

ROLE OF VAMANA KARMA IN THE MANGEMENT OF AMAVATA- CONCEPTUAL REVIEW

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ABSTRACT : *Vamana Karma* is one of the *panchakarma* procedure by the virtue of which the vitiated *doshas* are expelled through *urdhwabhaga* i.e, oral route. It is considered as an ideal treatment in morbid *kapha*, its associated conditions and in case of *kapha sthanagatha doshas*. It is the process which removes *apakva pitta* and *kapha* from *amashaya* forcefully through upper channels. *Amavata* is a *vyadhi* having *bahudoshavastha*, where *tridosha* are predominantly involved. Weak digestive fire is the prime culprit in the pathogenesis of *amavata*. Due to this, the food is not digested properly and the first *dhatu* (*rasa*) is not formed properly. The *apakva, ama rasa dhatu* will circulate in whole body and lodged in *sandhi*. As *udbhava sthana* is *amashaya* which is a *kapha sthana*, and *shodhana langhana* is the first line of treatment in *amashayotha* and in *rasapradoshaja vyadhis*, *Vamana karma* is considered as best line of treatment in *amavata*. *Shodhana* type of *langhana* eliminates the *kapha* and other *dosha* from *amashaya* and normalises the *agni*. Elimination of *bahudosh* helps to normalize the formation of new *dhatu*s. Hence, in *amavata*, *vamana karma* is the ideal line of treatment.

KEY WORDS : *Vamana karma, Amavata, langhana, bahudoshavastha*

INTRODUCTION :

Rheumatoid arthritis is a chronic autoimmune inflammatory, systemic disease that mainly affects the synovial joints with possibility of extra articular manifestations. Generally joint involvement is bilateral, peripheral, symmetrical, characterized by early morning stiffness with positive rheumatoid factors. RA can occur at any age, usually occurs in people between 25 to 55; women are affected more often than the men. (3 to 7 times more common). The incidence of RA is in the region of 3 cases per 10,000 population per annum. RA is prevalent throughout the world and involves all ethnic groups. The figures of prevalence vary substantially ranging from 0.3% to 1 % of the population. Indian data suggests the prevalence to be around 0.65% to 0.75% of the population. 1-3 % of women may develop RA in their life time ^{1}. *Amavata* is a

chronic joint disorder which makes the life of patient almost crippled. It is seen most commonly in the patients due to their changing dietic habits, social structure, environment and mental stress and strain.^{2}

It can be a disabling and painful condition therefore early treatment is essential to prevent the progress and ending up in disability. Untreated RA can lead to substantial loss of functioning and mobility. Similar symptoms are observed in amavata which affects the agni, rasa dhatu and involvement of kapha sthana mainly the joints.

Nidana and samprapti: In the presence of *mandagni*, if one is regularly indulged in *virudha ahara*(mutually incompatible foods), *virudha chesta*(unwholesome liestyle practices), *nischalata*(sedentary life activities), *vyayama*(indulgd in exercise) immidiately after consumption of *snighdha ahara*(unctuous food) then, *Ama* is formed in the *Amashaya* along with vitiation of vata dosha^{3}. Due to this, the food is not digested properly and the first *dhatu (rasa)* is not formed properly. This *Ama* associating itself with *vata*, moves through out the body with the help of vitiated *vata* and gets lodged in *shleshma stana* mainly *sandhis* because of *kavaigunya* present over there. This circulating *ama* in the *dhamani* vitiates the normal *vata, pitta* and *kapha doshas*. This cause *srotoroda* (obstruction in the channels), leading to symptoms like *daurbalya (weakness)*, *gaurava (Heavyness)* in the *body associated with sandhi shotha, shoola*.^{4}. In long run, the faulty food and activity, season, lifestyle will cause progress of the pathogenesis leading to *bahudoshavastha*, involving multiple deeper dhatus. This stage manifests with full blown symptoms and may be with complications.

Initially the dosha will be there in amashaya and rasa dhatu. Once the indulgence in causative factor is continued, the dosha with ama will circulate all over the body in different channels and lodged in kapha sthana. Due to the sticky nature of ama and mixing with other doshas, the pathogenesis still worsens and multiple dhatus will be involved. The symptoms of aruchi, gaurava, jwara indicates the involvement of rasa dhatu till the majja involvement like *vaikalyata* in *sandhi* are the part of pathogenesis.

Treatment: Deepana, pachana: As the culprit is *mandagni* and in the presence of weak digestive fire, the given medicine will also convert in to *ama*^{5}, first and foremost treatment is *amapachana* and *agni deepana*^{6}. It is done by *langhana*, then *swedana* (*Rooksha sweda* in the form of *valuka, upanaha*) and using of drugs having *tikta, katu rasa*.^{7}

Shodhana as vamana: In the presence of *bahudoshavastha*^{8} and *ama* in *amashaya*, *shodhana karma* is the prime line of treatment. The doshas are eliminated from nearer route hence, *Vamana* is planned. This *Vamana* is practiced as *sadyo vamana* where the *ama* with *dosha* are eliminated from *amashaya* and the *agni* is normalized. In *Amashayotta vyadhis* and in *Rasapradoshaja vyadhis*, *langhana* is the first line of treatment. This *langhana* is in the form of *upavasa* in the initial stage of the disease when the *agni* and *rasa dhatu* are involved with *alpa dosha*. *Vamana karma* is the *shodhana roopi langhana* indicated to person suffer from diseases due to abundance *kapha* and *pitta, raktha* and *mala* combined with the vitiation of *vata*,

it brings the lightness in the body by eliminating the *dosha*^[9]. The active principles of *vamana dravyas* are absorbed from the stomach in to circulatory system, where from it circulated to all over the body. On reaching at the site of lesion, which is at the cellular level, it breaks the nexus of *doshas* and brings back the toxic substances. Thus released into stomach and expelled out by forceful expulsion.^[10]

PROPERTIES AND MODE OF ACTION OF VAMANA DRAVYAS:

Generally any measure of *Shodhana* therapy cannot be under taken directly without preparing the patient. *Vamana* is somewhat strainful process to the patient and may cause complications also if not performed properly. Therefore it is necessary that all the aspects should be taken into consideration before performing this *karma*. *Shodhana* therapy is generally applied mostly in chronic disease where vitiated *doshas* are at higher level and where *shamana* drugs may not have significant role. In this situation we have to take care at every step of treatment and procedure. Some process should be done before treatment as *poorvakarma* and some are after treatment as *paschat karma*. *Vamaka Dravya* acts on stomach at very root cause of *Kapha* vitiation. It eliminates the *Kleda*, open *srotas* and pacify *Ama* thus offer significant relief in *Kapha*. Thus *vamana karma* relieves symptoms of *Amavata*.

Guna and Karmas: *Vamana* drug must have properties to reach at the site of the *doshas* and causes *sampraptivighatana*. These *gunas* are *usna*, *tikshna*, *sukshma*, *vyavayi* and *vikasi*^[11]. The role of each *guna* is producing the *vamana* and thus relieves the *dosha*.

The *vamana aushada* is comprised of qualities like *usna*, *tikshna*, *sushma*, *vyavayi* and *vikasi* and formed with predominance of *agni* and *vayu mahaboota*. But the main action is attained by the *urdhvabhaga hara prabhava* possessed by these drugs. The drugs due to their *virya* will reach *hridaya* and *dhamani* there by reaches *stula* and *anu srotas* in the body. The *vyavayi guna* of the drug helps in quick absorption and movement of the drug. *vikasi guna* helps in breaking the binding of *doshas* and *dushya*. due to *ushna guna* drug will cause *vishyandhana* and due to *tikshna guna* causes *chedhana* of *doshas*. the *sukshma guna* helps to reach minute channels. The *agni* and *vayu mahabhutha* because of its quality like *laghutva* and tendency to move upwards will help in bringing *vamana* effect. more importantly *prabhava* of the drug is especially responsible in bringing about the *vamaka* action^[12].

DISCUSSION:

Amavata is a *vyadhi* where *kapha* and *vata* are predominantly involved. Its *udhbava sthana* is *amashaya* and *vyaktha sthana* is *sandhi*. *Vamana* is considered as best treatment for *kapha* and its associated conditions. In *amavata* mainly *kapha sthana* like *sandhi* is affected. *langhana* is considered as the prime line of treatment for *amavata*^[13]. *Vamana* is considered under *shodhana* variety of *langhana*^[14]. Systemic disease caused by *Kapha* can be completely managed by *Vamana karma*. *urdhwa amashaya* is the seat of *kapha dosha*^[15]. The active principle of *vamana dravyas* taken orally are absorbed from the *amashaya* into circulatory system from there it is circulated all over the body reaching the site of *dosha sanghata*, breaking of *dosha dushya*

samurchana occurs and harmful substances are released into the stomach, from where they are expelled out of the body through *vamana*.

CONCLUSION : Among *panchakarmas*, *Vamana* should be conducted first to eliminate the vitiated *kapha dosha*. *Vamana dravya* mainly acts on *amashaya* at very root cause of the vitiation of *kapha*. The vitiated *kapha* present in the entire body is expelled out through the mechanism of *vamana* and disease process is suppressed up to the maximum level. The *snehana* and *swedana* therapy aggravates the *doshas* i.e., *kleda* of the body is increased. *kleda* from the body is eliminated in the form of vomitus. This is because of *ushna* and *tikshna guna* of *vamaka dravyas*. The *sanga* in the *srotas* created by vitiated *kapha*, *meda* and *ama* are evacuated by *vamana karma*.

REFERENCES :

- 1) API text book of medicine. 7th edition 2006 Editor Siddharth.N.Shah. Pp-1533 page.no-1160-1164.
- 2) API text book of medicine. 7th edition 2006 Editor Siddharth.N.Shah. Pp-1533 page.no-1160-1164.
- 3) Madhavakara, Madhava Nidana, with Madhukosha Commentary, by Dr.P.Himasagara Chandramurthy; Chowkamba Orientalia Varanasi, 1st edition, 2006; Pp375, pg.no:272.
- 4) Madhavakara, Madhava Nidana, with Madhukosha Commentary, by Dr.P.Himasagara Chandramurthy; Chowkamba Orientalia Varanasi, 1st edition, 2006; Pp375, pg.no:272.
- 5) Agnivesa, Charaka Samhita, Ayurveda Deepika Commentary, Vimanasthana 2nd Chapter, Sloka-12, Vaidya Jadavji Trikamji Acharya, Editor. Varanasi: Chaukambha Sanskrit Sansthan; 2004, P-651.
- 6) Agnivesa, Charaka Samhita, Ayurveda Deepika Commentary, Vimanasthana 2nd Chapter, Sloka-12, Vaidya Jadavji Trikamji Acharya, Editor. Varanasi: Chaukambha Sanskrit Sansthan; 2004, P-651.
- 7) Yogaratnakar; Lakshmi pati shastri, chaukambha Sanskrit sanshtan, Varanasi 1999, Pp573, pg.no:498
- 8) Madhavakara, Madhava Nidana, with Madhukosha Commentary, by Dr.P.Himasagara Chandramurthy; Chowkamba Orientalia Varanasi, 1st edition, 2006; Pp375, pg.no:272.
- 9) Agnivesha, Charaka Samhitha, Acharya Jadavji Trikamji, Choukambha Publication 2001 Varanasi; Pp 738, Pg.No:121.
- 10) API text book of medicine. 7th edition 2006 Editor Siddharth.N.Shah. Pp-1533 page.no-1160-1164.
- 11) Agnivesa, Charaka Samhita, Ayurveda Deepika Commentary, Kalpasthana 1st Chapter, Sloka-5, Vaidya Jadavji Trikamji Acharya, Editor. Varanasi: Chaukambha Sanskrit Sansthan; 2004, P-651.

12)Agnivesa ,Charaka Samhita,Ayurveda Deepika Commentary,Kalpasthan 1st Chapter ,Sloka-5,Vaidya Jadavji Trikamji Acharya,Editor.Varanasi:Chaukambha Sanskrit Sansthan;2004,P-651.

13)Yogaratanakar;Lakshmi pati shastri, chaukambha Sanskrit sanshtan, Varanasi 1999, Pp573, pg.no:498

14)Agnivesha,Charaka Samhitha, Acharya Jadavji Trikamji, Choukambha Publication 2001 Varanasi; Pp 738,Pg.No:121.

15)Vagbhatacharya, Astanga Hridhaya, Pandit Bhishakacharya Harishastri Paradakara, Chuakambha Orientalia 2006, Varanasi; Pp956,Pg.No:7.

