### 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.

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"अथातो वमनविरेचनविधि व्याख्यास्यामः ॥" — Caraka Saṃhitā, Sūtrasthāna 15
"पूर्वं स्नेहस्वेदनं कृत्वा वमनं कुर्वीत ।" — Aṣṭāṅga Hṛdaya, Sūtrasthāna 18
"वसन्ते वमनं शस्तम् ।" — Caraka/Aṣṭāṅga Hṛdaya, Ritucaryā context
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### 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**.)

"बस्तिविरेको वमनं तथा तैलं घृतं मधु । वातिपत्तकफानां 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— पयस्यष्टौ सुरामण्ड-मस्तु-तक्रेषु च त्रयः । ब्रेयं सपललं तैलं वर्धमानाः फलेषु षट् ॥२१॥ घृतमेकं कषायेषु नवान्ये मधुकादिषु । अष्टौ वर्तिकिया 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)  $\rightarrow$  **uddīpana** of vegas (emetic bouts)  $\rightarrow$  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), **Pratiśyaya** (sinus-catarrhal states), **Kandu** (pruritus), **Kuṣṭha** (skin diseases

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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 vişa/garavişa (ingested toxins, food-poisoning) and ajīrņa with Kapha dominance often as Sadyovamana (see §6).

### 2.2 Contraindications / Relative Contraindications

- Bāla, Vṛddha, Sukumāra, gātra-kṣīṇa, manda-bala, kṣata-kṣīṇa (injury/bleeding), garbhiṇī, 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.
- 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, \*Krtavedhana—the classical five (select one per indication & availability).
- Upaga/Anubandha dravya: Yaṣṭimadhu phāṇṭa/kvātha, 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/kvātha** 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 doşa), volume, patient's pulse/BP, symptoms.

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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, śleşmala), 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. **Saṃsarjana-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) → Vilepī (thick gruel) → Akṛta Yūṣa (non-fat pulse soup) →
     Kṛta Yūṣa (with fat) → light yayāgu/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, ajīrṇa 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-Saindhava 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.

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# 7. Vamana Karmukata (Mode of Action)

### Classical lens

- Doşa-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-dipana.

# 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/Nāḍī-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 sodhana-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, lepa, pathya (low-glycaemic, laghu-tikta-kaṣāya diet). Avoid in pitta-agni irritability.

# **Quick Tables for Exams**

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## 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 Yaşţimadhu (phānta/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, $5 \times 5 = 25$ 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 Saṃsarjana-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 $(10 \times 1 = 10 \text{ marks})$

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

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After Pravara Vamana, diet should begin with:
 a) Normal diet b) Manda c) Vilepī d) Akrta Yūşa

**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 pittanta appears and laghava ensues.
- Post-care: Saṃsarjana-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**.

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