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ROLE OF VAMANA - AN AYURVEDIC PANCHAKARMA THERAPY (MEDICATED EMESIS) IN THE EFFECTIVE MANAGEMENT OF SHWASAROGA (BRONCHIAL **ASTHAMA): A CASE STUDY.**

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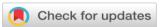
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ABSTRACT

Shwasa Vyadhi can be correlated with bronchial asthma and is said to be chronic. It obstructs the air pathway, which impedes the free flow of oxygen due to inflammation and accumulation of mucus in the respiratory system. It is a hyperactive respiratory disease that is aggravated after coming in contact with a cold environment, eating cold food, and lying down. Shwasa Vyadhi is Kapha-Vata dominant in nature and originated from Amashaya. According to Ayurveda Shodhan (bio-purification), vitiated dosha provides complete relief from disease. Vaman (medicated emesis) is one of the best Shodhana Panchakarma therapy, which is mainly preferred for Kapha Pradhan Vyadhi, and it also facilitates Vatanuloman, which is indicated in getting relief from Shwasa Vyadhi.

The present case study is of a 31-year-old female patient who has suffered from bronchial asthma, i.e., Shwasa *Vyadhi*, since childhood and got effective relief from all the signs and symptoms of *Shwasa Vyadhi* after *Vama-na*—an Ayurvedic Panchakarma Therapy (Medicated Emesis).

Keywords: Bronchial asthma, Kaphaj-Vyadhi, Panchakarma, Shwasaroga, Vamana

INTRODUCTION

Bronchial asthma, affecting 6% of Indian children and 2% of adults, is increasing globally, affecting 300 million individuals by 2025, mainly due to poor immunity, pollution, and faulty food habits.¹

Shwasa Vyadhi (bronchial asthma) is a respiratory disease obstructing Pran-Vayu flow. It is characterised by symptoms like rhonchi and active dyspnea, which exacerbate cold food, Dadhi, and weather.

Chronic respiratory diseases require Shodhan Karma treatment, a bio-purification procedure, to prevent

recurrence and provide complete relief, rather than relying on bronchodilators and steroids.²

CASE REPORT DETAILS:

A 31-year-old female Patient came to *Panchkarma* OPD on 8th November 2021 with the following clinical details:

Table No.1: Chief Complaints with Duration:

Sr. No.	Complaints	Duration
1.	Insomnia due to Shortness of Breath	Since Childhood
2.	Chest tightness with Pain	Since 5 Yrs.
3.	Kas (Cough)	Since1 Month
04.	Swarbhed (Hoarseness of Voice)	Since1 Month

The patient experiences worsening coughing or wheezing attacks during winter, requiring room heat for sleep and daily work, especially during winter.

On 22 November 2020, the patient was admitted to Panchkarma IPD of the hospital for planning *Vaman Karma* (medicated emesis).

HISTORY OF PRESENT ILLNESS

The patient, who has been suffering from asthma since age five, has been on steroids and Asthalin Inhaler Pump for ten years but still experiences symptoms, particularly in winter, despite treatment.

PERSONAL HISTORY

Occupation: Computer Engineer; Addiction: nil **Table No. 2: General Examination of Patient**

Nadi = 74/Min	Mala :Prakrut	
Mutra = Prakrut	Jivha =Sam	
Agni = Jatharagnimandya	Shabd= Ghurghurak	
Sparsh = Anushnsheet	Druk = Prakrita	
Akruti = Madhyam	Bal = Pravara	
Raktchap(B.P)= 130/80 mm of hg		

Table No. 3: Overview of Treatment Plan:

Sr.	DATE	TREATMENT	MEDICINE	DURATION
No.		PROCEDURE		
1.	10 to 15 Nov 2021	Deepan – Pachan	Hingvashtak Churna 500mg and	1 st to 5 th day
			Chitrakadi Vati500mg	
2.	16 to 21 Nov 2021	Snehapana	Kantakari Ghrit	6 th to 11 th day
3.	22 & 23 Nov 2021	Abhyanga	Sahachar Taila	12 th to 13 th day
4.	22 & 23 Nov 2021	Swedana	Bashpsweda of Dashmool decoction	12 th to 13 th day
5.	23 Nov 2021	Vamana	Madanphal-Pippali churna (powder of	14 th day
			Randia Spinosa) in 12 mg clubbed with	
			10 gm of Saindhava (rock salt) and 40	
			gm of honey for <i>Lehan</i> (licking) at 7:00	
			am	
6.	23 Nov to 30 Nov 2021	Samsarjan-Kram	Peya, Vilepi, Krut, Akrutyush, Mansaras	14 th to 21 st day
			as per Pradhanshuddhi	

Purva-Karma (Pre- Vaman Procedure)

After assessment of *Agni*, *the p*atient is advised to start *Snehapana* (oral administration of medicated ghee) in *Vardhaman Matra* (Increasing dose) with *Kantakari Ghrit*.

The patient is instructed to take *Snehapana* at 6:00 am and continue till the appearance of *Samyka Signdha Lakshan*(symptoms indicating completion) to stop *Snehapana*.

These symptoms include-

- 1. *Varchah sigdham* (lubricated faeces which is soft and not well-formed)
- 2. *Vatanuloman* (movement of vata in the proper direction)
- 3. Signaddhsanhatam (oleation of the body).³

It took six days to observe Samyka Signdha Lakshan on the patient.

The dose of *Kantakari Ghrit* was increased daily by observing the patient's digestive capacity. For six days, it was administered in 30 ml, 60 ml, 90 ml, 120 ml, 150 ml, and 180 ml doses.

After proper Internal oleation, *Abhyanga* (oil Massage to the whole body) and *Bashpa-swedana* (suda-

tion in the steam chamber) for the next two days. The patient was advised to take a light and fresh diet during *Snehapan* (oral administration of medicated ghee).

Vishranti Din (Rest Day)

The first day of *Snehana-Swedana* (Oleation and sudation) was Vishranti (Gap Day). On that day, *Snehana-Swedan* (Oleation and sudation) was carried out, and the patient was advised to eat *Kaphotkle-shak–Aahar* (Kapha Provoking Diet) at dinner, such as curd rice, dahiwada, etc.

On the second day, *Snehana-Swedana* (Oleation and sudation) was done, and *Vaman* Karma followed.

Pradhan Karma (Vaman Karma)

On *Vamana* day, a patient undergoes *Bahya sehana-swedana*, followed by *Yavagu pana*, a cooked rice liquid. After waiting silently for half an hour, they are given *Vamaka dravya*, an Ayurvedic powder for vomiting. The patient is *given Madanphala Pippali Churna* mixed with Rock Salt and Honey and sits on a chair for 48 minutes. The patient is closely observed for signs of dosha-sthana and dosha-gati as prescribed by Ayurveda texts.

Table No. 4: Signs and Symptoms of *Dosha-Sthana* and *Dosha-Gati* observed in the patient

Sr. No.	Time	Signs and Symptoms	
1.	At 7:20	SwedaPrabhutva(profused sweating)	
2.	At 7:30	Romaharsha(Horripilation)	
3.	At 7.35	Discomfort in abdomen	
4.	At 7.45	Nausea and Salivation	
5.	From 7.45 onwards	Vamana Vegas i.e. Emesis Episodes	

The patient experienced symptoms of Dosha-Sthana and Dosha-Gati and was given a *Vamanopaga Dravya*, Yashtimadhu kwath, which helped with vomiting. She was allowed to expel food and medications naturally. The process was repeated until the patient showed signs of perfect *Vamana Karma* (medicated emesis).

Paschat Karma (Post Vaman Procedure)

Following Vamana Karma's Prvavara Shuddhi (complete detoxification), the patient underwent post-emesis procedures. It contained Sansarjan Karma of Ahara (a specific food plan) and Dhoomapana (Medicated Fumes for removal of Remaining Kapha from Head and Neck Region), which are described in the Ayurvedic Scriptures as means of

achieving Agni balance, or digestion and metabolism.

Observations of Vamana Karma:

The patient experienced projectile vomiting and *Pittant Vamana* (Emesis ends with Pitta), with ten episodes of Emesis. After Vamna Karma (medicated emesis), she felt lighter, alert, and focused. *Sansarjana Krama* was scheduled for seven days based on *Vamana*-Vega episodes.

Sansarjana Krama was scheduled for seven days based on the number of Vamana-Vega (Emesis) episodes. Ten episodes of Emesis are called Pradhan Shuddhi. Following detoxification, the Sansarjana Krama diet series is the next in the Vamana Karma (medicated emesis)series to improve the body's digestion. Sansarjana Krama facilitates regularisation.

Table No 3. Vaman Shuddhi Ayurvedic Parikshan: Ayurvedic Examination Emesis Clearance Parameters of Medicated Emesis:

Sr. No.	Vaman Ayurvedic Parikshan	Observed Data
	Shuddhi: Emesis Clearance Parameters	
1.	Maniki (Measurement) Input	7000 Ml
2.	Output	7.500 Ml
3.	Antiki (Procedural Inference)	Pittanta
4.	Vaigiki (Number of Vomiting Episodes)	10
5.	Laingiki (Symptoms)	Sharirlaghvata, Prasannata

RESULT

Even in the cold months of November and December, the patient with bronchial asthma (shwasa roga) experienced total alleviation from their dyspnea, tightness in the chest, and cough. She managed to endure the winter without a room heater. On January 22, 2022, even after two months of *Vaman Karma*, she left without any discomfort she had experienced when she arrived for her follow-up on May 20, 2022. Her quality of life has also significantly improved, as has her respiratory health.

DISCUSSION

Acharya Charak and Sushrutacharya emphasise the importance of *Vaman Karma* in *Shwasaroga* (Chapter 17 and Chapter 33, respectively), stating that it effectively eliminates Kapha, cleanses body impurities, removes respiratory tract obstructions, and restores Agni, or digestive force, at the cellular level. When Kas and Kaph Pradhanata are present in *Shwasroga, Vaman Karma* (Emesis), is the recommended course of action. Since *Vaman* (Emesis), is

also known as Urdhwa-Shodhan and Kapha is cited as *Urdhwasthan*, *Shwasaroga* points to its efficacy. Because of their powerful ability to enter the heart and circulate through the vessels, the *guna Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, and *Vikasi* of (*Madanphala* – Randia Spinosa) affect masses of impurities throughout the body, liquefying them and forcing them to pass through large and small ducts (because *Madanphala* is a fiery substance) and detaching them because of their sharpness.

As a result, Udana Vayu expels the dissociated masses that were left floating. Because of the drug's natural nature, which includes Agni and Vayu Mahabhuta, they are propelled upward. Emetic drugs cause vomiting by stimulating the brain's vomiting centre. It additionally activates the diaphragm, G.I.T., and stomach muscles. It also accelerates peristalsis, which eliminates waste metabolites from cells.

CONCLUSION

This case study concludes that *Vamana* Therapy (medicated emesis) (Emesis), or the *Ayurvedic Panchakarma* method of Medicated Emesis, significantly improved the patient's chronic bronchial asthma, which is known in Ayurveda as *Shwasa* Disease.

In addition to curing chronic asthma from its source—the roots of *Kapha and Vata—Vamana* therapy is seen as a glimmer of hope for asthmatic patients since it can also stop recurrent attacks and enhance their quality of life in general.

Moreover, it can be applied as a prophylactic measure against long-term obstructive lung illnesses associated with COPD.

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