found that amongst 14 patients, MSI was observed in the range of 0.9 to 37.03. The average MSI was 10.19. The average quantity consumed was approximately 4923.92 ml and the average value expelled was 4488.57 ml. The average difference was 435.35 ml.

Table 2: The difference between Input and Output and grades of shudhi on that basis

Sr.no	Input	Output	Difference	Avara Upto 675 ml	Madhyam 675-945	Pravara 945-1215
1	7920ml	9000ml	1080ml			√
2	1812ml	1900ml	88ml		√	
3	1700ml	1800ml	1000ml			√
4	1275ml	1400ml	125ml	√		
5	1250ml	1300ml	50ml	√		
6	1968ml	2200ml	232ml	√		
7	6480ml	6500ml	20ml	√		
8	1700ml	1900ml	200ml	√		
9	1380ml	1500ml	120ml	√		
10	1920ml	2000ml	80ml	√		
11	9250ml	11000ml	1750ml			√
12	1195ml	1200ml	5ml	√		
13	6720ml	7420ml	700ml		√	
14	1080ml	1150ml	70ml	√		
Total	45650	50270	4620			
Avg	3260.71	3590.71	330			

If the total quantity of expelled vomitus remains higher than that given for *vamana* process, the analysis or gradations will be as per those said

in the *Maniki* criteria explained in texts. If it falls in the range of 405-675 ml, then will be called as *hina shuddhi*, 675 to 945 ml, then

called *madhyama shuddhi* and if falls between 945 to 1215ml, then it will be called as '*uttama shuddhi*'.

In the table no 2, all the countings are having more output than input. So, one can decide the nature of shuddhi on the basis of output as explained in original texts. The total average of the vomitus thrown out is observed, it is 330 ml on an average. This amount is absolutely in the range of 0 to 675 ml which is the range of *avara shuddhi*. Average input quantity in these patients was 3260.71 ml and output was 3590.71 ml. Out of 14 patients, 3 patients had *Pravara Shuddhi*, two patients had shown *madhyama Shuddhi*, and remaining nine patients shown *Avara shuddhi* in terms of quantity only.

DISCUSSION

On the basis of overall amount of vomitus expelled out, the maniki criteria guides us in differentiation on three types of *shuddhi* i.e. *avara, madhyam and pravara shuddhi*. It guides us in deciding the quantity of morbid humors i.e. *kapha* expelled out and also analyze the quantity of the same within the body, which is to be pacified by further *shodhana* or *shamana* treatment. It also helps to know the vitiation of the *doshas* like colour, odour and properties like *ghanatva* (heaviness), *dravatva* (liquidity) etc. on the basis of observations, following things need discussion.

A. *Maniki* criteria have nothing to do with the closure of the procedure. One must understand that *vaigiki* and *maniki* criteria are retrospective criteria and are to be considered after the complete cessation of the process. So, all the *Vamanas* were ceased after having the *pittanta* signs and symptoms. So practically all the processes were considered

as having *Samyaka Vamana* in the end on the basis of clinical observations.

After measuring all the quantity of vomitus, the output quantity was found to be lesser than that consumed earlier. As the nature of the vomitus in terms of odour, colour, viscosity and all the other biochemical constituents is totally different than that of the decoction, it is clear that *doshas* indeed are expelled through *Vamana* process.

As stated earlier, lesser the MSI, greater will be *Shuddhi* and vice versa.

In the present study, we found that amongst 14 patients, the range of the volume remained inside was observed in the range of 0.9 to 37.03. It means, in one patient, almost 37 % of *vamanopaga* material remained inside while some expelled almost all the material. The volume remained inside was as low as 0.90 % of the total ingested.

The average MSI is 10.19. It indicates that, on an average this much of amount remains inside and still the patient may not show any signs of *Ayoga* or *Hinayoga*. It shows that these patients were able to throw almost all the *doshas* entered in the *koshtha* from *shakha* during the process. There was very less quantity of humors remained inside during the process.

B. In the present study, maximum 9 patients expelled the viscous quantity which can be considered as *Kapha* in the range of 0 ml to 675 ml. Very few patients were able to throw more quantity of vitiated material through this process. This shows that despite of all the precautions and facilities, it is always difficult to extract the more amount of vitiated humors through this process. Only 5 patients were able to do that.

The difference in between input and output counted by measuring the viscous secretions expelled through the process of Vamana was very nearer to those mentioned in the *samhitas*. It can be concluded that the ancient scientists must have also considered this way of counting *doshas* after *Vamana* process.

The range of the quantity expelled was observed in the range of minimum of 10 ml to Maximum of 1650 ml. This clearly indicates that the expelled material can be seen in between the range of one *prastha* to 2 *prastha* on the most occasions. It can be anything higher than input value up to two *prastha* or more.

If more sophisticated tools are made available, it might count the accurate quantity of the vomitus. One must understand the fact that for deciding the maniki criteria, the quantity of vomitus is never taken in account during the process, but it is counted at the end of the process, after the indication of *samyak* signs and symptoms of *vamana*. Maniki criteria is calculated just to measure the gradation (Pravara, Madhyama and Avara) of approximate quantity of the humours expelled through the process.

CONCLUSIONS

1. Although *laingiki* criteria is considered as the best for the assessment of *Samyaka Vamana*, *maniki* criteria is also of due importance in determining the type of *shuddhi* achieved in a patient after *vamana* and decide further course of action for the remaining *doshas* inside either by *shamana* or further *shodhana* whichever is suitable for the patient.
2. The difference in between input and output counted by measuring the viscous secretions expelled through the process of *Vamana* are

much neared to those mentioned in the *samhitas*.

3. Clinically, MSI is found to be useful in assessing the procedure in real time. It is always better to keep counting the input till the end and judge the amount remained inside before closing the procedure. If percentage of the amount remained inside is more, then better to continue the process and try to extract the vomitus as much as possible.

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Source of Support: Nil
Conflict Of Interest: None Declared

How to cite this URL: Bendeyogita Et Al: An Observational Study On Revalidation Of Manikicriteria Of Vamana Karma. International Ayurvedic Medical Journal {online} 2017 {cited November, 2017} Available from: http://www.iamj.in/posts/images/upload/4107_4114.pdf