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CASE STUDY

Effect of *Ayoga* of *Vaman* (Inducted Emesis) on Blood Pressure: A Case Study

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ABSTRACT
With today's lifestyle, while treating patients, Panchkarma is used as an integral part of Ayurveda practice to achieve prompt and long-lasting results. Panchkarma, a combination of Shaman and Shodhan chikitsa, is used to treat all diseases described in Ashtang Ayurved. Shodhan Karma includes both Vaman and Virechan. Vaman Karma has been described for Kaphaja disorders, Bahu-Doshavastha or Amashay-Samuthha Vyadhi. It is a very skillful procedure, needs both thorough knowledge of theory and practice. The success of Vaman Karma depends upon all three stages i.e. Poorva, Pradhan and Paschat Karma. Acharyas have described indications and contra-indication of Vaman Karma. Utmost care should be taken while selecting the patient. After the selection, detailed examination should be done to avoid any complication during Vaman Karma. A 33 years old male patient with the complaints of increased weight (105.6kg), Udarstha Meda-Vriddhi, occasional Adhman, Alasya, Uro-Udar Dah, Javoparodha, Ayasottar Shwas (Breathlessness on exertion) etc. in the past 5-6 months. Patient had no history of any major illness. Considering Bahu-Doshavastha, Medo-vriddhi, Kapha-Pitta Doshadhikya, Vaman Karma was planned. After properly done Poorva-Karma, during the main procedure, all Vamak Aushdhi, Akanthapana Drava Dravya, Vamnopaga Aushadhi were retained in stomach. Patient was observed to be Dushcchardita during the Vaman procedure. This ultimately induced severe Hypertension. An attempt was made to induce Vaman Vega, the patient was monitored continuously till he became asymptomatic and Blood Pressure became normal. In this case, Ayoga occurred as the patient was found to be Dushchhardita during the process itself. This case helps to understand the importance of the Siddhanta described as Aarhata/ Anarhata of Karma and handling the patient with utmost care.
Keywords- *Ayurveda, Panchkarma, Vaman, Hyper-tension, Duscchardita, Aadhman, Sthaulya, Obesity*

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INTRODUCTION

Shaman and *Shodhan Karma* are two integral parts of the management in *Ayurved Chikitsa Paddhati* (1). Selection of these two depends upon condition of the disease, *Dosha* involved, strength of the patient etc. *Shodhan Karma* is considered to be superior to other treatment plans as it eliminates the vitiated *Dosha*, eradicates diseases and restores normal strength and complexion. If conducted properly, it brings longevity (2), eradicates the morbid, vitiated *Dosha* from the alimentary tract, increases digestive power, increases metabolism, leads to the cure of disease and normalizes health. The sense organs, mind, intelligence and complexion become clear (2). *Acharya Sushruta* has advised *Shodhan Karma* in the first stage of *Shat-Kriya-kala* which are the 6 important stages of treatment. This expulsion of vitiated *Dosha* will help to break the pathogenesis of any disease (3). *Vaman Karma* is an integral part of *Panchkarma,*. *Vaman Karma* is advised for *Kaphaja* disorders as well as *Kapha-Anubandha* disorders too. It is the treatment par excellence for the cure of *Kapha* because immediately after entering the stomach, it strikes at the very root cause of the vitiation of *Kapha*, even the entire vitiated *Kapha* dwelling in other parts of the body is automatically alleviated (4). Success of *Vaman Karma* depends upon appropriate selection of the patient. Wrong selection of the patient may result in complications. Success of any treatment

(*Shodhana* or *Shamana*) depends upon four factors i.e. *Padas* viz. *Vaidya, Dravya, Paricharak* and *Rugna* himself. When *Lakshanas* other than *Samyak* are produced in the patients, they are called as *Vyapadas*. *Acharya* have described that '*Chikitsa- Chatushpad*' are responsible for successful treatment as well as development of complications. In *Vamana*, selection of patient (*Vamya*)is very essential step. For *Vaman, Kapha* and *Apakva Pitta Doshas* should be aggravated in an excessive proportion (5). Prior to *Vaman Karma*, patient should be properly examined for *Dosha, Dushya, Kala, Bala* etc. As these factors lead to successful *Vaman* or *Vyapadas* (5). During this process, *Ashtavidha* and *Dashavidha Pariksha* should be done. Here an attempt has been made to discuss a case of *Vaman Karma* conducted in '*Sthaulya*' patient having hyper-acidity and recurrent *Pratishyay* resulting in the complication '*Adhman'* which lead to severe Hypertension.

Case description- A 33 years old male patient came to O.P.D. of Ved Ayurved Chikitsalaya and Panchkarma center, Vadodara, Gujarat, with the complaints of increased weight, *Uadarstha Meda-Vriddhi, Adhman, Uro-Udar Dah* etc. in the past 5-6 months.

Present medical History-

- *Bhar-Vriddhi*/Increased weight for 1 year
- *Udarstha-Meda Vriddhi* for 1 year
- *Adhaman* (Abdominal Distention) on and off since last 2 months
- *Uro-Udar Daah* (Burning sensation in chest and stomach) in the past 2 months
- *Amlodgar* (sour belching) since last 2 months
- *Javoprodha* (lithargy) in the past 2 months
- *Ayasottar Shwas* (mild breathlessness after exertion) for 6 months

Past medical History- Patient had recurrent Rhinitis/ *Pratishyay* on exposure to Climate change i.e. 3-4 times per year, since many years. Occasional Hyper-acidity.

No DM/HT/Any Major Illness

F/H/O- Father- Obese

Etiological factors findings- Excessive sitting in work place (8-9 hours/day), A.C. work, Consumption of Junk food- Cold-drinks, Noodles, oily fried food (4-5 times/week).

Clinical Findings-

Ashta-vidha Pariksha-

- *Nadi – Pitta-kapha Pradhan*
- *Mutra* – 5-6 times daily, *Avishesha*
- *Mala- Samyaka*, once in morning daily
- *Jivha- Sama*
- *Shabda-Spashta* (clear)
- *Sparsha- Avishesh*
- *Drika* – no spectacles
- *Aakruti- Sthula*

Dashvidha Pariksha-

- *Vaya* (age) was *Madhyavastha* (Middle age),
- *Prakriti* (physical attributes) was *Kapha-pittaja* (predominant *Kapha* and *Pitta*),
- *Sara- Rakta* (blood), *Meda* (Fat) were *Asara* (~weakness of *Dushya* or tissue elements),
- *Pramaana-* (measurement of body constituents)- *Madhyama* (moderate built)
- *Saatmya* (suitability) *Madhura and Singdha* excessive, especially after meals. *Samhanana* (tissue or organ compactness) - *Shithila* (loose)
- *Sattva* (psychic condition) -*Pravara* (good)
- *Aharashakti* (power of food intake and digestion)- *Madhyama* (Medium)
- *Vyayama shakti* (power of exercising) - *Alpa* (low).

Manovaha Srotas- Vishad, Krodhadhikya, Rodan-prablya

***Nidra- Diwaswapa* (1 -1.5hrs daily), Daily 2-wheeler ride - 12-15 km/day**

Systemic examination-

- No - Icterus, Cyanosis, Clubbing or Pallor.
- Tongue - moist and coated (*Aama*).
- Conscious and well-organized (CNS)
- Respiratory system and Cardiovascular Systems - within normal limits.
- Vitals- B.P. - 110/80 mm of Hg, Pulse-76/min, R.R.-18/min, H.R.-76/min

Weight - 105.6 kg, Height - 6 feet 1 inch

Investigations- Blood and Urine investigations done –within normal limits.

Thyroid profile- within normal limits, Lipid Profile- within Normal limits

Table 1: Components of Pathogenesis in current case (Samprapti Ghatak)

Sr no	*Ghatak* (Contents)	*Vikruti* (Vitiatied)
1	*Dosha*	*Kapha, Pitta*
2	*Dushya*	*Rasa, Meda*
3	*Agni* (digestive power)	*Jatharagni, Rasa-Meda Dhatvagni*
4	*Srotas*	*Rasavaha, Pranavaha, Medovaha, Manovaha*
5	*Sroto-dushti*	*Sanga, Vimargagaman*
6	*Udbhav-sthan*	*Amashaya* (Stomach)
7	*Sanchar-sthan*	*Sarvanga* (all body)
8	*Vyakti-sthan*	*Sarvanga, Udara*(specially), *Nasa*(Recurrent Pratishyay)
9	*Adhishthan*	*Sarvanga, Udara*(specially), *Nasa*(Recurrent Pratishyay)
10	*Roga-marga*	*Bahya, Abhyantar*
11	*Sadhya-sadhyatva*	*Sadhya* (Curable)

Therapeutic Intervention-

Criteria considered for selecting the patient for Vaman karma - Age- 33 years, Gender- Male, *Kapha- Pitta Dosha, Meda Vriddhi,* recurrent *Pratishyay, Urdhwaga Amlapitta.*

Poorvakarma: *Trikatu Choorna* 3gm thrice a day with *Ghrita* and warm water for 5 days orally till the appearance of *Niram Lakshan*. This was followed by *Snehapana* with *Triphala Ghrita* as shown in Table no-1.

Table 2: Details of Internal Oleation (*Abhyantar Snehapana*)

Sr. No.	**Date**	**Quantity of *Sneha* (daily *Triphala Ghrit* was given between 6 am to 6.15 am)**	**Time of hunger**
1	1/11/22	30ml	8 am
2	2/11/22	50 ml	9.30 am
3	3/11/22	90 ml	11 am
4	4/11/22	140 ml	2 pm
5	5/11/22	200 ml	4 pm
6	6/11/22	250ml	6.30 pm
7	7/11/22	250ml	8.30 pm

The quantity of *Sneha* was increased as per the *Koshtha* and *Agni* of the patient till *Samyaka-Sneha Lakshana* were developed.

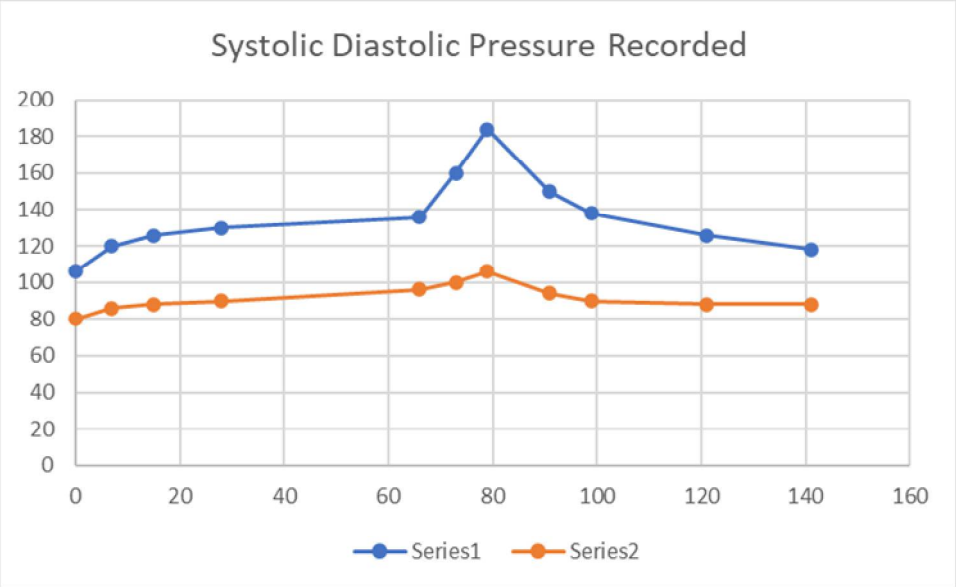
On 7th day- *Vata-Anulomana, Dipti Agni, Snigdha-Asamhata Varcha, Mardva-Snigdha Anga, Adah-Sneha-Darshan* etc. all *Lakshana* were achieved.

One day gap was given on 8/11/22. Only *Sarvanag Abhyanaga* and *Swedana* were conducted. Patient was advised to have *Kapha-Vardhak Aahar* i.e. Black-gram mixed *Krishara* with curd, Banana in the dinner. On the very next day morning (9/11/2022) *Vaman-Karma* was conducted.

Table 3: Observations during *Vaman* process

Time of administering	Medicine	Quantity	Output	*Vega*	*Upa-Vega*	Vitals-B.P.	Pulse	*Lakshana*
8.29 am	Milk	2 liters	-	-	-	106/80 mm of Hg	76/min	Feeling Fresh
8.36 am	-	-	-	-	-	120/86 mm of Hg	-	*Udgaradhikya*
8.40 am	-	-	-	-	-	-	-	*Lala-srava, Udar-Shoola++*
8.44.am	*Vamak-Yoga*	50 ml	-	-	-	126/88 mmm of Hg	-	*Udar-Shoola +*
8.57 a.m.	-	-	-	-	-	130/90 mm of Hg	-	*Shirah-Shoola +++, Udar-Adhman++*
9.09 a.m.	Milk, *Yashtimadhu Phant*	200 ml, 300ml	-	-	-	-	-	*Shirah-Shoola +++, Udar Adhman +++, Udar Shoola ++*

9.21 a.m.	*Yashtimadhu Phant*	200 ml	*Picchil Kapha+* Curd	-	1 (less quantity)	-	-	*Kashay-Madhur Udgar, Lalasrava,* Mild *Shwas*
9.35 a.m.	Tried to induce *Vaman Vega* with own fingers/ *Nimbagra*/ rubber catheter	-	-	-	-	136/96 mm of Hg	-	*Sweda-Pravartana, Udar-Shoola +++*
9.42 a.m.	Hot water bag-Fomentation on abdomen	-	-	-	--	160/ 100 mm of Hg	-	*Shirah-Shoola +++, Udar Adhman +++,*
9.48 a.m.	*Pippali+ Amalaki+ Sarshapa+ Saindhava* (each 1gm) with Honey		Milk+ *Phant* (more than 1 liter)	1	Loose motions - 2,	184/106 mm of Hg	-	*Shirah-Shoola +++, Udar Adhman +++,* mild *Uneasiness*
10.00 am	-	-	-	--	Loose motion-1	150/94 mm of Hg		*Shirah-Shoola ++, Udar Adhman ++,*
10.08 am	-	-	-	-	-	138/90 mm of Hg	-	*ShirahSshoola* absent, *Udar Adhman +, Bhrama++*
10.30 am	-	-	-	-	Loose motion-1	126/88 mm of Hg	-	*Bhrama-* Absent
10.40 a.m.	-	-	-	-	Loose motion-1	118/88 mm of Hg	-	Patient felt very fresh and Lightness, no weakness



Series 1- Systolic B.P., Series 2- Dystolic B.P., X-axis- Minutes after giving *Vamak Dravya*
Graph 1: Changes in Blood Pressure during *Vamana Karma*

As shown in Table no-2, *Aakanthpana* (here consumption of Milk) was done, followed by administration of *Vamak Yoga (Madanphala*- 5gm+ *Vacha*- 2.5gm+ *Saindhava*- 1gm, *Madhu*-gm) at 8.44.am. After waiting for next 25 mins, as there were no signs of initiation of *Vaman* urge, again Milk and *Yasti-Madhu Phant* were given, as patient started to have *Udar-Shoola* and *Shira-Shoola*. But even after intake of total 3.2. liters of all these drugs, no *Vaman Vega* occurred. Patients' symptoms were aggravated. Patient was asked to touch his posterior pharyngeal wall slightly using his two fingers of right hand, but no result. After this use of *Nimba-Agra* (Soft leaves of *Nimba*), even touching with soft rubber catheter didn't succeed to induce *Vaman Vega. Pippalyadi Yoga* (8) was given considering *Ayoga* of *Vaman Karma*, till that Blood Pressure was checked at regular interval which reached its maximum i.e. from 106/80 mm of Hg to 184/106 mm of Hg. Before administering any new drug to control B.P., patient was asked to sit on Indian Toilet once in squatting position. As the patient sat, abdomen was pressed against both thighs, resulting in *Vaman Vega* and after 2-3 mins patient had 2-3 diarrhea too. Patient felt sudden freshness. All his signs and symptoms reduced gradually and his B.P. came to normal level i.e.118/80/mm of Hg after 52 minutes.

Follow-up and outcome-

After the *Vaman Karma*, again vitals of the patient were checked which showed that the patient was stable. He was advised to follow *Peyadi Samsarjana krama* for 3 days in order to normalize *Agni* (as 1-*Vaman vega* and 3-4 *Virechan vega*). He was given instructions about *"Ashtau- Pariharya Vishay"*. After 3 days of *Vaman*, patient was symptomless and his blood pressure was normal. He was advised to take rest.

Table 4: Classification/ Gradation of Hypertension to decide severity (6)

Category	Systolic B.P. (mm of Hg)	Diastolic B.P. (mm of Hg)
Blood Pressure		
Optimal	<120	<80
Normal	<130	85
High Normal	130-139	85-89
Hypertension		
Grade 1 (Mild)	140-159	90-99
Grade 2 (Moderate)	160-179	100-109
Grade 3 (Severe)	≥180	>110

DISCUSSION

Acharya has advised to conduct *Vaman Karma* in *Kapha Pradhan Vyadhi* and in other *Dosha* according to the condition. *Vamak* drugs have *Ushna, Tikshna, Vyavayi, Vikasi, Sukshma, Akash-Vayu Mahabhoota* and *Vamak prabhav* (7). It seems that *Shodhana* drugs because of their *Vyavaayi Guna* escapes the normal path of digestion by *Jatharagni*, reach in the whole body and starts acting immediately (8). *Sookshma Guna* helps to reach them into the minute channels. *Doshas* are digested and liquefied by *Ushna Guna* and then are detached from the *Srotasas* because of *Tikshna* and *Vikashi Guna*. It is the *Sara Guna* which help the detached *Doshas* to reach the *Kostha,* from there they are to be expelled out. Lastly it is the *Prabhava (Urdhwagati)* which according to drug throws the *Doshas* out. *Acharyas* have described that *Virya* i.e. active principle of the drug enters into the Heart. Here the word *Hridaya* has two meanings i.e. heart and brain. As per *Bhelacharya, Hridaya* means brain. It means, it involves two body systems i.e. C.N.S. and C.V.S. As per the reference, medicine reaches the heart, is spread all over the body through *Dhamani*. For brain, it may be the vomiting impulse which is conducted in the form of Nerve conduction. As per the Modern science, distention or irritation of any part of G.I.T. causes a strong stimulus for vomiting. It is a complex reflex involving both autonomic and somatic neural pathways. Synchronous contraction of the diaphragm, intercostal muscles and abdominal muscles raises intra-abdominal pressure and combined with relaxation of the lower esophageal sphincter, results in forcible ejection of gastric contents (9). Both vagal and sympathetic afferent transmit the impulse to the bilateral vomiting center of medulla oblongata, which lies near the tractus solitarius at the level of the dorsal motor nucleus of the vagus nerve. Due to this both intra-abdominal and intra-Thoracic pressure increase resulting in exertion of pressure on the soft organs situated between them i.e. Esophagus, Stomach as well as the Heart. In *Samyaka Vaman* too, Blood pressure increases to some level.

Artificial induction of Vega Here patient was advised to use own fingers to touch posterior pharyngeal wall, later followed by use of *Nimbagra and soft* rubber catheter too. He was given *Pippali, Amalaki, Sarshapa, Saindhava* (each 1gm) with Honey to induce Vaman Vega but no effect was produced. Here in this case, *Vamak* medicine did not come out which may have resulted in Hypertension in the patient. In retrospective emquiry, it was found that, patient never had vomiting in his life, not even motion sickness

which is genrally common in children. As the patient was found to be *Ducchardita*, all *Akanthapan, Vamak* and *Vamanopaga* medicine along with *Utklishta Dosha* accumulated in the abdomen inducing *Aadhman* in the patient. Due to this *Udar-shoola, Adhman, Shira-shoola, Shwas* and *Bhrama Lakshana* were produced (10). *Acharyas* have advised to use *Phala-varti, Snehana, Swedana, Tikshna Virechan* etc. in the management of *Aadhman* (11). History taking of such minute details is hence important. *Acharya* have contra-indicated *Vaman Karma* in *Dushcchardita* which may result in, *Antah-Visarpa, Stambha, Jadya, Vaichitya* and even Death (12). In the squatting position, legs are pressed against abdomen, exerting pressure on the same. As loose-motion and vomiting started in the patient, *Akanthapan, Vamak* and *Vamanopaga* medicine were expelled out resulting in normal blood pressure. Hence no further medicine was needed by the patient. However, continuous monitoring of the patient was done to identify and avoid any further complications. *Acharya Charak* has advised to monitor patient similar to the handling of raw egg, a vessel full of oil is lifted or a herd of cows which are monitored by their cowherd (13). This *Siddhant* should be applied not only in *Pashchat Karma* but in *Poorva* and *Pradhan Karma* too.

CONCLUSION

Even after taking detail history taking of the patient to decide procedure, complications may occur which are observed in clinical practice. In present study, importance of minute history taking, development of complications, continuous monitoring of the patient are learned. In Research work it is important to publish negative results, such findings prevent duplication of efforts, mistakes done by previous scholar and keep transparency in work. All reports and documentation of clinical findings should be maintained to keep our point in an evidence-based manner by the physician.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent for using clinical information reporting in the journal. The patient understands that his name and initial will not be published and due effort will be made to conceal the patient's identity.

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CONFLICT OF INTEREST

Author declares that there is no conflict of interest.

DECLARATION OF AI IN SCIENTIFIC WRITING

Author have not used any AI for scientific writing in this article.

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LIMITATION OF THE STUDY

As this is a single case study, it is difficult to generalize the study's validity and to establish a cause - effect relationship. Effect of *Vamak drugs* changes according to *Dosha- Dushya- Parakriti* etc. As a result, we recommend to record Vitals (B.P., HR, RR, Pulse) during Vaman procedure carefully conducting large - scale clinical trials.

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