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CLINICAL STUDY ON VAMANA KARMA IN TWO DIFFERENT KAALA OF PURVAHNA

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ABSTARCT

Ayurveda, science of life bestows good health in healthy individuals and curing disorders. *Panchakarma* aims at elimination of excessive *Dosha* and maintain healthy status and non-recurrence for longer duration. *Vamana* is advised in *Kapha* and *Pitta Pradhana* disorders.[1] It expels the *Dosha* from their causative roots so diseases cannot revert after, like tree cannot grow without its root. *Kaala* has greater importance in ayurvedic principles of management for the administration of *Shodhana Karma*. Ex: *Vamana* should be done in *purvahna* and *Aushada Sevana Kaala* based on *Dosha* involvement.

KEYWORDS: *Vamana Karma, Kaala, Purvahna.*

INTRODUCTION

Kaala is defined as the measure of progression of time, plays significant role in Ayurvedic fundamentals. Multiple aspects of *Panchakarma* procedures like planning, execution and efficacy are designed with special consideration of *Kaala.* Selecting appropriate time for therapeutic intervention enhance their effectiveness and minimizes complications. *Ritu Shodhan*- the appropriate season for administration of *Shodhana* is totally based on *Kaala*. *Vamana* is best performed during *Vasanta Ritu* for *Kapha*-dominant disorders, administered in *Purvahna* (*Poorvabhaga of Aha, Pratah Kaala*).[2,3,4,5] Circadian rhythms are defined as anticipatory, autonomous cycle of physiology and behaviour.

MATERIALS AND METHODS

Literary Source: Literary aspect of the study collected from Ayurveda classics, modern texts with updated authentic medical research journals, research papers etc.
Clinical Source: Patients were selected from OPD and IPD of Ayurveda Mahavidyalaya Hospital, Hubballi.

OBJECTIVE

1. To study the effect of *Vamana Karma* in two different *Kaala* of *Purvahna* in *Ekakushtha* patients.
2. To develop documental evidence for practice of *Vamana Karma* in two different Kaala of *Purvahna*.

INCLUSION CRITERIA

1. Subjects presenting classical symptoms of *Ekakushtha.*
2. Subjects fit for *Vamana Karma*.
3. Subjects within age group of 20-60 years irrespective of sex and religion.
4. Subjects with less than 5yrs chronicity.
5. Subjects with positive Auspitz sign/ Candle grease sign.
6. Subjects with Hypertension (<140/90 mm of Hg) and Diabetes mellitus (HbA1c< 8).

EXCLUSION CRITERIA

1. Subjects with other systemic and metabolic disorders.
2. Subjects - Pregnant women and lactating mothers.

PLAN OF THE STUDY

Total 40 subjects who fulfilled the inclusion criteria were selected and randomly divided into two groups. Inform consent was taken from each patient before commencement of treatment.

Table No. 1: Showing study intervention of both groups.

No	PROCEDURE	DRUGS	DOSE	DURATION
1	*Amapachana*	*Trikatu Churna*	3-5 gm twice a day, Before food	Till *Nirama Lakshana*
2	*Snehapana*	*Panchatikta Ghrita*[6]	Based on Agni and Bala, in Arohana Krama	Till *Samyak Snigdha Lakshana*
3	*Abhyanga* and *Swedana*	*Moorchita Tila Taila*[7] and *Dashamoola Kashaya*	Quantity sufficient	2 days (*Vishrama Kaala* and on the day of *Vamana*)
4	*Vamana Karma*[8,9]	*Madanaphaladi Yoga (Madanaphala Pippali, Vacha, Pippali, Saindhava lavana* and *Madhu)*	Based on *Koshtha*, *Agni* and *Bala* of the *Roga* and *Rogi*	1 day (*Purvahna*)

Group A: *Vamana Karma* with *Madanaphaladi Yoga* at 6 am.

Group B: *Vamana Karma* with *Madanaphaladi Yoga* at 8 am.

ASSESSMENT CRITERIA

1. *Kale Pravriti*	**Score**
No Dosha, only Aushadha Vega Pravriti immediate or within 5 min after intake of Vamana Yoga.	0
Sadosha Vega Pravriti within 15 min after intake of Vamana Yoga.	1
Sadosha Vega Pravriti in between 15 – 30 min after intake of Vamana Yoga.	2
Sadosha Vega Pravriti in between 30 – 45 min after intake of Vamana Yoga.	3
Sadosha, Sarakta Vega Pravriti after 45 min of intake of Vamana Yoga	4
2. *Hridaya Shuddhi*	
Feeling of Graha, Gauravata at Hridaya Pradesha	0
Moderate feeling of Graha, Gauravata at Hridaya Pradesha	1
Mild feeling of Graha, Gauravata at Hridaya Pradesha	2
Feeling of clearance or lightness at Hridaya Pradesha.	3
Hridaya Pradesha Gata Pida	4
3.*Parshwa Shuddhi*	
Parshwa Graha, Gauravata	0
Moderate Parshwa Graha, Gauravata	1
Mild Parshwa Graha, Gauravata	2
Clearance or lightness at Parshwa	3
Parshwa Shoola, Pida	4
4. *Sharira Laghavata*	
Sharira Gaurava	0
Alpa Sharira Laghavata	1
Madhyama Sharira Laghavata	2
Pravara Sharira Laghavata	3
Sharira Ati Laghavata or feeling of Sandhi Shaithilyata.	4
5. *Pittanta*	
No Daha,Tikta Rasata in Kantha	0
Ishat Daha in Kantha	1
Daha in Kantha, Tiktasyata, Ishat Pitta Darshana in vomitus	2
Pitta Chhardana	3
Pitta Chhardana along with Rakta.	4
6. *Daurbalya*	
No weakness, able to do daily activities.	0
Weakness, can do daily activities.	1
Weakness, fatigue after daily activities	2

Weakness, unable to do daily activities.	3
Weakness needs bed rest	4
7. *Kantha Shuddhi*	
Nisthivana, Prasek	0
Moderate Nisthivana, Prasek	1
Mild Nisthivana, Prasek	2
Kantha Shuddhi	3
Vak Graha, Kantha Shoola	4
8. *Agnivriddhi.*	
No Agni Vriddhi	0
Avara Agni	1
Madhyama Agni	2
Pravara Agni	3
Atyagni	4
9. *Krishata*	
No weight loss after Vamana	0
Half to one kg weight loss after Vamana	1
One to two kg weight loss after Vamana	2
Two to three kg weight loss after Vamana	3
More than three kg weight loss after Vamana	4
10. *Vatanulomana*	
Presence of Upward movement of Vata with belching and flatulence for 1-2 hours after Vamana.	0
Feeling of slight Vatanulomana and lightness of abdomen for 3-4 hours after Vamana	1
Feeling of moderate Vatanulomana and lightness of abdomen for 5- 6 hours.	2
Feeling of Vatanulomana and lightness of abdomen for more than 6 hours.	3
Presence of Udara Shoola and abdominal discomfort	4
11. *Rogopashanti*	
No Improvement	0
Mild improvement	1
Moderate improvement	2
Satisfactory improvement / complete recovery	3
Worsen symptom's / complication	4

OBSERVATION AND RESULTS

Vamana Vega* and *Upavega

Vega/ Upavega	***Vega***		***Upavega***	
	A	**B**	**A**	**B**
<5	20%	25%	40%	50%
5-6	15%	65%	45%	30%
>6	65%	10%	15%	20%

Antiki Shuddhi

Antiki Shuddhi	**A**	**B**
Kaphanta	25%	50%
Pittanta	75%	40%
Vatanta	0%	10%

Samyak Vamana

Samyak Vamana	**Grade 0**		**Grade 1**		**Grade 2**		**Grade 3**		**Grade 4**	
	A	**B**	**A**	**B**	**A**	**B**	**A**	**B**	**A**	**B**
Kale Pravritti	5%	10%	25%	15%	70%	75%	0%	0%	0%	0%
Hridaya Shuddhi	0%	0%	0%	15%	15%	35%	85%	50%	0%	0%
Parshwa Shuddhi	0%	0%	15%	45%	15%	45%	75%	50%	10%	5%
Sharira Laghava	0%	0%	5%	20%	40%	55%	55%	25%	0%	0%
Pittanata	10%	20%	30%	40%	60%	40%	0%	0%	0%	0%
Dourbalya	0%	0%	20%	15%	65%	60%	15%	25%	0%	0%
Kanta Shuddhi	0%	0%	0%	10%	20%	35%	65%	55%	15%	0%
Agnivriddhi	0%	0%	0%	10%	40%	60%	60%	30%	0%	0%
Krishata	0%	0%	30%	25%	55%	60%	15%	15%	0%	0%
Vatanulomana	10%	15%	10%	5%	10%	25%	45%	35%	25%	20%
Rogopashanti	0%	0%	20%	20%	75%	80%	5%	0%	0%	0%

DISCUSSION

There is slight variation in *Samyak Vamana Lakshana* in Group A and Group B than expected. Few Group B subjects presented mild to moderate *Parshava Shuddhi, Hridaya Shuddhi, Kaale Pravritti* and *Kanta Shuddhi.* This may be due to fraction of medicine administered to initiate *Vamana* might undergone *Pachana* rather than producing effective *Vamana*. So, might cause lesser desired effects than Group A. *Yavagu, Ksheera* or *Ikshu Rasa* as *Akantha Pana* may have undergone *Pachana* and might have failed to give desired effect. As later, Agni may have increased, hence that particular Group B subjects had milder to moderate *Lakshana* compared to Group A subjects. In Group A and Group B, *Pittanta* in terms of Pitta Darshana was not found considerably. *Pitta Chardhana* elucidated predominantly like *Kanta Daha, Tikta Asyata*. Consumption of *Kaphakara Ahara* results into *Kapha* predominant *lakshana* irrespective of the stage of *Avasthapaka***,** making the occurrence of *Pitta Chardana* less evident.

This observation can be understood based on the physiology of gastrointestinal absorption. Fatty food has higher osmolarity. Delayed gastric emptying is observed, due to extrinsic nerve reflex. GIT needs more time to digest fatty and high osmolarity foods. Increased secretion of pancreatic digestive enzymes is signalled by duodenal contents. Whenever gastric irritants enter or acidic components are ingested, duodenum delays gastric emptying to secret higher sodium bicarbonate. This physiology signifies amount of *Kapha* expelled out during *Vamana*. Stronger signal from duodenum to vomiting centre in brain is needed to trigger anti-peristalsis and to initiate emesis. Kapha Expulsion is directly proportional to stomach and duodenal irritation by *Vamana Yoga*. Hence, Group A has demonstrated higher chances of expulsion *Kapha*. In Group B, *Vamana Yoga* rather than causing irritation completely, partially undergone *Pachana.* Hence Group B might have shown less *Pitta Chardhana* comparatively to Group A. In mammals, circadian systems are organized hierarchically with a light-responsive "master" circadian pacemaker located within suprachiasmatic nucleus (SCN) of anterior hypothalamus, which in turn presides over a network of both extra-SCN and peripheral clocks.[10]

CONCLUSION

Vamana drugs are expected to initiate emesis before undergoing significant metabolism. So, Vamana procedure is indicated during *Purvahna Kaala (Kapha Kaala:6-10am).* ACTH and cortisol levels are elevated during early morning and peak around 8 AM.[11] This study evaluates *Vamana* procedure at 6 AM and 8 AM to assess whether earlier administration may help to bypass metabolic activities and improve therapeutic action. *Vamana* is ideally performed during *Purvahna Kaala*, when gastrointestinal motility is comparatively lower. Gastrointestinal motility may increase after 8 AM, which potentially reduce the effectiveness of *Vamana* drugs.

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