ASSESSMENT OF VYAPAT IN VASANTA RUTU VAMANA

Divya. S , Shridhara. B. S

1 Author 1, PG scholar, Department of panchakarma, GAMC, Bengaluru, India.
2 Author 2, Guide, HOD, Department of panchakarma, GAMC, Bengaluru, India.

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 adhopravrutti, 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, adhopravrutti, 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 conductiong 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:

<table>
<thead>
<tr>
<th>Deepana pachana</th>
<th>Trikatu churna : 2-5g thrice daily 1hr before food with hot water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snehapana</td>
<td>Guggulu tiktaka ghrita : 30-60-90-120-150-180-210ml</td>
</tr>
<tr>
<td>Akantapana</td>
<td>Ksheera : 1-2 lt</td>
</tr>
<tr>
<td>Vamaka yoga</td>
<td>Madanaphala churna : 5-8g</td>
</tr>
</tbody>
</table>
Quantity of the above drugs were given according to the condition.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>vacha churna</td>
<td>2-3g</td>
</tr>
<tr>
<td>yashti churna</td>
<td>6-8g</td>
</tr>
<tr>
<td>saindhava lavana</td>
<td>1-2g</td>
</tr>
</tbody>
</table>

**OBSERVATIONS:**

<table>
<thead>
<tr>
<th>Vyapats occurred</th>
<th>No. of individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pratiloma gati of doshas</td>
<td>2</td>
</tr>
<tr>
<td>Jeevadana</td>
<td>1</td>
</tr>
<tr>
<td>Upadrava</td>
<td>1</td>
</tr>
</tbody>
</table>

**DISCUSSION:**

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

One (1) had mrudu koshta. During vishrana 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 snehapani 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 srava. 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 snehapani i.e., for not proceeding snehapani 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 utklesha 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:

Corresponding Author: Dr. Divya. S*, Dr. Shridhara. B. SPG scholar, Department of panchakarma, GAMC, Bengaluru, India. Email: dr.divya_s@yahoo.in

Source of support: Nil
Conflict of interest: None Declared