SCOPE OF VAMANA KARMA IN THE MANAGEMENT OF TAMAKA SHWASA – A CRITICAL REVIEW WITH CLINICAL EVIDENCE

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ABSTRACT

Vamana Karma is an important treatment modality in Urdhva and Kaphaja Vikaras. In this era of modernization, much larger proportion of the population is victims of respiratory tract diseases, in which Tamaka Shwasa is one among them. Tamaka Shwasa is a condition in which the Vata attains pratilomagati due to Margavarodha by Kapha dosha. Hence Vamana Karma is said to be beneficial in treating Tamaka Shwasa by eliminating the obstructing Kapha dosha. Shodhana procedures are the best measures to eliminate the impurities in the body. So Vamana Karma administered properly offers good relief in signs and symptoms of Tamaka Shwasa.

Keywords: Vamana, Tamaka Shwasa, Kapha dosha

INTRODUCTION

Vamana is the first Karma explained by the Acharyas among the Pancha Shodhana. The reason for this may be of consideration of the chronological order of dosha. As Kapha dosha resides in the upper part of the body it should be eliminated first through the nearest route. Another reason may be the elimination technique in Vamana Karma requires much special care and precautions compared to other procedures. This procedure should be conducted under the supervision of trained physician. Acharyas have explained the reason for placing Vamana before Virechana. If Virechana is administered without Vamana the aggravated Kapha descends to Grahan and hinders the functioning of Agni leading to Agnimandya, Pravahika or Grahan. The definition of Vamana is the process by which the vitiated Doshas are expelled through the Urdhwa bhaaga. To be more precise the Apakva Pitta and Kapha are the Doshas which get expelled out.

The Prana which is carried and transported through the Pranavaha Srotas sustains our life. Any cause that hampers Prana is a life threatening condition, thus demanding more alertness while treating diseases pertaining to the Pranavaha srotas should be taken care with much alert. Among many diseases which hamper the Pranavahasrotas, Tamaka Shwasa stands first. Tamaka Shwasa is characterized by the vitiation of Kapha and Vata having its origin in Pitta sthana i.e Aamashaya. The vitiated Kapha produces the Avarodha of Vata Dosha which inturn gets aggravated and moves all over the body, gets localized in the Pranavaha Srotas. The cardinal features of this disease are dyspnea, cough and expectoration. The disease has been explained to be severely affecting the population which is revealed by the words like Ghora, Aashupranahara and Durjaya.
Bronchial asthma is an airway disorder that causes respiratory hypersensitivity, inflammation and constriction of the smooth muscles in the airway with the involvement of many cells and cellular elements like mast cells, eosinophils, T lymphocytes, macrophages, neutrophils and epithelial cells leading to symptoms like wheezing, chest tightness, cough and dyspnea particularly at night or in the early morning. Asthma is a heterogeneous disease with interplay between endogenous and environmental factors.

**Tamaka Shwasa chikitsa**

The Tamaka Shwasa patient are categorized into four stages:

1. Balawan and Kaphadhika
2. Balawan and Vatadhika
3. Durbalawan and Kaphadhika
4. Durbalawan and Vatadhika

Classical texts have explained the management of Tamaka Shwasa on the basis of Shodhana and Shamana modalities. The Shodhana procedures like Vamana, Virechana should be performed only when the patient falls in the first category ie Balawan and Kaphadhikan. Rest all categories should be managed by Tarpana and Shamana line of treatment.

Patient who is Balawan and Kapha Dosha is predominant having good Utkleshanalakshanas like Praseka, Hrillasa, Aruchi, Gaurava can be opted for Sadhyo Vamana and if Utklesha is not there present, Sneha Poorvaka Vamana Karma is advised.

**Clinical Evidences**

The disease Tamaka Shwasa needs immediate management in the Vegakaleenaavastha like SadhyoVamana, Abhyanga, Swedana and Dhoomapana or ShamanaAushadhi. It should aim at both preventive and curative aspect. To understand this concept, two clinical studies conducted in SDM College of Ayurveda Hassan have been taken.

1) A study on the effect of Kala in Sadyo Vamana with special reference to Tamaka Shwasa (bronchial asthma)

2) Effect of Vamana with Madanaphala Siddha Dadhi as Vamaka Yoga in the management of Tamaka Shwasa

The relief rate of above studies in different signs and symptoms of Tamaka Shwasa are explained below.

Effect of Vamana Karma on Breathlessness

**SadhyoVamana: Kapha kala**

Before SadhyoVamana the mean score of breathlessness was 3.7, which after SadhyoVamana significantly decreased to 2.9 with 21.6% relief. After 4 hours of Vamana it further reduced to 1.9 with 48.6% relief and P<0.001. The relief was continued up to increase to 24 hours and it was 67.6% (P<0.001) and was maintained up to 7 days of follow up with 59.5% relief (P<0.001).

Other than Kaphakala:

Before SadhyoVamana the mean score of breathlessness was 3.8, which after SadhyoVamana significantly decreased to 2.4 with 36.8% relief. After 4 hours of Vamana it further reduced to 1.9 with 50% relief and P<0.001. The relief was continued to increase to 24 hours and it was 65.8% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 55.3% relief (P<0.001).

**Sneha Poorvaka Vamana Karma:**

In Madanaphala Churna Group, Breathlessness score was 2.93 before Vamana, which reduced to 1.27 immediately after Vamana. The relief in breathlessness was 56.82%, which was statistically significant (<0.001).

After Samsarjanakrama it reduced to 1.27. The relief in breathlessness was 56.82%, which was statistically significant (<0.001).
After 4\textsuperscript{th} week follow up it reduced to 1.33. The relief in breathlessness was 54.55\%, which is statistically significant (<0.001).

In Madanaphal Sidha Dadhi Group, Breathlessness score was 2.73 before Vamana, which reduced to 1.53 immediately after Vamana. The relief in breathlessness was 43.90\% statistically significant (<0.001).

After Samsarjana Karma it reduced to 2.10. The relief in breathlessness was 56.10\%, which was statistically significant (<0.001).

After 4\textsuperscript{th} week follow up it reduced to 1.27. The relief in breathlessness was 53.66\%, which was statistically significant (<0.001).

Other than Kaphakala:

Before Vamana the mean volume (in ml) of Sputum was 24.81 ml, which after 24 hours of Sadyo Vamana significantly decreased to 10.79 ml with 56.5 \% relief (P<0.001). After 7 days of Sadyo Vamana it further reduced to 8.07 ml with 67.5 \% relief and (P<0.001).

Effect of Vamana Karma on Sputum

Sadyo Vamana: Kaphakala:
Before Vamana the mean volume (in ml) of Sputum was 27.95 ml, which after 24 hours of Sadyo Vamana significantly decreased to 11.63 ml with 58.4 \% relief. After 7 days of Sadyo Vamana it further reduced to 9.27 ml with 66.8 \% relief and P<0.001.

Other than Kaphakala:

Before Sadyo Vamana the mean Respiratory rate was 26.8 /min., which immediately after Sadyo Vamana decreased to 24.7 /min with 7.8 \% relief. After 4 hours of Sadyo Vamana it further reduced to 22.3 /min. with 16.8 \% relief and P<0.001. The relief was continued to increase to 24 hours and it was 24.6\% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 22.4 \% relief (P<0.001).

Sneha Poorvaka Vamana Karma:

In Madanaphala Churna Group, Respiratory Ratescore was 26.33 before Vamana, which reduced to 25.40 after Vamana. The relief in Respiratory Rate was 3.54\%, which was statistically insignificant (>0.02)

After Samsarjana Karma it reduced to 25.33. The relief in Respiratory Rate is 3.80\%, which was statistically insignificant (>0.05)

After 4\textsuperscript{th} week follow up it reduced to 25.13, the relief in Respiratory Rate is 4.56\%, which was statistically insignificant (>0.02).

In Madanaphala Siddha Dadhi Group, Respiratory Rate score was 25.73 before Vamana, which reduced to 25.20\% after Vamana. The relief in breathlessness was 2.07\%, statistically insignificant (>0.02).

After Samsarjana Karma it reduced to 1.30. The relief in breathlessness was 1.30\%, which was statistically insignificant (>0.1).

After 4\textsuperscript{th} week follow up it reduced to 24.93. The relief in breathlessness was 3.11\%, which was statistically insignificant (>0.02).

Effect of Vamana Karma on Wheezing

Sadyo Vamana: Kaphakala:
Before Sadyo Vamana the mean score of wheezing was 3.9, which immediately after Sadyo Vamana significantly decreased to 2.0 with 48.7 \% relief. After 4 hours of Sadyo Vamana it further reduced to 1.8 with 53.8 \% relief and P<0.001. The relief was continued to increase to 24 hours and it became
67.6% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 53.8% relief (P<0.001).

Other than Kaphakala:
Before Sadyo Vamana the mean score of wheezing was 3.7, which immediately after Sadyo Vamana significantly decreased to 1.9 with 48.6% relief. After 4 hours of Sadyo Vamana it further reduced to 1.6 with 56.8% relief and P<0.001. The relief was continued up to 24 hours and it became 67.6% (P<0.001) and it was nearly maintained up to 7 days of follow up study with 54.1% relief (P<0.001).

Sneha Poorvaka Vamana Karma:
In Madanaphala Churna Group, wheezing score was 2.73 before Vamana, which reduced to 1.40 immediately after Vamana. The relief in Wheezing was 48.78%, which was statistically significant (<0.001).
After Samsarjanakrama: It reduced to 1.20. The relief in Wheezing was 56.10%, which was statistically significant (<0.001).
After 4th week follow up it reduced to 1.67. The relief in Wheezing was 39.02%, which was statistically significant (<0.001)
In Madanaphala Siddha Dadhi Group, wheezing score was 2.53 before Vamana, which reduced to 1.07 immediately after Vamana. The relief in Wheezing was 57.89%, statistically significant (<0.001).
After Samsarjanakrama: it reduced to 1.13. The relief in Wheezing was 55.26%, which was statistically significant (<0.001).
After 4th week follow up it reduced to 1.33. The relief in Wheezing was 47.37%, which was statistically significant (<0.001)
Effect of Vamana Karma on PEFR:
Sadyo Vamana: Kaphakala:
Before Sadyo Vamana the mean rate / min. of PEFR were 163.8 lit/min which immediately after Sadyo Vamana significantly increased to 204.2 /min with 7.7% relief. After 4hrs of Sadyo Vamana it further increased to 280.8 lit/min. with 30.8% relief and P<0.001. The mean PEFR was continued to increase to 24 hours and it became 376.1 lit/min.(P<0.001) and it was significantly increased up to 7 days of follow up study with mean PEFR 408.5 (P<0.001).
Other than Kaphakala group:
Before Sadyo Vamana the mean rate / min. of PEFR was 188.8 lit/min., which immediately after Sadyo Vamana significantly increased to 246 /min. After 4 hours of Sadyo Vamana it further increased to 325.4 lit/min. with 30.8% relief and P<0.001
The mean PEFR was continued to increase to 24 hours and it became 394.6 lit/min.(P<0.001) and it was significantly increased up to 7 days of follow up study with mean PEFR 395.4. (P<0.001)
Sneha Poorvaka Vamana Karma:
In Madanaphala Churna Group, PEFR score was 220 before Vamana, which reduced to 277.33 immediately after Vamana. The relief in breathlessness was 27.92%, statistically insignificant (<0.02).
After Samsarjanakrama it reduced to 256.67. The relief in breathlessness was 16.67%, statistically insignificant (<0.02).
After 4th week follow up it reduced to 260. The relief in breathlessness was 17.86%, which was statistically insignificant (>0.01)
In Madanaphala Siddha Dadhi Group, PEFR score was 216.67 before Vamana, which reduced to 283.33 immediately after Vamana. The relief in PEFR is 30.77%, which was statistically significant (<0.001).
After Samsarjanakrama it reduced to 310. The relief in PEFR is 43.08%, which was statistically significant (<0.001).
After 4\textsuperscript{th} week follow up it reduced to 310. The relief in PEFR is 43.08\%, which was statistically significant (<0.001)

**DISCUSSION**

The above study reveals the significant role of *Vamana Karma* in reducing the signs and symptoms of *Tamaka Shwasa* viz breathlessness, wheezing, respiratory rate and PEFR which is an important diagnostic tool in bronchial asthma. Both *Sadhyo Vamana* and *Sneha poordvaka Vamana* are having equally good effect in relieving the signs and symptoms of *Tamaka Shwasa* but *Sadhyo Vamana* can be planned only when *Utkleshalakshana* are present in the patient.

Though the immediate relief rate was almost equal in both *Sadhyo Vamana* and *Sneha poordvaka Vamana* it can be clearly noted from the above available data that the relief rate obtained just after *Vamana* in *Sadhyo Vamana* reduced or was able to be maintained only for 7 days whereas in *Sneha poordvaka Vamana* it was maintained up to four weeks and even more. Thus it can be inferred that the relief rate obtained in *Sneha poordvaka Vamana* is more effective as it is maintained for longer duration.

As classics mention that *Vamana Karma* does *Urdhvabhaga Shodhana* it expels both *Apakva Kapha* and *Apakva Pitta* thus it removing the *Margavarodha* produced by *Kapha Dosha* which had led to the *urdhvaagati* of *Vata*. As *Vamana Karma* shows significant improvement in peak expiratory flow rate it can be inferred that this procedure is having a good effect in improvement of the lung functions too.

**CONCLUSION**

*Vamana Karma* is an effective modality of treatment in case of *Tamaka Shwasa*. But only *Vamana Karma* may not be a permanent cure for *Tamaka Shwasa* disease. The disease *Tamaka Shwasa* needs immediate management in the *Vegakaleenaavastha* like *SadhyoVamana*, *Abhyanga*, *Swedana* and *Dhoomapana* or *Shamana Au-shadi*. For sustaining the effects of cure in *Tamakashwasa*, *Sneha poordvaka Vamana* is the best modality based on the condition of the *dosha* and the patient.

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