Clinical Research

A study on **Vasantika Vamana** (therapeutic emesis in spring season) - A preventive measure for diseases of **Kapha origin**

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**Abstract**

*Panchakarma* is the most essential part of *Ayurveda* treatments. It is preventive, preservative, promotive, curative and rehabilitative therapy. *Ayurveda* believes in strong relationship between macrocosm and microcosm and states that the seasonal changes will influence the biological systems resulting into the accumulation and aggravation of particular *Dosha* in a particular season like accumulation and aggravation of *Kapha* in *Hemant Rutu* (winter season) and *Vasant Rutu* (spring season) respectively, accumulation and aggravation of *Pitta* in *Varsha Rutu* (rainy season) and *Sharad Rutu* (autumn season) respectively. *Vasantika Vamana* is done in spring season approximately in the month of March and April for the elimination of vitiated *Kapha* Dosha which in turn helps to prevent the forth coming *Kapha* disorders and associated *Pitta* disorders or diseases originating or settled in the place of *Kapha* like bronchial asthma, allergic bronchitis, rhinitis, sinusitis, migraine, hyperacidity, indigestion, anorexia, obesity, overweight, dyslipidemia, diabetes mellitus, acne vulgaris, psoriasis, eczema, urticaria etc. In this study, a total of 89 persons were registered and 69 volunteers/patients undergone classical *Vamana Karma* without any major complications. Average minimum, maximum, total dose and total days of *Snehapana* were 36.40 ml, 187.21 ml, 578.59 ml and 5.01 days respectively. Average quantity of *Madanaphala*, *Ksheera*, *Yashhtimadhu Phanta* and *Lavanodaka* was 5.81 g, 1130.29 ml, 3202.9 and 2489.13 ml respectively. The results were encouraging; hence, further studies may be conducted including large population in this direction.

**Key words:** Antiki, Doshra, Kaphra, Laingiki, Madanaphala, Maniki, Pitta, Samsarjana Krama, Snehapana, Vasantika Vamana, Vegiki

**Introduction**

*Panchakarma* is the most essential part of *Ayurveda* treatments. It is preventive, preservative, promotive, curative and rehabilitative therapy. The umbrella of *Panchakarma* includes five major therapeutic procedures *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Niruha Basti* (therapeutic decoction enema), *Anuvasan Basti* (therapeutic oily enema) and *Nasya* (therapeutic rhinhe) and many allied therapies. *Ayurveda* practices *Tridosha* (*Vata, Pitta and Kapha*) theory. For the correction of abnormalities of *Tridosha* and related body constituents, specific therapy among the *Panchakarma* is practiced like *Vamana* for *Kapha* Dosha, *Virechana* for *Pitta* Dosha, and *Basti* for *Vata* Dosha predominantly. *Ayurveda* believes in the strong relationship between macrocosm and microcosm and states that the seasonal changes will influence the biological systems resulting into the accumulation and aggravation of particular *Dosha* in a particular season like accumulation and aggravation of *Kapha* in *Hemant Rutu* (winter season) and *Vasant Rutu* (spring season) respectively, accumulation and aggravation of *Pitta* in *Varsha Rutu* (rainy season) and *Sharad Rutu* (autumn season) respectively. *Ayurveda* emphasized to practice these therapies to eliminate the vitiated *Dosha* in accordance to the seasonal variation like *Vamana* in *Vasant Rutu*, *Virechana* in *Sharad Rutu*, *Basti* in *Varsha Rutu* etc for preservation and promotion of health and prevention of disease; hence, *Vasantika Vamana*, *Sharadika Virechana* and *Varshika Basti* are the preventive practices of *Panchakarma*. 

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Definition of Vamana
Vamana is a procedure in which Doshas (waste products or toxins) are eliminated through upper channels i.e. mouth.[1] Specially the Kapha and Pitta Dosha brought to Amashaya (stomach and duodenum) from all over the body by the specific preoperative procedures and then eliminated out by inducing the emesis.

Importance
1. Kapha disorders and associated Pitta disorders or diseases originating or settled in the place of Kapha will be relieved either permanently or for a longer period of time.
2. It helps to prevent the forth coming diseases due to Kapha and Pitta.
3. Most of Ayurvedic drugs are administered by oral root. First it goes to the Amashaya (stomach), which is the main seat of Kapha. Digestion of food also starts from Amashaya. If there is accumulation or aggravation of Kapha in Amashaya, the digestion of food or drug cannot takes place properly. With the help of Vamana Karma, Amashaya Shuddhi (cleaning) occurs, so the digestion of drug and food takes place properly.

Vasantika Vamana (emesis in spring season)
In Ayurvedic texts, Vamana procedure is indicated for the expulsion of Kapha Dosha. Kapha Dosha is aggravated in Vasant Rutu; hence, Vamana is indicated in spring season approximately in the month of March and April.

Vasantika Vamana-Contra-Indications/Indications
Almost everybody can undergo Vasantika Vamana except those suffering from the diseases contraindicated for Vamana like bleeding from the upper channels like mouth, upper GIT, bronchial tree, emaciated, very old, pregnant woman, persons with hypertension and heart diseases, exclusively Vata constitution and Vata disorders.

Especially it is highly beneficial for volunteers of Kapha and Kapha-Pitta constitution and patients suffering with Kapha disorders and associated Pitta disorders or diseases originating or settled in the place of Kapha like bronchial asthma, allergic bronchitis, rhinitis, sinusitis, COPD, productive cough, migraine, hyperacidity, indigestion, anorexia, obesity, overweight, dyslipidemia, diabetes mellitus, skin diseases like acne vulgaris, psoriasis, eczema, dermatitis, Lichen Planus, vitiligo, urticaria, falling and graying of hairs, inflammatory and swollen joint disorders of early stage, depression, drowsiness, excessive sleep, epilepsy, certain auto immune diseases etc.

Diagnostic procedures
The persons were examined on the basis of Dosha, Dushya, (tissues and excreta), Desha (habitat), Prakriti (constitution), Bala (strength), Kala (season), Agni (digestion and metabolism), Vaya (age), Satva (psychological make up), Satnya (adaptability), Ahara (diet) etc and fit persons for Vamana were only selected after having a written consent.

Vamana protocol: It can be divided into three steps
A. Purva Karma (preoperative preparation)
B. Pradhan Karma (operative procedure/induction of Vamana)
C. Pashchhat Karma (post operative care)

Purva Karma (Pre-operative preparation) Pachana and Deepana (digestives and appetizers)
Trikatu Churna 2 g, Chitrakadi Vati/Amapachana Vati 2 tab TID with warm water for three days.

Abhyantara Snehana (internal oleation)
Shuddha Ghrita/Siddha Ghrita or Tail (plain/medicated ghee/ oil) was given in increasing dose for three to seven days as per the requirement till achieving the signs and symptoms of proper Snehana.

Abhyanga (massage) and Swedana (fomenteion)
After proper Snehana on next day, Abhyanga was done with Bala Taila followed by Sarvanga Swedana two times a day for one day and next day morning before administering Vamana again. Abhyanga with Bala Taila followed by Sarvanga Swedana was done.

Dietetic guidelines during Purva Karma
Diet during the days of Snehanapana
(i) Patients were advised to take moderate quantity of liquid and warm food, easy to digest mixed with little fat, which is neither sticky nor complex and to drink lukewarm water.

Diet on previous day of Vamana
Patients were advised to have plenty of milk, curd, sweets like sesame and Jaggary Laddu, Jalebi, Khicadi made from black gram, sesame, jaggary and rice or Dahi Wada.

Counselling before Vamana
(i) Patients were informed about different steps involved in this procedure.
(ii) A well-informed written consent was obtained.
(iii) Patients were advised to relax and remove the negative thoughts.

Pradhan Karma (induction of Vamana): It includes
(I) Administration of Vamana Yoga [Table 1]
(II) Observations during Vamana Karma
(III) Observations regarding four criteria
(IV) Administration of Vamana yoga: This was done in the following way.

a. Position of patients:
Patients were asked to sit on a comfortable Vamana chair of the height of knee joint.
b. Examination of vital data:
Pulse and blood pressure were recorded before, during and after completion of Vamana Karma.
c. Administration of food articles and drugs:

| Table 1: Average quantity of drugs used for Vamana Karma |
|-------------|--------------|
| Drugs       | Average      |
| Dose of Madanaphala (g) | 8.14          |
| Quantity of Ksheera (ml)  | 1130.29      |
| Quantity of Yastimadhu Phanta (ml) | 3202.9       |
| Quantity of Lavanodaka (ml)  | 2489.13      |
Vamana was induced in the early morning between 6 am and 9 am.

1. Patients were asked to drink milk stomach full (Aakantha pana) approx. 2 l, Peya (thin rice gruel) mixed with ghee was also given for some patients.

2. Then patients are given Vamana Vega - medicinal formulation (Madanaphala Rippadi (powder of seeds of Randa dumetorum) 4 parts, Vacha (Acorus calamus) 2 parts, Sūndhava Lavana (rock salt) 1 part and Honey Q.S.) to induce emesis.[2]

For collecting vomitus, a wide mouth vessel was kept ready. Now the patient is instructed to vomit without much straining. The urge may be excited by opening wide the lips, the palate, the throat and by slightly bowing the upper part of the body. The dormant urge may be excited by tickling the throat with two well manicured fingers.[3] During the act of emesis when actual bout is being thrown out, forehead and chest of the patient was held, umbilical region of the patient was pressed and back of the patient was gently massaged in upward direction.[4]

3. During the procedure, Vamanopaga Kashaya (supportive decoction to continue vomiting) like decoction/hot infusion of Vashitramulhu (glycyrriza glabra) after each Vega was administered repeatedly to support the act of vomiting till the appearance of Pitta (bile) in vomitus.[5]

(II) Observations during Vamana Karma: Record of input, output and other observations were maintained.

(III) Assessment of Vamana: It was assessed as Pravara (highest), Madhyama (moderate) and Hina (lowest) Shuddhi (cleansing) on the basis of four criteria as per the classical texts.[6]

1. Vegiki criteria: It is on the basis of number of bouts like 4, 6 and 8 Vega (projectile vomiting bouts) for Hina, Madhyama and Pravara Shuddhi respectively. In addition to projectile bouts, smaller bouts in every aspect than Vega (Upavega) were also recorded.

2. Mamiki criteria: It is on the basis of the quantity of elimination of Dosha, like 1, 1½ and 2 Prashta for Hina, Madhyama, Pravara Shuddhi respectively (Prashta = 540 ml). This is calculated from the total quantity of output minus the total quantity of input.

3. Antiki criteria: It is on the basis of endpoint, it is advised to continue Vamana till the appearance of Pitta in the vomitus which marks the end of Vamana.

4. Laingiki criteria: It is on the basis of positive signs and symptoms produced after Vamana.

Pashchata Karma (Post operative care)

When Vamana Karma was completed, patients were kept on close observation and on special dietetic and behavioral restrictions which are considered as “Pashchata Karma” for some days till achieving Agnidipeti and Bala. This may be classified as follows.

Dhumapana and Gandusha (medicated smoke and gargling)

After Samyaka Vamana, patients are advised to inhale the medicated smoke, gangle and wash mouth, hands and feet, then to rest for about an hour.[7]

Behavioral and dietetic restrictions

Patients were advised to avoid loud speeches, sitting or standing in one position for long duration, excessive walk, excessive rage or excessive depression, exposure to excessive cold, heat, dew, to flowing winds, long journey, night waking, day sleep, to retain or provoke urges. Frequently, untimely, excessive, less, contradictory and heavy diet were also avoided.[8]

Samsarjana Krama: (special dietetic schedule)

It has to be planned on the basis of type of purification achieved by Vamana i.e. for Hina, Madhyama and Pravara Shuddhi, three, five and seven days respectively.[9] Generally, in all the patients after Vamana Karma, the Peyadi Samsarjana Krama is advised as dietary regimen as follows with little modification:

On the day of Vamana, thin rice gruel without spices and fat once a day; on second day thick rice gruel without spices and fat twice a day; on third day rice and liquid soup of green gram and rice without spices and fat twice a day in moderate quantity, on forth day liquid soup of green gram and rice with spices and fat twice a day in moderate quantity and on fifth day onwards normal diet was given.

Clinical Study

Aims and objectives

1. To assess the role of season in the induction of Vamana Karma.

2. To evaluate the effect Vasantika Vamana in healthy volunteers and patients.

Materials and Methods

Healthy volunteers and certain patients who are indicated for Vamana Karma were selected from the OPD and IPD of IPGT and RA, Jamanagar. 89 persons were registered out of which 20 persons left the treatment in between and 69 persons completed the whole treatment. Details of the registered patients have been placed at Tables 2-6.

Inclusion criteria

• Age between 16 and 60 years.

• Patients suffering from Kapha or Kapha associated with Pitta disorders

Exclusion criteria

• Age below 16 years and above 60 years.

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

Table 2: Age-wise distribution of the persons

| Age (years) | Average |
|-------------|---------|
| 21-30       | 55.07   |
| 31-40       | 20.28   |
| 41-50       | 20.28   |
| 51-60       | 4.34    |

Table 3: Sex-wise distribution of the persons

| Sex       | Percentage of patients |
|-----------|------------------------|
| Male      | 59.42                  |
| Female    | 40.57                  |
Preparatory measures help to mobilize the persons help to dissolve the Dosha and increases the Vitality and nourish the body gradually with carbohydrates, proteins and fats one by one to avoid the Agnimandhya.

Vamana was induced in the early morning between 6 am to 9 am as this is Kapha Kala. Ksheera 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. Madanaphala pippali 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. Peyadi sansarjana karma is advised to improve the Agni gradually, to support the Prana (vitality) and nourish the body gradually with carbohydrates, proteins and fats one by one to avoid the Agnimandhya.

Average minimum, maximum and total quantity of Snehapana was 36.40 ml, 187.21 ml and 578.59 ml [Table 7] respectively because the maximum number of persons were having Mandagni followed by Samagni and average days of Snehapana was 5.06 days as the maximum number of persons were having Madhyama Koshta.

Varcha Snigdhata and Asamhatata, Diptagni, Vatanulomana, was found in 86.76, 76.47, 67.65% of persons respectively because the changes in the stool and increase in the appetite was found in 86.76, 76.47, 67.65% of persons respectively because the changes in the stool and increase in the appetite were commonly noted as the days of Snehapana advances in majority of the persons whereas Mardavata and Snigdhatangata is generally a late feature to be noted and observed when higher dose of Snehapana is given and hence found in only 52.94% of persons [Table 8]. Few complication were also observed with Sneha Pana [Table 9].

As majority of the persons were healthy volunteers and even the selected patients were not suffering from hypertension or heart disease, no much increase was found in the vital parameters like blood pressure and pulse [Table 10].

Average difference of quantity between output and input was 272.15 ml [Table 11], which indicate toward the Avara Shuddhi whereas the average number of Vega and Upavega was 6.68 and 6.3 respectively [Table 11], showing Madhyama Shuddhi. 56.52% of persons had Pitta, Kapha and Kala. Ksheera darshana and only one person each had complications like Adhmana, Udarashoola and Rakta darshana.

As majority of the persons were healthy volunteers and even the selected patients were not suffering from hypertension or heart disease, no much increase was found in the vital parameters like blood pressure and pulse [Table 10].

Table 4: Agni (digestive power)-wise distribution of the persons

| Agni | Average |
|------|---------|
| Sama (normal) | 24.63 |
| Vishama (irregular) | 18.84 |
| Manda (weak) | 40.57 |
| Tikshna (excessive) | 15.94 |

Table 5: Koshta (bowel)-wise distribution of the persons

| Koshta | Average |
|--------|---------|
| Mridu (soft) | 23.18 |
| Madhyama (normal) | 65.21 |
| Krura (hard) | 11.59 |

Table 6: Prakriti (constitution)-wise distribution of the persons

| Prakriti | Average |
|----------|---------|
| Vata | 5.80 |
| Pitta | 8.70 |
| Kapha | 13.04 |
| Vata-Kapha | 24.64 |
| Pitta-Kapha | 20.29 |
| Vata-Pitta | 26.09 |
| Sam Doshaja | 1.45 |

Hematological investigations

Blood for HB, TC, DC, and ESR. Hemoglobin, total leucocyte Count, differential count, erythrocyte sedimentation rate were done.

Biochemical investigations

Lipid profile, FBS, blood urea, serum creatinine, A/G ratio, total protein, SCPI, and SGOT.

Criteria for assessment

1. On the basis of various aspects of Vamana Karma.
2. On the basis of overall improvement in his/her wellbeing.

Observations and Results

The hematological and biochemical tests were done before and after the Vamana Karma. Minor changes were found. The observations of the procedure in volunteers are shown in Tables 2-15.

Discussion

Pachana and Deepana help to digest the Ama, makes the Dosa free from their adherence and Abhyanga and Swedana help the Dosa to liquefy and disintegrate. All these preparatory measures help to mobilize the Dosa from Shakha to Koshta.

Bhatted, et al.: A study on Vasantik Vamana
The main aim of the study was to see the safety of Vamana Karma particularly conducted in Vasant Rutu and it was found to be safe. Simultaneously, it was observed that overall wellbeing of the volunteers and patients was improved. As the patients were suffering from different diseases and the number of patients suffering from the same disease was very less, statistical significance in the relief of their signs and symptoms could not be drawn. Long-term follow up is required for observing the prevention of Kapha diseases.

Conclusion

1. Panchakarma is the most essential part of Ayurveda treatments, which can be practiced as preventive, preservative, promotive, curative and rehabilitative therapy as per the need.
2. Ayurveda emphasized to practice Vamana in Vasant Rutu, Virechana in Sharad Rutu, Basti in Varsha Rutu for preservation and promotion of health and prevention of disease.
3. Vasantika Vamana is highly beneficial for volunteers of Kapha and Kapha-Pitta constitution and patients suffering from Kapha disorders and associated Pitta disorders or diseases originating or settled in the place of Kapha.
4. Vamana should be practiced as per the classical guidelines to avoid complications.
5. Average minimum, maximum, total dose and total days of Snehapana were 36.40 ml, 187.21 ml, 578.59 ml, and 5.01 days respectively.
6. Average quantity of Madanaphala, Ksheera, Yastimadhu...
**Phanta and Lavanodaka** was 5.81 g, 1130.29 ml, 3202.9 and 2489.13 ml respectively.

7. The average days of *Sansarjana Krama* were 5.06 days.

8. *Laingiki and Antiki* criteria seem to be the better criteria for the assessment of Vamana.

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हिन्दी सारांश

वासंतिक वमन का चिकित्सकीय अध्ययन—कफ रोगों के लिए एक रक्षणात्मक उपाय

संतोषकुमार भट्ट, बी. डी. शुक्ला, अनुप ठाकर, एन. एन. भट्ट

आयुर्वेद में स्वास्थ्य रक्षण और रोगों के रोकथाम के लिये ऋतु के अनुसार संशोधन चिकित्सा करने का विधान बताया गया है। कफदोष को शरीर से बाहर निकालकर उससे उपयोग होनेवाले रोगों से शरीर का रक्षण करने के लिये कांसत ऋतु में (मार्च और अप्रैल माह) वमन कर्म करने के लिये कहा गया है। कफ और कफपित्र के रोग जैसे कि तमक श्वास, प्रतिश्चाय, कास, रस्फूट, मधुमेह, त्वचारोग, अलर्जी, अलपित्त, माइडियन इत्यादि रोगों में यह चिकित्सा लाभदायक पाई गई है। इस अध्ययन में कुल 89 व्यक्तियों का चयन किया गया। उनमें से केवल पांच व्यक्तियों में सामान्य उपद्रव जैसे सिसरदर, पेटदर, खांसी, पेटफूलना और हल्का सा खून आना इत्यादि देखे गये। इस वासंतिक वमनकर्म के परिणाम लाभदायक और उत्साह वर्धक पाये गये हैं। भविष्य में और अधिक व्यक्तियों में इस तरह का अध्ययन किया जा सकता है।