

ISSN: 2230-9926

International Journal of DEVELOPMENT RESEARCH



International Journal of Development Research Vol. 5, Issue, 10, pp. 5862-5863, October, 2015

Full Length Research Article

RATIONALITY IN SELECTION OF PARTICULAR QUANTITY OF VAMAKA YOGA DURING VAMANA IN VASANTA RTU - A CRITICAL ANALYSIS

Dr. Usha, C. and *Dr. Shridhara. B. S.

Department of Panchakarma, GAMC, Bengaluru, India

ARTICLE INFO

Article History:

Received 27th July, 2015 Received in revised form 20th August, 2015 Accepted 15th September, 2015 Published online 31st October, 2015

Key words:

Vamana karma, Vamakadravyas, Madhanaphala, Vacha Yastimadhuandsaindhava.

ABSTRACT

The Panchakarma therapy is not merely a therapeutic regime but also health promotive and preventive measure to protect from the diseases. Panchakarma therapy has a direct impactover both the healthy as well as in the ailing. Vamana Karma is considered as the first, major and arduous procedure of Panchakarma therapy. Literally, Vamana Karma means to induce therapeutic vomiting in order to expel out vitiated Doshas through oral route. It is a general principle to expel vitiated Doshas from the nearest route, while the oral route is the nearest route for expelling KaphaDosha in the form of Vamana Karma. So the removal of accumulated kaphaDosha from Amashaya is the best way to prevent thekaphajavikaras. It is important to understand that the Vamana Karma is not only indicated in diseased conditions but also in healthy individuals during VasantaRitu (Spring season) for preservation of health and prevention of kaphaja vikaras. The clinical trial was conducted in a randomized sample of 40 individuals with Madanaphala (Randiadumetorum) is mainly used for Vamana Karma. from Madanaphala, three other drugs are also given in the present study. From the observations and results obtained in the present clinical study, it can be concluded that the matra (dasage) of Madanaphala and other vamakadravyas are varies according to bala, agni and vaya of the individuals.

Copyright © 2015 Dr. Usha and Dr. Shridhara.. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

In today's world, more and more people fall in victim to the adverse effects of modern civilization leading to diseases caused mainly due to deeply seated metabolic toxins. Panchakarmaprocedures are unique internal purificatory methods which allow healing of tissues and channels (srotas) by eliminating the metabolic toxins from the body. Thus Ayurveda advises Rtu Shodhana Karmas in order to treat and to prevent the diseases to preserve and to promote a better health. In order to keep kaphajavikaras at bay, removal of apakwakaphadosha in vasantartu will be beneficial. According Acharva Sharangadhara Bhavaprakasha, Vamana is considered to be Shreshta for the removal of apakwakapha and pitta, wherein apakwakapha can be considered as sanchitakaphadosha which tends to cause kaphajavikara in future. For the administration of vamana karma, there are several vamakayogas mentioned in our classics but, more importance is given to Madhanaphala because of its anapayitwaquality.

*Corresponding author: Dr. Shridhara. B. S., Department of Panchakarma, GAMC, Bengaluru, India. Thus, an attempt is made by conducting vasantikavamana in 40 individuals and study was taken up on various vamakadravyas and the variation in its dose fixation which varies widely on agni, kosta, prakrut etc..,

MATERIALS AND METHODS

Healthy volunteers and certain patients who are indicated for Vamana Karma were selected from the OPD and IPD of Shree JayachamarajendraInstitute of Medical Sciences, Bengaluru. 40 individuals were registered for the administration of vamanaivvasantartu between 25/3/2015 and 12/4 2015.

Inclusion criteria

- Age between 16 and 60 years.
- Patients suffering from Kapha or Kapha associated with Pitta disorders.
- Apparently healthy individuals who used to get kaphajavyadhis in the later part of the year i.e., Tamakashwasa, Skin disorders, over weight etc..,

Exclusion criteria

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

Methodology

Table 1.

Deepanapachana	Trikatuchurna: 2-5gm thrice daily ½ hr before food with hot water
Snehapana	Guggulutiktakagritha: 30- 60- 90- 120- 150- 180- 210ml Till the observation of samyaksnigdhalakshana
Akantapana	Ksheera1-2ltrs
Vamaka yoga	Madhanaphalachurna : 4-8g
	Vachachurna : 1-2g
	Yashtichurna : 2 -6g
	Saindhavalavana :1- 2g
vamanopaga	Yastiphanta : 1-2ltr

Observations in the present study

Table 2.

Vamakadra vyamatra	Madhana phala	Yashti	Vachachurna	Saindhava	Madhu
7-8g	4gm	2gm	1gm	1gm	Q.s
10-12g	6gm	4gm	1gm	1.5gm	Q .s
16 - 18g	8gm	6gm	2gm	2gm	Q .s

Table 3.

Vamakadravyamatra	Number of individuals
7-8g	6
10- 12g	20
16 - 18g	4

In the present study, 7-8 gms of *Vamaka yoga*was given to 6 patients, 10-12 gms of *Vamaka yoga*was given to 20 patients, and 13-14 gms of *Vamaka yoga*was given to 4 patients.

Table 4.

Vamakadravyamatra	No of individuals	Reasons
7-8 gms	6	The volunteers were <i>sukumara</i> , <i>mrudukosti</i> and <i>pitta prakruti</i> persons.
10-12gms	20	The volunteers were madyamakosti, kaphaprakruti person and it is samyakrtu(Vasanta).
16- 18gms	4	The volunteers who are obese and having flabby abdomen.

DISCUSSION

According to the classics, quantity of *madhanaphalapippali* is said to be *antarnakhamustipramana* of that particular individual which when calculated according to modern norms will come an average 6 – 12gms, however properly collected, processed and preserved *madhanaphalapippali* is more potent and thus its quantity can be prescribed in a smaller dosage.

Apart from this, even the *rogibala* is decreased in the present era when compared to that of Samhita period due to which individual will be unable to tolerate. Hence, by considering *rogibala*, *agni*, *doshavasta*, *prakruti* etc..., dose of the individual *vamakadravya* is decided and administered. In present study average dose, number of individuals and the reason behind it is mentioned in the following table. Thus in present study an attempt was made to draw a rationality in the selection of *vamakadravya* and its dosage paying due consideration to *rogibala*, *agni*, *prakruti*, *doshavasta* etc...

Conclusion

- 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.
- Ayurveda emphasized to practice Vamana in Vasant Rutu, Virechana in SharadRutu, Basti in VarshaRutu for preservation and promotion of health and prevention of disease.
- VasantikaVamana is highly beneficial for volunteers of Kapha and Kapha-Pitta constitution and patients suffering from Kaphadisorders and associated Pitta disorders or diseases originating or settled in the place of Kapha.
- *Vamana* should be practiced as per the classical guidelines to avoid complications.
- Average minimum, maximum, total dose of vamaka yoga were 10-12gm, 7-8gm& 16-18gm respectively.
- With the above study, one can conclude that the vamakadravya and its dosage vary widely on kosta, prakruti, doshavasta etc.., which has to be assessed and decided in each individuals.

REFERENCES

Agnivesha, Dridhabal Charaka Charaka, Samhita, KalpaSthana, MadankalpaAdhyaya, 1/4 Charaka Chandrika Hindi BramhanandTripathi, Vol. Commentary, II, 6th ed. ChaukhambhaSurbharatiPrakashan, Varanasi, 1999; 1072

Agnivesha, Charaka, Dridhabal Charaka Samhita, Sutra Sthana, Yajjahpuruseeya Adhyaya, 25/40, BramhanandTripathi, Charaka Chandrika Hindi Commentary, Vol. I, 5th ed. ChaukhambhaSurbharatiPrakashan, Varanasi, 1997; pp. 453.

Sushruta, Sushruta Samhita, Sutra Sthana, VamanaDravyaVikalpaVigyaneeyaAdhayaya, 43/5, KavirajAmbikadattaShastri Editors, Vol. I, 11th Ed. Chaukhambha Sanskrit Sansthan, Varanasi, 1997; pp. 160.

Kasture H.S. Ayurvediya Panchakarma Vijnan. 8th edition, Shri VaidyanathAyurvedBhawan Limited, Kolkata, 2004; pp. 242-76.
