

**Review Article**

**Vamana karmukata**

Savita Mordi <sup>1\*</sup>, Manjunath Akki <sup>2</sup>, J. C. Huddar <sup>3</sup>

P. G. Scholar <sup>1</sup>, Professor <sup>2</sup>, HOD & Professor <sup>3</sup>

Department of Samhita & Siddhanta <sup>1,2</sup>, Department of Panchakarma <sup>3</sup>

R K M Ayurvedic Medical College, Vijayapura, Karnataka<sup>1,3</sup>, S J G Ayurvedic Medical College, Koppal, Karnataka, India <sup>2</sup>

\* **Corresponding Author:** Dr. Savita Mordi, E-mail: [saviman79@gmail.com](mailto:saviman79@gmail.com)

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**ABSTRACT:**

The basic principle of Ayurveda is to augment the deficiency, suppress the aggravation, reduce the increment of doshas and maintain the equilibrium of doshas in healthy state. Ayurveda advocates two kinds of treatment measures, which represent the end-phase of all the treatment processes, namely Samshodhana and Samshamana of which the former is given the first place. 'Panchakarma' means the five therapeutic techniques of the unique speciality of Ayurveda viz., Vamana, Virechana, Vasti, Nasya and Raktamokshana. The Shodhana karmas should always be preceded by Poorvakarma, such as Pachana, Snehana, Swedana. These Poorvakarmas cause Vishyandana, Doshapaka, Srotomukha vishodhana and thus brings the vitiated doshas from shakhas to koshta.

The vitiated doshas which are eliminated from the Urdhwamarga is called Vamana, it will remove the vitiated doshas and cure the disease through its root, just as a cutted tree soon dries up together with all its twigs, fruits and flowers. i.e. treatment aim of Ayurveda is not directed at the level of symptoms, but at the root cause.

Vamana is the first and foremost treatment modalities among the Panchakarma. Whenever we are planning Doshapratyanika chikitsa, it is recommended to go for Kapha treatment first by Vamana, then Virechana for Pitta and lastly Basti for Vata. It is indicated mainly for Kapha dosha and kapholbana samsargaja or sannipataja doshas.

**KEY WORDS:** Shodhana, Poorvakarma, Vamana, Karmukata

**INTRODUCTION:**

Vamana is the first and foremost treatment modalities among the Panchakarma. Whenever we are planning Doshapratyanika chikitsa, it is recommended to go for Kapha treatment first by Vamana, then Virechana for Pitta and Basti for Vata.

Vamana occupies the place of uno among all the elimination therapies and requires special care during the process. It must be conducted under the supervision of practically trained physician; otherwise a number of complications will arise. Vamana is indicated for elimination of doshas not only in disease states but also in healthy persons where Kapha is aggravated, such as in Vasanta rutu for prevention of disease and maintenance of health.

Vamana is defined as....

*"Apakwa pitta shleshmanou balat urdhwam nayet tu yath /  
Vamanam taddhi vijneyam madanasya phalam yatha ||<sup>1</sup>*

A process in which the Apakwa pitta and kapha expelled forcefully through oral route is called Vamana. e.g. Madanaphala.

It should be kept in mind that, the word 'Chardi' is used only pertaining to a disease or a symptom. In general, we can understand that when the chardi is induced by medicines with proper guidance, it is called Vamana and otherwise it is either a disease or a symptom.

### Properties and Mode of Action of Vamana Dravyas:

Bhoutik Constitution:

Vamana dravyas are having Agni and Vayu mahabhuta dominancy. The Urdwa Gati of a Vamana dravyas is because of Agneya and Vayu mahabhuta<sup>2</sup>.

### Gunash and Karmas:

1.Ushna, 2.Tikshna, 3.Sookshma, 4.Vyavayi, 5.Vikasi, 6.Urdhwabhagahara property. Apart from these gunas, Sushruta has mentioned the Saratva guna<sup>3</sup>.

**Ushna:** Ushna guna does *Visyandana* of Doshasanghata, which is responsible for the disease. Chakrapani mentioned that Vishyandayati means "Vileenam Kurvanti".

'Apte Vileenam' means to dissolve or to liquefy. In this way due to Ushna property, the drugs liquefy the doshasanghata. In modern Parlance it may be like the action of catalytic agents, which may be converting the saturated compounds in to the unsaturated one or in the form, in which they are more reactive.

**Tikshna:** It is responsible for the act of Vicchindana. Chakrapani says that *Vicchindanti* is nothing but the breaking down of the morbid matter into the small particles. Tikshna is also Agneya; because of this, doshas oozes out immediately. It produces Shodhana, Pachana, Chedana and Sravana of doshas in their places.

Due to Tikshna guna, Vamana drugs breakdown the doshasanghata, already softened by Agneya property, in to the smaller particles. These smaller particles can be brought to the blood circulation where they may be brought into Koshta and Amashaya in case of Vamana due to the *Anu Pravanabhava* of the drugs.

**Sukshma:** Due to this guna the drugs can pass through minute Srotas, Vayu, Akasha and Agni Mahabhuta are dominant in its Bhoutika Constitution. It has been mentioned that Vamana drugs enter Sthula and Anu srotas.

Vamana drugs after breaking the doshasanghata by its Ushna and Tikshna properties, due to their Anu Pravanabhava and poorvakarma brings the dosha again into the Koshta without sticking to the channel as honey runs through the walls of the earthen vessel which has been anointed with Sneha.

**Vyavayi:** Vyavayi guna of the drugs acts, as soon as the drug is ingested, their action starts first, then its Pachana. Due to this property the Vamana drug get absorbed and then act quickly. Dalhana says that, due

to this property Vamana drugs spread in to the body without changing in its form.

**Vikasi:** The drugs, which are having Vikasi guna, produce Shaithilyata in the Sandhi and Oja is separated from the dhatu. Vikasi dravyas loosens the Dhatubandhana (Dhatu shaithilya). Due to this property, Vamana drugs also pervade through whole body without its digestion, as that of Vyavayi.

**Saratva:** Due to this guna, Anulomana is possible. At other juncture Dalhana describes that Anulomana is nothing but Vata and mala pravartanam. Gayadasa another expounder is of the same opinion that Saratva is Visravana i.e., sliding, spreading. It is possible that due to Saratva guna, mala that is brought towards the Koshta from shaka may be evacuated. Thus removal of dosha may be enhanced.

**Veerya:** Vamana drugs having Ushna Veerya due to this dahana, swedana, vivarana and particularly pachana occurs. Drugs first enter the Hridaya by its potency; there from they are circulated through Dhmani to Sthoola and Anu srotas of the body. Thus, Ushna Veerya helps the Vamana drugs in their circulation all over the body and also in breaking down the doshasanghata.

**Vipaka:** "Apakwam Vamanam..."<sup>4</sup> so, there is no role of Vipaka in Vamana karma. Because, Vyavayi guna of the drugs, gets absorbed without their digestion.

**Prabhava:** The main action of Vamana is due to its Prabhava<sup>5</sup>.

"Urdva Anulominam yat cha tat prabhava Prabhavitam"<sup>6</sup> i.e. the action of Vamana drugs are mainly due to their Prabhava. Elaborating Prabhava of Vamana drugs, Chakrapani says that due to dominance of Agni and Vayu mahabhuta, there is a tendency of Urdwa gati of Vamana drugs, its initiated by Udanavayu.

"Urdhwa-amashaya is the site of kapha. The active principles of Vamana dravya are absorbed from the stomach in to circulatory system, where from it circulated to all over the body. On reaching at the site of lesion (dosha sanghata), which is at the cellular level, it breaks the nexus of dosha and brings back the toxic substances. Thus released in to stomach and expelled out by Vomiting".

### Vamana Poorva Bhojanadhi vyavastha:

It has been clearly mentioned that after Snehapana, patient should take rest (Vishrama kala) for one day, before performing Vamana karma. On that day, the patient should be given the diet, which is a property

of Kapha Utklesana, i.e. Gramya, Anupa and Oudaka mamsarasa, Ksheera, Dadhi, Masha, Tila, Shaka are to be taken<sup>7</sup>.

In Sushruta Samhita, it has been stated that the diet to be taken before the day of Vamana should be Abhishyandi. Dalhana stated that, this diet is for Kaphotkleshaka. Charaka also opines, above type of food is to be given in previous night of Vamana. "Shleshmottare chardayati hyadukham"<sup>8</sup> for easily elimination of Kapha without giving much discomfort and pain to the patient.

**Manasopachara:** Patient should be prepared mentally to undergo Vamana therapy. He should be instructed about, administration of Vamana and Vamanopaga drugs. If any disturbance of manas is there, then Vamana may not occur properly. The Swasti Vachana, praying for god, etc may keep the patient mentally quite. The patient mind can also kept quite with the help of taking baths, anointing body with perfumed oil, wearing of garlands of flowers having good smell and wearing of good clothes.

**Tatkaleena Poorvakarma:** Early morning at around 5'0 clock on the day of Vamana, after the mala-mutra visarjana, Sarvadaihika abhyanga and swedana should be given. Afterwards patient has to take hot water bath and be seated in Vamanapeetha then check the vitals.

**Vamana Karma :**Yavagu mixed with small quantity of Ghrita should be given in the morning on the day of Vamana. Vamana should not be administered in empty stomach. If it is not possible to take diet, advice the patient, to take Vamanopaga preparations upto full stomach (*Akanta pana*) in the morning on the day of Vamana Karma. Generally now a days Ikshurasa or Milk is preferred.<sup>9</sup>

"Vamana drug should be given in full stomach, because-when the pyloric end of stomach remains closed and all the local activities of Vamana drugs are limited to the stomach only. As the drugs are irritant action, so a mild inflammation of stomach mucosa is produced."

Generally Vamana dravya preparation should be unpleasant taste and smell and looks ugly (*Bheebatsam vamanam dadhyat*)<sup>10</sup>. As Vamana yoga generally has unpleasant smell and ugly appearance, advice the patient to take it as quick as possible by that the patient will have aversion and helps to stimulate Vomiting center.

**Observation during the Vamana karma:** After administration of Vamana drug, observe the patient

carefully. "*Apakwam vamanam dosham pachyamanam virechanam* " Means, the Vamana dravya will starts its action without undergoing the paka, i.e. by its guna and veerya etc. so don't wait for its pakata.

After the administration of the drug, wait for '*one muhurta*'. The appearance of Sweat on the forehead of the patient indicates that doshas are being melted in their Srotas and horripulation (Romaharsa) shows, doshas have started to move towards the Koshta.

When patient develops kukshi admana i.e. distention of the abdomen, it may be guessed that the doshas have reached to koshta. Thereafter the appearance of Hridayopamarda, Praseka (salivation) and Hrilasa (nausea) gives the indication that the doshas are in urdhwagati and are ready for elimination by the act of vomiting through mouth. Then, intimate the attenders, to hold the forehead of the patient. Charaka suggests that Nabhi region of the patient, should be pressed and back of the patient should be generally massaged below to upwards i.e. *Pratiloma unmardana for easy Vomiting*.

**Observation of Shuddi lakshana:** Chakrapani classified all the signs and symptoms of Samyak shuddi into the four groups viz, Vaigiki, Maniki, Antiki and Laingiki. In Vamana karma first Kapha, then Pitta and lastly Vata dosha are eliminated respectively<sup>11</sup>

**Ascertaining of Vamana Vega:** The Vega, which is induced immediately after the administration of Vamana drug, is due to Hrilasa and Asya srava. Hence, this should not be considered. Continuous stream like, mouthful, projectile in nature and with sound is to be considered as a vega.

**Antiki:** Pittanta is to be considered as Antiki shuddi, i.e. Bitter taste in the mouth indicates the pittanta.

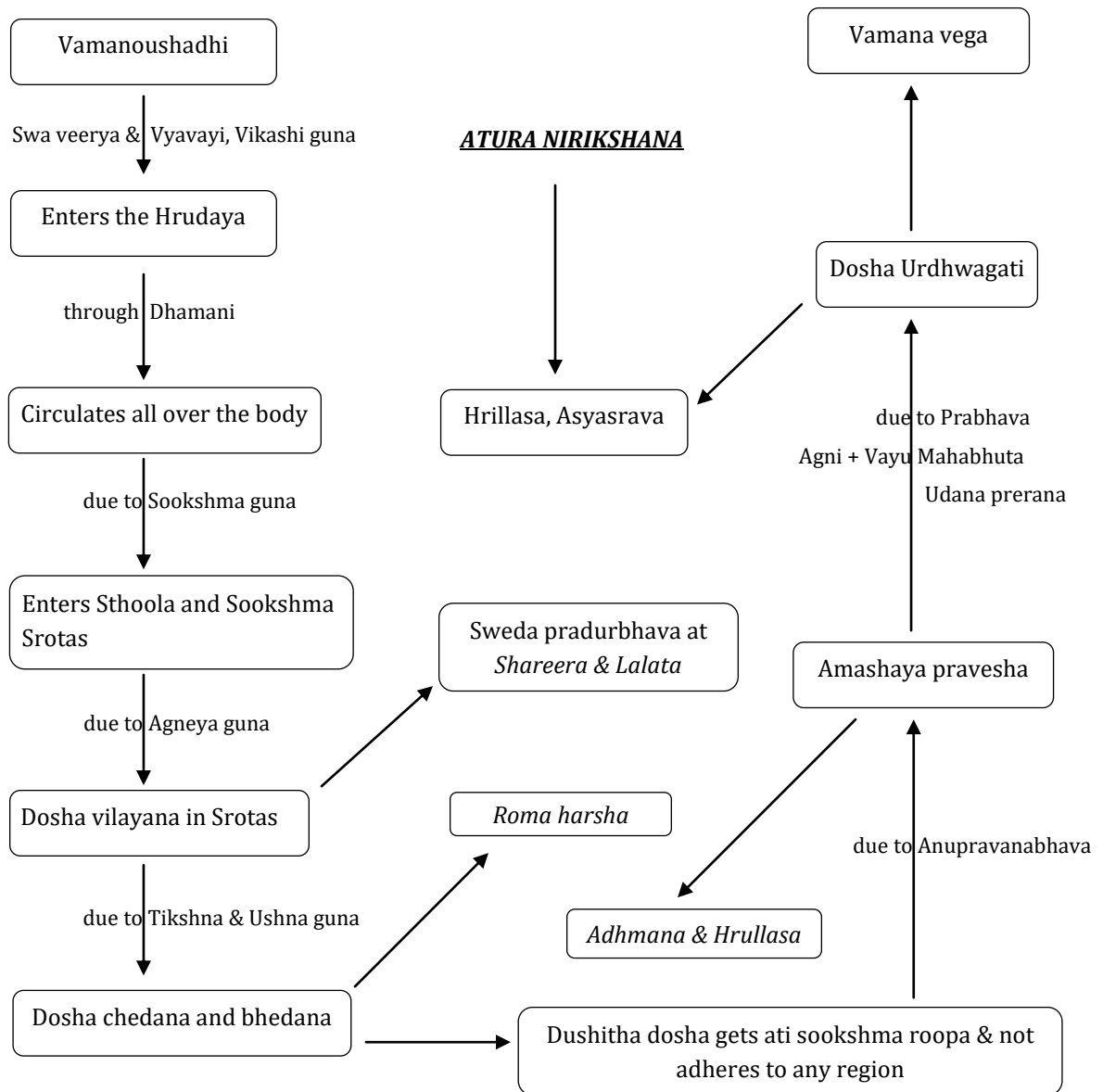
"The process of Vamana is considered complete, as soon as the pyloric valve opens which is evident from the appearance of Bile in vomitus due to the flux of anti peristalsis, set during the process of vomiting."

**Samyak Vamana lakshanas:**<sup>12, 13</sup>

Kale pravrutti, Yathakrama Kapha - Pitta - Vata nirharana, Swayam avasthana of doshas, Hridaya-Parshwa-Murdha-indriya- Srotoshuddi, Laghuta, Krishata, Dourbalya, Kanthashuddhi, Kapha samsrava, Anati mahati vyatha, Yatha Kala kshudha, Pipasa, Mukhashuddhi, Mana prasannata and Deeptagni should be there.

If the person is not getting all the above symptoms and Pittanta then repeatedly Vamanopaga dravyas should be given and Vamana should be induced up to Pittadarshana.

Chart No. 1 : Vamana dravya karmukatha



**EMESIS**

'Emesis' the term is derived by 'emein' (Greek) means, to vomit.

It may be gastric, systemic, and nervous or reflex origin or due to irritation of Vomiting center.

'Vomit', is derived by the Latin word-'vomere' means, to vomit. i.e.

1. Material that is ejected from the stomach through mouth.
2. To eject stomach contents through the mouth.

The act is usually reflex involving coordinated activity of both voluntary and involuntary muscles.

**Definition:**

"Vomiting is a reflex which serves to relieve the upper GI tract by forcible expulsion of gastric contents through the mouth." This may occur either because the contents are irritating or organs themselves or the nerves that supply them are mere irritable than normal. Excessive distension & compression or irritation of the intestine, appendix, bile ducts and other abdominal viscera can also initiate this movement. This is a reflex movement <sup>14</sup>.

Vomiting is a highly integrated and complex reflex, involving both autonomic & somatic neural pathways. Synchronous contraction of the diaphragm, intercostals muscles and abdominal muscles raises intra-abdominal pressure and combined with

relaxation of the lower oesophageal sphincter, results in forcible ejection of gastric contents<sup>15</sup>.

The drugs that produce vomiting [Emetics] can be classified according to their site of action as<sup>16</sup>,

- a. **Centrally acting**, - by stimulation of the CTZ e.g. Apomorphine, morphine and hydergine.
- b. **Peripherally acting**, - e.g. mustard, antimony, potassium tartarate (tartar emetic) and hypertonic sodium chloride.
- c. **Both** peripherally and centrally acting. e.g. Ipecacuanha.

**Cause:** The commonest cause of vomiting is gastric irritation and its purpose is to drive out the irritant from the stomach.

### Physiology:

The act of vomiting is accompanied by a complex series of movements, which are controlled by the vomiting center present in the dorsal portion of the lateral reticular formation in the medulla oblongata. The vomiting center is the final common pathway for the act of vomiting. It receives afferent impulses from;

- Chemo receptor trigger zone (CTZ)
- Vestibular apparatus.
- Higher centers in the brain.
- Peripheral structures including the GI tract & nucleus tractus soliterius (NTS)

A major sensory relay station in the afferent vomiting pathway is Chemoreceptor trigger zone (CTZ). Histologically, CTZ resembles the carotid body & is not a part of the brain. It must be pointed out, however, that the CTZ being a purely sensory relay station is incapable of initiating vomiting in the absence of vomiting center, while direct electrical or chemical stimulation of the latter can evoke vomiting irrespective of the CTZ. Vomiting due to irritation, over distension or over excitation of the upper GI tract (especially the duodenum) does not involve the CTZ, but is directly mediated by the vomiting center. Similarly it is likely that vomiting of central origin due to emotions, nauseous odors and other similar factors does not involve the CTZ, but is due to impulses directly reaching the vomiting center. On the other hand vestibular origin is mediated by the pathway;

vestibular nuclei, cerebellum, CTZ and vomiting center.

### Mechanism of Vomiting:

Vomiting is a reflex process. Straightforward vomiting is governed by a "Vomiting center", which is situated in the dorsal part of the lateral reticular formation of the medulla lying ventral to solitary tract and its nucleus<sup>17</sup>.

Vomiting occurs due to stimulation of the emetic (Vomiting) center, situated in the medulla oblongata. Afferent impulses from the GIT and other viscera, vestibular apparatus, higher centers and CTZ situated near the vomiting center are relayed to the vomiting center. The latter coordinates the movements that result in the vomiting. Nausea is mediated by higher centers and is associated with reduced gastric tone and peristalsis along with increased tone of duodenum. Conditions that inhibit gastric emptying promote vomiting.

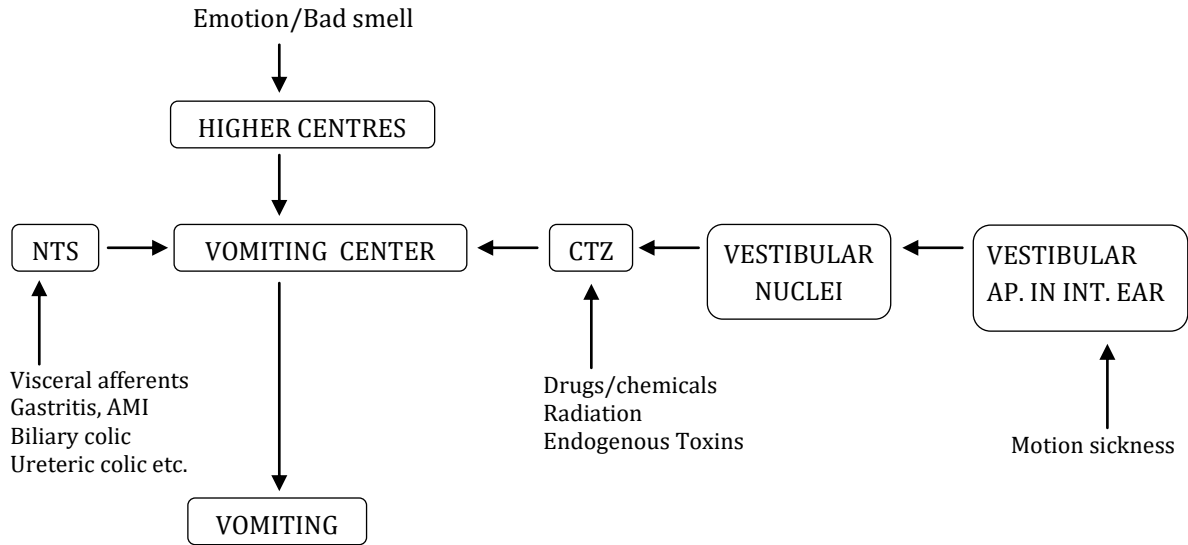
There are 2 pathways, by which the vomiting center is affected,

- 1) Nervous path
- 2) Vascular path.

The nervous path lies in the various afferent pathways coming from the various organs, especially digestive tract. The most sensitive part is in the first part of duodenum. The afferent impulses may also arise in the throat (tickling sensory nerves 5 & 9), stomach (irritation), intestine or other organs outside the gastro-intestinal tract like heart, kidney, uterus or semicircular canals. The efferent impulses, both excitatory and inhibitory, are carried in the Phrenic chiefly and Vagus and Sympathetic.

The CTZ has dominant dopaminergic (DA) as well as other H1, 5HT3, Ach and opoid receptors. It is sensitive to many blood borne drugs and hormones, and is Un protected by Blood-Brain-Barrier. The vestibular impulses are transmitted through a cholinergic pathway. Histamine also probably serves a facilitatory role in the neurogenic mechanisms of vomiting.



Chart No. 2 : Mechanism of Vomiting: <sup>18</sup>**CONCLUSION:**

1. Among Panchakarmas, Vamana should be conducted first to eliminate the vitiated Kapha dosha.
2. Poorvakarmas like Snehana, Swedana, Vamana poorva bhojana vyavastha, Akantapana and patient's co-operation etc. plays a major role to get samyak Vamana.
3. Complex series of movements will take place during this procedure. That's why Vamana should be conducted under the supervision of an expert physician.
4. Akantapana is necessary, prior to administration of Vamana dravya.
5. Vomiting is governed by Vomiting center.

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