

**“A CLINICAL STUDY TO STANDARDIZE THE PROCESS OF
PRADHAN KARMA OF VAMAN VIDHI W.R.S TO ANTIKI VAIGIKI
MANIKI LANIGIKI SHUDDHI.”**

Vd. P.U. Jane¹ and Vd. Piyusha Thote*²

¹Prof. & HOD Panchkarma, R.A. Podar, Worli, Mumbai-18.

²P.G. Scholar, M.D. (Panchkarma), R.A. Podar, Worli, Mumbai-18.

Article Received on
18 Jan. 2017,

Revised on 08 Feb. 2017,
Accepted on 01 March 2017

DOI: 10.20959/wjpr20173-8061

***Corresponding Author**

Dr. Vd. Piyusha Thote

P.G. Scholar, M.D.

(Panchkarma), R.A. Podar,

Worli, Mumbai-18.

ABSTRACT

Ayurveda consist of two types of chikitsa i.e. samshodhan chikitsa and shaman chikitsa. Vaman is considered as one of the important shodhan procedures. Vaman karma means to induce therapeutic vomiting or to expel out contents of stomach including vitiated doshas through oral route which is indicated for purification of body. The verb to standardize means average out, equalize, homogenize, systemize or confirm to a standard. The noun ‘standard’ means grade, measurement, model, pattern, average, mean, level or norm. Standardization is determined by the norms which are firmly based upon the parameters

set by texts. To standardize the process citation from charak samhita was adopted. Acharya Charak has categorised vaman into 4 criteria i.e antiki, vaigiki, maniki and laingiki criteria, which were taken into consideration for standardization. So the title “A Clinical Study to standardize the process of Pradhan karma of vaman vidhi w.r.s. to antiki vaigiki maniki laingiki shuddhi” suggests systematization of Vaman procedure to make it simple, safe, easy, clinically more effective, less time consuming and minimizing complications using vacha as vamak dravya and yashtimadhu kashay as vamanopag dravya.

KEYWORDS: chikitsa, vaman, antiki-vaigiki-maniki-laingiki, vacha, yashtimadhu kashay, vamak, vamanopag dravya.

INTRODUCTION

The basic principle of Ayurveda is to augment the deficiency, to suppress the aggravation and eliminate the increment of Doshas and also maintain the equilibrium of Doshas in the state of health.^[1]

Ayurveda consist of two types of chikitsa i.e. samshodhan chikitsa (biopurification of body through panchakarma) and shaman chikitsa (palliative treatment by appropriately planned diet, drug, & life style interventions).

With langhan and pachan chikitsa pacified dosha can get vitiated again. But with help of shodhan chikitsa vitiated doshas are removed completely. The vitiated Dosha which are root causes of the disease get completely eliminated, so that there is practically no possibility of re-occurrence and long lasting beneficial effects are produced. Whereas by Shaman therapy there is every possibility of the diseases to relapse.^[2]

Literally vaman karma means to induce therapeutic vomiting or to expel out contents of stomach including vitiated doshas through oral route which is indicated for purification of body.^[3]

According to sharangdhar vaman is removal of apaka kapha and pitta forcibly outside.^[4]

The verb to standardize means average out, equalize, homogenize, systemize or confirm to a standard. The noun 'standard' means grade, measurement, model, pattern, average, mean, level or norm

Standardization is determined by the norms which are firmly based upon the parameters set by texts. To standardize the process citation from charak samhita was adopted. Acharya Charak has categorised vaman into 4 criteria i.e antiki, vaigiki, maniki and laingiki criteria, which were taken into consideration for standardization.^[5]

So the title "A Clinical Study to standardize the process of Pradhan karma of vaman vidhi w.r.s. to antiki vaigiki maniki laingiki shuddhi" suggests systematization of Vaman procedure to make it simple, safe, easy, clinically more effective, less time consuming and minimizing complications using vacha as vaman dravya and yashtimadhu kashay as vamanopag dravya.

AIMS AND OBJECTIVES

Aim

To standardize the process of Pradhan karma of vaman vidhi w.r.s to antiki vaigiki maniki laingiki shuddhi.

OBJECTIVES

1. To study the effect of vaman vidhi.
2. To study the physiological and biochemical changes which occurs in vaman vidhi.
3. To study the review of literature regarding Pradhan karma of vaman vidhi from ayurvedic classical texts.
4. To observe samyakyog lakshans of vaman vidhi.
5. To study antiki vaigiki maniki laingiki shuddhi of vaman vidhi.

MATERIALS AND METHODS

No. of patients: 30

Selection of patients: from OPD and IPD of the institute.

Criteria for Assessment

➤ **Inclusion criteria of patients**

1. Patients indicated for vaman as per classics.
2. Age group-16 to 60 yrs.
3. Sex- male and female.
4. Patients ready to give written informed consent.

➤ **Exclusion criteria of patients**

1. Age group—less than 16 and more than 60 years.
2. Patients contraindicated as per classics.
3. Patients of auto-immune disorders was not taken.
4. Patients having neoplastic diseases.
5. Patients having systemic and chronic disorder were not taken.
6. Pregnant females and lactating mothers.
7. Patients with infectious diseases. Patients having Irritable Bowel Syndrome, Gastric ulcer, ulcerative colitis, Pulmonary & intestinal tuberculosis.

Drugs and Doses

Vamak dravya: Vacha.^[6] (2 gram)

Goksheer (cow's milk).^[7] – 1lit

Vamanopag dravya: Yastimadhu phant.^[8] - 10-12lit

Yastimadhu phant has to be prepared fresh each time at that day.

Purva Karma**a) Snehapan**

Abhyantar snehapan.^[9] - Patients initially subjected for snehapan for 3/5/7 days in accordance with development of symptoms indicative of proper snehapan.

b) Bahya snehan and swedan.^[10] - Abhayanaga should be done along with Svedana for two days i.e. on the day when Snehapana is completed, gap day and the day on which Vaman is to be administered.

Pradhan Karma

Before snehan swedan patient was given vacha yukta ksheer aakantha panartha. Then patient was subjected for bahya snehan swedan. Vaman is given with vacha as vama dravya and yashtimadhu phant as vamanopag dravya. Yashtimadhu phant was given till pittanta vaman or till appearance of samyak vaman lakshan.^[11]

Paschat Karma

Shaman dhuman.^[12] and samsarjan kram.^[13] for 3/5/7 days given as per shuddhi of patients.

Criteria for Assessment

1. **Subjective criteria-** Antiki (pittanta vaman) and Laingiki criteria (samyakyog lakshans of vaman i.e. hrut shuddhi, parshva shuddhi, murdha shuddhi, laghuta) of vaman^[14].
2. **Objective criteria**
 - a) Vaigiki and Maniki criteria based on bout index (B.I) and maniki shuddhi index (M.S.I).^[15]
 - b) Physiological parameters observed during before and after procedure of vaman.
 - c) Laboratory investigations observed before and after vaman.

Statistical Assessment

All the data gathered and collected during this study was subjected to statistical analysis to reach the final results and conclusions.

- a) **For objective parameters (quantitative data)**-parametric test, paired 't' test was applied.
- b) **For subjective parameters (qualitative data)**-non parametric tests, wilcoxon signed rank test was applied.

Significance of the results were studied at 5% level of significance.

OBSERVATIONS AND RESULTS

1. To assess the effect of vaman samyakyog lakshans of vaman are taken as subjective criteria and Wilcoxon matched pair signed rank test was applied. All samyak yog lakshans i.e. laghuta, hrut shuddhi, parshva shuddhi, murdha shuddhi, yatha kram dosh nirharan or antiki found to be statistically significant.
2. On an average patients had 6.03 vega and 17.56 upavega.
3. Average M.S.I. is 9.50 and 20 patients has M.S.I less than 9.50.
4. Physiological parameters and blood investigations were taken as objective parameters. These parameters are statistically evaluated by paired 't' test.

BP, pulse, weight were statistically insignificant while pulse and RR found to be statistically significant. Changes in LFT, RFT, Hb, WBC, neutrophil, eosinophil, basophil, lymphocytes, total cholesterol, HDL, fasting and PP BSL was found statistically insignificant. While significant changes found in monocytes, ESR, LDL, triglycerides.

Decrease in monocytes and ESR count signifies decrease in acute/chronic inflammation and infections.

DISCUSSION

A) Subjective criteria

Samyak yog lakshans were significantly found in patients of vaman.

Vaman process clears all channels or pathways throughout the body including obstruction in manowaha strotas. So after completion of vaman procedure patients realized lightness in chest (hrut shuddhi), lightness in sides of body (parshva shuddhi), lightness in whole body (laghuta) with increase in freshness i.e. indriyaprasannata.^[16]

Vaman brought kapha from the channels spread all over the body especially from nearest region. So removal of kapha from channels in head region may bring feeling of lightness in head (murdha laghavta).

B) Objective criteria

- a) On an average patients had 6.03 vega and 17.56 upavega.

- b) M.S.I. indicates that there are more chances of medicine to be remained inside than to be expelled out. Practically individual cannot expel more amount of material due to tired physical and mental conditions. So in terms of M.S.I. lesser the M.S.I. indicates maximum expulsion of doshas along with medicine for better purification. The retained yasthimadhu phant excreted as dravamal pravarutti (loose motion) as it further passes from stomach to intestine and then excreted.

Average M.S.I. is < 9.50 and 66.66% patients has M.S.I. < 10 indicates better purification.

- c) BP, pulse, weight were statistically insignificant while pulse and RR found to be statistically significant. All physiological parameters were found to increase during vaman due to activation of autonomic nervous system but gradually comes to normal after completion of process.^[17] So it can be concluded that vaman procedure can be conducted safely.
- d) Significant changes found in monocytes, ESR, LDL, triglycerides. Decrease in monocytes and ESR count signifies decrease in acute/chronic inflammation and infections. While rest of laboratory parameters were found to be statistically insignificant.

CONCLUSION

Based on the results of clinical study displayed in form of tables and graphs, clinically discussed in previous chapters following conclusions can be drawn.

- **Standards as per classics**

- **Vaigiki criteria** – As per the Bout index or QFT pattern which is a standard set for Vega and upavega, Average no. of Vega is 6.03 and upavega is 17.56.
- **Maniki criteria** – As per M.S.I. (maniki shuddhi index) which is a standard set for maniki shuddhi, Average M.S.I. is 9.50 and 20 patients has M.S.I. < 9.50 .
- **Laingiki criteria** – Samyakyog lakshans were taken as subjective parameters which found to be statistically very significant.
- **Aantiki criteria** – 73.32% patients has pittanta vaman, which is endpoint and important antiki lakshan of vaman.

- **Shuddhi** – 12 patients had pravar shuddhi, 11 patients had madhyam shuddhi and 7 patients had avar shuddhi.
- From all above criteria it can be concluded that present method used for vaman is standard.

- **Conclusion drawn from physiological changes**

All physiological parameters were found to be increased during vaman due to activation of autonomic nervous system but gradually comes to normal after completion of process. So it can be concluded that present method used for vaman is safe.

- **Conclusion drawn from laboratory investigations**

Increase in monocytes count and ESR suggestive of acute/chronic inflammation, stress, autoimmune disease, viral infections. Vaman helps to decrease in both monocytes and ESR. So it can be concluded that maintenance of health and prevention of disease can be achieved through vaman procedure.

REFERENCES

1. Sushrut Samhita volume-2, edited by Dr. Anantaram Sharma, Chaukhamba surbharati, Reprint 2010, Su.chi.33/3 p.423.
2. Charaka Samhita of Agnivesa, Volume-I, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012, Cha.su.16/20 p.252.
3. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012, Cha.ka.1/14 p.805.
4. Sharangadhar Samhita, Brahmanand Tripathi, Chaukhamba surbharati prakashan, Reprint 2011, Sha.pratham khanda 1/84.
5. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012, Cha.chi.1/13 p.877.
6. Dravyagun Vigyan, Priyavat Sharma, Chaukhamba Bharti Prakashan, Reprint 2013; 31.
7. Ashtanga Hrudayam, Dr. Bramhananda Tripathi, Chaukhamba Sanskrit-Pratishthan, Reprint 2012, A.H.Su.18/17, Pg.No.20.
8. Dravyagun Vigyan, Priyavat Sharma, Chaukhamba Bharti Prakashan, Reprint 2013; 256.
9. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012; 1/6: 876.

10. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012; Cha.ka.1/14.p: 809.
11. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012; Cha.ka.1/14.p: 809.
12. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012; Cha.su 15/14.p.244.
13. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012; Cha.si.1/12.p.877.
14. Charaka Samhita of Agnivesa, Volume-II, Edited by Dr. Brahmanand Tripathi, Chaukhamba Surabharati Prakashan Varanasi, Edition-2012; Cha.si.1/15.p.878.
15. “A Comparative Clinical Study on Standardization of Vaman Vidhi W.R.S to Classical and Traditional Methods” – Ranjip Kumar Das 2006-Ipgt & Ra, Gujarat Ayurved University, Jamnagar.