A COMPARATIVE STUDY ON GHREYA VAMAKA YOGA

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ABSTRACT
The most important and widely used emetic is ‘Madanaphala yoga’ administered orally. While further elaborating the Vamana Karma classics also mentions that the persons who are reluctant to take medicine orally can be made to emit by giving the medicine as an errhine. With this classical background, the present study made an attempt to understand the olfactory route of medicine administration to induce Vamana against the oral route. Madanaphala (Randia Dumatorum) seed powder sprinkled over lotus and rose flower were used as Ghreya Vamaka Yoga in comparison with Madanaphala Pippali Churna administered orally. Objectives: To evaluate the efficacy of Ghreya Yoga in inducing Vamana through Nasal Route. To evaluate the Olfaction effect through Rose medium, in comparison with Lotus medium. To evaluate the efficacy of Nasal route as against the Oral route. Methods: A Comparative clinical study done on 45 subjects of both sexes, between the age group of 21-50years who were randomly assigned into 3 groups namely- Group-A, Group-B and Group-C. Vamana karma with Ghreya Madanaphala Pippali Churna sprinkled on lotus flower, rose flower and Madanaphala pippali yoga administered orally. The Vamana karma was done in the following order: Purva karma, Pradhana karma & Paschat karma. After the completion of the therapy, the results were assessed by comparing the data collected during the therapy. Result: Nasal route of administration of Vamaka yoga also works efficiently, Ghreya yoga worked in par with oral yoga & Madanaphala Pippali Churna sprinkled over lotus and rose produced same effect in inducing Vamana.
Keywords: Vamana, Madanaphala Pippali Churna, Ghreya Vamaka Yoga.

INTRODUCTION

Panchakarma, one of the major treatment procedures of Ayurveda operates to fulfil these objectives. Vamana (Therapeutic emesis) is the first and foremost Shodhana vidhi among the pentad of Panchakarma, which eliminates the increased Kapha and Pitta dosha through the mouth. The most important and widely used emetic is “Madanaphala yoga” administered orally. While further elaborating the Vamana Karma classics also mentions that the persons who are reluctant to take medicine orally can be made to emit by giving the medicine as an errhine. Several works have been carried out about conducting the Vamana by giving Madanaphala Yoga orally in treatment of many disorders, but no work has been taken up on Vamana Karma with Oral Madanaphala yoga.

Aim and Objectives:
1. To evaluate the efficacy of Ghreya Yoga in inducing Vamana through Nasal Route.
2. To evaluate the Olfaction effect through Rose medium in comparison with Lotus medium.
3. To evaluate the efficacy of Nasal route as against the Oral route.
4. To understand the role of concept of Shiro Hridaya in the mode of action of Vamaka Dravya.

Materials and Methods:
The Research was initiated with the formation of three groups namely Group-A, Group-B and Group-C. Vamana karma was the common Panchakarma Therapy carried out in all the three groups with different Vamana Yogas. The Vamana karma was done in the following order: Nirameekarana & Agni-Deepana with Chitakadi Vati, Snehapana with Murchita Ghrita, Sarvanga abhyanga with Tila Taila, Bashpa Sweda, Vamana, Dhumapan with Haridra dhuma Varti, Kavala with Ushna Jala and Samsarjana krama. After the completion of the therapy, the results were assessed by comparing the data collected during the therapy.

Research Design: A Comparative clinical trial was conducted by assigning the subjects into 3 groups. Group-A — 15 subjects received Vamana karma with Ghreya Madanaphala yoga sprinkled over lotus flower. Group-B — 15 subjects received Vamana karma with Ghreya Madanaphala yoga sprinkled over rose flower. Group-C — 15 subjects received Vamana karma with Oral Madanaphala yoga.

Source of Data: Individuals indicated for Vamana karma were selected from outpatient and in-patient Department of Shri Jayachamarajendra Institute of Indian Medicine, Dhanvantari Road, Bangalore.

Sample size & Grouping: The subjects were selected from the population of either sex, irrespective of religion, race, socio-economic status and education, satisfying the inclusion criteria. 46 subjects were selected out of which one subject dropped out. The remaining 45 subjects were allocated into 3 groups namely Group-A, Group-B and Group-C each group containing 15 subjects each. Grouping was done by Random sampling.

Data Collection: Subjects were thoroughly examined both subjectively and objectively. Detailed history pertaining previous ailment, previous treatment history, family history, habits, Ashtavidha Pareeksha and Dashavidha Pareeksha and physical examination findings were noted. Routine investigations were done to exclude any pathology. Subjects were registered for the present study with the help of proforma prepared for the study.

Duration of the study: For all three groups: Duration of the treatment – 1 course

Fallow up period - 3-7 days

Inclusion Criteria:
- Subjects indicated for Vamana.
- Subjects between the age group of 20 to 50 years.

Exclusion Criteria:
- Subjects contra-indicated for Vamana.
- Patients suffering with other systemic chronic disorders like Diabetes mellitus, Tuberculosis, Hypertension, and Malignancy.
Subjects of age group below 20 years and above 50 years.

Subjects suffering from anosmia.

**Intervention:** Study was divided into Purvakarma, Pradhanakarma and Paschatkarma.

**Purvakarm:** 1. Preparation of the subject - Common for all the three groups

**Agni deepana & Nirameekaranana:** Citrakadi Vati was administered for 3 to 7 days in the dose of 2 tables 3 times a day ½ hr before food, with warm water, till Nirama Laskhanas appeared. **Snehapan:** After achievement of Niramavastha, Murchita Ghrta was administered for the purpose of Snehapan. It was administered around 7.00 am when previous night’s food had digested but hunger not yet appeared with Ushna Jala as Anupana. The dose of Ghee varied according to the subject, the initial dose of Ghee being 30-40 ml. It was generally elevated by 15ml to 50 ml. Thus, Arohana karma Snehapan was followed until the appearance of Samyak Snigda Lakshanas. **Svedana:** Abhyanga with lukewarm Til Taila was done for 30 mins. in 7 positions to the whole body followed by Bashpa Sweda till one felt profuse perspiration (usually 20-25 minutes), then advised to take rest for few minutes & then hot water bath. Abhyanga and Svedana were administered on the gap day, and also on the day of Vamana just prior to the procedure. **Diet before Vamana Karma:** On the gap day, individual was instructed to have curd Vada, curd rice, milk & rice, sweet preparation made out of milk. **Manasopachara:** On the previous day of Vamana, subjects were explained about the Vamana procedure in detail. The individual was then instructed to go to bed early & to wake up around 5.00 a.m. in the morning.

2. **Ghreya Yoga Avachurnana:** Group A: Ghreya Madanaphala pippali churna was sprinkled over the lotus flower on the evening of Vishrana Dina. **Group B:** Ghreya Madanaphala Pippali Churna was sprinkled over the rose flower and the flower was covered with a plastic cover on the evening of Vishrana Dina. **3. Vamanagara:** Vamanagara is made neat and tidy, equipped with all necessary medicines and materials, and the attendants were instructed about the procedure.

**On the day of Vamana: Related to the materials –**

**Ghreya Yoga Avachurnana:** Ghreya Madanaphala pippali Churna was once again sprinkled in the morning over the lotus flower and rose flower in group A and group B respectively. Preparation of Madanaphala Yoga: Madanaphala pippali churna, Vacha churna and Saindhava lavana in the specified quantity were mixed with sufficient quantity of Madhu to bring the yoga to Lehya consistency. Yashtimadhu Phanta was prepared. Ksheera was made lukewarm. **Related to the subject –** On the day of Vamana, subject was made to get up early in the morning around 5am, advised to pass natural urges. Sarvanga Abyanga and Bashpa Sweda followed by hot water bath was performed. Subject was made to sit in a comfortable position in the Vamana Peeta and covered with a white cloth.

**Pradhanakarm:** For Group A – Dhanvantari Prartana was done. Pulse, Blood Pressure, Heart rate and Respiratory rate were recorded. Subject was made to take Akanta Pana of Ksheera (upto 1.8 ltrs.) mixed with Saindhava Lavana (5g.) and jaggery (50g.). Vitals were recorded. Ghreya Madanaphala Yoga sprinkled on lotus flower was made to inhale by the subject. Signs of Sweda Pradurbava, Romaharsha, Kukshi admana, Hrillasa, Praseka if appeared were noted. If Vega started immediately, the time of Vega and nature of vomitus were recorded and waited for next Vega. Yasht Madu Phanta was administered to continue the procedure. Every time, number of Vega, nature of vomitus, pulse, B.P were noted. During each Vega, subject was educated to bow properly to open the mouth widely for expelling the vomitus without any discomfort. Massage over the back & sides of the vertebral column was made in upward direction, forehead was held firmly, gentle pressure was given over the abdomen. Warm water was used for washing hands. Finger tickling of Talu Pradesha was advised if initiation of Vega was less. Procedure was continued till the appearance of Pittanta Lakshanas like appearance of Pitta, Katu- Tikta Asyata, Kanta Daha. Lukewarm Saindhava Jala was administered at the end. Time was noted at each step of the procedure. Once again BP, Pulse were recorded.
For Group B –The procedure is same as of group A except that the medicine used here is Ghreya Madanaphala Yoga sprinkled on rose flower. For Group C-Akanta Pana is done with milk and Madanaphala Yoga is administered orally. Otherwise the procedure is same as of group A.

Paschat Karma: After completion of Vamana procedure, again vital data were recorded. Subject is made to wash face, hands and legs, and to sit down comfortably. After 45 minutes of rest, Dhupamana was done. Gargling with hot water was advised, was instructed not to sleep in the afternoon, not to sit under fan or near the window, not to rove outside in the flowing winds & sunlight and was advised to have a rest on the bed. The individual was instructed not to have any food article till the appearance of hunger & till that time, if needed one may use lukewarm water to drink.

Samsarjana Krama: Depending upon type of Shuddhi, Samsarjana Krama was planned for 7, 5, 3 days respectively. In case of Hina, Madhyama or Uttama Shuddhi Peya-Vilepi-Mudga Yusa and Rice with Mudga Yusa were served for one mealtime, two meals time and three meals time respectively starting from the evening of the Vamana day.

Follow up – Follow up done for three, five or seven days based up on the type of Shuddhi until the completion of Samsarjana Karma.

Assessment criteria: Assessment was done based on the following parameters:
1. Time taken for the initiation of bout (in minutes): Calculated by subtracting the time of administration of Madanaphala yoga from the time of appearance of first Vega.
2. Total time duration of the therapy (in minutes).
3. Vegiki Shuddhi (Number of bouts).
4. Maniki Shuddhi (Total volume of morbid factors expelled in ml.): Calculated by subtracting the input volume from output volume.
5. Antiki Shuddhi (End product of Emesis- grading is done) - Grade 0 – No antiki shuddhi appeared, Grade 1 – Owshadhanta, Grade 2 – Kaphanta, Grade 3 - Pittanta
6. Laingiki Shuddhi (Signs & Symptoms of purification produced by the therapy): Total score is 13.
7. Weight reduction (in kgs.).
8. Shuddhi (Overall assessment of therapy as per classics): Grading done. Grade 0 – No Shuddhi appeared, Grade 1 – Avara Shuddh, Grade 2 – Madhyama Shuddhi, Grade 3 – Pravara Shuddhi

OBSERVATION
A total number of 46 subjects fulfilling the inclusion criteria were studied.

- Number of subjects registered for the study – 46
- Number of subjects completed the study – 45
- Number of dropout - 01

- Observations were made under the following headings:
  A. Demographic data B. Therapeutic data

A. DEMOGRAPHIC DATA: AGE: Out of 46 subjects, 67.27% (maximum) were in the age group of 21-30 years, and 11% (minimum) were in the age group of 41-50 years. SEX: Among the 46 subjects registered, majority of the subjects were females (82.46%) and the remaining 2.17% individuals were males. RELIGION: In this study most of the individuals were Hindus (86.8%), Christians were 11.03% and the remaining 2.17% individuals were Muslims. HABITAT: Maximum i.e. 88.97% subjects were from urban population while 11.03% were from rural population.

EDUCATIONAL STATUS: Majority of the subjects were graduates, 19.53% were doing other job.

MARITAL STATUS: Among the 46 subjects, a maximum of 65.28% subjects were unmarried, while 30.38% were married and 4.34% were widows.

DIET: In this study, 60.76% subjects were of mixed diet and remaining 39.24% were of vegetarian diet.

AGNI: In the present study, maximum number of subjects (39.21%) were having Mandagni, 21.73% subjects were of Samagni and 19.53% each were of
Vishamagni and Teekshnagri. KOSHTA: Among 46 subjects, 69.35% subjects were having Madhyama koshta followed by Mrudu koshta in 17.54% subjects and Krura koshta in 13.11% subjects. PRAKRITI: Maximum number of subjects (39.24%) belonged to Pitta Kapha prakriti, followed by Vata Kapha prakriti (23.87%), Kapha Pitta prakriti (15.1%), Kapha Vata prakriti (13.11%) and Vata Pitta prakriti (8.68%). SATVA: 56.6% (maximum) subjects belonged to Madhyama Satva, while 23.87% subjects had Pravara Satva and 19.53% subjects had Avara Satva. VYAYAMA SHAKTI: Vyayama Shakti was Madhyama in 78.27% subjects and 21.73% subjects had Pravara Vyayama Shakti. SARA: Table No. 73 and Graph No.15 shows that maximum number of subjects 88.97% were of Madhyama Sara and the remaining 11.03% subjects were of Pravara Sara. HEALTH STATUS: In the present study, maximum number of subject (23.87%) were healthy volunteers, 19.53% subjects each were having Kitibha and Shthoulya, 11.03% subjects were having Kaphaja Galaganda, 8.68% subjects each were having much Dushika and Tamaka Shvasa, and 4.34% subjects each were suffering from Pratishyaya and Sheeta Pitta. BODY WEIGHT: Among 46 subjects, maximum number of subjects (41.38%) had weight in between 51-60kgs. Followed by 21.73% subjects in the weight group of 61-70kgs., 15.1% subjects in the weight group of 71-80kgs., 13.11% subjects in the weight group of 41-50kgs., and 4.34% subjects each in the weight group of 81-90kgs & 91-100kgs.

B.1) THERAPEUTIC DATA OF PURVA KARMA
NIRAMEEKRANA & AGNI DEEPANA: Among 45 subjects, who completed the study, maximum number of subjects (44.4%) achieved Agni Deepana and Niramavastha in 3 days, followed by 24.42% subjects each in 4 days & 5 days and one subject in 7 days. SNEHAPANA PRAKRASHA KALA: 79.88% subjects (maximum) achieved Samyak Snigdha Lakshanas in 3 days, while 17.76% took 4 days and one subject took 5 days. SAMYAK SNIGDHA LAKSHANA: Among 45 subjects, 100% individuals achieved Deeptagni, Vatamulomana. Snigdha Varcha and Anga Laghava Lakshanas. Mrudu Gatra was achieved by 97.62% subjects, Asamhata Varcha by 95.4% subjects, Snehodvega by 88.76% subjects, Snigdha Gatra by 86.54% subjects and Glani by 79.88% subjects. Samyak Svinna Lakshana: All the Samyak Svinna Lakshanas appeared in 100% subjects.

B.2) THERAPEUTIC DATA OF PRADHANA KARMA
SYMPTOMS AFTER ADMINISTRATION OF VAMAKA YOGA: The symptom Hrllasa appeared in maximum no. of subjects (88.76%), followed by Sveda Pradurbhava in 84.32% subjects, Kukshi Adhmana in 73.22% subjects and Roma Harsha in 19.98% subjects. TIME TAKEN FOR VEGA PRAVRUTTI: The first Vega started with in 1-5 min, in 68.78% (maximum) subjects followed by within 21-25 min, in 15.54%, with in 6-10 min., 26-30 min. in 4.44% subjects each and within 11-15 min. in 2.22% subject. TOTAL DURATION TAKEN FOR THE PROCEDURE: 28.86% subjects each completed Pradhana Karma in 21-30 min. & 31-40 min., where as 15.54% subjects completed within 11-20 min., 13.32% subjects completed in 51-60 min. and 6.66% each finished within 41-50 min. & 61-70 min. NUMBER OF VEGA: 33.3% subjects had 8 Vegas, while 24.42% had 6 Vegas, 22.2% had 7 Vegas and 19.98% subjects had 5 Vegas. MANIKI SHUDDHI: Among 45 subjects, 53.28% had Maniki Shuddhi with in 100ml whereas 26.64% subjects had within 101-200 ml, 6.66% had within 401-500 ml., 4.44% each had within 201-300 ml. & 301-400ml and one subject each had Maniki Shuddhi of 750ml & 900ml. Antiki Shuddhi: Maximum no. of subjects (95.4%) had Pittanta Shuddhi while 4.44% subjects had Kaphanta Shuddhi. Laingiki Shuddhi: Maximum no. of Samyak Shuddhi Lakshanas (13) were found in 11.1% subjects followed by 12 symptoms in 17.76%, 11 in 33.3%, 10 in 15.54%, 9 in 17.76% and 8 in 4.44% subjects. OVERALL SHUDDHI: 53.28% subjects achieved Madhyama Shuddhi while 46.62% subjects achieved Uttama Shuddhi. WEIGHT REDUCTION: Most of the subjects (51.06%) achieved weight loss within 1-2 kgs. Remaining 31.08% subjects had weight loss between 2.1-3 kgs. Followed by weight reduction of 3.1-4 Kgs, in 13.32% and 4.1-5 kgs. in 4.44% subjects.
Results: The Statistical Analyses is done by using completely Randomized Design, by assuming that, 
H0: The mean effect is same an all the parameter in three groups. H1: The mean effect is not same an all the parameter in three groups.

Table 1: Showing Final Result

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Parameter</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Time taken for the initiation of Vega</td>
<td>Mean</td>
<td>1.53</td>
<td>2.73</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.83</td>
<td>1.9</td>
</tr>
<tr>
<td>2</td>
<td>Total Duration taken for the process</td>
<td>Mean</td>
<td>30.46</td>
<td>26.86</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>11.11</td>
<td>8.3</td>
</tr>
<tr>
<td>3</td>
<td>No. of Vega</td>
<td>Mean</td>
<td>6.93</td>
<td>6.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>1.03</td>
<td>1.23</td>
</tr>
<tr>
<td>4</td>
<td>Maniki shuddhi</td>
<td>Mean</td>
<td>160</td>
<td>256</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>160.57</td>
<td>269.8</td>
</tr>
<tr>
<td>5</td>
<td>Antiki shuddhi</td>
<td>Mean</td>
<td>3</td>
<td>2.93</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0</td>
<td>0.25</td>
</tr>
<tr>
<td>6</td>
<td>Laingiki shuddhi</td>
<td>Mean</td>
<td>10.8</td>
<td>11.06</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>1.42</td>
<td>1.33</td>
</tr>
<tr>
<td>7</td>
<td>Weight Reduction</td>
<td>Mean</td>
<td>2.23</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.89</td>
<td>0.96</td>
</tr>
<tr>
<td>8</td>
<td>Overall shuddhi</td>
<td>Mean</td>
<td>2.53</td>
<td>2.46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.51</td>
<td>0.51</td>
</tr>
</tbody>
</table>

Table 2: For the Parameter time taken for the initiation of Vega (Bout) ANOVA

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Degrees of Freedom</th>
<th>Sum of Squares</th>
<th>Mean Sum of Squares</th>
<th>F-Calculated Value</th>
<th>F-Table Value @ 5%</th>
<th>P-Value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between the Groups</td>
<td>2</td>
<td>2959.512</td>
<td>1479.756</td>
<td>85.55</td>
<td>3.23</td>
<td>&lt;0.005</td>
<td>HS</td>
</tr>
<tr>
<td>Within in the Groups</td>
<td>42</td>
<td>726.4</td>
<td>17.295</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>3685.92</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the analysis the mean effect of the parameter time taken for the initiation of Vega (Bout) of the three groups shows Highly Significant Result, (as P<0.005). It implies that the mean effect of the parameter time taken for the initiation of Vega (Bout) of the three groups is not same. To know in which group the treatment means differ significantly, we use Critical difference (CD) i.e. the least difference between any two means to be significant. The Least significance difference Value is 6.8624Table no.93 Shows which Groups is Significant for the Parameter time taken for the initiation of Vega (Bout)

Table 3:

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean effect</th>
<th>Difference from C</th>
<th>Difference from B</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>19.133</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>B</td>
<td>2.733</td>
<td>16.412</td>
<td>-</td>
</tr>
<tr>
<td>A</td>
<td>1.533</td>
<td>17.6</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Comparing these differences with Critical difference we found that
1. Group A differs more significantly from B and C.
2. Group B differs significantly from C.
3. If choice is to be made among the three groups group A is the best and most effective.
4. If choice is to be made between B and C, Group B is to be preferred.

**DISCUSSION**

**Putra Karma:** Pachana denotes one of the modalities of treatment used to treat moderately vitiated Dosha. Hence, it will be appropriate to use the word Nirmanekarana instead of Pachana. Role of Snehana and Swedana: Shodhana Chikitsa requires Dosha udeernavastha for Dosh nirharana as the principle goes ‘Vrddhaa Nirhartavyah’. Thus, to achieve this, Snehana and Swedana are the foot-steps. Application of Snehana and Swedana bring the vitiated dosha situated in the Shaka to the Koshta by the actions of Vrddhi, Vishyandhana, Paka, Sroto Mukha Vishodhana and Vatamulomana, which are later eliminated from the body through Yamana. Manasopachara: It plays a vital role in the smooth conduction of Yamana procedure and contributes a major part to get desired result. Pradhana karma: Performing Yamana karma during Pratih Kala is of importance to obtain fruitful effects from Yamana. Madhu and Saindhava Lavana which are generally used in all formulations are an exception for Ghreya Yoga. Paschat Karma: Procedures explained under this heading help the body to come back to normalcy. The Laingiki and Antiki Lakshanas are indicative of Samvak Yoga or Ayoga of Yamana, where as Manaki and Vaiigiki Lakshanas help to assess Pravara, Madhyama or Avara Shuddhi. These Lakshanas also help in planning the Samsarjana Krama

**Anatomical Review:** Ghrana - As per Parishadaya Shabdarthashaareera, Ghrana has been explained as that specific part of the Nasa which gives shelter for Ghranendriya. That which perceives smell is said as Ghrana. It is also the site of Phana Marma injury to which leads to Gandha Ajnana (anosmia). Thus, Ghrana can be taken as the olfactory portion of the nose. Gandhavaha Dhamani – They are enumerated as 2. They have been equated with olfactory nerves. Hrudaya – The term Hrudaya refers to not only uro Hrudaya but also Shiro Hrudaya. Some of the points which substantiate this statement are as follows: The Shhana and Karma of Prana Vata denotes both Shiro and Uro Hrudaya. Vyana Vata Karma implies involvement of both nervous system and circulatory system. Shiro Hrudaya is the seat of shtana and Karma of Sadhaka Pitta. The act of Nidra Invoking Hrudaya definitely points out Shiro Hrudaya.

**Mode of Action of Yamaka Aushadhi:** The Yamana Aushadhi possesses qualities like Ushna, Tikshna, Sukshma, Vyavayi and Vikasi with dominance of Agni and Vayu Mahabhutas with the major contribution of Urdhva Bhagahara Prabhava. The drugs due to their Virya will reach Hridaya and through Dhamani, thereby reaches Shhula and Anu Srotases of the body. The Vyavayi Guna of the drug will help in quick absorption and movement of the drug. Vikasi Guna will help in breaking the binding of the morbid Doshas. Due to Ushna Guna drug will cause Vishyan-dana and due to Tikshna Guna causes Chedana of the Doshas. The Sukshma Guna helps to reach the minute Channels. The Agni and Vayu Mahabhutas because of their qualities and due to Urdhva Bhagahara Prabha-va (tendency to move upwards) bring the act of Yamana.

**Probable Mode of Action of Ghreya Yamaka Yoga:** Ghreya Madanaphala Yoga was prepared by giving twenty-one times bhavana to Madana Pippali Churna with Madanaphala Kashaya leading to enhancement of its potency because of the bhavana samskara. Thus, the Ghreya yoga differs significantly from Madana Pippali Churna. Such a Ghreya Yoga when given for inhalation is perceived by the Ghranendriya located in the Nasa and carried by the Gandhavaha Dhamani the Shiro Hrudaya(higher centres in the brain).Initiates Vyana Vata to bring Dosh from Shaka to Koshta. Due to Urdhva Bhagahara Prabhava and stimulation of Udana Vata, Yamana Vega occurred.

**Discussion on materials and methods:** Materials: Collection & Processing of Madanaphala – During samskara, impregnation of Madana Pippali in honey changed its consistency. Honey became thin after completion of Samskara. Ghreya Madanaphala Yoga – Madanaphala Churna after the bhavana process turned to dark in colour with increased offensive...
smell. **Methodology:** The study was oriented only towards the conduction of therapy. Hence, not much importance was given to diseased or healthy condition of the subject and as such both healthy and diseased subjects were taken for the study. 46 subjects were registered for the study out of which one subject opted out of the study in the middle due to ill health.

**Discussion on Result:**

Ghreya Yogas initiated Vamana Vega quickly than orally administered yoga. Lotus group was more efficient than rose group. Ghreya yoga reaches Hrudaya faster than the oral one. Duration was less in Ghreya group than oral group. In rose group, procedure completed earlier than lotus group. The mean effect is same in all the three groups that is Ghreya Yogas were able to produce Vegas like oral yoga. By comparing the mean values, it can be said that Vegas were more in lotus group than in rose group. The mean effect is same in all the three groups that is Ghreya Yogas were able to produce overall Shuddhi like oral yoga. By comparing the mean values, it can be said that overall Shuddhi was more in lotus group than in rose group. No significant differences were observed in the results of parameters Vegiki, Maniki, Antiki, Laiingiki and Overall shuddhi and in weight reduction. Highly significant results were found in the parameters time taken for the initiation of Vega and total duration taken to complete the procedure in which the Ghreya Madanaphala Yoga performed better in comparison with Madana Pippali yoga administered orally. Early initiation of the Vega and reduction in the total time duration eased the Vamana procedure by minimizing the stress and strain for the subjects. Apart from the time factor, the Ghreya yoga was more easily accepted by the subjects without any hesitation and discomfort. This was probably because of the fact that it does not come in contact with the sense of taste which is the main hindrance for orally administered yoga. The Madanaphala yoga which was bitter in taste was swallowed with great difficulty by the subjects, many a times was thrown out before entering the body.

**CONCLUSION**

Vamana, a Shodhana Rupi Chikitsa has been dealt as an important Panchakarma therapy. Acharya Charaka alone has mentioned 355 formulations to perform Vamana among which only few Yogas are in practice. To revalidate the efficacy of all formulations is the need of the hour. Vamana karma plays a vital role in Svastyapaksha and Vikara Prashamana. Nasal route of administration of Vamaka Yoga also works efficiently. Ghreya Yoga worked in par with oral yoga. Madanaphala Pippali Churna sprinkled over lotus and rose produced same effect in inducing Vamana. Time factor showed significant result in Vamana produced by Ghreya Yoga.

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