

DEVELOPMENT AND EVALUATION OF A SAMYAKA VAMANA ASSESSMENT SCORE (SVAS): A NOVEL TOOL FOR OBJECTIVE EVALUATION OF VAMANA KARMA

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ABSTRACT

Background: Vamana Karma is a principal bio-purificatory procedure in Ayurveda. Traditionally, its adequacy is assessed using four classical parameters: Vaigiki, Maniki, Antiki, and Laingiki Shuddhi. However, objective assessment remains challenging due to the lack of a standardized composite scale.

Aim: To develop and evaluate the Samyaka Vamana Assessment Score (SVAS), a 10-point composite scoring system, for the standardized assessment of Vamana adequacy, and to determine whether a higher SVAS score corresponds with better attainment of Samyaka Vamana.

Materials and Methods: A 10-point scoring system was designed by assigning weighted values to the classical parameters. The tool was applied to a dataset of N = 42 patients who underwent Vamana Karma. SVAS scores were analyzed to evaluate distribution, procedure outcomes, and the utility of the composite score. **Results:** The mean SVAS score for the cohort

was 7.64 ± 2.09 . Samyaka Vamana (SVAS 8–10) was achieved by 57.14% (n = 24) of patients, Madhyama Vamana (SVAS 5–7) by 38.10% (n = 16), and Heena/Ayoga (SVAS 0–4) by 4.76% (n = 2). **Conclusion:** The SVAS successfully integrates multiple clinical

observations into a single composite metric. The present study provides preliminary evidence regarding the utility of SVAS; further validation using a larger sample and an appropriate external clinical reference standard may be required.

KEYWORDS: Samyaka Vamana, Vamana Karma, Shuddhi Assessment, Assessment Score, Panchakarma, Ayurveda.

1. INTRODUCTION

Vamana Karma is a primary purificatory therapy in Ayurveda. The attainment of Samyaka Vamana (optimal therapeutic emesis) is traditionally verified through four qualitative and quantitative cardinal indicators.

- Vaigiki Shuddhi: Number of bouts.
- Maniki Shuddhi: Volumetric output.
- Antiki Shuddhi: End-point physiological observation.
- Laingiki Shuddhi: Post-procedure clinical features/wellbeing.

Because these parameters assess different aspects of the procedure, clinical evaluation should not depend entirely on a single metric. In practice, one parameter might be inconclusive or difficult to assess, while the others still provide crucial context regarding procedural success. To bridge this gap, this research proposes the Samyaka Vamana Assessment Score (SVAS).

Central Research Hypothesis: A higher composite SVAS score is associated with better adequacy of Vamana and greater clinical attainment of Samyaka Vamana.

2. MATERIALS AND METHODS

2.1. The SVAS Scoring System

The SVAS translates the four Shuddhi parameters into a 10-point numerical scale. The detailed scoring matrix is presented in Table 1.

Parameter	Description	Criteria & Condition	Points
Vaigiki Shuddhi	Number of bouts (Max 3 points)	Apekshit Sankhya (Expected number)	3
		Thoda Kam/Adhik (Slightly less/more)	2
		Bahut Kam (Very low)	1
		Asafal (Failed/absent)	0
Maniki Shuddhi	Volumetric output (Max 3 points)	Apekshit (Expected)	3
		Madhyam (Moderate)	2
		Alpa (Low)	1

		Aparyapt (Inadequate)	0
Antiki Shuddhi	Physiological endpoint (Max 2 points)	Spashta Kaphanta (Clear Kaphanta)	2
		Sandigdha (Doubtful)	1
		Anupasthit (Absent)	0
Laingiki Shuddhi	Clinical wellbeing (Laghava, Ruchi, Manah Prasada, Indriya Prasannata) (Max 2 points)	3–4 symptoms present	2
		1–2 symptoms present	1
		None present	0

SVAS Formula: SVAS = Vaigiki Score + Maniki Score + Antiki Score + Laingiki Score

2.2. Interpretation Criteria

The final composite scores are predefined into three adequacy categories, as shown in Table 2.

Total SVAS Score Range	Adequacy Category
8–10	Samyaka Vamana
5–7	Madhyama Vamana
0–4	Heena/Ayoga Vamana

2.3. Data Source and Analysis

A retrospective clinical dataset containing pre-calculated Shuddhi scores of 42 patients was utilized as the primary reference. Data were evaluated using descriptive statistics and frequency distributions to assess the validity and internal structure of the proposed scoring system without altering any pre-existing raw values.

3. RESULTS

3.1. Demographic and Baseline Characteristics

The cohort consisted of 42 participants, comprising 23 males (54.8%) and 19 females (45.2%). The mean age of the participants was 30.62 ± 8.34 years, ranging from 22 to 56 years. The procedure characteristics are detailed in Table 3.

Parameter	Mean $\pm$ SD	Median
Snehapana Duration (Days)	4.36 ± 0.85	4.00
Snehapana Cumulative Dose (ml)	526.43 ± 127.56	500.00
Akantha Pana Milk Quantity (ml)	1409.05 ± 352.48	1425.00
Vamana Duration (min)	53.36 ± 6.08	55.00

3.2. Evaluation of Individual Parameters and Total SVAS

Each patient's total SVAS score natively reflected the summation of the individual parameters. Across the 42 individuals, the distribution confirmed that the composite score effectively captured varying degrees of procedural success (Table 4).

Category	Total SVAS Score	Frequency (n)	Percentage (%)
Samyaka Vamana	8–10	24	57.14%
Madhyama Vamana	5–7	16	38.10%
Heena / Ayoga Vamana	0–4	2	4.76%

The mean composite SVAS score observed was 7.64 ± 2.09 (Median: 8.00). The dataset demonstrated that patients with higher individual component scores logically converged into the highest categorical bracket (Samyaka Vamana). Conversely, patients with compromised individual parameters were accurately reflected in the Madhyama or Heena/Ayoga categories. For instance, an extreme outlier case of procedural failure (PT30) recorded component scores of Maniki (1), Vaigiki (0), Antiki (0), and Laingiki (0), yielding a mathematically consistent Ayoga SVAS score of 1.

4. DISCUSSION

The multidimensional nature of Vamana Karma requires a holistic evaluation framework. Traditional assessments relying on isolated parameters are susceptible to subjective bias or partial failure. For example, a patient might experience expected clinical symptoms (Laingiki) and a clear terminal endpoint (Antiki), but fall slightly short on the exact volumetric output (Maniki).

By uniting Vaigiki, Maniki, Antiki, and Laingiki Shuddhi into a standardized 10-point scale, the SVAS protects the clinical evaluation from being distorted by a single sub-optimal parameter. The analysis of the provided dataset ($N = 42$) supports the central hypothesis: the composite score dynamically categorizes the varying levels of Vamana adequacy. The distribution—where over half the cohort (57.14%) attained optimal Samyaka Vamana, 38.10% attained moderate adequacy, and under 5% recorded inadequate outcomes—mirrors realistic clinical distributions.

Therefore, a higher component score reliably aggregates into a higher total SVAS score, creating a unified numerical representation of overall Vamana adequacy.

Validation Limitations

While SVAS functions as a mathematically sound and conceptually robust composite scale, the raw dataset lacked parallel measurements for patient-wise post-procedure clinical improvement percentages. Thus, assessing the direct predictive power of SVAS on long-term symptomatic relief could not be conducted in this cohort. The present study provides

preliminary evidence regarding the utility of SVAS; further validation using a larger sample and an appropriate external clinical reference standard may be required.

5. CONCLUSION

To develop and evaluate the Samyaka Vamana Assessment Score (SVAS), a 10-point composite scoring system based on Vaigiki, Maniki, Antiki and Laingiki Shuddhi, for standardized assessment of the adequacy of Vamana, and to determine whether a higher SVAS score corresponds with better attainment of Samyaka Vamana.

Based on the analyzed dataset, the SVAS provides a reliable, internally consistent, and structured composite mechanism to gauge therapeutic adequacy. Higher SVAS scores demonstrably encapsulate superior attainment across all classical dimensions, cementing its utility as a uniform tool for Ayurvedic clinical practice and future empirical research.

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