

**To Develop Standard Operating Procedure for Vamana Karma at Institute and OPD Levels****1. Dr. Mandar Bhanage**

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**Introduction**

**V**amanakarma is very important karma in Ayurveda considering a special treatment of kapha dosha. In several textual references the importance of vamanakarma is clearly mentioned. In the institute or OPD level, one has to develop standard operating Procedure for vamanakarma with poorvakarma and pashchatkarma. Moreover vyapad can be treated accordingly. Keeping these things in mind present work is done as a guideline or SOP for conduction of vamanakarma at institute and OPD levels.

**Objectives**

- To develop standard operating procedure for vamana karma at institute and opd levels
- To study vamanakarma procedure from various texts
- To study vamanavyapat and treatment

**VAMANA KARMA:**

The act or the action of expelling the impurities i.e. vitiated Doshas through the upper channel is known as Vamana (emesis).

**Purvakarma:****1. SAMBHARA SANGRAHA:**

Collection of dravyas Used For Vamana Karma.

**a) Vamana Dravya:**

These are the main drugs used for Vamanakarma mentioned in our classics. All Vamaka Dravyas have Vamaka Prabhava and hence irrespective of all other properties, they induce the act of vomiting. The 10 dravyas mentioned by Charakacharya are: madan, madhuka, Nimba, Jeemutaka, Krutavedhana, Pippali, Kutaja, Ikshwaku, Ela, Dhamargava

**b) Vamanopaga Dravyas:**

Vamanopaga Dravyas are the supportive Dravyas to the process of vomiting. They enhance the action of

vamana drugs and hence make the process easy. The 10 vamanopaga dravyas mentioned by Charakacharya are: Madhu, Madhuka, Kovidar, Karbudar, Neepa, Vidula, Bimbi, Shanapushpi, Sadapushpa, Pratyakpushpa.

**2. Selection And Examination of The Patient:**

Vaidya should decide whether the patient is fit for Vamana Karma or not. One should assess **Dosha, Bheshaja, Desha, Kala, Bala, Shareera, Aahara, Satmya, Satva, Prakruti, Vaya** followed by Samyaka Snehana and Svedana in a patient before administering the Vamana Dravya.

- **Dosha:** Physician should observe the Avastha of the Doshas like Kshaya-Vridhhi, Urdhvaga-Adhoga-Tiryaga, Shakhashrita-Koshthashrita, Bahu-Dosha, Alpa- Dosha, Sama-Nirama, Swasthanastha-Anyasthanastha, Utklishta, Chalaymana, Leena etc.
- **Bheshaja:** Decide the potency of Dravya based on, Navin-Purana, Sushka-Ardra, mixed with other dravyas, Bheshaja kalpana which may be provided to the patient.
- **Desha:** Decide the Desha like Jangala, Anupa and Sadharana.
- **Kala:** It plays important role in practice of Panchakarma so, Sadharana Kala like Pravrut, Vasanta and Sharada Rutu among them Vasanta is best for Vamana Karma.
- **Bala:** It can be understood as Sharira Bala, Vyadhi Bala and Agni Bala. In accordance to that Vamana Karma should be planned.
- **Shareera:** It is to be considered as Sthula-Krishna, Sara and Samhanana to decide the Bala of the patient.
- **Ahara:** Nature and quantity of diet provides the information about one's Agni, Abhyavarana Shakti and Jarana Shakti etc.
- **Satmya:** It provides information about patient's adoptability and acceptance to different type of food and medicine.

- **Satva:** Assessment of Satva is essential in the procedure like Vamana Karma as it involves both stress and strain.
- **Prakruti:** It Provides information about physio-pathological nature of the patient, level of tolerance and acceptability to the procedure like Vamana.
- **Vaya:** It guides for the selection of the patient. Generally only bala and madhyama vaya patients can undergo Vamanakarma while in vriddha patients it is contraindicated.

**Identification of Koshtha of the patient:** It is highly necessary to assess the Koshtha of the patient to decide the Nature and Matra of the Vamaka dravya.

**Other examinations:**

- a. Patient should be examined by 'Ashtavidha and Dashavidha Pariksha' and by Systemic examination.
- b. Pulse, blood pressure, temperature and respiratory rate should be monitored throughout the process.
- c. Hematological, Biochemical investigations, ECG may be done before advising Vamana Karma for the patient.

**Caution:**

- a. The patient must be hospitalized for Vamana Karma.
- b. If the patient is having some other disease or complications arised from Snehana or Svedana, then it should be treated first.

**3. ATURA SIDDHATA:** Patient should be prepared with the following therapies as Purva Karma.

- Deepana & Pachana
- Snehana
- Abhyanga & Svedana

**Importance of Deepana & Pachana:**

The Saama-Doshas, which are spreaded throughout the body, should not be eliminated without Deepana, Paachana, Snehana and Svedana; because if the medicine is administrated in Ama state, it will destroy the body as the destruction of unripe fruit while extracting its juice. Deepana and Pachana should be carried out with Dravyas like Panchakola Churna until the appearance of Nirama Lakshanas of Doshas and Malas.

Snehapana should be administered in those persons who have the Laghu-Koshtha. Laghu-

Koshtha means the person in whom the Anna, Mala, Rasa, Aamata, Gaurava are completely digested in the sequence from Aamashaya, Pakavashaya, Hridaya. It indicates towards the role of Pachana before Snehapana.

**SNEHANA:**

**a) Indication of Sneha:**

Snehana is indicated in those who are undergoing Svedana or Shodhana procedures, apart from its general indications.

**b) Snehana Dravya:**

Ghrita, Taila, Vasa and Majja are the best Sneha Dravya among which Ghrita is considered as the best due to its "Samskaraanuvartanam" property.

In the present study, **Nishottamadi Ghrita** exclusively mentioned for Vataja Kushtha by Acharya Vagbhata is used for snehapana in the patients of Ekakushtha being a vata-kaphaja variety of Kushtha.

**c) Anupana:**

Warm water should be given after the potion of ghee; soup (Yusha) is recommended after oil; rice water (Manda) after Vasa and Majja; and in general warm water after all kinds of Snehana.

**d) Ahara during Snehapana:**

A person, who is undergoing Snehana, should take Ahara that is Drava, Ushna, Anabhishtandi, Naatisnigdha, and not incompatible, in moderate quantity. The aim of these types of Ahara is to support the digestion of Sneha without disturbing the Agni.

**e) Dose of Snehapana:**

The Sneha, which will be digested in 24 hours, 12 hours and 6 hours, is called as Pravara, Madhyama and Hrasva Sneha Matra.

Among the different Sneha Matras, Madhyama-Matra is indicated for Shodhana purpose particularly in KUSHTHA, Kandua, Pidaka, Sphota, Pama, Prameha, etc.

**f) Snehapana-Kala:**

For Shodhana purpose, the Sneha should be taken after the complete digestion of previous night Meal. For Shamana purpose, the Sneha should be administrated at the time of lunch or dinner when the person is hungry.

**g) Duration of Snehapana:**

In accordance to the Koshtha, 3 days, 5 days and 7 days of Snehapana is required for Mridu, Madhyama and Krura Koshtha respectively. Generally, after 7 days Snehapana should not be continued as the body becomes accustomed to Snehapana (Satmyata) and Doshotklesha may not take place.



**h) Regimen during Snehapana:**

A person should use only warm water for drinking and bath; follow Brahmacharya; complete rest without day-sleep; do not suppress the natural urges for defecation, urination, flatus, eructation etc. avoid exercise, loud speaking, anger, anxiety, extreme cold, heat and well protected from wind; If the person does not follow the prescribe regimen, it results in to severe disorders/complication.

**i) Symptoms of Samyaka-Snigdha:**

Vatanulomana, Agni Deepti, Snigdha (unctuous) & Asamhata (loose) Purisha, Mruduta (softness) and Snigdhatata (unctuousness) of the body are the features of Samyaka Snigdha.

**Abhyanga and Svedana:**

**a) Abhyanga:**

In the context of Purvakarma, Abhyanga is considered as Sakala Dehabhyanga.

**Indication of Abhyanga in Purvakarma:**

The patient to whom Vamana is to be administered should be subjected to the Abhyanga and Svedana for 2 or 3 days.

**b) Svedana:**

**Definition:**

The therapy which produces Sveda (perspiration), and relieves Stambha (stiffness), Gaurava (heaviness), Shita (cold) is known as Svedana.

If the morbid Vata is corrected by Svedana, then there will not be any accumulation of excretes like urine, faeces etc.

**Dietetic Regimen Before Vamana:**

**Diet in the previous night of Vamana Karma:**

The meat of the animals of Gramya, Anupa and Audaka origin and Milk and Dadhi, Masha, Tila, Guda, etc. should be given for kaphotklesha.

**Purpose:**

Arunadatta mentioned that this diet helps Doshas, which are provoked due to proper Snehana and Svedana to move towards Koshttha due to their similar nature. This diet also has the property to excite Kaphadi Dosha (Kaphotklesha) and to minimize the pain and produces the vomiting with much less effort.

**Diet just preceding to Vamana Karma:**

Vamana is given after complete digestion of last night meal, before administrating Vamana medicine mild Snigdha Peya, is to be given. But if the person is Vriddha, Bala, Kliba, Abhiru, the Vamana medicine is given after the stomach is full of Madya, Kshira or Ikshurasa or Mamsa-Rasa etc.

**MANASOPACHARA:**

**Counselling before Vamana Karma**

- Before Vamana, patient must be instructed about Snehapana, Svedana, dietetic regime, administration of Vamana and Vamanopaga Dravyas.
- They should be informed about the whole procedure and proper understanding of each step and its benefits, which will encourage them.

**Purpose:**

- Vamana is the process that depends much upon the mental strength of the patient.
- It progresses fluently, when the patient will be satisfied regarding several doubts in one's mind about the process and prepared mentally for the same.

**Pradhana Karma**

Pradhana Karma starts from the period of oral administration of Vamana Dravya and completes with the stopping of Vamana Vega.

**A) ADMINISTRATION OF VAMANA YOGA:**

This can be organized in the following way.

**a) Position of patient**

Vamana seat (Vamana pitha) should be of the height up to the level of knee joint (Janu-tulya Asanam) and it must be comfortable and wide (Asankirnam). A person may be covered with a clean cloth so that the clothes may not be spoiled by vomitus. Towels should be kept to clean the mouth.

**b) Examination of vital data:**

Pulse, blood pressure, respiration and temperature should be recorded prior to administration of Vamana Dravyas. It is advised to record pulse and blood pressure at regular intervals during Vamana Karma.

**c) Administration of Dravyas:**

It can be divided in the following steps:

- **Aakanthapana:** Aakanthapana should be performed by Yavagu or milk or Ikshurasa
- **Vamana Yoga:**

The Yoga is indicated according to the Dosha, Dushya, Avastha and Vyadhi, for ex. Jimutaka is indicated in the disease like Shvasa, Jvara, and Hikka etc. Madanaphala is the best among all Vamaka Dravyas because of its Anapayitva property (Devoid of complications).

In the present study, **Kutajadi Yoga** mentioned by Acharya Charaka exclusively indicated for Kushtha is used in the patients of Ekakushtha.

**Supportive Dravya:**

Madhu and Saindhava are to be mixed with all Vamana Yoga for Liquefying and disintegrating the Kapha-Dosha.

**Dose of Vamana Yoga:**

The dosages of all Samshodhana Dravyas depend upon individual person. The dosage should be the one which, eliminates of the morbid Doshas and does not produce symptoms of Ayoga and Atiyoga. Dosage of Madhanaphala Pippali is taken according to the patients "ANTARANAKHAMUSHTI" Pramana i.e. 5-10 gms dose of Madanaphala Pippali is given in the present clinical practice.

In this study, the dose of Kutajadi Yoga is given up to **6-12 gms.**

**Administration of Vamana Yoga:**

The person who had sound sleep, stable mind, taken bath, digested food, anointed the body, worn a garland and untorn cloth. Worshipped the Devata and had Abhyanga and Svedana should be administered the Vamana Yoga with Madhu, Saindhava, Yastimadhu-Kashaya, and treacle sanctified by the benediction of the "Swasthivachana" chantings of the Brahmins performed under an auspicious constellation, day, Karan, Muhurta.

**B) OBSERVATION DURING VAMANA KARMA:**

**Time Duration of Vamana act:**

After giving Vamana Yoga, he should be under observation for a Muhurta (48 minute). During that time, Svedana should be done to the person with hand.

**Observation after administration of Vamana Yoga:** Table (13).

Symptoms Appeared	Process (due to changes in Dosha)	Factors (producing changes)
<b>Sweating</b>	Doshas are liquefied	Due to hot and penetrating properties, the Doshas are fragmented and then exuded through major and minor channels.
<b>Pilling of hairs</b>	Doshas moving towards Amashaya	Due to hot property, Doshas exude and move towards Koshtha. These

		Doshas travels through channels just like water, which flows through vessels, smeared by oily material without sticking to it.
<b>Discomfort in abdomen</b>	Enters in the Amashaya	These Doshas enter the Amashaya by Anupravana Bhava.
<b>Nausea, Salivation,</b>	Urdhvagamana of Doshas towards mouth from stomach.	After excited by Udana Vayu, due to the Agni and Vayu predominance of drug and self tendency to move upwards, they start to move in upward direction.

**Instructions for Paricharaka:**

The Paricharakas or sympathetic friends before whom the patient is free from shyness, should endeavour to hold his forehead (Lalatapratigraha), to support the flanks (Pashvagrahane), to press the navel (Nabhiprapidane), and to massage the Back (Prushthonmardane).

**Instructions for Patient:**

The patient should be instructed to vomit without straining excessively by aiding the activated urge, by opening wide mouth and the throat, by slightly bending the upper part of the body, by exciting the dormant urge, by tickling the throat, with two well-manicured fingers or with stalks of blue lily.

After appearance of the symptoms of proper Vamana, if any part of the medicine was left in the body, it should be eliminated by continuing vomiting until the occurrence of lightness in the body and thinning of the Kapha.

**Dravyas used for inducing Vamana in Ayoga:**

If Vamana vega is weak or Ayoga occurs in the patient, it should be augmented by repeated administration of the Dravya, until the appearance of the Pitta. Dravya used for repetition are Pippali, Amalaki, Sarshapa, Vacha, Lavana, and Ushnodaka.

**Second dose of medicine:**

If after taking the Vamana Yoga, the Doshas are not eliminated and the medicine is fully digested, then second dose may be given. If the second dose is taken before the first dose is fully digested, there may be over-action of medicine.



**C) FOUR CRITERIA FOR ASSESSMENT OF VAMANA SHUDDHI:**

Vamana and Virechana are the Samshodhana processes carried out to remove the morbid Doshas mainly Kapha and Pitta from body. To assess the quantity and nature of the vitiated Doshas and to assess the effects achieved after Samshodhana, Charaka at first coined some definite parameters and Chakrapani categorized them by naming as: Antiki, Vaigiki, Maniki and Laingiki criteria.

**1. Antiki criteria:**

Vamana Karma should be continued, until the appearance of Pitta. As per classical text, Pittanta Vamana is one of the criteria of proper Shuddhi. "Appearance of Pitta" can be perceived directly by the greenish yellow colored vomitus and indirectly by Tikta or Katu Asyata, Urodaha, Kanthadaha, Netradaha etc.

**2. Vaigiki criteria:**

This criterion is based on the number of Vega (projectile vomiting). Three types of Shuddhi Hina, Madhyama, Pravara are described based on number of Vega like 4, 6 and 8 respectively. Noticeable difference is observed in the nature of Vega in different patients; hence, they must be defined as Vega and Upavega based on Quantity, Force and Time etc.

- **Quantity:** The quantity of vomitus will be more in Vega in comparison to Upavega.
- **Force:** The projectile vomiting which comes from the Nabhi (stomach) should be considered as Vega and non-projectile vomiting may be considered as Upavega.
- **Time:** The projectile vomiting which comes out instantly in a short time may be considered as Vega and the non-projectile vomiting which comes out gradually taking more time may be considered as Upavega.

**3. Maniki criteria:**

This is the quantitative measurement of the vomitus. It is defined as Hina, Madhyama and Uttama Shuddhi for 1, 1 ½ and 2 Prastha respectively. The word "Prastha" indicates only quantity. Hence, the quantitative measurement for different Shuddhi may be defined as follows.

According to Chakrapani 1 Prastha = 13 ½ Pala = 54 Tola = 540 ml

Shuddhi obtained	In ml	In gm
Hina Shuddhi	540 ml	540 gm
Madhyama Shuddhi	810 ml	810 gm
Pravara Shuddhi	1080 ml	1080 gm

**4. Laingiki criteria:**

The signs and symptoms of Vamana Karma can be considered under "Laingiki Criteria". Chakrapani undoubtedly declares that "Laingiki Shuddhi" is the best among all the criteria. The signs and symptoms during and immediately after Vamana as well as after completion of Samsarjana Karma are as follows.

Kale Pravrutti, Anati Mahati Vyatha, YathaKrama Kapha Pitta Vata Dosha Harana, Swayam Cha Avasthanam, Swara Vishuddhi, Hrudaya Parshwa Shuddhi, Murdha Shuddhi, Kantha Shuddhi, Sroto Shuddhi, Indriya Shuddhi, Koshtha Tanutva, Ruchi Laghava, Karshya, Laghuta, Daurbalya, Kapha Samsrava Sthiti, Swasthata

**Importance:** On the basis of these sign and symptom it is easy to confirm the Samyak Shuddhi by Vamana Karma and to advise the Samsarjana Karma to the patient.

**PASHCHATA-KARMA:**

After the completion of Vamana Karma, The person should be looked after carefully till subjected to normal diet. During that period person should be kept on special dietetic and behavioural restrictions, which are considered as Paschata Karma.

**A) Tatkalin Pashchata Karma:**

After Samyak Vamana, patient is advised to wash mouth, hands and feet, then to take rest for a Muhurta. Afterwards one is advised to inhale the smoke from any one of the three types of smoke i.e. Snaihika, Vairechanika or Upashamaniya, which will be suitable to individual. Then the mouth should be cleaned with warm water. This smoke will help to separate Kapha that is stucked to Srotasas. Dalhana also categorized the three types of Dhumapana according to Prakriti of the patient as:

**Prakriti**

**Type of dhumapana**

Vata Prakriti	Snaihika
Kapha Pitta Prakriti and Utklishta Dosha	Vairechnika
Sama Dosha Prakriti	Upashamaniya
Swastha	Prayogikam

**B) Kalantariya Pashchata Karma**

- 1. Code of conducts:** (i) Loud speeches, sitting & standing in one position for long duration, long walks should be avoided. (ii) Exposure to excessive cold, heat, dew, flowing winds, long journey and sleeplessness in the night, sleeps during daytime, to retain strong urge or provocation of the urges should be avoided.

- 2. Dietetic guidelines:** Viruddhashana, Ajirhashana, Vishamashana, Adhyashana,

Pramitashana, Apathya Ahara should be avoided.

**3. Mental Activities:** One should avoid excessive urge or excessive anger, grief etc.

**C) Samsarjana Krama:**

**Importance of Samsarjana-Krama:**

As the Samshodhana Karma cleanses the whole body in general and Annavaha Srotas in particular, eliminates the large quantity of Dosha and involves various procedures so the Agni is weakened and the person is devoid of strength.

**Course of Samsarjana:**

The Samsarjana Krama, is based on the type of purification done by Vamana Karma 3, 5 and 7 days for Avara, Madhyama and Pravara Shuddhi, respectively.

**Divisions of Samsarjana Krama:**

Charaka classified Samsarjana Krama into two divisions as:

- Peyadi Samsarjana Krama
- Tarpanadi Krama

- **Peyadi Samsarjana Krama:**

Generally, in all the patients after Vamana Karma “Peyadi Sequence” is advised as Ahara regimen as follows: Table (14).

Day s	Annakal a	Pravara Shuddhi	Madhyama Shuddhi	Avara Shuddhi
<b>I day</b>	Morning	–	–	–
	Evening	Peya	Peya	Peya
<b>II day</b>	Morning	Peya	Peya	Vilepi
	Evening	Peya	Vilepi	Kritakrita Yusha
<b>III day</b>	Morning	Vilepi	Vilepi	Kritakrita Mamsaras a
	Evening	Vilepi	Akrita Yusha	Normal Ahara
<b>IV day</b>	Morning	Vilepi	Krita Yusha	–
	Evening	Akrita Yusha	Akrita Mamsarasa	–
<b>V day</b>	Morning	Krita Yusha	Krita Mamsarasa	–
	Evening	Krita Yusha	Normal Ahara	–
<b>VI day</b>	Morning	Akrita Mamsaras	–	–

	Evening	a Krita Mamsaras a	–	–
	<b>VII day</b>	Morning	Krita Mamsaras a	–
	Evening	Normal Ahara	–	–

**Tarpanadi Krama:**

However, in the following patients, Charaka advised to follow "Tarpanadi Sequence" as 'Samsarjana Krama'.

1. When Kapha and Pitta are eliminated in a smaller quantity during Samshodhana.
2. In the alcoholic patients.
3. The patients having Vata, Pitta Prakriti.

This is preferred against 'Peyadi Samsarjana Course' as it may produce “Abhishyanda” (increased secretions) again in the Srotasas of “Vishodhita’ Sharira.

**Nature of Tarpanadi Krama:**

According to Chakrapani, 'Swachha Tarpana' can be served instead of 'Peya' and “Ghana Tarpana” instead of “Vilepi”. Jejjata says due to similarities, (i.e. Samana Jatiyatvat) Mudga Yusha and Mamsarasa can be given as Tarpana. However, commentators of Vagbhata mentioned the Ahara regimen clearly pertaining to “Annakala”. Table (15).

	I	II	III
<b>Arunadatta (A.D. on A.H. 18/40)</b>	Laaja + Saktu	Jirna Shali Odana	Mamsarasa + Odana
<b>Parameshwara (Param on A.H. 18/40)</b>	Laaja + Saktu	Yuhsa + Anna Bhojana	Mamsarasa + Anna

**Benefits of Samsarjana Krama:**

1. Helps to regularise the body, which is weakened due to purification process. (Prakriti Bhojanartham).
2. To provide strength to the debilitated body.
3. By arranging such plan, the Ahara comprised of all the tastes can be served through 12 meals.

**Conclusion**

In this way one can conduct vamanakarma by given SOP at institute and OPD levels. Every karma if done with minimum errors has its own

significance. For the best result and cure everyone should follow guideline regarding vamanakarma. Further workdone and research is essential. PG and PhD scholars should look in this topic for standardation of Ayurvedic karma and treatment procedures.

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