VYAPAT – A COMPLICATION

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ABSTRACT

Panchakarma is a set of 5 procedures adopted to maintain the health of a healthy person as well as a treatment for various diseases. Each procedure in Panchakarma is advised for each vitiated dosha which is to be performed after examination of doshadi vishaya. A chapter in Charaka Samhita Siddhi Sthana 6 deals with the complications rose due to improper administration of Vamana and Virechana karma. Complications may be seen during or after the treatment. For example, if the dosage is not according to agni - koshta, unprocessed medicine with the similar virya dravya, if the medicine is too old. Else than these there is also reference of complications caused because of chatushpada i.e. preshya, bhaishajya, vaidhya and aatura. These complications are caused either due to atiyoga or ayoga of the therapy. All these vyapats own their causative factor, pathology, symptoms and treatment.

Keywords: Vamana, Virechana, Vyapat, Chikitsa

INTRODUCTION

Panchakarma is a set of 5 procedures namely Vamana, Virechana, Anuvasana Basti, Niruha Basti, and Shirovirechana; adopted to maintain the health of a healthy person as well as to treat the disease caused because of vitiated dosha’s. In dushta kapha dosha vamana karma, for dushta pitta dosha virechana karma and for vata dosha niruha and anuvasana basti are the prime modalities of treatment. Every Panchakarma is to be performed in a kaala. Vamana Karma should be performed in Kapha Kaala and Virechana Karma should be performed in pittaja Kaala i.e. after the elevation of kapha kaala. In this way, every procedure should be performed after the examination of doshadi vishaya.

A complication is an unwanted situation that arises unexpectedly leading to a harder situation. The unward circumstances may be minor or even as severe as fatal. In this regard every Ayurveda specialist must know the possible complications which may arise in the later days before the accomplishment of the procedure.

A chapter in Charaka Samhita Siddhi Sthana 6 is dedicated for the vyapats rose due to improper administration of purification therapies vamana and virechana karma. The vyapats may be appreciated during the procedure or immediately after the procedure or in later days. There are varied reasons for the complications; they are if the dosage is not according to agni and koshta, if the selected medicine is not pro-
cessed well with the similar virya dravya or if the medicine is too old\(^\text{5}\). Else than these, there is also the reference to complications caused because of cha-tushpada\(^\text{4}\). The ten complications together mentioned for Vamana and Virechana karma are adhmana, parikartika, srava, hrudagraha, gatragraha, jeevadana, vibhramsha, sthambha, upadrava and klama\(^\text{5}\). These complications are caused either due to atiyoga or aayoga of the therapy.

To avoid the complications, one must be cautious ever since purvakarma itself. The prior step in purvakarma is the accumulation of the drugs required for the overall procedure. The intention behind addressing this point is to highlight the importance of the collection of those things also which may be needed at the time of vyapat. Without the emergency management kit, one is not supposed to conduct any procedure. The physician should deeply observe the patient during sho-dhana therapy to assess the signs and symptoms which the patient produces while expelling the doshas. All these vyapats own their own causative factor, pathology, symptoms and treatment. Further, each vyapat will be dealt in detail with the possible interpretation.

1. **Adhmana Vyapat**\(^\text{6}\)

**Nidana:** Adhmana vyapad is due to the administration of alpa matra aushadha in bahu dosha avastha, ruksha shareera, aghnimandya and udavarta conditions.

**Samprapti:** The medicine which is administered does dosha utklesha because of its guna. But fails to put out the dosha’s from shareera due to insufficient quantity. This leads to avarodhata in srotas and causes adhmana at nabhi pradesha.

**Lakshana:** Shoola in prushta, parshwa, & shiras. Shwas as well as obstruction for vit-mutra and vata which can be very severe.

**Chikitsa:** Abhyanga, Swedana, Varti, Niruha basti, Anuvasana basti and all the Udavarta hara chikitsa is to be adopted.

The understanding of adhmana is same for both va-mana and virechana karma. Generally known as the distention of abdomen.

2. **Parikartika Vyapat**\(^\text{7}\)

**Nidana:** Parikartika vyapad is caused when tikshna vairechaka aushadha is given in snigdha, guru – ama – mridakoshta. One who is kshama, shranta and alpabala awastha.

**Samprapti:** The tikshna aushadha quickly causes dosha harana along with ama.

**Lakshana:** The subject will land up in tivra shoola along with picchila rakta srava leading to parikartika.

**Chikitsa:**

a. In sama condition: Langhana, pachana, ruksha, ushna and laghu ahara.

b. In kshama purusha: Madhura rasa prayoga along with all kinds of Brumhaniya chikitsa.

c. Even after ama pachana if there is persisting parikartika then the patient should be advised kshara and amla rasa yutra laghu aahara.

d. In adhika vata laksana one can go with ghruta snehapanama prepared of dadima rasa. This ghruta can be administered with pushpa kasisa or kshara or lavana.

e. Diet: Amla rasa along with dadima twak churna.

f. Ushna Jala pana: Along with devadaru and tila kalka.

g. Ksheerapaka: Ashwatha, udumbara, plaksha, kadamba twak churna.

h. Sheetala Piccha basti made out of kashaya and madhura rasa.

i. Anuvasana basti with yashtimadhu siddha sneha.

Parikartika, in other terms known as fissure; it is the vyapat caused because of atiyoga. Few acharyas consider guda gata parikartika in case of virechana karma whereas for vamana it is to be considered as kanta karshana. In case of adhovega there will be picchila srava and in urdhwa vega kapha praseka is to be reserved.

In kshama and mrudu koshta purusha initially langhana pachana treatment is to be adopted followed by madhura gana aushadha sevana. Kshara amla yukta changeri ghruta prayoga is to be done after ama pachana. The understanding of pushpa kasisa is contradictory i.e. it is considered as dhataki pushpa which is purusha sangrahamaniya or a variety of kasisa or both dhatali as well as kasisa.
3. *Parisrava Vyapat*§

**Nidana:** If *alpa aushadha* is given to the patient having excess *dosha* and *krura kushta*, then the medicine fails to eliminate the *doshas* leading to the condition of *parisrava*.

**Samprapti:** Medicine impacts *dosha utklesha*. Leading to *alpa alpa dosha sravana* from *shareera*.

**Lakshana:** *Kandu*, *shopha*, *kushta*, *gouravata*, *agni* and *balaanuktleshra*, *sthaimitya*, *aruchi* and *pandu*.

**Chikitsa:**

a. In *alpa dosha awastha* – *shaman chikitsa*

b. If *bahu dosha awastha* – *Snehana swedana* followed by *tikshna virechana*.

c. After *samyak shodhana - churna - asava – arishta samkarita aushadha prayoga* (C.Chi.15)

In *bahu dosha awastha tikshna virechana* is the line of treatment. This means that if there is *kapha srava* in *mukha* then one must administer *tikshna vanama* after *snehana* and *swedana karma*.

4. *Hridgraha Vyapat*§

**Nidana** and **Samprapti:** If patient suppress the *vega* generated during *vanama / virechana karma*, then *vata* attains *kupita awastha*, gets aggravated, reaches *hiridaya* and causes *ghora hridgraha*.

**Lakshana:** *Hikka*, *kasa*, *parshwa arti*, *atyadhika lalasrava akshi vibhramsha* (turtling of eyes), *jihwa khadita* (biting of own tongue), *nisangnya* (loss of consciousness) and *dantan kitikitayan* (biting own teeth).

**Chikitsa:**

a. After the assessment of *dosha* suitable measurement is to be taken. *Pittaja murcha – madhura aushadha yukta vanama*, if there seems to be *kaphaja murcha – katu rasa yukta vanama karma*.

b. After *Vamana karma* rest of the *doshas* is to be managed with *Pachana karma*. Assess for *kaya agni* and *bala vridhi*.

c. If *adhika vanama* causes *hirudaya peeda* then *vata hara chikitsa* is to be adopted i.e. *snigdha, amla and lavana yukta rasa*. Similarly, other *doshas* should be considered and suitable treatment is to be adopted.

5. *Gatragraha Vyapat*§

**Nidana and Samprapti:**

a. If patient suppress the *vega* generated during *vanama / virechana karma*.

b. If *kapha* obstructs *upasthita vega*.

c. *Ati shodhana*.

Due to all these reasons *vata* gets aggravated and produces *anga graha*.

**Lakshana:** *Sthambha*, *vepathu*, *nistoda* (pricking pain), *sada* (loss of energy) and *udweshtana* (twisting and grinding pain) and *manthana vat shoolo* (churning pain).

**Chikitsa:** All *vata hara chikitsa*.

6. *Jeevadana Vyapat*§

**Nidana and Lakshana:** If *tikshana aushadha* is given in *mrudu kushta/ alpa dosha awastha*. High patency of medicine leads to *dosha hara* followed by *rakta hara* (churned type of blood elimination) from *shareera*.

**Chikitsa:** After the confirmation of type of *rakta*, if there is elimination of *shuddha rakta* following treatment measures should be adopted.

a. If the patient attains *murcha, trushna, mada laksana* then treat him till the end to save the life. Adopt all the *pitta hara chikitsa*. Ex: *Sheetala dravya parisheka, avagaha* for *sthambana*.

b. Orally - Fresh blood of live deer, cow, buffalo for *jeelana dharana* (Saamanyam Vridhhikarakam – *Saamanya vishesa siddhanta*). Due to the *prabhava* of *rakta*, animal blood mixes with human blood and brings about homeostasis.

c. If patient fails to drink fresh blood, then *rakta basti chikitsa*- fresh blood mixed with *sukshma churna* of *darbha* (*kushta*).

d. *Sheetala basti:* *Ksheera paka* made out of *shyama, kashmarya, badari, durva and usheera*. *Ghruta manda* and *rasanjanaka churna*.

e. *Sheetala piccha basti*.

f. *Anuvasana basti:* *Ghruta manda*.

7. *Vibhramsha Vyapat*§

This *vyapat* has 3 different understandings with reference to context. They are as follows

i. *Virechana karma atiyoga*– It is *guda vibhramsha* (rectal prolapse)

ii. *Vamana karma atiyoga* – It is *sanghnya vibhramsha* (loss of consciousness)

iii. *Aushadha ayoga* – It is *Kandwadi vibhramsha*
Kandjadi vibhramsha lakshana: It is due to the remnant of doshas in shareera. In case of vamana there will be output of only vamana aushadhi but not kapha and pitta. In the same way in virechana karma there will be output of mala only and fails to eliminate pitta and kapha. The aggravated doshas remains in the body leading to kandu.

Chikitsa:

- a. In rectal prolapse, initially kashaya dravya prakshalana followed by sthambhana karma (rectum relocation).
- b. In loss of consciousness, recitation of saama gaandharva shabda (soft music) that which is smoothening to heart in case of sanghnya nasha.
- c. The treatment of kandu should be according to vyadhi.

8. Sthambha Vyapat

Nidana: If sneha virechana aushadha is given to snigdha rogi.

Samprapti: It causes avarana of dosha, does aushadha mardawata (mrudu guna) and thus retains doshas in its own site.

Lakshana: Vata sangha, guda stambha, shoola and alpa – alpa dosha ksharana.

Chikitsa: Langhana-pachana for dosha pachana followed by tikshna basti or tikshna virechana.

9. Upadrava Vyapat

Nidana: If ruksha virechana aushadha is given in ruksha shareera and alpa bala rogi.

Samprapti: Vayu kopana and upadrava lakshana will be appreciated.

Lakshana: Ghora (severe) stambha- shoola, sarva gatra graha and murcha.

Chikitsa: Snehana, svedana and all vata hara chikitsa.

Adhmanadi lakshanas are upadrava only, and then what makes the difference of this upadrava is the severity of the symptoms i.e. pain and stiffness. This pain and stiffness are termed as upadrava.

10. Klama Vyapat

Nidana: When snigdha and mridu koshta patient is given mridu virya aushadhi.

Samprapti: It causes vitiation of pitta and kapha causing obstruction of vata.

Lakshana: Tanda, gaurava, klama (mental fatigue), daurbalyata and angasada.

Chikitsa:

- a. Vamana karma - One must quickly perform Vamana karma (sadhyo vamana).
- b. Langhana, pachana for dosha pachana.
- c. Shodhana karma- tikshna snigdha aushadha.

DISCUSSION

Charaka Samhita is bound with dosage those which are suitable to madhyama roga-rogi-bala. Ayurveda is an individualized treatment. It is never the same for everyone even if the symptoms mimic each other. From the day of admission of patient there will be an estimation of dosage on the final day of treatment. But this need not be mandatory to finalise the same on the day of vamana or virechana, because as the treatment progresses there will be degradation in samprapti. With an insight of above vyapats, the patient must be examined on the day of pradhana karma also.

Bahu dosha avastha is a condition where in there is requirement of strong medicine or more quantity medicine or both. While administering strong medicine one should be careful w.r.t the type of bowel habit of the patient as the strong medicine may bring about repeated uncontrolled vegas along with injury to the anal orifice. In the same way repeated vomiting may rupture the minute veins of stomach and oesophagus.

Human body is beautifully composed to function at its own limits. The factors like BT CT play their role in maintenance of blood physiology. The strong medicine when administered initially throws away all the fluids from the body followed by letting out of blood from the body. Therefore, repeating medicine is better than putting the patient life at risk.

When a part of the body is dislodging from its sight means that the body has undergone a state of trauma with the over activity of the medicine.

There is a rule that when there is adhika snigdhata in shareera then one must go with ruksha virechana aushadhi and vice versa. Considering these basic things, one must cautiously apply Panchakarma therapies in a patient.
The treatments mentioned to all ten vyapats are those which are available at hands except a few. In few of the conditions sadhyo vamana and sadhyo virechana line of treatment is adopted. The vyapats may be such severe that a doctor may also lose his senses at some point which is rightly mentioned by acharyas.

**CONCLUSION**

Keen monitoring of the symptoms in patient ever since first day of treatment, till the completion of treatment can decrease the complications to maximum.

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