

AN OBSERVATIONAL STUDY ON REVALIDATION OF VAIGIKI CRITERIA OF VAMANA KARMA

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ABSTRACT

Panchakarma is one of the most important treatment modality in Ayurveda. *Vamana* is one of the 5 procedures mentioned in *panchakarma*. All these 5 procedures help to expel out the vitiated *doshas* from the body and thus help to achieve & sustain the healthy environment in body. In *vamana* vitiated *doshas* are expelled out from body by oral route. *Vaigiki shuddhi* is one of the criteria for assessing the *shuddhi* mentioned by *acharyas*. *Vaigiki shuddhi* criteria help to understand the nature of quantitative purification of body.

Keywords: *Vamana*, *Vaigiki* Criteria, MSI

INTRODUCTION

Panchakarma deals with the expulsion of vitiated *doshas* and maintain the balance of *dosha dhatu mala* and thus helping the restoration of health. So while performing the *Panchakarma* procedures, consideration of assessment of the degree of completion of the procedures, the status of procedures is important. In the light of scientific view for getting the true interpretation of procedures an attempt should be made to review and analyze the literature related to the characteristic of *samyak shodhana* karma (proper purificatory procedures).

While assessing the *samyaka shuddhi lakshana* of *vamana*, *charaka* coined some definite parameters like colour, taste, odour and consistency of *doshas*¹. *Chakrapani* categorized those symptoms into *Antiki*, *Vaigiki*, *Manaki* and *Laingiki* criteria². It seems that there remained a lot of controversies amongst the commentators for awarding one as “the best criteria”

in these four criteria. Then *shuddhi* (proper purification) regarding *vega* is explained on the basis of observations, which were frequently noticed during several processes of *vamana*. Also the *shuddhi* based on “*vega (bout)*” is also relative. During *vamana*, if two *prastha* vomitus is expelled through eight *vega*³, it can be said as *pravara shuddhi* (Best purification), in similar fashion one and half *prastha* vomitus with six *vega* is considered as *madhyama shuddhi*⁴ and one *prastha* with 4 *vegas* is considered as *awara shuddhi*⁵.

The criteria assisting to counting of *vega* is named as “*Vaigiki* criteria”. *Chakrapani* considers quantities of four, six and eight *vega* of vomitus as *hina* (minimum purification), *madhyama* (medium purification), *pravara shuddhi* (maximum purification) respectively and put them under the term “*Vaigiki Pariksha*”⁶.

Aim: To revalidate the *Vaigiki* criteria of *Vamana* process.

Objectives:

1. To measure the *vega* during *Vamana* process.
2. To find the nature of *shuddhi* with various probabilities of measurements of *vega* during *Vamana*.
3. To revalidate the counting of *vega* expressed in classical texts or *samhitas*.

Materials and Methods:

Participants were selected from the OPD and IPD of *Pakwasa Samanvaya Rugnalaya*, Nagpur. They were analyzed with the proper inclusion i.e. *vaman arha* and exclusion criteria i.e. *vamana anarha* for *Vamana*. Proper consent of every patient was taken prior starting *snehapana* and *vamana*.

Inclusion criteria:

- All the *Vamana arha*⁷ (fit for *vamana*) patients explained in *samhitas*.
- Participants with *kapha* and *kapha pitta* constitutions.
- Participants suffering from *kapha* diseases.
- Diseases associated with *pitta* disorders.
- Bronchial asthma, allergic bronchitis, allergic rhinitis, sinusitis, COPD, productive cough, migraine, hyperacidity, anorexia, obesity, 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*⁸ (clinically unfit for *vamana*) patients explained in *samhitas*
- The patients with serious heart, brain and kidney disorders.
- 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 *Vaigiki* criteria:

Antiki, *vaigiki*, *laingiki*, *maniki shuddhi* are the types of *shuddhi* helps to understand the nature of *shuddhi*. *Vaigiki* criteria concentrate only on *vega*. In this *vaigiki* assessment nature of *vega* i.e. bout expelled by means of its quantity, force and duration.

Bout expelled out during *vaman* is divided in *vega* and *upavega*. The bout expelled with ease, effortlessly, with force, in a single stream, with near complete expulsion of *vamanopaga drava* with *dosha* is considered as *vega*. *Upavega* means nearer to *vega* in all aspects which can be explained as lesser in every aspects than *vega*. Here *vega* was calculated in terms of QFT (Quantity, Force, time) pattern, where Q is quantity of vomitus, F is force by which vomitus is expelled out and T is time taken by vomitus to get expelled out from body.

A. *Trividha Shuddhi* wise *Vaigiki* assessment –

Based on the elimination of *dosha* in the quantities of 4, 6 and 8 *vega* of vomitus, there are three types of *shuddhi* viz. *Hina*, *Madhyam* and *Pravara shuddhi*, respectively. These *vegas* were observed during *vamana* procedure.

Table A: *Shuddhi Prakara* with No. of *Vegas*

<i>Hina shuddhi</i>	4 vega
<i>Madhyama shuddhi</i>	6 vega
<i>Pravara shuddhi</i>	8 vega

Three grades of purification viz. *Pravara*, *Madhyama* and *Hina shuddhi* gives the values of 4, 6, 8 *vegas* respectively. To decide the nature of purification according to the various values obtained during *vamana* procedure, the range of these three different figures was decided.

For deciding the *Avara*, *Madhyama* and *Pravara shuddhi*, the no of *vegas* were counted. In *Hina vaigiki shuddhi* 4 *vegas*, *madhyama shuddhi* 6 *vegas* and in *pravara shuddhi* 8 *vegas* are generally ob-

served. But the exact no same as explained in texts rarely found. So for the practical purpose, it was decided that 0 to 4 *vegas* would be considered as *avara*

shuddhi, 5 to 7 *vegas* would be considered as *madhyama shuddhi* and 8 or more than 8 *vegas* would be considered as *Pravara vaigiki shuddhi*.

Table B:- Shuddhi Prakara With Vega Range Of Purification

Type of purification	Vega quantity	Range of purification in vega
<i>Pravara</i>	4	0-4
<i>Madhyam</i>	6	5-7
<i>Avara</i>	8	8- above

Vaigiki Shuddhi Index (VSI) wise Vaigiki Assessment⁹ –

'Vaigiki Shuddhi Index' was used to differentiate between *vega* and *upavega* as given below -

Vaigiki Shuddhi Index:

$$V.S.I. / B.I. = Q+F+T$$

Where Q = quantity of vomitus expelled

F = force used to expel the bout

T = time taken to emit the bout

V.S.I. = Vaigiki Shuddhi Index.

B.I. = Bout index

a. Q = quantity of the vomitus expelled

If vomitus is Less than 350 ml then score is 0, more than 350 ml then score is 1

b. F = force used to expel the bout

If vomitus having 1+ or 2+ then score is 0, having 3+ or 4+ then score is 1

c. T = time taken to emit the bout

If less than 6 sec then score is 0, more than 6 sec. then score is 1

vega = the bout is defined as the *vega* when the bout index is equal or more than 2.

Upavega = the bout is defined as *upavega* when the bout index is less than 2.

Procedure -

All volunteers were subjected for *pachana* for 3 to 5 days. All those volunteers were assessed for *samyaka pachana lakshana* like *laghava* (feeling of

lightness), *kshudhavridhi* i.e. increased appetite, regulation bowel habits before starting the *snehapana*. *Wardhamana matra* of *panchatikta ghrita* was used for *snehapana*. Daily assessment of symptoms for *snehapana* was recorded. After completion of *snehapana* participants were subjected for *bahya snehana* and *swedana* (external oleation and fomentation) for one day between *snehapana* and *vamana* i.e. *snehavishram dina*. That day in evening participants were advised to take *kaphavardhaka ahara* to increase *kapha dosha* in body. On *vamana* day in early morning every participants undergo *bahya snehana* and *swedana*. After *snehana swedana*, *vaman* procedure was started with *swasti vachana* and *aakanthapana* of *yawagu* or milk or *ikshurasa* or *yashtimadhu kashaya* followed by *vamaka yoga*. *Vamanopaga* drugs like *yashtimadhu kashaya*, milk, *ikshurasa* were given according to patients. During this process produced *vegas* and *upavegas* were counted. This *vamana* procedure was continued till *samyaka vamana lakshanas*.

Clinical observations -

In this study, 35 participants came in OPD of *Panchakarma* department of Shri Ayurved Mahavidyalaya, Nagpur were selected randomly. In those patients *vaman* procedure was carried out. Observations regarding *vega*, *upavega* and input were noted down.

Table 1: Total no. of patients with *vega*, *upavega*, and input

Sr. no.	No. of vegas	No. of upavega	Total	Input (in lit. approx)
1	13	29	42	15
2	0	44	44	6.3
3	2	46	48	5.8
4	8	52	60	7.92
5	20	29	49	18.12
6	5	47	52	17
7	8	12	20	12.75
8	7	49	56	7.5
9	12	35	47	16.25
10	0	10	10	1.75
11	0	10	10	6.25
12	0	17	17	2.25
13	16	51	67	12.75
14	3	26	29	8.75
15	15	12	27	20.5
16	4	13	17	4
17	19	31	50	19.68
18	4	25	29	10.32
19	10	33	43	6.48
20	2	90	92	11
21	16	28	44	17
22	2	74	76	9.84
23	13	43	56	18.8
24	14	34	48	19.2
25	0	9	9	3.5
26	6	33	39	9.25
27	9	34	43	9.36
28	7	35	42	9.5
29	0	33	33	11.96
30	8	33	41	12.28
31	0	40	40	9.5
32	4	38	42	6.72
33	6	36	42	13.52
34	3	9	12	4.37
35	17	24	41	10.8
Total	253	1164	1417	548.48 lits
Avg	7.22	33.25	40.48	15.67 lits

All these 35 participants ingested total 548.48 litres of *vamanopag kashaya* to produce 253 *vegas* and 1164 *upavegas*, 1417 in total *vega* and *upavega*. On

average for 15.67 liters of *vamanopaga dravya* participants had produced average of 7.22 *vegas* and 33.25 *upavegas*.

Table 2:- Patients having *vega* between 0-4

Sr. no.	No. of <i>vega</i>	No. of <i>upavega</i>	Total	Input (in lit. approx)
1	0	44	44	6.3
2	2	46	48	5.8
3	0	10	10	1.75
4	0	10	10	6.25
5	0	17	17	2.25
6	3	26	29	8.75
7	4	13	17	4
8	4	25	29	10.32
9	2	90	92	11
10	2	74	76	9.84
11	0	9	9	3.5
12	0	33	33	11.96
13	0	40	40	9.5
14	4	38	42	6.72
15	3	9	12	4.37
Avg	1.6	32.26	33.86	6.82

Out of 35 participants, 15 participants had *vamana vega* between 0 to 4 i.e. *avara shuddhi* on the basis of *vaigiki shuddhi* criteria. Average of 6.82 litres of

vamanopaga kashaya was ingested producing average 1.6 *vega* and 32.26 *upavegas*.

Table 3:- Patients having *vega* between 4 to 7

Sr. no.	No. of <i>vega</i>	No. of <i>upavega</i>	Total	Input (in lit. approx)
1	5	47	52	17
2	7	49	56	7.5
3	6	33	39	9.25
4	7	35	42	9.5
5	6	36	42	13.52
Avg	6.2	40	46.2	11.35 lits

Out of 35 participants, 5 participants had *vamana vega* between 5 to 7 i.e. *madhyama shuddhi* on the basis of *vaigiki shuddhi* criteria. Average of 11.35

litres of *vamanopaga kashaya* was ingested producing average 6.2 *vega* and 40 *upavegas*.

Table 4: Patients having 8 or more than 8 *vega*

Sr. no.	No. of <i>vega</i>	No. of <i>upavega</i>	Total	Input (in lit. approx)
1	13	29	42	15
2	8	52	60	7.92
3	20	29	49	18.12
4	8	12	20	12.75
5	12	35	47	16.25
6	16	51	67	12.75

7	15	12	27	20.5
8	19	31	50	19.68
9	10	33	43	6.48
10	16	28	44	17
11	13	43	56	18.8
12	14	34	48	19.2
13	9	34	45	9.36
14	8	33	41	12.28
15	17	24	41	10.8
Avg.	13.2	32	45.33	14.47 lits.

Out of 35 participants, 15 participants had 8 or more *vamana vega* i.e. *uttama shuddhi* on the basis of *vaigiki shuddhi* criteria. Average of 14.47 litres of *vamanopaga kashaya* was ingested producing average 13.2 *vega* and 32 *upavega*.

Observations on the basis of input of *vamanopaga kashaya*:-

- So it was found that there were 15 patients who had 0 to 4 *vegas*, 5 patients had the *vegas* between 5 to 7 *vegas* and 15 patients had 8 *vegas* or more than that.
- Approximately, on an average 6.82 lit decoction was consumed by the patients when they showed *Avara Shuddhi*. 11.35 litres of decoction was taken inside when the patients showed *Madhyama shuddhi*.
- And finally 14.47 lit decoction was the quantity when *Pravara vaigiki shuddhi* was observed in patients.

Observations on the basis of *upavegas*:-

- 32 *upavegas* were observed when *doshas* were expelled in *pravara shuddhi* (no. of average *vega* = 13.2).
- Doshas* were expelled through 40 *upavegas* when 6.2 *vegas* on and average were expelled in *Madhyama shuddhi* group.
- And lastly, 33.26 *upavegas* were observed when patients were able throw the humor through 1.6 *vegas* (average *Hina shuddhi*) only.

DISCUSSION

From the above clinical study, it is clear that no of *vegas* helps us to understand the quantitative nature of *vamana*. If one is consuming lesser quantity of decoction, *vegas* will be lesser and *doshas* will be expelled in little quantity. As the ability of the patient to consume more decoction to expel more quantity of *vegas* goes on increasing, the chances of expulsion of more *doshas* also increases.

That is why when 5 to 7 *vegas* with 40 *upavegas* were observed, quantity of decoction was 11.35 lit on an average. Also, when *doshas* were expelled in 13.2 *vegas* with 32 *upavegas*, average quantity was maximum i.e. 14.47 lit in comparison to 6.82 lit decoction with average no of *vegas* as 1.6 with 32.26 *upavegas*.

If probed wised, another interesting fact can be observed. The ratio between average no of *upavegas* to average no of *vegas* also shows the typical pattern. The ratios are as follows 2.42:1 for *pravara shuddhi*, 6.45:1 for *madhyama shuddhi* and 20.16:1 for *Hina shuddhi*. As one tries to prolong the procedure with more consumption of decoction and tries to expel *doshas* more during the process, in due course, there are chances of getting more no *vegas* than *Upavegas*. When one reaches in the *pravara shudhhi* cluster, the comparative proportion of *Upavegas* to *vegas* also go on improvising from a large difference of 20.16 for *hina shuddhi* to 2.42 for *Pravara shuddhi*.

CONCLUSIONS

Vaigiki shudhhi is one of the important criteria for assessing the nature of *shuddhi*. From this study we can conclude that

1. No of *vegās* help us to understand the quantitative nature of *vamana*.
2. As the quantity of intake goes on increasing, the number of *vegās* also got increased.
3. The ratio between *Upavega* to *vega* is highest in *Hina shuddhi*, while the lowest ratio indicate the *pravara* or *uttama shuddhi*.

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