

Vamana Karma

Unit 6. Vamana Karma (Therapeutic Emesis)

1. Introduction

Vamana Karma is the intentional, controlled induction of emesis for **ūrddhvabhāga-śodhana** (upper-channel purification) with a prime aim to eliminate **Kapha** (and associated **āma**) from the stomach-chest region. It is one of the principal **Śodhana** procedures of **Pañcakarma**, performed **after Snehana and Swedana**, and classically favoured in **Vasanta (spring)** when Kapha naturally accumulates. Properly conducted Vamana liquefies and mobilises Kapha, clears **srotas** (channels), kindles **agni** (digestive fire), reduces heaviness, dyspnoea, cough, and pruritus, and prepares the patient for subsequent therapies.

“अथातो वमनविरेचनविधिं व्याख्यास्यामः ॥” — *Caraka Saṃhitā, Sūtrasthāna 15*

“पूर्वं स्नेहस्वेदनं कृत्वा वमनं कुर्वीत ।” — *Aṣṭāṅga Hṛdaya, Sūtrasthāna 18*

“वसन्ते वमनं शस्त्रम् ।” — *Caraka/Aṣṭāṅga Hṛdaya, Ritucaryā context*

Classical references for Vamana -

“वमनं हि कफनाशनं शक्तिः पित्तनाशनं स्मृतम्... पञ्चकर्मणां प्रथमम् ॥”

“Vamana destroys Kapha (primarily)... counted first among Pañcakarma.” (Caraka—commonly cited in teaching as **Cikitsāsthāna 1/28.**)

“बस्तिविरिको वमनं तथा तैलं घृतं मधु ।

वातपित्तकफानां स्यात् शोधनं शमनं तथा ॥”

(*Aṣṭāṅgahṛdaya* gist: *Basti-Virecana-Vamana* are the principal **Śodhana** for *Vāta-Pitta-Kapha*; oil/ghee/honey are their *Śamana* counterparts.)

“वमनं हि कफनाशनं... पञ्चकर्मणां प्रथमम् ।”

(taught in curricula; see Caraka's chikitsā-principles on Vamana/Virecana benefits)

Madanaphala-based formulations (Charaka Kalpasthāna):

“तत्र श्लोकाः—

पयस्यस्त्वा सुरामण्ड-मस्तु-तक्रेतु च त्रयः ।

ब्रेयं सपललं तैलं वर्धमानाः फलेषु षट् ॥२१॥

घृतमेकं कषायेषु नवान्ये मधुकादिषु ।

अष्टौ वर्तिक्रिया लेहाः पञ्च मन्थो रसस्तथा ॥२२॥”

(Charaka lists classic **Vamana-yogas**: eight in milk, three in supernatant/whey/buttermilk, one snuff, one oil, six with increasing seed-dose, one ghee in decoction, nine in Madhuka etc., eight varti, five mantha, one rasa...)

Therapeutic essence: **doṣa-utkleśa** (provocation/liquefaction) → **uddīpana** of **vegas** (emetic bouts) → measured evacuation until **pittānta** (appearance of bile) signals completion.

2. Indications and Contraindications of Vamana Karma

2.1 Indications (choose when Kapha/āma predominates)

- **Śvāsa-Kāsa** (dyspnoea-cough), **Pratiśaya** (sinus-catarrhal states), **Kandu** (pruritus), **Kuṣṭha** (skin diseases

with Kapha-āma), **Meda-vṛddhi** (obesity), **Sthaulya**-related lethargy.

- **Amlapitta** (Kapha-Pitta dominant subtype), **Yuvanapidaka** (acne with Kapha-Meda-Rakta involvement).
- Seasonal Kapha accumulation (especially **Vasanta**), and as a preparatory **śodhana** before **Basti** in **Vāta-Kapha** disorders.
- Selected **viṣa/garaviṣa** (ingested toxins, food-poisoning) and **ajirṇa** with Kapha dominance — often as **Sadyovamana** (see §6).

2.2 Contraindications / Relative Contraindications

- **Bāla, Vṛddha, Sukumāra, gātra-kṣīṇa, manda-bala, kṣata-kṣīṇa** (injury/bleeding), **garbhīṇī**, menstruating women.
- **Rakta-pitta**, active **pittaja** fevers, severe dehydration, **uncontrolled hypertension, recent MI, advanced heart disease**, severe **asthma attack** (status), **active gastric/duodenal ulcer**, **hiatus hernia** with severe regurgitation.
- **Āma-jvara** with high fever, **severe diarrhoea, recent major surgery, uncontrolled diabetes** with autonomic neuropathy, **psychosis** (poor cooperation).

Exam cue: If **Pitta** predominates or there is **bleeding risk**, **Virechana** is preferred over **Vamana**.

3. Pūrva Karma of Vamana (Pre-procedure)

1. **Rogi-Roga parīkṣā**: doṣa-dhātu-agni-bala, **āma-nirāma** status, co-morbidities, vitals, medicines; establish **Vamana-yogyatā**.
2. **Abhyantara Snehana**: **3-7 days** (individualised) till **samyak-sneha lakṣaṇa** (vātānulomana, softness of stool/skin, lightness).
3. **Bahya Snehana & Swedana**: whole-body **abhyanga** and **svedana** on the **previous day** and again **on the morning** of Vamana to liquefy Kapha and open **srotas**.
4. **Kapha-utkleśaka āhāra (evening prior)**: warm, heavy, mildly unctuous **madhura/āmla** items (e.g., milk preparations, curd-rice, black-gram soup) as per state to **provoke Kapha** toward the stomach.
5. **Set-up on the day**: early **morning (Kapha-kāla)**; fasting except small sips of warm water. Arrange **Vamana-sthāna** (well-ventilated room), emesis cot/chair, kidney tray, warm water, **Vāmaka dravya, Vāmanopaga dravya**, towels, spittoon, emesis record sheet, emergency kit.
6. **Consent and briefing**: explain steps, command to not suppress natural urges, and to signal **nausea, giddiness, chest discomfort** immediately.

Core dravyas

- **Vāmaka (primary emetics): Madanaphala** (*Randia dumetorum*), **Ikṣvāku** (bottle gourd seeds), **Jīmūtaka**, **Dhāmārgava**, ***Kṛtavedhana**—the classical five (select one per indication & availability).
- **Upaga/Anubandha dravya: Yaṣṭimadhu phāṇṭa/kvāṭha, Saindhava** (rock salt), **Madhu** (honey), **Pippalī** chūrṇa, **Lāja** (puffed rice) and **uṣṇa-jala** to facilitate vegas and prevent fatigue.

4. Pradhāna Karma of Vamana (Main Procedure)

1. **Position & priming**: seat the patient comfortably (supported, head forward). Give **uṣṇa-jala** sips. Begin with **Yaṣṭimadhu phāṇṭa/kvāṭha** to prime the stomach and soothe the mucosa.
2. **Administration of Vāmaka**: give the selected **Vāmaka** (e.g., **Madanaphala** preparations) in appropriate **mātrā**, followed by **warm water** in divided aliquots.
3. **Eliciting vegas (emetic bouts)**: gentle **gātra-mardanā** (chest/back stroking), **nābhi-ūrasa** rubbing, **tongue stimulation** if needed. Encourage to **drink warm water** between bouts for better washout.
4. **Monitoring**: record **number of vegas, appearance** (sequence of doṣa), **volume**, patient's **pulse/BP**, symptoms.

Aim to reach **pittānta** (yellow/greenish bitter fluid) after substantial Kapha expulsion—this is a classic **stop-signal**.

5. Stop criteria:

- **Samyak Vamana:** Kapha expelled first (**picchila, ślesmala**), then **pitta**; patient feels **lāghava**, clarity of senses, relief in chest fullness, lightness of head and body.
- **Terminate if ati-sveda**, excessive weakness, syncope, bleeding, severe epigastric pain, or distress occurs.

Outcome grading (remember the triad)

- **Vaigikī:** by **number of vegas** (approx.): **Pravara** 8-10 (or more), **Madhyamā** 6-7, **Avarā** 3-4.
- **Mānikī:** by **quantity/volume** expelled (clinically recorded).
- **Āntikī:** by **last doṣa** appearing; **pittānta** is desirable end-point.

Complication pointers (Upadrava)

- **Hīna-vamana:** persistent heaviness, nausea, Kapha symptoms linger → plan **mṛdu upaśaya**, next-day **repeat/augment** or shift to **Virechana** if Pitta rises.
- **Ati-vamana:** dehydration, vertigo, cramps, throat burning → **Stambhana + tarpana** (ORS, **uṣṇa-jala, madhu-ghṛta, mṛdu dugdha preparations**), monitor vitals, medical referral if needed.

5. Paścāt Karma of Vamana (Post-procedure)

1. **Vamana-ante upacāra:** mouth rinse with **warm water/Yaṣṭimadhu**, wipe, gentle **dhūmapāna** (where indicated), **gargle** if throat sore. Rest in a warm, draught-free room.
2. **Samsarjana-krama (graduated diet):** According to the **strength of śodhana** (Pravara/Madhyamā/Avarā), advance liquid-to-semisolid over **3-7 meals** (or days in robust purgation). A typical ladder:
 - **Manda** (thin rice water) → **Peya** (thin gruel) → **Vilepi** (thick gruel) → **Akṛta Yūṣa** (non-fat pulse soup) → **Kṛta Yūṣa** (with fat) → light **yavāgu/odana** with **sneha** → normal diet.
3. **Pathya-Apathya:** avoid **day sleep, cold exposure**, excess talking, exertion, sex, anger; keep **uṣṇa-jala**; no **guru/abhishyandi** foods (curd at night, cheese, bakery), avoid **āma-producers** initially.
4. **Follow-up:** reassess Kapha symptoms, **agni**, bowel pattern; plan **Basti/Virechana/Rasāyana** depending on disease protocol.

6. Sadyovamana (Instant/Ad-hoc Emesis)

Definition: Emesis performed **without full classical preparation** when **swift evacuation** is essential or when Kapha/ingesta must be removed quickly.

Indications: **Viṣa/garaviṣa, ajirṇa** with nausea-fullness, **recent food poisoning, excess sputum** obstructing breathing (selected cases), **severe Kapha overloading** where delay is risky.

Method (pragmatic):

- **Warm saline** (lukewarm water + rock salt), **Madhu-Saṅdhava** in warm water, or rapidly available **Vāmaka** (e.g., Madanaphala powder/kvātha) under supervision.
- Protect airway posture, keep **emesis kit** ready, monitor vitals, and **refer** if systemic toxicity suspected.

Cautions: Elderly, cardiac, pregnant—**avoid** unless lifesaving and immediately transfer to higher care.

7. Vamana Karmukata (Mode of Action)

Classical lens

- **Doṣa-utkleśa** by kapha-provoking diet + **snigdha-uṣṇa** measures → **liquefaction & mobilisation** of Kapha from **āmāśaya-ūras** → **emetic vegas** expel Kapha (and **āma**) via **ūrdhva-mārga**.
- **Srotoshodhana**: clearing of **rddhva-gāmi** channels (bronchial tree, naso-oropharynx) relieves **śvāsa-kāsa-gaurava**; **agni-dīpana** follows śodhana.
- **Lakṣaṇa endpoint**: **pittānta** denotes adequate clearance of Kapha from stomach/duodenum.

Modern bridge (correlative)

- Gastric **mechano- and chemoreceptor** activation → **vagal-central emetic circuitry** → coordinated contraction of abdominal/diaphragmatic muscles; copious **mucus** and **secretions** evacuated.
- **Airway clearance** improves by reducing proximal secretory load; short-term **autonomic reset** and reduction in **airway resistance** in mucus-laden states.
- Post-evacuation **appetite** and **gastric motility** often improve, consistent with **agni-dīpana**.

8. Principles of Practice in Selected Disorders

8.1 Śvāsa (esp. Tāmaka-śvāsa)

- **When**: **Kapha-dominant nirāma** stage (thick sputum, chest fullness, heaviness, white-coated tongue, minimal burning).
- **Plan**: **Mṛdu-Madhyama Vamana** after **short Snehana + Swedana**; select **Vāmaka** supported by **Yaṣṭimadhu**, **Saindhava**, **uṣṇa-jala**. Keep oxygen and bronchodilator access as modern safety.
- **Avoid**: during **acute severe bronchospasm**, **fever**, or **pitta dominance** (burning, yellow sputum). Opt for **Upanāha/Nādī-sveda**, **Virechana/Basti** sequencing instead.

8.2 Amlapitta (acid dyspepsia)

- **Phenotype key**: **Kapha-Pitta** vs **Pitta-dominant**.
- **Kapha-dominant** (nausea, heaviness, white tongue, sour belching with much saliva): **Mṛdu Vamana** clears the load; follow with **dīpana-pāchana** and **pathya**.
- **Pitta-dominant** (burning, thirst, yellow tongue): **Virechana** preferred; if Vamana used, keep **very mṛdu** with careful stop at early **pittānta** and vigorous **paścāt cooling**.

8.3 Kuṣṭha (skin diseases)

- **Rationale**: **Kapha-Pitta-Rakta** involvement with **āma**; texts advocate **śodhana-repeated courses**.
- **Practice**: **Vamana** (often first), then **Virechana**, **Raktamokṣa** where indicated, supported by **dīpana-pācana-rasāyana**. Use **Madhyama/Pravara Vamana** depending on strength, repeat at intervals.

8.4 Yuvanapidaka (acne vulgaris phenotype)

- **Rationale**: **Kapha-Meda-Rakta** vitiation, glandular blockage.
- **Practice**: **Mṛdu-Madhyama Vamana** in suitable candidates (oily skin, white tongue, heaviness), then **Virechana** or **Raktapraśādana**, **Iepa**, **pathya** (low-glycaemic, laghu-tikta-kaṣāya diet). Avoid in **pitta-agni irritability**.

Quick Tables for Exams

A. Samyak / Hīna / Ati Vamana — Snapshot

Category	Key features
Samyak	Multiple vegas with Kapha → Pitta sequence; lāghava , clear senses, relief in chest/head, rekindled appetite
Hīna	Few vegas; Kapha signs persist (nausea, heaviness, coated tongue); inadequate lightness
Ati	Excess vegas; dehydration, dizziness, cramps, burning, faintness; may show streaks of blood — stop & treat

B. Vāmaka & Vāmanopaga Dravya (examples)

Role	Examples
Vāmaka	Madanaphala, Ikṣvāku, Jīmūtaka, Dhāmārgava, Kṛtavedhana
Upaga	Yaṣṭimadhu (phāṇṭa/kvātha), Madhu, Saindhava, Pippalī, Lāja, uṣṇa-jala

Assessment

Long Answer Questions (Answer any 1, 10 marks)

1. Define **Vamana Karma**. Describe **indications-contraindications**, **Pūrva-Pradhāna-Paścāt karma**, and the **criteria of Samyak/Hīna/Ati Vamana** with classical references.
2. Explain **Sadyovamana**—indications, method, and cautions. Distinguish when you would prefer **Virechana** instead of Vamana in **Amlapitta** and justify.
3. Discuss **Vamana Karmukata** from classical and modern perspectives. Add disease-wise planning in **Śvāsa** and **Kuṣṭha**.

Short Answer Questions (Answer any 5, 5×5 = 25 marks)

1. Enumerate the **five classical Vāmaka dravyas** and write two **Vāmanopaga** items with their roles.
2. List **Pūrva-karma** of Vamana and explain **Kapha-utkleśa** strategy used the evening prior.
3. Write the **stop-criteria** in Vamana and the triad of **Vaigikī- Mānikī- Āntikī** assessments.
4. Outline **Samsarjana-krama** after **Madhyamā** Vamana (foods in sequence).
5. Note on **complications of Ati-vamana** and their immediate management.
6. Principles of **Vamana in Yuvanapidaka** including diet and follow-up śodhana.
7. Two differences in approach to Vamana between **Śvāsa** (Kapha-dominant) and **Amlapitta** (Pitta-dominant).

MCQs (10 × 1 = 10 marks)

1. Vamana is primarily indicated in disorders of:
 - Vāta
 - Kapha**
 - Pitta
 - Rakta
2. The preferred **time** for Vamana is:
 - Night
 - Afternoon
 - Early morning (Kapha-kāla)**
 - Midnight
3. In **Samyak Vamana**, the desirable **end-point** is:
 - Vātānta
 - Pittānta**
 - Raktānta
 - No bile appearance
4. The **evening prior** to Vamana, diet aims to:
 - Reduce Kapha
 - Provoke Kapha (utkleśa)**
 - Induce dehydration
 - Increase Pitta
5. A classical **Vāmaka** drug is:
 - Harītakī
 - Madanaphala**
 - Pippalī
 - Triphalā
6. **Hīna-vamana** is best recognised by:
 - Pallor, fainting
 - Kapha symptoms persist with few vegas**
 - Blood in vomitus
 - Profound thirst only
7. **Sadyovamana** is most suitable in:
 - Chronic dryness
 - Recent food poisoning**
 - Severe anaemia
 - Late pregnancy
8. In **Amlapitta** with **pitta-dominance**, the preferred śodhana is:
 - Virechana**
 - Vamana
 - Basti
 - Raktamokṣaṇa
9. The triad used to **grade Vamana** outcomes includes all **except**:
 - Vaigikī
 - Sātmikī**
 - Mānikī
 - Āntikī

10. After **Pravara** Vamana, diet should begin with:
a) Normal diet b) **Manda** c) Vilepī d) Akṛta Yūṣa

Answer key: 1-b, 2-c, 3-b, 4-b, 5-b, 6-b, 7-b, 8-a, 9-b, 10-b.

One-minute Revision (for viva)

- **Definition:** Controlled emesis for **Kapha-āma** elimination from **āmāśaya-ūras** after **Snehana-Swedana**.
- **Indications:** Kapha disorders (**Śvāsa-Kāsa-Kandu-Kuṣṭha-Sthaulya**); Kapha-dominant **Amlapitta**, **Yuvanapidaka**; **Vasanta** season.
- **Stop when pittānta** appears and **lāghava** ensues.
- **Post-care:** **Samṣarjana-krama**, **pathya**, watch for **Hīna/Ati** signs.
- **Disease pearls:** Vamana in **Śvāsa** (nirāma Kapha phase); cautious/mṛdu in **Amlapitta**; repeated śodhana in **Kuṣṭha**; mṛdu-madhyama for **Yuvanapidaka**.