

ASSESSMENT OF VYAPAT IN VASANTA RUTU VAMANA

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ABSTRACT :

Vamana karma is placed first among *panchakarma* owing to its ability to eliminate vitiated *kapha dosha*, tedious method of execution of procedure and the tendency of producing serious complications. For the purpose of maintenance of health, *vamana* is advisable for healthy individuals in *vasanta rutu* which is *kapha prakopaka kala*. Thus an attempt was made by conducting *rutu vamana* for 40 individuals and a study was done on analyzing complications occurred and its management. Among 40 individuals, 2 had *adhopravrtti*, 1 had expulsion of blood in the vomitus and 1 had increased stimulus of vomiting but only *vayu* was expelled and there was no expulsion of medicine which was ingested. This had also resulted in *gatragraha* and *murcha* in the individual.

Key words: *Vamana vyapat, adhopravrtti, jeevadana, upadrava*

INTRODUCTION: Panchakarma, a unique approach of ayurveda presents specially designed five procedures of internal purification of body which allows the biological system to return to homeostasis. Thus vamana karma occupies the top place among the five karmas and needs extra care during the procedure. A vaidya before conducting vamana karma should be well versed with thorough knowledge of proper administration and complications which may occur due to faults of paricharaka, oushadha, vaidya and atura. Thus acharya charaka mentions 10 vyapats 1, sushruta mentions 15 vyapats 2 and vagbhata mentions 12 vyapats 3. A wide description about symptoms and the proper management of

these vyapats are also given by the acharyas.

MATERIALS AND METHODS:

Healthy volunteers and patients indicated for vamana karma were selected from the OPD and IPD of SJIIM, Bengaluru. 40 individuals were registered for the administration of vamana in vasanta rutu between 25/3/2015 and 12/4/2015.

Inclusion criteria:

Age between 16 and 60 years.

Patients suffering from kapha pradhana vyadhis and kapha pradhana prakruti.

Exclusion criteria:

Patients suffering from tuberculosis, ischemic heart disease, hypertension, carcinoma and other life threatening and complicated diseases.

Methodology:

<i>Deepana pachana</i>	<i>Trikatu churna</i> : 2-5g thrice daily 1hr before food with hot water
<i>Snehapana</i>	<i>Guggulu tiktaka ghrita</i> : 30-60-90-120-150-180-210ml Till the observation of <i>samyak snigdha lakshana</i>
<i>Akantapana</i>	<i>Ksheera</i> : 1-2 lt
<i>Vamaka yoga</i>	<i>Madanaphala churna</i> : 5-8g

	<i>vacha churna</i> : 2-3g <i>yashti churna</i> : 6-8g <i>saindhava lavana</i> : 1-2g
<i>Vamanopaga</i>	<i>Yashti phanta</i> : 1-2 lt

Quantity of the above drugs were given according to the condition.

OBSERVATIONS:

<i>Vyapats</i> occurred	No. of individuals
<i>Pratiloma gati</i> of <i>doshas</i>	2
<i>Jeevadana</i>	1
<i>Upadrava</i>	1

DISCUSSION:

As per the observations mentioned above, Two (2) individuals had *adhopravrutti* i.e., *vamana dravya* had caused loose stools and the reason behind it is as follows.

One (1) had *mrudu koshta*. During *vishrama kala*, *kapha utleshakara ahara* was advised in which milk products were also included. Thus the person had taken *ksheera payasa* for the whole day and had loose stools for 2 times on the previous night of *vamana*. During administration of *vamana karma*, the individual was in a state of *manda kapha* and *mrudu koshta*. Thus *akantapana* of *ksheera* which is a *virechaka dravya* had led to loose stools for 3-4 times.

Here *koshta* was not assessed properly and if properly assessed milk should have been avoided for *kaphotkleshana* and *akantapana*. Instead curd with jaggery, ikshu rasa etc could have been used.

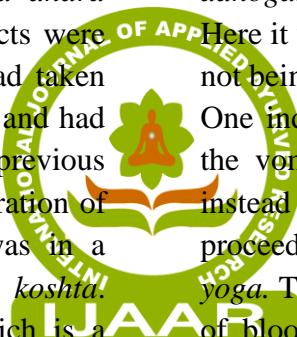
One individual had loose stools following *akantapana*. Here *akantapana* was done with milk and had resulted in loose stools for 1 time. Then *vamaka yoga* was administered which had again resulted in 1 episode of loose stools. The reason for it was that the individual had arrived late for the procedure and thus *vamana karma* was started at 8 am. *Vamana* has to be conducted during *kapha utkleshaka kala*

of the day which is said to be *purvahna*. But as the time of administration was delayed, his *kshudha kala* had also arrived. Thus there was increase in *pitta dosha* and *kapha vilayana* had taken place which was again a state of *manda kapha*. Thus *adhogamana* of *doshas* had taken place.

Here it was due to *aturakruta apachara* for not being ready in time.

One individual had expulsion of blood in the vomitus following *akantapana*. Then instead of stopping the procedure it was proceeded by administration of *vamaka yoga*. This had again led to more expulsion of blood in the vomitus. The reason for this *vyapat* was that *snehapana* was not properly done i.e., *samyak snigdha lakshanas* were not attended but was proceeded for further steps. Thus in a state of *alpa dosha*, *asnigdha kaya*, *vamaka yoga* had led to *raktadhatu svara*. Here the individual had tried to vomit with more sound, pressure & had over strained himself while vomiting which was another reason for the expulsion of blood. Thus the procedure was stopped and the person was stable after sometime on his own.

Here it was due to *vaidyakruta apachara* for improper *snehapana* i.e., for not proceeding *snehapana* till the appearance of *samyak snigdha lakshanas*.



One individual had increased urge for vomiting but there was expulsion of only *vayu* and there was no expulsion of *dravya* that was ingested. The reason here was that the person was *avamya*, *snehapana* was improper, *samyak snigdha lakshanas* were not attained. During *vishrama kala*, *kapha utkleshaka ahara* was not taken properly and the *prakruti* was *vatapitta prakruti*. Thus on administration of *vamana karma*, there was *gatragraha*, *anga shoola* and *murccha*. Thus the procedure was stopped, cold water was sprinkled over the face for revival of the person, fanning was done and was allowed to relax followed by oral rehydration. Later there was loose stools for 2 times after which the pain had subsided.

Here it was due to *vaidyakruta apachara* for improper *snehapana* was done as it was not proceeded till the appearance of *samyak snigdha lakshanas* and it was also due to *aturakruta apachara* for not following the instructions given by *vaidya* about regimes during *vishrama kala*.

CONCLUSION: For conduction of *vamana karma*, strict following of proper procedure and proper analysis of *kala*, *koshta*, *doshavastha* etc plays a major role in the success of the treatment. Equally important is the knowledge of *vyapat* and its management because these *vyapats* are so serious that they may lead to even loss of life if not treated immediately. Thus only when *poorvakarma* is properly done, *pradhana karma* becomes successful. Thus a sincere attempt was done to reveal the complications faced during the study because mistakes teach us many things making us more meticulous in the administration of therapies. Hence highest

importance should be given to *poorvakarma* and analysis of *doshavastha*. If these are ignored *vyapats* are sure to appear and the *vaidya* should be ready with all the emergency medicines required to treat them.

REFERENCES:

1. Agnivesha, Charaka samhita, refined by charaka, redacted by Drudabala, Siddhi sthana, vamanavirechana vyapat siddhi adhyaya 6/29-30, Ayurveda deepika commentary by Chakrapani, Varanasi, Chaukamba sanskritha samsthana; reprint: 2004, pp: 738.
2. Sushruta, Sushruta samhita, chikitsasthana, vamanavirechana vyapat chiktsa 34/21, Nibandha sangraha commentary by Dalhanacharya and Nyayachandrika panjika by Gayadasacharya on Nidana sthana, edited by Vaidya Jadavji Trikamji Acharya and Narayanarama Acharya, Kavyatirtha, Varanasi : Chaukambha Sura Bharati; reprint 2003, pp 824.
3. Vaghbata, Ashtanga hridaya, kalpasthana, Vamanavirechana vyapat siddhi adhyaya 3/5-8, Sarvanga sundaram commentary by Arunadatta and Ayurveda rasayana by Hemadri, reprint 2000, Varanasi : Krishnadasa academa; 2000.

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