

A CLINICAL STUDY TO EVALUATE THE IMPACT OF *VAMANA KARMA* ON SERUM ELECTROLYTES IN *AMAVATA* W.S.R RHEUMATOID ARTHRITIS

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ABSTRACT

Panchakarma therapy is the ideal line of treatment to maintain the state of health for a longer duration. It aims at the elimination of excessive *Doshas* from the body. *Vamana karma* is one of the *Panchakarma* procedure where in vomiting is induced by drugs and aims at the elimination of excessive *Kapha* and *Pitta dosha* from the body. *Amavata* is a *Vyadhi* where *Kapha* and *Vata* are predominantly involved. Its *Udhabava 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*. *Vamana* is considered under *shodhana* variety of *Langhana*. Normally, after *Vamana* patient does not complain of having any untowards like those patients after vomiting due to dehydration. This study was conducted to evaluate the effect of *vamana karma* on serum electrolyte levels and access the safety of therapeutic vomiting.

In this study, 20 patients diagnosed with *Amavata* were selected and subjected for *Vamana karma*. This study involves estimation of serum electrolyte levels before and after *Vamana*. The results are suggestive of safe application of the *Vamana karma*.

Keywords: Amavata, Serum electrolytes, Vamana karma.

INTRODUCTION

Generally, any measure of *Shodhana* therapy cannot be undertaken 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 *Poorva karma* 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*. *Amavata* is a *Vyadhi* having *Bahudoshavastha*, where *Tridosha* are predominantly involved. In the presence of *Bahudoshavastha*⁽¹⁾ 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*⁽²⁾. The active principles of *Vamana Dravyas* are absorbed from the stomach into 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.⁽³⁾

If patient suffering from vomiting, then certainly there is loss of electrolytes from the body resulting in weakness, development of cramps due to dehydration. However, if vomiting is induced through *Vamana karma* and if *Samyak Shuddhi* occurs, no such symptoms occur. The assessment of *Vamana karma* is based on various parameter termed as *Shuddhi* criteria like *Vegiki*, *Maniki*, *Laingiki* and *Anthiki shuddhi*. The *Doshas* are eliminated are classified on the basis of number of bouts of evacuation as *Pravara*, *Madhyama*, *Avara Shuddhi*. These are 8,6,4 times respectively. After vomiting in such high numbers, if there is an electrolyte imbalance, it needs to be evaluated and the levels are to be compared before and after *Vamana karma*.

Aim and Objectives:

The present study was aimed to ascertain the safety of *Vamana karma* and evaluate the serum electrolytes levels before and after *Vamana karma*.

Materials and Methods:

Source of the Data:- Minimum of 20 patients diagnosed as *Amavata* is taken from IPD/OPD of Shri Dharmasthala Manjunatheswara Ayurveda Hospital, Udupi.

Method of collection of the data: -

Study design:

- This is an open label clinical study with pre-test and post-test design where in minimum 20 patients diagnosed of Rheumatoid Arthritis of either gender will be selected based on diagnostic and inclusion criteria.

Sample size: Minimum 20 patients diagnosed of Rheumatoid Arthritis will be selected.

- A detailed proforma will be prepared considering the points pertaining to signs, symptoms and examinations as mentioned in Ayurvedic classics and allied sciences to confirm the diagnosis.

Interventions:

Poorva Karma:

- *Pachana & Deepana-Chitrakadi Vati*⁽⁴⁾ 400 mg 2 tablets tid, before food- 3 to 7 days with *Ushnodaka* as *Anupana* till the occurrence of *Nirama-vasta*.
- *Snehapana- Moorchitha Gritha*⁽⁵⁾ for 3 to 7 days in *Arohana Krama* till the achievements of *Samyak snigdha Lakshana*. The initial dose was started with *Hrisiyasi Matra* i.e. 25 ml. with lukewarm water as *Anupana* in early morning, after the digestion of previous night meal. Then patient is advised to continue little quantity of hot water frequently and to avoid *Asta Mahadoshakara bhavas*. Patient is advised to take rice gruel when feels hunger in the afternoon and during night. After attaining *Samyak Snigdha Lakshanas* stop the *Snehapana*.
- *Swedana: Dashamoola Qwatha Bashpa Sweda*⁽⁶⁾ was done for 2 days during the *Vishrama kala*. *Swedana* was assessed based on *Samyak Swinna lakshanas* such as *Sweda Pradhurbhava, Sheetha*

vyuparama, Shoola Vyuparama, Sthamba Nigraha, Gaurava Nigraha, Mardavata of Twacha.

- *Kaphotkleshakara Ahara* on the previous day of *Vamana Karma*.

Pradhana Karma:

- Serum electrolytes will be checked prior to *Vamana Karma*
- *Akantapana* with milk.
- The *Vamana Yoga* of *Madanaphala Choorna, Madhu, Saindava Lavana*⁽⁷⁾ is given in quantity sufficient depending upon *Rogibala, Rogabala* and *Koshta*.
- *Vamanopaga- Yastimadhu phanta*: quantity sufficient.

Paschat Karma:

- *Dhumapana* with *Haridra churna*.
- *Peyadi Samsarjana krama* depending on *Shuddhi Lakshana* – 3 to 7 days.
- Advised to avoid *Asta Mahadoshakara Bhavas*.
- Serum electrolytes will be checked after the *Vamana karma*.

Results

Changes observed in the Serum electrolytes levels before and after *Vamana karma*- Table no:1

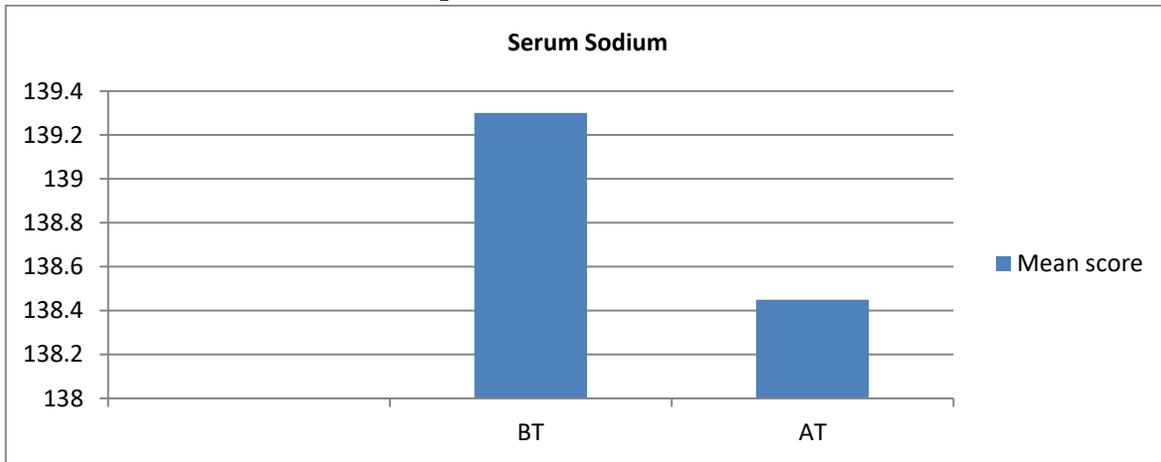
Parameters	Mean	N	Std. Deviation	Std. Error Mean	Mean difference	%	T	P value	Interpretation
Serum Na ⁺ BT	139.3	20	3.92	0.87	-0.85	-0.61	-0.962	0.348	NS
Serum Na ⁺ AT	138.45	20	1.75	0.39					
Serum K ⁺ BT	4.01	20	0.38	0.08	-	-0.23	-0.155	0.878	NS
Serum K ⁺ AT	4.00	20	0.45	0.10	0.009				
Serum CL ⁻ BT	99.25	20	2.65	0.59	-0.30	-0.30	-0.471	0.643	NS
Serum CL ⁻ AT	98.95	20	3.15	0.70					

- The Sr Sodium mean before the treatment was 139.3 mEq/L, after the treatment 138.45 mEq/L and the mean difference is -0.85, which is statistically not significant with p value 0.348.
- The Sr Potassium mean before the treatment was 4.0150 mEq/L, after the treatment 4.0055 mEq/L

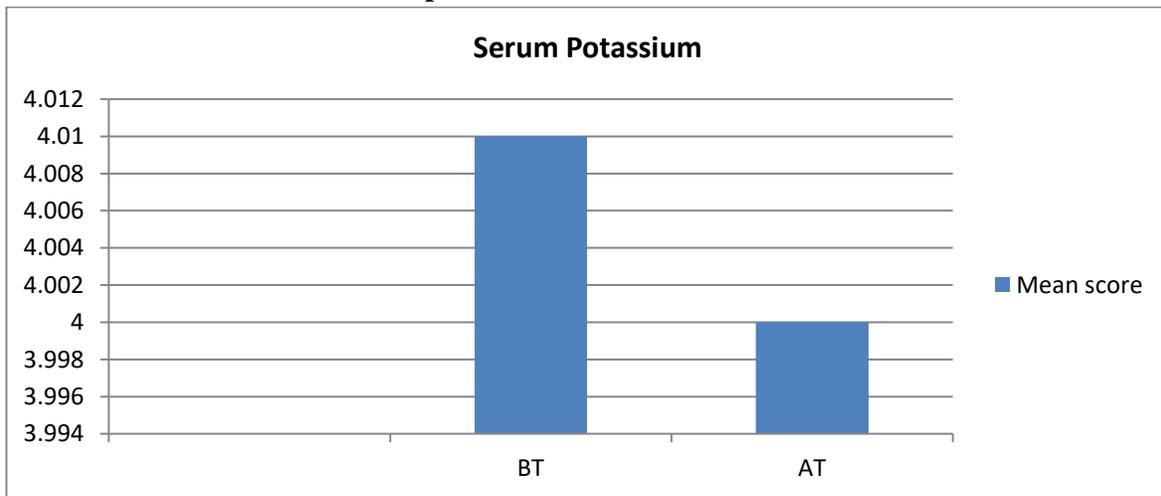
and the mean difference is -0.00950, which is statistically not significant with p value 0.878.

- The Sr Chloride mean before the treatment was 99.25 mEq/L, after the treatment 98.95 mEq/L and the mean difference is -0.30. which is statistically not significant with p value 0.643.

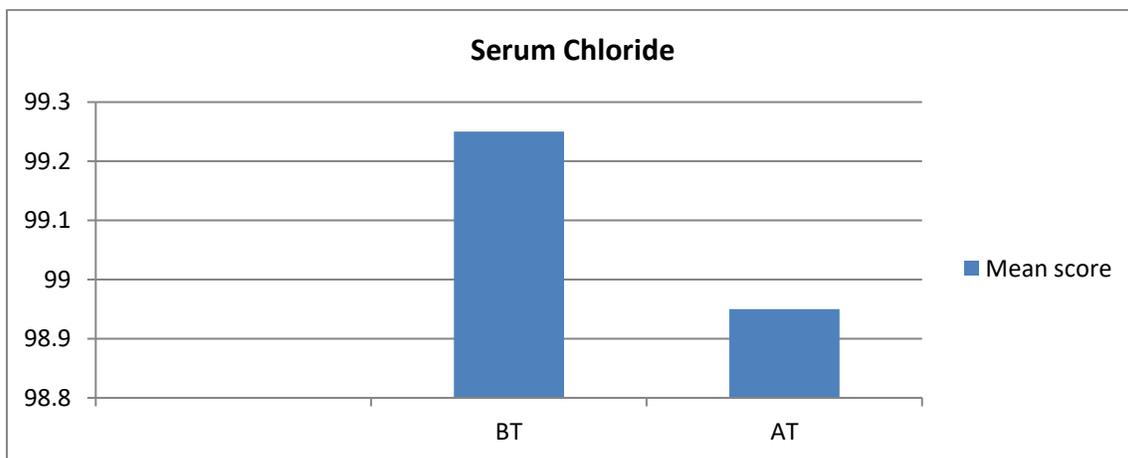
Graph 1: Sodium level BT & AT



Graph 2: Potassium level BT & AT



Graph 3: Chloride level BT & AT



DISCUSSION

The assessment of *Vamana* is done on the basis of *Vaigiki*, *Maniki*, *Laingiki* and *Anthiki lakshanas*. Here the *Samyak yoga* or *Ayoga* of *Vamana karma* is assessed by *Laingiki* and *Anthiki lakshanas*. Whereas *Vaigiki* and *Maniki lakshanas* are helpful in the assessment of *Pravara*, *Madhyama* and *Avara shuddhi*. These measures also helpful in planning the *Samsarjana krama*.

Hrita Dosha lakshanas like *Karshyatha*, *Dourbalya*, *Laghavata* seen in *Samyak yoga lakshana* of *Vamana karma*⁽⁸⁾. These features are similar to features of *Ap dhātu kshaya*. But the symptoms here are milder. But if the *Atiyoga* symptoms like *Bhrama*, *Moorcha*, and other *Vata prakopa* features are observed in the subjects then these symptoms are similar with the features of severe fluid and electrolyte loss. There will be fluid and electrolyte imbalance, if the subject has features of acute gastroenteritis. Even though the subjects are having *Samyak lakshanas* and number of vegas and output difference during *Vamana*, will not lead to any such features except some mild symptoms. The reason may be in disease condition vomiting is induced by the organisms, where in *Vamana* it is induced by the medicine. Apart from this, *Poorva karma* followed before giving *Vamana* may have role in preparing the body to face the consequences.

Vamana karma is not simple gastric lavage as done now a days to empty the content of stomach, it is a complete management of systemic diseases caused by *Kapha*. *Urdva amashaya* is the seat of *Kapha*⁽⁹⁾. The active principle of *Vamana* drug taken orally is absorbed from the stomach into circulatory system from where it is circulated all over the body. On reaching site of lesion (*Dosha sanghata*), at the cellular level, it breaks the nexus of *Doshas* with the *Dushya's* and bring back the toxic substances thus released into the stomach, from they are expelled out of the body by the action of vomiting.

The modern-day literature suggests that vomiting leads to dehydration, electrolyte imbalance and loss of electrolytes, hypotension, and shock. Certain *Vyapada's* of *Vamana karma* and signs and symptoms of excessive *Vamana* are described in *Ayurveda* which

are similar to the features of dehydration and associated complications. Hence *Vamana* being therapeutically induced vomiting need to be evaluated for its safety. Thus, the present study was conducted to establish the safety profile of *Shodhana karma* if conducted as per the classical guidelines starting with *Poorvakarma*, followed by *Pradhana karma* and finally completing with *Samsarjanakrama*. To support this Hypothesis, the electrolyte study was undertaken before and after the treatment, it is clear that the deviation is within normal range. The clinical features of hyponatremia, hypokalemia, hypochloremia was not reported in any of the 20 participants after *Vamana karma*. Statistically, the results showed not significant change in levels of serum sodium, potassium and chloride levels. As a *Poorvakarma* person is administered with *Snehapana*, after attaining *Samyak snigdha lakshanas*, *Swedana* done for 2 days. Importance given to *Poorvakarma* because it helps to bring the *Doshas* from *Shaka* to *Kosta*. There after due to *Vamaka aushada prayoga* vitiated *Doshas* expelled out from the body. The present study was conducted to establish the safety profile of *Shodhana karma* if conducted as per the classical guidelines starting with *Poorva karma*, followed by *Pradhana karma* and finally completing with *Samsarjana krama*.

CONCLUSION

Amavata is a *Vyadhi* where *Kapha* and *Vata* are predominantly involved. Its *Udhabava 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*. *Vamana* is considered under *Shodhana* variety of *Langhana* by *Charaka*. Systemic disease caused by *Kapha* can be completely managed by *Vamana Karma*. *Urdhwa amashaya* is the seat of *Kapha dosha*. 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 release into

the stomach, from where they are expelled out of the body through *Vamana*.

The symptoms of *Hritadosha* are simulating with mild symptoms of *AP dhatu kshaya* in the body. The *AP dhatu kshaya* features may be correlated with mild degree of fluid and electrolyte loss.

The present study is aimed to ascertain the safety of *Vamana karma*, which was performed keeping in mind that the *Panchakarma* procedure through efficacious and safe needed an assessment of its safe application in this modern era. Serum electrolytes values were well within the normal ranges in all the 20 patients after the therapeutic vomiting. The study was helpful in establishing the safety of therapeutic vomiting, i.e. *Vamana karma* subjectively and statistically as well without causing any adverse effects. Further scope of the study will be application of other *Panchakarma* therapies can also be conducted using various parameters.

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