

## Vamana Karma

### Unit 6. Vamana Karma (Therapeutic Emesis)

#### 1. Introduction

**Vamana Karma** is the intentional, controlled induction of emesis for **ūrdhvhāga-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 शस्तम् ।” — *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**.)

“वस्तिर्विको वमनं तथा तैलं घृतं मधु ।

वातपित्तकफानां स्यात् शोधनं शमनं तथा ॥”

(*Aṣṭāṅga Hṛdaya 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 cikitsā-principles on Vamana/Virecana benefits*)

#### Madanaphala-based formulations (Charaka Kalpasthāna):

“तत्र श्लोकाः—

पयस्यष्टौ सुरामण्ड-मस्तु-तक्रेषु च त्रयः ।

त्रेयं सपललं तैलं वर्धमानाः फलेषु षट् ॥२१॥

घृतमेकं कषायेषु नवान्ये मधुकादिषु ।

अष्टौ वर्तिक्रिया लेहाः पञ्च मन्यो 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), **Pratiśyaya** (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 **ajīrṇa** 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/āmī** 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), **Jīmūta**, **Dhāmārgava**, **\*Kṛtavedhana**—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 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, śleṣmala**), 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 **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**, **ājirṇa** 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.

## 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 **ṛddhva-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/Nāḍi-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-pāchana-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 **Raktaprasādana**, **lepa**, **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
<b>Samyak</b>	Multiple vegas with <b>Kapha → Pitta</b> sequence; <b>lāghava</b> , clear senses, relief in chest/head, rekindled appetite
<b>Hīna</b>	Few vegas; Kapha signs persist (nausea, heaviness, coated tongue); inadequate lightness
<b>Ati</b>	Excess vegas; dehydration, dizziness, cramps, burning, faintness; may show streaks of blood — <b>stop &amp; treat</b>

## B. Vāmaka & Vāmanopaga Dravya (examples)

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

## Assessment

### Long Answer Questions (Answer any 1, 10 marks)

1. Define **Vamana Karma**. Describe **indications-contraindications, Pūrva-Pradhāna-Pāścāt 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 **Samśarjana-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:  
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 **Amlapitta** with **pitta-dominance**, the preferred śodhana 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



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 **āmāsaya-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:** **Samsarjana-krama**, **pathya**, watch for **Hina/Ati** signs.
- **Disease pearls:** Vamana in **Śvāsa** (nirāma Kapha phase); cautious/mṛdu in **Amlapitta**; repeated śodhana in **Kuṣṭha**; mṛdu-madhyama for **Yuvanapidaka**.