A CASE STUDY OF SERIOUS COMPLICATION BY VAMANA KARMA

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INTRODUCTION

Panchakarma treatments are popular treatments nowadays. Although under Panchakarma a number of procedures are performed some of them are only external, some of them internal and some are mixed. The importance of classical ¹Panchakarma i.e. ²Vamana, Virechana, Niruh Basti, Anuvasan Basti and Naysa remains unabated. As the drugs, dosages, and the method of administration of these classical Panchakarma is not followed perfectly and varies region wise. Even sometimes complications of these procedures occur, but go unnoticed as they are not discussed. The difficulty in performing Vamana or Virechanka is that the dosage and the procedure described in the text cannot be understood or followed perfectly. For example one cannot decide the dosage of Madanfal in Vamanakarma only by reading texts. He has to learn it practically and do it repeatedly to perform Vamanakarma confidently. Unfortunately, erroneous method of performing these procedures have been practiced and taught in some institutes that is why, fresher follow the same method and can lead to complication. Aim of this publishing the case study is not to scare others, but to make vigilant while performing these procedures and avoid the complications.

Case report

A female of 48 was brought by her husband to the O.P.D. for psoriatic patches at both the foot. Itching and secretions were troubling her since 5 days. No sleep during night due to itching at that site. She was a known case of Rheumatic heart disease since 30 years. She had mitral stenosis and 2 times got serious heart complaints. She was undergone BMV (Balloon Mitral Valvotomy) under guidance of cardiac physician before 3 years. Since then she had almost no cardiac related complaints. Though the patient was suffering from R.H.D. She was not having any cardiac symptoms from 3 years and she was more troubled with psoriasis. She was taking treatment for R.H.D. at cardiologist so I decided to go for Virechana. Patient and her relatives were well educated, rich enough and wanted to go by my opinion.

Modern Parameters – B.P. – 120/80 mmHg, Pulse – 76/min Regular, Weight – 78 KG, R.R. – 19/min, Temperature – 98.6 F

¹ Charak Samhita Sutrashthana, 2/15
² Sharngdhar Samhita Uttarkhanda, 8/70
Table No 1 Ashtavidh Pariksha -

<table>
<thead>
<tr>
<th>Examination</th>
<th>Finding</th>
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<tbody>
<tr>
<td>Nadi -</td>
<td>74/min</td>
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<tr>
<td>Mala -</td>
<td>Shithil, Regular</td>
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<tr>
<td>Mutra -</td>
<td>Once in a day</td>
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<td>Jivha -</td>
<td>Niram</td>
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<td>Shabd -</td>
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<td>Sparsh -</td>
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<td>Drig -</td>
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<td>Akriti -</td>
<td>Madhyam</td>
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INVESTIGATIONS –
All the investigations relating to her disease were done already by physician’s advice. She showed me reports. Blood investigations were normal. Her blood sugar levels and urine sugar levels were within normal limits. ECG was normal. Investigations were done 15 days before.

EXAMINATION -
I examined the patient carefully there were no cardiac related signs and symptoms. She was taking one anticoagulant, beta-blocker, diuretic and antacid regularly under cardiac physician’s observation. Only the psoriasis was worsened. There was no treatment for psoriasis as per modern medical specialists. So patient used to go to Ayurvedic doctor and got temporary relief. They transferred city and that is why visited our hospital.

Preparatory procedure for Panchakarma started. Written consent was taken. I used to closely observe the patient. Rukshana was advised prior to Snehapan. For that 3gm Trifala Churna was given for 3 times for 1 day. Patient was told to drink hot water only. From the next day Snehapana was started. 60ml cow ghee was given with gruel twice a day 60ml at 9 AM and 8 PM so the total dose of 120ml per day. This method of ghee administration with small quantity of food is Vicharana Snehapana. Snehapana was continued till Samyak Snehan Lakshana were seen. In this case, it was period of 5 days. Thus, Snehapana was given for total 5 days. Her general condition during Snehapana was getting deteriorated. At that time respiratory rate was increased but mild only. Symptoms automatically alleviated after ghee got digested completely. She was explained all the does and don’ts during Snehapana and she followed it. On the Sneha Vishram Din oil massage was performed to the whole body by Dashmool Bala Taila followed by Mridu.

3 Charak Samhita Sutrasthana 13/49, 53
4 Ashtang Hridya Sutrashthana, 16/14
5 Charak Samhita Sutrasthana, 13/58
6 Charak Samhita Sutrashthana 13/62
7 Charak Samhita Sutrashthana 13/81
Nadi Sweda to the whole body. Patient was complaining of nausea and she felt that she might have vomiting. The above symptoms were showing the movement of Dosha to the upward direction. That is why performing Vamana was relevant in this case. There are 3 reasons for that

1) As per 8Doshagati which is Urdhva, Adha and Tiryak. One should follow it. In this case it was Urdhva, so Vamana is treatment of choice.

2) 9One should not Perform Virechana in the patient who has not undergone Vamana already.

3) 10Sushruta have indicated Vamana in Hridroga too and it is indicated in Kushtha by both Charaka and Sushruta

So, I decided to perform Vamana instead of Virechana and instructed the patient to consume 11Kapha- Utklesh Karak Aahar like rice and curd during evening.

On the next morning, again performed massage and hot fomentation in the same way as that of previous day. Her parameters like B.P., Pulse, RR, and Temperature were examined. They were within normal limits. Vamana commenced. First, cow milk was given to drink. She drank 1 liter cow milk. She refused to drink Yashtimadhu Fanta from first glass but managed somehow to finish about 4 glasses of Yashtimadhu Fanta Her will power was strong that is why even after so much critical illness she was undergoing the therapy. 12Vamak Aushadhi administered in form of medicinal paste after enchanting the Mantra.

Medicinal Paste (Vamak Aushadhi) 1) Madanfal – 3gm 2) Saindhav (rock salt) – 1gm, 3) Madhu (Honey) – 10 gm

Vamanopaga Aushadhi: 1) Cow milk – 1 liter 2) Yashtimadhu Fanta – 1 liter 3) Lavanodaka – 1 liter

13Vamana started 20 minutes after ingestion of medicinal paste. 4 veg occurred finely but patient then was not replying to further Vega. She was avoiding vomiting. Her husband was also present and encouraging her. Again two vomiting were seen Yashtimadhu fanta was expelled in larger quantity. Patient was feeling uncomfortable. Therefore She was reexamined there was not much increase in B.P., Pulse but difficulty in breathing and uncomfortable feeling in abdomen (B.P. 140/90 mmhg, pulse- 88/min RR- 20/min). I finished Vamana somehow by giving 2 glasses of Lavanodaka. Again Vomiting occurred 2 times and all the contents returned. This time she felt better. I suspected this patient may complicate further so stopped Vamana further and Dhoompana was administered.

In the end BP was normal (2 hours after Vamana 120/80 MMHG pulse – 74/min RR- 21/min) but by text, type of Shudhi is Hina type as the Pitta was not expelled, neither Tiktaayata was felt by patient. Though total Vamana Vega 8 as per Laingiki Shudhi it is Hina Shudhi. I explained her entire regimen after Vamana as per Hina Shudhi which means Peya – 1 Annakala, Vilepi – 1 Annakala and Yusha -1 Annakala and as the patient was vegetarian mutton soup avoided

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8 Charak Samhita Sutrasthana 17/113
9 Sushruta Samhita Chikitsasthana 33/19
10 Sushruta Samhita Chikitsasthana 33/18
11 Charak Samhita Sidhisthana 1/8
12 Ashtang Hridya Sutrasthana 18/14, Ashtang Sangrah Sutrasthana 18/14
13 Ashtang Hridya Sutrasthana 18/14
That day passed safely. During evening her husband called me and asked some quarries. She consumed Peya ones and Yusha once but feeling little pain in abdomen and dyspnoea (mild). I thought it will relieve after rest.

But the destiny was not on my side. On the next day during noon her husband called me and told she has stopped eating and complaining of dyspnoea. I ran to her home and checked her meticulously. I found that she had 4 loose motions and moderate dyspnoea (pulse – 90/min, RR- 24/min) looking these parameters I suggested her husband to immediately transfer her to a multispecialty hospital. Within 15 minutes we rushed to the hospital where physician told me that she is already suffering from RHD, and watery stool motions further can cause dehydration so she is in critical condition she was admitted in ICU and she was given oxygen and other supportive treatment. But later on after 3 days patient was responding to the treatment so shifted to another hospital at district place. Diahorrea was subsided on the same day with total of 6 watery stool motions. But dyspnoea was not subsiding. In the next hospital she was admitted for almost 10 days.

Due to Virechana dehydration occurred. There may be increase in her venous return due to feedback mechanism. The increase in venous return could not be compensated by the weak heart. Fortunately she received oxygen therapy and other medicines in time. Otherwise she would have suffered from pulmonary edema. Thereafter, the patient was treated by anti-anginal, beta blockers, calcium channel blockers, oxygen therapy etc under cardiac physician observation. After 10 days (almost 13 days after Vamana) she felt fine and discharged from the hospital. The patient or family members fortunately never blamed me in any way.

As per Ayurvedic classics this is Vamana Ayogya Vyapad called Upadrv

Causes – Mridu Aushadhi in Snighdha (unctuous) and Mridu Koashtha person

Symptoms – 1) Tandra 2) Gurav 3) Klama 4) Daurbalya 5) Angasad

Treatment – 1) Aashu Vamana 2) Langhan 3) Pachan 4) Snigdh, Teekshna Shodhan

In my patient all these signs and symptoms were present. Ayurvedic diagnosis and modern diagnosis of the same patient can be entirely different at one time. For example I have a known hypertensive patient of age 76. He is obese, having KrurKoshtha. He tells me when he gets constipation he feels his blood pressure increased and after Niruh basti he gets all the sign and symptoms gets relieved.

CONCLUSION

1) Vamana or Virechana should be avoided in the seriously ill patients or having complicated medical disorder such as RHD (Rheumatic heart disease) this is very serious disease because it directly causes pulmonary edema which is very serious condition and rapidly leads to death.

2) In other patients also one should perform Vamana Karma at a place where he can

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14 Charak Samhita Sidhisthana 6/91,92
manage or refer to hospital where casualty can be successfully handled and where all the facilities are available.
3) Even not so in your hospital you should keep all the arrangements of intravenous fluid therapy and oxygen therapy. One should take written consent of the patient prior to these procedures
4) One should read and write about true Vyapad experiences of various Pancha-karma procedures through journals.

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