THE STUDY OF THE EFFICACY OF *'VAMAN'* IN *SWASTHA* AND *RUGNA* IN *VASANT RUTU*

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ABSTRACT

Background: *Ayurveda* proclaims that the environment and man constantly interact with each other and influenced by their mutual relationship. As long as this interaction remains balanced, the man retains the state of health. Entire functioning of body is regulated by the *Dosha*, which itself are affected by external environment (diurnal and seasonal), food, habits, and habitats, physical and mental conditions etc. *Rutucharya* (Seasonal regimen) is the basic and important endowment of *Ayurveda* to balance the rhythmic seasonal variations of *Dosha*, *Bala, Agni* and *Rasa*. In healthy individuals, the provocated*Doshas*are purified in respective seasons such as management of *Vata Dosha* with *Basti* in *Varsha RutuPittaDosha* with *Virechana* or *Raktamokshan* in *Sharad Rutu* and *KaphaDosha*with *Vamana* or *Nasya Karma* in *Vasantaratu*[1]. **Aims**: To study the effect of *Vamana karma* in patients and healthy individuals in *Vasant rutu*(Spring season). **Objectives**: To observe the effect of *vamana karma*in swastha and also in Tamakshwasa. To assess or observe the signs and symptoms of *Samyakvamana*in healthyperson and *shwasaRoga*in *Vasant Rutu*in comparison with the *Lakshanas*mentioned in *Ayurvedic* texts. **Material and Methods**: Vasantik Vamana karma was carried outin 15 *Swastha* and 15 Rugna (Tamaka--Shwasa patient). **Observations and Results**: No any major complications were found in all 30 patients. Average total quantity of Snehapana was 216ml. Average quantity of *Vamakdravya (Input)* 4290ml and *Utsarjitdravyapraman* was 5200ml. The average 7 Vega were observed in Vegiki-shudhi and Maniki shudhi was 883ml. **Discussions and Conclusion**: Vamana karama is effective in Swastha and Rugna especially in *swabhavik dosha prakopa janya kala* i.e. *Vasant Rutu*. After vamana karma signs of *kapha prakopa*

lakshana were not observed in *Swastha* and the frequency & severity of the symptoms of Rugna i.e. *T amak-shwasa* was reduced in that entire *Vasant Rutu.*

KEYWORDS: *Rutucharya*, Seasonal detoxification, *Vasantik Vamana*, *Swastha, Tamakshwasa.*

INTRODUCTION

Ayurveda also gives more emphasize to the preventive aspect rather than curative.Which means preservation of health of healthy and curing the disease of the diseased; to maintain the health of individual preventive tools described by Ayurveda are Dinacharya, Nishacharya, Rutucharya, Savritta etc.Rutuchrya (seasonal rituals) are advised in order to prevent seasonally aggravated respective Dosha in order to maintain health.[2] Ayurveda has elaborately explained the different stages of Dosha in different Rutu. Dosha, which is accumulated, will be pacified automatically without interference of any treatment. This concept of self-conciliation is called as Rutu Kriyakala. The three stages of the different Dosha are explained as follows:

In Rutucharya depending on the status of the Dosha, in each Rutu, Nirharana Kala (time for elimination) has also been mentioned. It is important to understand that the *Vamana Karma* is indicated for elimination of *Kapha Dosha* not only in diseased states but also in healthy individuals in different physiological states where *Kapha Dosha* is aggravated e.g., in *Vasanta Ritu* (Spring) for preservation of health and prevention of disease. *Vamana Karma* is foremost procedure in management of *Kaphaja* disorders, where *Kapha* is predominant.[3]

AIMS AND OBJECTS

To study the effect of Vamana *karma,* in Tamaka Shwasa patients and healthy individuals

MATERIALS AND METHODS

Vasantika Vamana karma was carried out in 15 *Swastha* and 15 *Tamaka-Shwasa* patient

Study design for Clinical trial

Type of trial: Open Labelled Randomized Clinical Trial Sampling: Simple Random Sampling

Sample size – 30 (15 in each group) Criteria for Selection

Patients fulfilling the inclusion criteria, attending the OPD & IPD of the DEPARTMENT OF KAYACHIKITSA, R. A.PODAR hospital were selected irrespective of sex, religion,

occupation etc.

Mainly two groups

Group A – 15 Healthy volunteers Group B – 15 Patients (*Tamak shwasa*)

INCLUSION CRITERIA

Group A: Healthy Volunteers

- Age: between 15 to 60 yrs.

- Sex : both male & female

- General & laboratorial investigation within normal limit

- At present not suffering from any disease Group B : Patients *Tamak-shwasa* (Bronchial Asthma)

- Age : between 15 to 60 yrs

- Sex : both male & female

- Symptoms of tamakshwasa (describe in Ayurvedic text)

- The patient having H/O Asthma since last 5yrs

- Patients having disease *Tamak-shwasa*.

Exclusion Criteria

o Weak person, pregnant lady, *sukumar, kshata – kshina*

o Patient suffering from any serious systemic disorder like Cardiac disorders, Tuberculosis, anaemia etc.

Methods of application of *Snehapana Karma* and *Vamana Karma Poorvakarma*

The general examinations like Pulse, B.P., Temperature, Weight, *Jiwhā, Sparaśa*, ECG etc. were carried out before *Vamana*.

Deepana & Pachana: Panchakola Choorna 2gms bd. For 3 days.

Vardhamana Snehapana: First day test dose i.e. *Hrasiyasi Matra* approximately 30ml as the minimal dose was given & then dose was increased on the basis of analysis of *Agni* and response of *Koshţha* to the dose (response of patient's digestion and time taken to digest the *Sneha*).

Go Ghrita was given till the occurrence of *Samyak Snigdha Lakshaṇa*.[4] Time: Early in the morning, at Sunrise time, after digestion of previous meal.[5] *Anupāna: Ushṇa Jala* Diet

during *Snehapāna*: Patients were told to take light food only after appearance of *Jeerṇa Sneha Lakshaṇa*.[6]

Test Dose: *Hrasiyasimatra* 30 ml.

Laboratory Investigations
1. Routine Blood, Urine and Stool investigations before & after *Snehapāna* and after completion of *Samsarjana Krama* were done.
2. Lipid profile before& after *Snehapāna* and after completion of *Samsarjana Krama*.

Procedure of *Abhyantara Snehapana*

In the morning between 6 am to 7.00 am (After proper digestion of Previous night meal) the subjects were administered the *Go-Ghrita* in *vardhamana* pattern. *Ushṇa Jala* was given as *Anupāna* following the *Ghrita* intake. After administering *Ghrita*, instructions were given to the subjects - not to take any type of food until he / she feels hunger and only hot water was allowed to drink.

Patients were instructed strictly not to perform *Diwāsvapna, Rātrijāgarana* etc. The *Jeeryamāṇa* and *Jeerṇa Lakshaṇa* of *Sneha* were carefully observed.[7] The duration of *Jeeryamāṇa Lakshaṇa* as well as time required to appear the *Jeerṇa Lakshaṇa*, was assessed. Depending on the time taken by subject for *jeerna lakshanas* of *sneha* next day's dose was decided. The *Samyak Snigdha Lakshaṇās* were observed daily and were scored according to the Scoring pattern. After the appearance of *Samyak Snigdha Lakshaṇās, Snehapāna* was stopped and *Vamana Karma* was conducted.

Pradhana Karma

Vaman karma

Madan phala yoga – Madanphalachoorna + Vachachoorna + Saindhava + honey

Aakanthapana – Yashtimahuphanta Pradhana Karma (induction of *Vamana*): It includes
1. Administration of *Vamana Yoga* - In the morning time between 6;30 to 7;00 am subjects after the evacuation of bowel *Sarvamg Snehan Swedan* was performed. After this the subject was asked to drink milk for stomach full (*Aakanthapana*). Then after 5- 10mins *Vamak yoga* was given.
2. Observations during *Vamana Karma*- vitals i.e. pulse**,** BP recorded**.** Record of input, output and other observations were maintained.

3. Observations regarding four criteria- It was assessed as *Pravara* (highest), *Madhyama* (moderate) and *Hina* (lowest) *Shuddhi* (cleansing) on the basis of four criteria as per the classical texts.ie *Vegiki, Maniki, Antiki and Laingiki*

Paschatkarma

Samsarjan karma according *to* shudhiprakar *mentioned as per classical Ayurveda texts.*

Criteria for Assessment

1. Assess the *Vamana karma* on the basis of *Aantiki, Vegiki, Maniki* and *Langiki* criteria
2. Clinical improvements in the signs and symptoms of *Tamak-shwasa* taken for study to know the efficacy of *Vamana* (classical) by scoring pattern.
3. In *Swastha* after *Vamana* any *Kaphaprakopaka Lakshana* during the period of *Vasant Rutu* were observed.

OBSERVATIONS AND RESULTS

Observations on Demographical Data

Table 1: Age wise distribution of the healthy volunteers and patients undergone Vamana karma.

Sr. No	Age	Group A %	Group B %
1	15-25	6.66	26.66
2	26-35	66.66	20
3	36-45	26.66	33.33
4	46-55	-	20

Data suggests that maximum volunteers are belongs to 26-35 age groups while maximum patients were belongs to 36-45 age group.

Table 2: Sex wise distribution of the healthy volunteers and patients undergone *Vamana karma.*

Sr. No	Gender	Group A %	Group B %
1	Male	53.33	80
2	Female	46.66	20

Data suggests that maximum volunteers as well patients were male.

Table 3: Religion wise distribution of the healthy volunteers and patients undergone Vamana karma.

Sr. No	Religion	Group A %	Group B %
1	Hindu	100	80
2	Muslim	-	20

Data suggests that maximum volunteers as well as patients were belongs to Hindu community.

Table 4: *Prakriti* wise distribution of the healthy volunteers and patients undergone Vamana karma.

Sr. No	*Prakriti*	Group A %	Group B %
1	*Kapha-Paittika*	40	53.33
2	*Kapha-Vatika*	20	6.66
3	*Pitta-Kaphaja*	40	40

Data suggests that maximum volunteers as well as patients were having *Kapha-Paittika* and *Pitta-Kapahaja Prakriti*.

Table 5: *Agni* wise distribution of the healthy volunteers and patients undergone Vamana karma.

Sr. No	*Agni*	Group A %	Group B %
1	*Manda*	46.66	80
2	*Tikshna*	6.66	13.33
3	*Vishama*	26.66	6.66
4	*Sama*	20	-

Table 6: *Koshtha* wise distribution of the healthy volunteers and patients undergone *Vamana karma*.

Sr. No	*Koshtha*	Group A %	Group B %
1	*Mridu*	13.33	13.33
2	*Madhyama*	73.33	60.1
3	*Krura*	13.33	26.66

Data shows that maximum volunteers and patients had *Madhyama Koshtha* followed by *Krura Koshtha*.

Average total quantity of *Snehapana* was 216ml, in total 30 (15 healthy subjects + 15 *Tamaka Shwasa* Patients) with different *Agni* and *Koshta*.

Table 7: *Sneha Jiryaman lakshana* observed in healthy volunteers and patients undergone *Vamana karma.*

Sr. No	*Lakshana*	Group A %	Group B %
1	*Shiroruja*	66.66	53.33
2	*Praseka*	60	66.66
3	*AngaSada*	100	86.66
4	*Klama*	100	100

Table revealed that maximum percentage of the patients of both the groups shows almost all the signs if the *Sneha Jiryamana Lakshana* (parameters to assess the process of digestion of the *Sneha* administered).

Table 8: *Sneha Jirna Lakshana* **observed in healthy volunteers and patients undergone Vamana karma.**

Sr. No	*Lakshana*	Group A %	Group B %
1	*Shariralaghavam*	100	93.33
2	*Vatanulomana*	80	73.33
3	*Kshudhapravritti*	26.66	40
4	*Trishnapravritti*	-	6.66
5	*Udgarshuddhi*	40.66	60

Table revealed that maximum percentage of the patients of both the groups shows almost all the signs if the *Sneha Jirna Lakshana* (parameters to assess the completion of the digestion of the *Sneha* administered).

Table 9: Samyak Snehana lakshana observed in healthy volunteers and patients undergone *Vamana karma.*

Sr. No	*Lakshana*	Group A %	Group B %
1	*Vatanulomya*	86.69	80
2	*Dipta Agni*	33.33	26.66
3	*Varcha Snigdha Asamhatam*	100	100
4	*Mardavam*	96.33	100
5	*Snigdhata Ange*	100	100
6	*Glani*	100	100
7	*Anga Laghavam*	93.33	93.33
8	*Adhah Snehadarshanam*	100	100
9	*Sneha Udvega*	100	100

Table revealed that maximum percentage of the patients of both the groups shows almost all the signs if the *Samayaka Snigdha Lakshanas* (parameters or landmarks for the optimum and appropriate *Snehapana* therapy.

Table 10: *Snehapana Kalavadhi* observed in healthy volunteers and patients undergone Vamana karma.

Sr. No	*Snehapana Kalavadhi*	Group A %	Group B %
1	3	13.33	20
2	5	73.33	40
3	6	-	13.33
4	7	13.33	26.66

Table shows that maximum patients have completed their *Snehapana Upakrama* on 5th day of *Snehapana*.

Results: Effect of therapy – *Snehapana.*

Table 11: Effect of *Snehapana* therapy on healthy individuals.

Sr. No.	Parameter	Before *Snehapana*	Endof *Snehapana*	End of *Samsarjana Krama*	Mean Difference	SD	P	S
1	Serum Cholesterol	167.8± 26.18	188.93± 24.26	154.07± 19.31	13.73	19.095	P < 0.01	S
2	HDL	46.92 ± 7.4	48.82 ± 6.71	4.53 ± 6.72	1.622	6.057	P > 0.1	NS
3	LDL	100.75 ± 17.42	112.36 ± 14.16	93.67 ± 16.16	7.08	17.940	P > 0.1	NS
4	VLDL	24.02 ± 14.33	27.32±15.22	21.58± 12.16	2.44	5.321	P < 0.01	S
5	TG/HDL	4.00 ± 0.4	4.44 ± 0.59	3.5 ± .45	0.126	0.525	P > 0.1	NS
6	STG	108.65 ± 46.62	117.54± 43.43	95.75 ± 3.4	12.9	26.940	P < 0.05	S

From statistical analysis it is clear that most of the parameters show good result at the end of therapy. And statistical significance of the data shows mixed results with significant results in some parameter while non significant results in some parameters in the healthy individuals treated with the *Snehapana*.

Table 12: Effect of *Snehapana* therapy on patients of *Tamak Shwasa.*

Sr. No.	Parameter	Before *Snehapana*	End of *Snehapan a*	End of *Samsarjan a Krama*	Mean Difference	SD	p	S
1	Serum Cholesterol	162.51 ± 29.56	187.4 ± 34.73	156.6 ± 31.88	5.91	19.769	P < 0.01	S
2	HDL	45.6 ± 5.71	50.24 ± 8.8	47.4 ± 11.37	1.706	9.586	P > 0.1	NS
3	LDL	95.22 ± 26.17	117.1 ± 21.45	104.2 ± 17.94	8.98	25.891	P > 0.1	NS
4	VLDL	20.9 ± 9.23	22.79 ± 10.8	21.06 ± 11.73	10.41	10.415	P < 0.01	S
5	TG/HDL	3.96 ± 0.42	3.92 ± 4.99	3.76 ± 0.56	0.206	0.361	> 0.1	NS
6	STG	103.56 ± 45.23	99.52 ± 23.05	94.16 ± 47.02	9.406	31.237	P < 0.05	S

From statistical analysis it is clear that most of the parameters show good result at the end of therapy. And statistical significance of the data shows mixed results with significant results in some parameter while non-significant results in some parameters in the patients of bronchial asthma treated with the *Snehapana*.

Table 13: *Vamana vega* wise distribution of the healthy volunteers and patients undergone *Vamana Karama*.

Vega	Swastha	%	Rugna	%
1-4	1	6.66%	0	0
5-8	9	60%	9	60%
9-12	5	33.33%	6	40%

The average no. of *Vega* were 7.333 in group A and 7.4 in group B were expelled. The average measurement (quantity) of *Vega* in both groups is 7.366.

Table 14: *Maniki shudhi* wise distribution of the healthy volunteers and patients undergone *Vamana Karama*.

Utsarjitdravyapraman (expelled vomitus during vamana)	Swastha	%	Rugna	%
500-700ml	4	26.66%	2	13.33%
701-900ml	5	33.33%	3	20%
901-1100ml	6	40%	9	60%
1101-1300ml	0	0	0	0
1301-1500ml	0	0	1	6.66%

The average total Input in both the group is 4290 ml and Output is 5200ml. so average *manikishudhi* in both group is 883ml.

Table 15: *Aantikishudhi* wise distribution of the healthy volunteers and patients undergone *vamana karama*.

Aantiki	Swastha	%	Rugna	%
Kaphanta	2	13.33%	2	13.33%
Pittant	13	86.66%	13	86.66%

As *Antiki Lakshanas*, due to appearance of *Pitta,* maximum, i.e., 86.66% individuals inswastha & Rugna and kaphantak shudhi observed in 13.33% both in swastha & Rugna.

Table 16: *Type of Shudhi (Suudhiprakar)* **wise distribution of the healthy volunteers and patients undergone** *Vamana Karama.*

Shudhiprakar	Swastha	%	Rugna	%
Pravar	6	40%	7	46.66%
Madhyam	8	53.33%	7	46.66%
Avara	1	6.66%	1	6.66%

Regarding *Shuddhiprakara* individuals noted with *Pravara Shuddhi* (40%), *Madhyama Shuddhi* (53.33%), *Avara Shuddhi* (6.66%) in group A, Whereas in group B 46.66% individuals showed *Pravara Suddhi*, 46.66% *Madhyama Suddhi*, 6.66% *Avara Suddhi* .

Table 17: *AfterVaman Karma,Tamak Shwasa Lakshana Sarani.*

Symptom	Mean of Difference +-SD	't' value	P value
Pinasa	1.2 ± 9.41	4.93	P < 0.001 HS
Kasa	1.4 ± 0.63	8.57	P < 0.001 HS
Shwasa	1.8 ± 0.41	16.8	P < 0.001 HS
Shtivana	1.06 ± 0.59	6.95	P < 0.001 HS

After the Vaman karma symptomatic relief was observed. In some patient *Parshwashool, Kshudhamandya, Nidralpata* symptoms were noted. After the *Vasantik Vaman* frequency & severity of *Shwasa-Vega* was reduced.

Table 18: *Kaphaprakopaka Lakshana* **in** *Swastha.*

Symptom	Mean of Difference +-SD	't' value	P value
Gauravata	1.53 ± 0.834	7.12	< 0.001 (S)
Tandra	1.067 ± 0.884	4.675	< 0.001 (S)
Nidradhikya	1.733 ± 0.799	8.404	< 0.001 (S)
Aalasya	0.8 ± 0.676	4.583	< 0.001 (S)
Mandagni	1.533 ± 0.64	9.280	< 0.001 (S)
Kandu	1.267 ± 0.704	6.971	< 0.001 (S)

DISCUSSION

Discussion on Vamana Procedure Review - According to Dosha theory of Ayurveda, Vamana is a process in which vitiated Dosha, predominantly *Kapha Dosha*[viii] ; are expelled through the upper route i.e. mouth. Before *Shodhana* or body purification few procedures to be administered called as *Poorvakarma* (*Deepana*, *Pachana*) *Pachana* and *Deepana* help to digest the *Ama*, and make the *DoshaNirama* and improves the function of Agni, *Abhyantara Snehana* helps the *Dosha* to increase their volume alongwith their separation from the adherent channels and *Abhyanga* and *Swedana* help the *Dosha* to liquefy and disintegrate. All

these preparatory measures help to mobilize the *Dosha* from *Shakha* to *Koshta*. *Vamana* was induced in the early morning between 6 am to 9 am as this is *Kapha Kala* helpful to remove the *Kapha Dosha* easily. *Ksheera* (milk) belongs to *Kapha Varga* and palatable to most of the persons and hence selected for *Akanthapana* which facilitates the *Vamana* process and prevents the complications. *Vamana Dravya* (drugs for therapeutic emesis) were *Madanaphalapippali* 4 parts, *Vacha* 2 parts, *Saindhava Lavana* 1 part and Honey quantity sufficient was used safely in our routine practice and generally devoid of complications and hence it was used for inducing *Vamana*. *Peyadisansarjana karma* is advised to improve the *Agni* (digestion) gradually, to support the *Prana* (vitality) and nourish the body gradually.

Role and Mode of Action of Shodhana Karma - Purification allows the biological system to return to normalcy & to rejuvenate rapidly & also facilitates the desired pharmacokinetic effect of therapeutic remedies administered later. It eliminates toxins & stagnated Mala &metabolites from the body, cleans the macro & micro channels, maximizes the absorption & metabolism of nutrients & drugs, and helps in minimizing their dose & toxicity.

Probable mode of action of *Vamana* – *Vaman Dravyas* are having the properties *Vyavayi* and *Vikasi* by virtue of *Veerya* (Potency) they circulate quickly in to large and small capillaries of the body. It pervades all over the body. *Doshas* started melting in the body due to *Ushna Guna*, we can observe the perspiration (*Swede Pradurbhava*) on patient's forehead or sometimes whole body. Because of its *Vikashi Guna*, it detaches the *Malas* from *Dhatus*. Owing to the presence of *Sukshma Guna* and *Anupravana* properties the Malas or Doshas float because already body has got *Samyak Snigdhata* (internal oleation) and pass through smallest capillaries and ultimately *Malarupi Kapha* reaches to stomach. *Vamana Karma* is radical therapy to treat *Kapha* disease. *Vamana karma* corrects the pathology by eliminating disease causative factor Kapha from its main site of accumulation. *Vamana* cleanses the different types of toxic materials from the body. *Vamana* therapy, one of the purification therapies restores the Agni (impaired metabolism) by acting at cellular level, there by correcting acid secretion and *Vamana* action.[9]

Vasant Ritu is considered as the season of occurrence of different diseases caused by *Kapha Dosha*. Even we can correlate practically those now days during this season prevalence of epidemic like swine flu, influenza, and measles are ncreasing. Such diseases are causing financial burden on our health care. For this reason, whatever regimen for specific *Rutu* advised by our *Aacharya*, if person follows that then he should get rid from such deadly

diseases[10]

For elaborating the *Samyaka Vamana Lakshana, Rogopashanti* is the main manifestation of *Tamak Shwasa* has been taken. After the vaman karma the frequency of *Shwasavegavastha* was reduced, even the severity of the *Shwasavega* also reduced. As study conducted in *Aanupadesha Kaphaja Vvyadhi* prevalence rate is more &*Vamana* is the best preventive & curative treatment for the *Kaphaj-Vyadhi.*

DISCUSSION ON OBSERVATIONS AND RESULTS

From the table of results and observation it is cleared that, irrespective of the state of *Agni, Koshtha* in diseased as well as healthy individual, the percentage of patients achieving *Samyaka Snigdha Lakshana* and *Snehapana Kalavadhi* was found very similar in both the groups. Also the *Shodhana* or *Shuddhi (Laingiki, Lakshaniki)* was also found similar in healthy as well as diseased individuals. In addition the mean difference in the serum cholesterol, HDL, LDL, VLDL and TG were also found approximately similar and statistically significant in both groups. Also the relief in symptoms of *Tamaka Shwasa* was also found statistically significant. It means there is no effect of condition of individual i.e. healthy or diseased the results on *Kapha Shuddhi* is found similar. Therefore *Vamana Karma* is the best *Shodhana Chikitsa* for purification of vitiated *Kapha* in *Vasanta Rutu* and also to cure the *Kaphaja Lakshana* in *Tamka Shwasa* in *Prakrut Kapha Prakopa Kala.*

Disscussion on Role of *Vamana* to cure and to prevent *Kapha Dosha Prakopaka Vyadi* in *Vasanta Rutu-* From above study to reduce prevalence & morbidity rate of *KaphajaVyadhi in Swabhavik Dosha Prakopa Kala, Vamana* is the best preventive tool. In healthy individual who more commonly suffer with *Kapha Prakopaka Lakshana* during *Swabhavik Dosha Prakopa Kala* i.e. *Vasanta Rutu.*

CONCLUSION

1) *Vamana karama* is effective in *Swastha* and *Rugna* especially in *Swabhavik Dosha Prakopajanya Kala* i.e. *Vasant Rutujanya Kapha Prakop*

2) After *Vamanakarma* signs of *Kapha Prakopa Lakshana* were not observed in *Swastha* and the frequency & severity of the symptoms of *Rugna* i.e. *Tamak Shwasa* was reduced in that entire *Vasant Rutu*

3) Irrespective of the healthy or diseased status of individual, *Vamana Karma* is indicated in *Kapha PrakopakaVasnata Rutu* as there are equal results in *Shuddhi Lakshana* as well as

subjective and Objective parameters.

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