Clinical Research

A comparative study on Vamana Karma with Madanaphala and Krutavedhana in Ekakushtha (Psoriasis)

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Abstract

Vamana Karma (therapeutic emesis) is the best therapy for the elimination of vitiated Kapha Dosha. In the present clinical practice Madanaphala (Randia dumetorum) is mainly used for Vamana Karma. Apart from Madanaphala, five other drugs, and in total 355 formulations are described in Charaka Samhita; one of them is Krutavedhana (Luffa acutangula) kalpa (formulations). Krutavedhana is specially indicated in Gadha (compact) Dosha condition like Kushtha (skin diseases), Garavisha (slow poison), and so on, for Vamana Karma. The present study aimed to observe the effect on Vamana Karma and by that its effect on Ekakushtha (Psoriasis). Krutavedhana Beeja Churna (seed powder) was given with Madhu (honey) and Saindhava (rock salt) as Vamana Yoga (emetic formulation), to compare it with Madanaphala Pippali Churna (seed powder). After the Sansarjana Krama (special dietetic schedule), Panchatikta Ghrita (medicated ghee) was given as Shamana Sneha (pacifying oleation). An average dose of Krutavedhana was 5.9 g. Krutavedhana could produce a good number of Vega (bouts), Pittanta Lakshana (bile coming out at the end of Vamana), and Pravara Shuddhi (maximum cleansing) in a majority of patients. Madanaphala is the best among all Vamaka (emetic) drugs, but Krutavedhana showed a similar to higher effect on Vamana Karma in terms of Antiki, Maniki, Vaigiki, and Laingiki Shuddhi (cleansing criteria). Vamana Karma by Krutavedhana showed better relief in Matsyashakalopamam (silvery scale), Kandu (itching), and Rukshataa (dryness), while Madanaphala showed better relief in Krishnaruna Varna (erythema). After completion of the Shamana (pacifying) treatment, both the groups showed nearly the same effect on Asvedanam (lack of perspiration), Matsyashakalopamam, Kandu, Rukshataa, Krishnaruna Varna, and Mahaavaastu (bigger lesion).

Key words: Ekakushtha, Krutavedhana, Madanaphala, Panchatikta Ghrita, Psoriasis, Vamana Karma

Introduction

Panchakarma, the unique therapies of Ayurveda, attract the attention of people for the treatment of various disorders and also for their preventive and promotive effect. With increase of awareness and global acceptance, it is the need of the hour to work on individual Karma, with different formulations for different diseases, in a scientific manner. Therefore, in the present study Vamana Karma has been selected for the treatment of Ekakushtha (psoriasis). Vamana Karma is the best therapy[1] for the elimination of vitiated Kapha Dosha from all over the body through Aamashaya (stomach) by means of medically induced vomiting.

For the Vamana Karma, mainly Madanaphala is widely used, and the other Vamaka drugs and their formulations are not in usual practice. Apart from Madanaphala, five other drugs and in total 355 formulations are described in Charaka Samhita,[2] one of them is Krutavedhana Kalpa, which indicates the selection of different drugs and formulations in accordance to the Dosha, Dushya (tissues), and disease. Krutavedhana is specifically mentioned for a Gadha Dosha condition, like Kushtha, Pandu (anemia), Pliha Roga (splenomegalY, Shopha (edema), Gara Visha,[3] and so on. Ekakushtha has been taken for present study. Ekakushtha is one among the Kshudra Kushtha (minor skin diseases) with the dominance of Kapha and Vata Dosha in particular,
and the Rakta (blood) is vitiated in general. Ekakushtha can be co-related with psoriasis. Thus, in the present study Vamana Karma has been conducted by Madanaphala and Krutavedhana in the patients of psoriasis.

**Aims and objectives**
- To assess the effect of Krutavedhana on Vamana Karma
- To compare the effect of Madanaphala Pippali and Krutavedhana Yoga on Vamana Karma
- To compare the effect of Vamana Karma performed by Madanaphala Pippali and Krutavedhana on the alleviation of the signs and symptoms of psoriasis.

**Materials and Methods**

The patients having classical signs and symptoms of Ekakushtha (psoriasis), as described in Bruhatrayi, were selected. A special proforma including all the etiological factors of Kushtha with Dushti Lakshana (signs and symptoms of vitiation) of Dosha, Dushya, Srotasa (channels), and so on, was designed for assessment of all the patients. The patients were thoroughly questioned and examined on the basis of the proforma. Ethical clearance and informed consent were obtained before conducting the trial.

**Selection of patients**
Patients suffering from Ekakushtha were selected from the Outpatient Department (OPD) and the Inpatient Department (IPD) of the I.P.G.T. and R.A., Hospital, Jamnagar, irrespective of religion, sex, occupation, caste, and so forth.

**Inclusion criteria**
- Age between 18 and 60 years
- Ekakushtha is diagnosed as per Ayurveda

**Exclusion criteria**
- Age below 18 years and above 60 years
- Patients of, hypertension, tuberculosis, carcinoma, other life-threatening, and complicated diseases, and major systemic illnesses

**Pathological investigation**
- Blood for Hemoglobin (HB), Total Count (TC), Differential Count (DC), Erythrocyte Sedimentation Rate (ESR)
- Routine and microscopic examination of urine

**Biochemical investigation**
- Lipid profile, Fasting blood sugar (FBS)

**Grouping**
Patients were randomly divided and studied under two Groups, namely, Group A and Group B, irrespective of religion, sex, occupation, caste, and the like.

**Group A:** In this group Vamana Karma was performed by Madanaphala Pippali. Panchatikta Ghrita was given as Shamana, after Sansarjana Krama.

**Group B:** In this group Vamana Karma was performed by Krutavedhana. Panchatikta Ghrita was given as Shamana, after Sansarjana Krama.

**Procedure, drug, dose, and duration**

**Group A**

| Procedure                  | Drug and dose                                      | Duration  |
|---------------------------|---------------------------------------------------|-----------|
| Deepana and Pachana       | Panchakola Churna (herbal powder) — 2 g / thrice a day with warm water | Three days |
| Snehapana (internal oleation) | Shuddha Go-Ghrita (plain cow ghee) – as per Koshtha (bowl) and Agni (power of digestion) | Three to seven days |
| Abhyanga (massage) and Svedana (fomentation) | Bala Taila (medicated oil) twice / day during Vishrama Kala (Rest day) after Samyaka Snehapana | One day |

**Group B**

| Procedure                  | Drug and dose                                      | Duration  |
|---------------------------|---------------------------------------------------|-----------|
| Deepana and Pachana       | Panchakola Churna — 2 g / thrice a day with warm water | Three days |
| Snehapana                 | Shuddha Go-Ghrita (as per Koshtha and Agni)       | Three to seven days |
| Abhyanga and Svedana       | Bala Taila twice / day during Vishrama Kala (Rest day) after Samyaka Snehapana | One day |
| Vamana Karma               | Madanaphala + Saindhav + Madhu with Yashtimadhu Phanta (hot infusion of Glycyrrhiza glabra) — 3 – 4 l. | One day |

**Properties of Madanaphala and Krutavedhana**

**Madanaphala**
- Rasa: Kashaya, Madhura, Tikta, Katu
- Guna: Laghu, Ruksha
- Veerya: Ushna
- Vipaka: Katu
- Prabhava: Vamaka

**Krutavedhana**
- Rasa: Tikta
- Guna: Laghu, Ruksha, Tikshna
- Veerya: Ushna
- Vipaka: Katu
- Prabhava: Udbhayatobhagahara
Internal Shamana Yoga

After the Sansarjana Krama Panchatiktha Ghrita was given as Shamana Yoga, in both groups, in the dose of 20 ml, twice a day for 15 days.

Follow-up

After Shamana Yoga, follow-up was done, for 30 days.

Pathya – Apathya (Dos and don’ts)

Pathya – Apathya was advised to the patient as per the classics.

Criteria for Assessment

- Assessment of Vamana Karma was done by observing the features of Samyaka Yoga (proper induction), Ayoga (inadequate induction), and Atiyoga (excessive induction), with Antiki, Maniki, Laingiki, and Vaigiki Shuddhi.
- Changes in signs and symptoms of psoriasis were assessed by a specially designed proforma.
- The effect on Vamana Karma and effect on psoriasis in both the groups were compared.
- Statistical tools: The results were compared by the paired ‘t’ test and percentage-wise comparison between the two groups.

Scoring pattern

The scoring pattern was based on the scoring of National Psoriatic Foundation (NPF), for signs and symptoms of psoriasis and a special scoring pattern was adopted for certain signs and symptoms of Ekakushtha.

Kandu

| Description                                      | Score |
|--------------------------------------------------|-------|
| No itching                                       | 0     |
| Mild itching (only aware of itching at times, when relaxing) | 1     |
| Intermediate between 1 to 3                      | 2     |
| Moderate (sometimes disturbs the sleep and day time activity) | 3     |
| Intermediate between 3 and 5                     | 4     |
| Severe (constant itching, frequent sleep disturbance) | 5     |

Rukshata

| Description                                      | Score |
|--------------------------------------------------|-------|
| No line on scratching with nail                  | 0     |
| Faint lines on scratching with nail               | 1     |
| Lines and even words can be written on scratching by nail | 2     |
| Excessive Rukshata leading to Kandu              | 3     |
| Rukshata leading to crack formation              | 4     |

Criteria for the assessment of overall effect of the therapies

1. Complete remission: 100% relief in the signs and symptoms
2. Marked improvement: > 76% relief in the signs and symptoms
3. Moderate Improvement: 51 – 75% relief in the signs and symptoms
4. Improved: 26 – 50% relief in the signs and symptoms
5. Unchanged: Below 25% relief in the signs and symptoms

Observations

General observations

A total of 30 patients were registered. Among them, in Group A – 13 patients completed the treatment and two patients discontinued, and in Group B – 14 patients completed the treatment and one patient left the treatment. Maximum number of patients, (40%) belonged to the age group of 36 – 45 years, 66.67% were male, 93.33% were of Hindu religion, 76.67% were married, 60% belonged to the middle class, 56.67% were habituated to a vegetarian diet. Maximum number of patients, (56.67%) had regular bowel habits and 46.67% had Pravara Satva (moderate capacity for intake and digestion of food). Fifty percent had a dietary pattern of Vishamashana (irregular pattern of diet) and 40% were addicted to tobacco.

Dashvidha Pariksha (Tenfold method of examination)

Maximum (40%) of the patients had Kapha-Vata Prakruti (constitution) followed by Pitta-Kapha Prakruti in 30% of the patients. Seventy percent of the patients had Madhyama Sara (moderate tissue build up) and Pramana (quantity), 50% patients were of Pravara Satva (superior mental power), and 60% of the patients had Madhyama Abhyavarana and Jarana Shakti (moderate capacity for intake and digestion of food).

Nidaanaas

Maximum number of patients (83.33%) took Viruddha Aahaara (contradictory food),[9] like milk + Khichadi (Indian food recipe prepared from rice and green gram) and 70% of the patients consumed Fast food and curd. Divaswapna (day sleep) was observed in maximum, (50%) of the patients, followed by Ajirmashana (food intake during the state of indigestion).

| Description                                      | Score |
|--------------------------------------------------|-------|
| Normal color                                      | 0     |
| Near to normal, this looks like normal color (faint) | 1     |
| Light reddish color                               | 2     |
| Moderate red color                                | 3     |
| Bright red color                                  | 4     |
| Dusky to deep red color                           | 5     |
in 30%, and *Shitoshna Vyayats Sevana* (alternative hot and cold usage) in 26.67% of the patients. *Chinta* (worrying) was reported in 50% of the patients. Only one patient (3.33%) had positive family history of psoriasis.

**Results**

**Effect of therapy on laboratory investigations**

After completion of the treatment, there were no major changes observed in the Hb, TC, DC or ESR in both the groups. After completion of the treatment, in Group A Serum Triglyceride decreased by 15.37% and in Group B by 12.68%; while HDL increased by 10.01% in Group B and by 01.69% in group A, but it was statistically significant.

After *Vamana Karma* in Group A, The relief was 34.61% in *Kandu*, 27.77% in *Matyashashakaopam*, 26.83% in *Krishna aruna varna*, 7.69% in *Raksha*. Among them, relief in *Kandu*, *Matsyashakalopam*, and *Krishna Aruna Varna* was statistically highly significant. In other symptoms, the result was insignificant (Table 1).

After *Vamana Karma* in Group B, the relief was 50% in *Kandu*, 40.74% in *Matyashakalopam*, 30% in *Raksha*, 20.69% in *Krishna Aruna Varna*, 3.57% in *Asvedanam*, and 8.82% in *Mahavastu*. Among them, relief in *Kandu*, *Matsyashakalopam*, and *Raksha* was statistically highly significant. Relief in *Krishna Aruna Varna* was statistically significant. In other symptoms, the result was insignificant (Table 2).

After completion of treatment in Group A, The relief was 71.42% in *Kandu*, 70.37% in *Matyashakalopam* (Scaling), 51.51% in *Raksha*, 55.55% in *Krishna Aruna Varna*, 38.24% in *Mahavastu*, and 44% in *Asvedanam*. The result was highly significant in *Matyashakalopam, Krishna Aruna Varna, Kandu*, and *Raksha*. A significant result was found in *Asvedanam* and *Mahavastu* (Table 3).

After completion of treatment in Group B, The relief was 77.35% in *Kandu*, 72.22% in *Matyashakalopam* (Scaling), 51.90% in *Krishna Aruna Varna*, 52.5% in *Raksha*, 44% in *Asvedanam*, and 42.10% in *Mahavastu*. The result was highly significant in *Asvedanam, Matsyashakalopam, Krishna Aruna Varna, Kandu*, and *Raksha*. Significant result was found in *Mahavastu* (Table 4).

**Overall effect of the therapy**

15.38% of the patients were completely cured in Group A, while none were completely cured in Group B. 7.69% of the patients had marked improvement in Group A, while 28.58% patients in Group B had marked improvement. 46.15% of the patients showed moderate improvement in Group A, while 21.42% of the patients in Group B showed moderate improvement.

23.07% of the patients showed improvement in Group A, while 21.42% of the patients in Group B showed moderate improvement. 7.69% of the patients remained unchanged in Group A, while 14.29% of the patients in Group B remained unchanged.

**Discussion**

**Disease**

Mahavastu, *Matsyashakalopam, Krishna Aruna Varna, Kandu*, and *Raksha* were found in 100% of the patients, which clearly
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Table 1: Effect of therapy after Vamana Karma on the chief symptoms in Group A

| Symptoms     | N  | Mean | Relief in % | S.D. ± | S.E. ± | t  | P  |
|--------------|----|------|-------------|--------|--------|----|----|
| Nishedanam   | 9  | 2.55 | 2.55        | 0      | 0      | 0  | -  |
| Mahavastu    | 13 | 2.92 | 2.92        | 0      | 0      | 0  | -  |
| Matsyashakalopam | 13 | 2.76 | 2           | 27.77  | 0.59  | 0.16 | 4.62 | <0.001 |
| Krishna Aruna Varna | 13 | 3.15 | 2.30        | 26.83  | 0.90  | 0.25 | 3.39 | <0.001 |
| Kandu        | 13 | 4    | 2.61        | 34.61  | 0.96  | 0.27 | 5.19 | <0.001 |
| Rukshata     | 13 | 3    | 2.76        | 7.69   | 0.60  | 0.17 | 1.39 | >0.05 |

Table 2: Effect of therapy after Vamana Karma on chief symptoms in Group B

| Symptoms     | N  | Mean | Relief in % | S.D. ± | S.E. ± | t  | P  |
|--------------|----|------|-------------|--------|--------|----|----|
| Nishedanam   | 13 | 2.15 | 2.07        | 3.57   | 0.28   | 0.07 | 1  | >0.05 |
| Mahavastu    | 14 | 2.43 | 2.21        | 8.82   | 0.42   | 0.11 | 1.88 | >0.05 |
| Matsyashakalopam | 14 | 1.93 | 1.14        | 40.74  | 0.58   | 0.15 | 5.07 | <0.001 |
| Krishna Aruna Varna | 14 | 2.07 | 1.64        | 20.69  | 0.51   | 0.14 | 3.12 | <0.05 |
| Kandu        | 14 | 3    | 1.5         | 50     | 0.85   | 0.23 | 6.56 | <0.001 |
| Rukshata     | 14 | 2.36 | 1.64        | 30.30  | 0.61   | 0.16 | 4.37 | <0.001 |

Table 3: Effect of therapy after complete treatment on chief symptoms (Vamana followed by Shamana) in Group A

| Symptoms     | N  | Mean | Relief in % | S.D. ± | S.E. ± | t  | P  |
|--------------|----|------|-------------|--------|--------|----|----|
| Nishedanam   | 13 | 1.92 | 1.07        | 44     | 0.69   | 0.19 | 4.42 | <0.001 |
| Mahavastu    | 14 | 2.42 | 1.5         | 38.24  | 0.83   | 0.22 | 4.19 | <0.05 |
| Matsyashakalopam | 14 | 1.92 | 0.57        | 70.37  | 0.84   | 0.23 | 6.03 | <0.001 |
| Krishna Aruna Varna | 14 | 1.93 | 1          | 55.55  | 0.83   | 0.22 | 4.83 | <0.001 |
| Kandu        | 14 | 3    | 0.85        | 71.42  | 1.09   | 0.29 | 7.29 | <0.001 |
| Rukshata     | 14 | 2.36 | 1.14        | 51.51  | 0.97   | 0.26 | 4.66 | <0.001 |

Table 4: Effect of therapy after complete treatment on chief symptoms (Vamana followed by Shamana) in Group B

| Symptoms     | N  | Mean | Relief in % | S.D. ± | S.E. ± | t  | P  |
|--------------|----|------|-------------|--------|--------|----|----|
| Nishedanam   | 10 | 2.5  | 1.4         | 44     | 1.10   | 0.35 | 3.16 | <0.05 |
| Mahavastu    | 13 | 2.92 | 1.69        | 42.10  | 1.09   | 0.30 | 4.06 | <0.05 |
| Matsyashakalopam | 13 | 2.76 | 0.76        | 72.22  | 1.15   | 0.32 | 6.24 | <0.001 |
| Krishna Aruna Varna | 13 | 3.5  | 1.33        | 51.90  | 1.19   | 0.34 | 6.28 | <0.001 |
| Kandu        | 13 | 4.07 | 0.92        | 77.35  | 1.21   | 0.34 | 9.36 | <0.001 |
| Rukshata     | 13 | 3.07 | 1.46        | 52.5   | 1.04   | 0.28 | 5.57 | <0.001 |

indicates the similarity of Ekakushtha with psoriasis. Although Ekakushtha is considered as Kshudra Kushtha, in the present scenario psoriasis is one of the severe skin diseases, which is Krichhra Saadhya in the treatment.

Nidanas and Sampatpti observed in the present study: Nidanas like Shita-Ushna Vyatyasa Sevah, Stress, Bijas Dosha (genetic factor), and Environment may lead to Dhatu Shaihiliyata (laxity of the tissues) in Twak, Rakta, Mamsa (muscular tissue), Lasika (fluid and lymph). Viruddha Aahara, that is, milk + Khichadi, fast food, curd, and Maamsa Sevana (meat intake) and Divaswapna also leads to vitiation of Kaptha and Rakta. These vitiated Doshas reach the Dushya like Twak and so on, and result in Sthana Samshraya Avastha (accumulation at the site of the lesion) and then produce symptoms of Ekakushtha.[7]

Drug
The drug Krutavedhana was taken for the study of Vamana Karma. There is no specific reference in the classics regarding the part of Krutavedhana that has to be used for Vamana Karma. One reference was found in Nighantu Aadarsha, regarding the use of its Beeja, and its dose is 20 to 30 grains (125 mg). Based on this, Krutavedhana Beeja Churna was selected for Vamana Karma in the present study. As per classical reference, it was given with Saindhava and Madhu, with the Anupana (vehicle) of Yashtimadhu Phaanta.
Vamana Karma

Dose of Vamana Yoga - Average dose of Madanaphala was 6 g and the average dose of Krutavedhana was 5.9 g. Dose should be given according to the Bala (strength), Prakriti, Dosh, and Koshtha of the patient.

The dose of Madanaphala may be taken at 6, 7, and 8 g for Mridu, Madhyama, and Krura Koshtha (soft, moderate, and hard bowel), respectively. The dose of Krutavedhana may be taken at 5, 6 and 7 g for Mridu, Madhyama, and Krura Koshtha, respectively.

Vaigiki (based on the number of bouts)

Time of First Vega - 12 minutes (Avg.) was taken for induction of the first Vega in Group A, while it was 15.4 minutes (Avg.) in Group B. This indicates that Krutavedhana took more time for induction of Vamana Vega.

Self-induced and projectile Vega was the main quality expected in the first Vega of Vamana Karma, which was found in 50% of the patients with Krutavedhana. It might be because it had more Tikshana and Vamaka Prabhava (strong emetic property).

More Vega induced by Krutavedhana and more Upavega induced by Madanaphala was observed. Although Vega depends on many things like, patient’s intake, cooperation, Satva, and so on, from this data it can be stated that Krutavedhana produces more Vega in comparison to Madanaphala.

Maniki (based on quantity)

As per the Maniki criteria Hina Shuddhi (mild cleansing) was observed in Group A and even Hina Shuddhi was not observed in Group B. Practically the difference in output and input was not found to be more than 500 ml, which is the lower side of Hina Shuddhi as per the Maniki criteria.

Antiki (based on end point)

The clear greenish yellow Pitta that appeared in both the groups was nearly the same. Clear Pittanta may not be possible in all patients. Pittanta Lakshana is an indirect method to observe the Pitta Nirmamana (expulsion of bile). It was little more in Group B, may be because of more Vega observed in this group.

Laingiki (based on signs and symptoms)

Samyaka Vamita Lakshanas indicate the process of Vamana and the subjective feeling of the patients after Vamana Karma. It was observed to be slightly more in Group B, may be because of the greater number of Vega and Pittanta Lakshana.

Pravara Shuddhi was observed in 53.84% of the patients in Group A, while it was 71.42% in Group B. Shuddhi depends upon the Antiki, Maniki, Laingiki, and Vaigiki criteria. By this, it can be stated that Krutavedhana may produce better Vamana Karma in comparison to Madanaphala.

Effect of therapy after Vamana Karma on chief symptoms

After the Vamana Karma, Group B showed better relief in Matsyashakalopam, Kandu, and Rakshata, because Krutavedhana was ‘Ayatvra Katu Tikshoshwa’ (excessive pungent hot and penetrating). On account of the Gunas by which it acts on Gadha Dosha and also by its Kushthaghna Prabhava (specific capacity against the skin diseases) it might have provided better relief for these symptoms. Both the groups showed nearly similar results in Krishna Aruna Varna because Vamana Karma eliminated the vitiated Pitta along with the Kapha, thereafter formation of Prashasta (proper) Rasa Dhatu took place, which might have reduced Krishna Aruna Varna. Both the groups showed no relief in Asvedanam and Mahavastu, because these features were indicative of a longstanding nature, severe pathology, and deeply involved the Dhatus. Only Vamana Karma or any other Shodhana (cleansing) might not be capable of relieving it without the administration of Shamana drugs, for longer duration.

Effect of therapy after complete Treatment (Vamana followed by Shamana) on chief symptoms

After complete treatment, both the groups showed almost similar effect on Asvedanam, Mahavastu, Matsyashakalopam, Krishna Aruna Varna, Kandu, and Rakshata. Ekakushtha is Kapha Vata Pradhana Kushtha and its line of treatment is ‘Vamana Shlaeshmotareshu Kushthhesu’ (emesis is best for Kapha-dominant skin diseases). Therefore, first Vamana Karma should be done to eliminate the vitiated Kapha Dosha along with Pitta. For the Vata Dosha, Sneha is indicated as ‘Vatotttasthara Sharpi’ (Ghee is best for Vata-dominant skin diseases) and after Vamana, Snehapanas is also indicated in Kushtha as ‘Snehasya Panam Ishtam Shuddhe Koshte’ (internal oclation after cleansing). In this study after Vamana Karma, Panchatikta Ghrita was given as Shamana Sneha, which settled the Vata, residual Pitta, and also purified the Rasa and Rakta, by its Tikta Rasa (bitter taste) and Kushthaghna property. Thus, after complete treatment, both the groups showed nearly similar results.

Conclusion

Ekakushtha is quite similar to psoriasis due to its maximum similarity in chief signs and symptoms.

Beeja is a useful part of Krutavedhana and in powder form; its dose is 5 to 7 g for Vamana Karma.

Krutavedhana has produced a good number of Vega, Pittanta Lakshana, and Pravara Shuddhi in a majority of patients.

Madanaphala is the best among all Vamaka drugs, but Krutavedhana shows a similar to higher effect on Vamana Karma, in terms of Antiki, Maniki, Vaigiki, and Laingiki Shuddhi.

Vamana Karma by Krutavedhana showed better relief in Matsyashakalopam, Kandu, and Rakshata, while Madanaphala showed better relief in Krishna Aruna Varna.

After completion of treatment, both the groups showed almost similar effect on Asvedanam, Matsyashakalopam, Kandu, Rakshata, Krishna Aruna Varna, and Mahavastu.

Krutavedhana may be taken as one of the best Vamaka Dravya for Vamana Karma in Ekakushtha.

References

1. Agnivesha, Charaka Samhita. Sutra Sthana 25/40. Chakrpanidatta, Ed. Vaidya Jadavaji Trikamaji Acharya. Varanasi: Chaukhambha Prakashana; Reprint 2007. p. 132.
2. Ibidem Sutra Sthana 4/4, p. 30.
3. Ibidem Kalpa Sthana 6/4, p. 661.
हिन्दी सारांश

वमन कर्म का मदनफल एवं कृतवेधन के द्वारा, एककुक्ष के संदर्भ में
तुलनात्मक अध्ययन

जेमिन पटेल, संतोषकुमार भट्ट

वर्तमान समय में वमन कर्म के लिए मुख्य रूप से मदनफल का प्रयोग होता है। मदनफल के अलावा अन्य ५ वमन द्रव्यों का वर्णन शास्त्रों में है। जिनमें से एक है कृतवेधन, जो कि विशेष रूप से गायदोष युक्त व्याधियाँ जैसे कि - कुल में निर्दिष्ट किया गया है। इस में एक वाह में कृतवेधन चीज चूर्ण एवं दूसरे वर्ग में मदनफल पिप्पली चूर्ण के द्वारा एककुक्ष व्याधि में वमन कर्म के बाद शमन में पंचातिक घटना लाभ कर तुलनात्मक अध्ययन किया गया है। जिसमें कृतवेधन की कार्यक्षमता वमन कर्म पर मदनफल की हपेक्षा अधिक पायी गयी है। साथ ही एककुक्ष व्याधि में भी कृतवेधन से वमन कराने पर लाभार्थी तरीके पर अच्छे परिणाम प्राप्त हुए हैं। शमन औषध के बाद, दोनों वर्गों में समान रूप से एककुक्ष व्याधि के लक्षणों हस्तेर्दम, मत्यशकालोपम, कण्डु, रक्षता, कृष्ण-अरुण वर्ण एवं महावासु में लाभ प्राप्त हुआ है।