

A COMPARATIVE STUDY ON GHREYA VAMAKA YOGA

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ABSTRACT

The most important and widely used emetic is 'Madanaphala yoga' administered orally. While further elaborating the *Vamana Karma* classics also mentions that the persons who are reluctant to take medicine orally can be made to emit by giving the medicine as an errhine. With this classical background, the present study made an attempt to understand the olfactory route of medicine administration to induce *Vamana* against the oral route. *Madanaphala* (*Randia Dumatorum*) seed powder sprinkled over lotus and rose flower were used as *Ghreya Vamaka Yoga* in comparison with *Madanaphala Yoga* administered orally. **Objectives:** To evaluate the efficacy of *Ghreya Yoga* in inducing *Vamana* through Nasal Route. To evaluate the Olfaction effect through Rose medium, in comparison with Lotus medium. To evaluate the efficacy of Nasal route as against the Oral route. **Methods:** A Comparative clinical study done on 45 subjects of both sexes, between the age group of 21-50years who were randomly assigned into 3 groups namely- Group-A, Group-B and Group-C. *Vamana karma* with *Ghreya Madanaphala Pippali Churna* sprinkled on lotus flower, rose flower and *Madanaphala pippali* yoga administered orally. The *Vamana karma* was done in the following order: *Purva karma*, *Pradhana karma* & *Paschat karma*. After the completion of the therapy, the results were assessed by comparing the data collected during the therapy. **Result:** Nasal route of administration of *Vamaka* yoga also works efficiently, *Ghreya yoga* worked in par with oral yoga & *Madanaphala Pippali Churna* sprinkled over lotus and rose produced same effect in inducing *Vamana*.

Keywords: *Vamana, Madanaphala Pippali Churna, Ghreya Vamaka Yoga.*

INTRODUCTION

Panchakarma, one of the major treatment procedures of Ayurveda operates to fulfil these objectives. *Vamana* (Therapeutic emesis) is the first and foremost *Shodhana vidhi* among the pentad of *Panchakarma*, which eliminates the increased *Kapha* and *Pitta dosha* through the mouth.¹ The most important and widely used emetic is “*Madanaphala yoga*” administered orally. While further elaborating the *Vamana Karma* classics also mentions that the persons who are reluctant to take medicine orally can be made to emit by giving the medicine as an errhine.² Several works have been carried out about conducting the *Vamana* by giving *Madanaphala Yoga* orally in treatment of many disorders, but no work has been taken up on “*Ghreya Vamaka Yoga*” up till today. So, there is uncertainty about the conduction, efficacy, and acceptance of procedure by the patient with respect to *Ghreya Vamaka Yoga*.

Aim and Objectives:

1. To evaluate the efficacy of *Ghreya Yoga* in inducing *Vamana* through Nasal Route.
2. To evaluate the Olfaction effect through Rose medium in comparison with Lotus medium.
3. To evaluate the efficacy of Nasal route as against the Oral route.
4. To understand the role of concept of *Shiro Hridaya* in the mode of action of *Vamaka Dravya*.

Materials and Methods:

The Research was initiated with the formation of three groups namely Group-A, Group-B and Group-C. *Vamana karma* was the common *Panchakarma* Therapy carried out in all the three groups with different *Vamana Yogas*. The *Vamana karma* was done in the following order: *Nirameekarana & Agni-Deepana* with *Chitakadi Vati*, *Snehapana* with *Murchita Ghrita*, *Sarvanga abhyanga* with *Tila Taila*, *Bashpa Sweda*, *Vamana*, *Dhumapana* with *Haridra dhuma Varti*, *Kavala* with *Ushna Jala* and *Samsarjana krama*. After the completion of the therapy, the results were assessed by comparing the data collected during the therapy.

Research Design: A Comparative clinical trial was conducted by assigning the subjects into 3 groups. Group-A — 15 subjects received *Vamana karma* with *Ghreya Madanaphala yoga* sprinkled over lotus flower. Group-B — 15 subjects received *Vamana karma* with *Ghreya Madanaphala yoga* sprinkled over rose flower. Group-C — 15 subjects received *Vamana karma* with Oral *Madanaphala yoga*.

Source of Data: Individuals indicated for *Vamana karma* were selected from outpatient and in-patient Department of Shri Jayachamarajendra Institute of Indian Medicine, *Dhanvantari* Road. Bangalore- 9.

Sample size & Grouping: The subjects were selected from the population of either sex, irrespective of religion, race, socio-economic status and education, satisfying the inclusion criteria. 46 subjects were selected out of which one subject dropped out. The remaining 45 subjects were allocated into 3 groups namely Group-A, Group-B and Group-C each group containing 15 subjects each. Grouping was done by Random sampling.

Data Collection: Subjects were thoroughly examined both subjectively and objectively. Detailed history pertaining previous ailment, previous treatment history, family history, habits, *Ashtavidha Pareeksha* and *Dashavidha Pareeksha* and physical examination findings were noted. Routine investigations were done to exclude any pathology. Subjects were registered for the present study with the help of proforma prepared for the study.

Duration of the study: For all three groups: Duration of the treatment – 1 course

Fallow up period - 3-7 days

Inclusion Criteria:

- Subjects indicated for *Vamana*.
- Subjects between the age group of 20 to 50 years.

Exclusion Criteria:

- Subjects contra-indicated for *Vamana*.
- Patients suffering with other systemic chronic disorders like Diabetes mellitus, Tuberculosis, Hypertension, and Malignancy.

- Subjects of age group below 20 years and above 50years.
- Subjects suffering from anosmia.

Intervention: Study was divided into *Purvakarma*, *Pradhanakarma* and *Paschatkarma*.

Purvakarm: 1. Preparation of the subject - Common for all the three groups

Agni deepana & Nirameekarana: *Citrakadi Vati* was administered for 3 to 7 days in the dose of 2 tables 3 times a day ½ hr before food, with warm water, till *Nirama Laskhanas* appeared. **Snehapana:** After achievement of *Niramavastha*, *Murchita Ghrta* was administered for the purpose of *Snehapana*. It was administered around 7.00 am when previous night's food had digested but hunger not yet appeared with *Ushna Jala* as *Anupana*. The dose of Ghee varied according to the subject, the initial dose of Ghee being 30-40 ml. It was generally elevated by 15ml to 50 ml. Thus, *Arohana karma Snehapana* was followed until the appearance of *Samyak Snigda Lakshnas*. **Svedana:** *Abhyanga* with lukewarm *Tila Taila* was done for 30 mins. in 7 positions to the whole body followed by *Bashpa Sveda* till one felt profuse perspiration (usually 20-25 minutes), then advised to take rest for few minutes & then hot water bath. *Abhyanga* and *Svedana* were administered on the gap day, and also on the day of *Vamana* just prior to the procedure. **Diet before Vamana Karma:** On the gap day, individual was instructed to have curd *Vada*, curd rice, milk & rice, sweet preparation made out of milk. **Manasopachara:** On the previous day of *Vamana*, subjects were explained about the *Vamana* procedure in detail. The individual was then instructed to go to bed early & to wake up around 5.00 a.m. in the morning.

2. Ghreya Yoga Avachurnana: Group A: *Ghreya Madanaphala pippali churna* was sprinkled over the lotus flower on the evening of *Vishrama Dina*. **Group B:** *Ghreya Madanaphala Pippali Churna* was sprinkled over the rose flower and the flower was covered with a plastic cover on the evening of *Vishrama Dina*.

3. Vamanagara: *Vamanagara* is made neat and tidy, equipped with all necessary medicines and materials, and the attendants were instructed about the procedure.

On the day of Vamana: Related to the materials – Ghreya Yoga Avachurnana: *Ghreya Madanaphala pippali Churna* was once again sprinkled in the morning over the lotus flower and rose flower in group A and group B respectively. Preparation of *Madanaphala Yoga: Madanaphala pippali churna*, *Vacha churna* and *Saindhava lavana* in the specified quantity were mixed with sufficient quantity of *Madhu* to bring the *yoga* to *Lehya* consistency. *Yashtimadhu Phanta* was prepared. *Ksheera* was made lukewarm. **Related to the subject** – On the day of *Vamana*, subject was made to get up early in the morning around 5am, advised to pass natural urges. *Sarvanga Abyanga* and *Bashpa Sweda* followed by hot water bath was performed. Subject was made to sit in a comfortable position in the *Vamana Peeta* and covered with a white cloth.

Pradhanakarm: For Group A – Dhanvantari Prartana was done. Pulse, Blood Pressure, Heart rate and Respiratory rate were recorded. Subject was made to take *Akanta Pana* of *Ksheera* (upto 1.8 ltrs.) mixed with *Saindhava Lavana* (5g.) and jaggery (50g.). Vitals were recorded. *Ghreya Madanaphala Yoga* sprinkled on lotus flower was made to inhale by the subject. Signs of *Sweda Pradurbava*, *Romaharsha*, *Kukshi admana*, *Hrillasa*, *Praseka* if appeared were noted. If *Vega* started immediately, the time of *Vega* and nature of vomitus were recorded and waited for next *Vega*. *Yashti Madu Phanta* was administered to continue the procedure. Every time, number of *Vega*, nature of vomitus, pulse, B.P were noted. During each *Vega*, subject was educated to bow properly to open the mouth widely for expelling the vomitus without any discomfort. Massage over the back & sides of the vertebral column was made in upward direction, forehead was held firmly, gentle pressure was given over the abdomen. Warm water was used for washing hands. Finger tickling of *Talu Pradesha* was advised if initiation of *Vega* was less. Procedure was continued till the appearance of *Pittanta Lakshanas* like appearance of *Pitta*, *Katu- Tikta Asyata*, *Kanta Daha*. Lukewarm *Saindhava Jala* was administered at the end. Time was noted at each step of the procedure. Once again BP, Pulse were recorded.

For Group B –The procedure is same as of group A except that the medicine used here is *Ghreya Madanaphala Yoga* sprinkled on rose flower. **For Group C** -*Akanta Pana* is done with milk and *Madanaphala Yoga* is administered orally. Otherwise the procedure is same as of group A.

Paschat Karma: After completion of Vamana procedure, again vital data were recorded. Subject is made to wash face, hands and legs, and to sit down comfortably. After 45 minutes of rest, *Dhumapana* was done. Gargling with hot water was advised, was instructed not to sleep in the afternoon, not to sit under fan or near the window, not to rove outside in the flowing winds & sunlight and was advised to have a rest on the bed. The individual was instructed not to have any food article till the appearance of hunger & till that time, if needed one may use lukewarm water to drink.

Samsarjana Karma: Depending upon type of *Shuddhi*, *Samsarjana Karma* was planned for 7, 5, 3 days respectively. In case of *Hina*, *Madhyama* or *Uttama Shuddhi* *Peya-Vilepi-Mudga Yusa* and Rice with *Mudga Yusa* were served for one mealtime, two meals time and three meals time respectively starting from the evening of the Vamana day.

Follow up – Follow up done for three, five or seven days based up on the type of *Shuddhi* until the completion of *Samsarjana Karma*.

Assessment criteria: Assessment was done based on the following parameters:

1. Time taken for the initiation of bout (in minutes): Calculated by subtracting the time of administration of *Madanaphala yoga* from the time of appearance of first Vega.
2. Total time duration of the therapy (in minutes).
3. Vegiki *Shuddhi* (Number of bouts).
4. Maniki *Shuddhi* (Total volume of morbid factors expelled in ml.): Calculated by subtracting the input volume from output volume.
5. *Antiki Shuddhi* (End product of Emesis- grading is done) - Grade 0 – No *antiki shuddhi* appeared, Grade 1 – *Oushadhanta*, Grade 2 – *Kaphanta*, Grade 3 - *Pittanta*
6. *Lainiki Shuddhi* (Signs & Symptoms of purification produced by the therapy): Total score is 13.

7. Weight reduction (in kgs.).
8. *Shuddhi* (Overall assessment of therapy as per classics): Grading done. Grade 0 – No *Shuddhi* appeared, Grade 1 – *Avara Shuddh*, Grade 2 – *Madhyama Shuddhi*, Grade 3 – *Pravara Shuddhi*

OBSERVATION

A total number of 46 subjects fulfilling the inclusion criteria were studied.

- Number of subjects registered for the study – 46,
Number of subjects completed the study – 45,
Number of dropout - 01

- Observations were made under the following headings:

A. Demographic data B. Therapeutic data

A. DEMOGRAPHIC DATA: AGE: Out of 46 subjects, 67.27% (maximum) were in the age group of 21-30 years, and 11% (minimum) were in the age group of 41-50 years. SEX: Among the 46 subjects registered, majority of the subjects were females (82.46%) and the rest of the subjects (17.54%) were males. RELIGION: In this study most of the individuals were Hindus (86.8%), Christians were 11.03% and the remaining 2.17% individuals were Muslims. HABITAT: Maximum i.e. 88.97% subjects were from urban population while 11.03% were from rural population EDUCATIONAL STATUS: 71.61% subjects were graduates, 13.11% each were having education up to 10th std. and 12th std., and 2.17% individuals were educated up to post graduation. SOCIO-ECONOMIC STATUS: Majority of the subject belonged to upper middle class (71.61%), 21.73% were in lower middle class and 6.66% were poor OCCUPATION: Maximum number of subjects were students (41.38%), 28.21% were doing office work, 21.73 % were house wives and remaining 8.68% were doing other job. MARITAL STATUS: Among the 46 subjects, a maximum of 65.28% subjects were unmarried, while 30.38% were married and 4.34% were widows. DIET: In this study, 60.76% subjects were of mixed diet and remaining 39.24% were of vegetarian diet. AGNI: In the present study, maximum number of subjects (39.21%) were having *Mandagni*, 21.73% subjects were of *Samagni* and 19.53% each were of

Vishamagni and *Teekshnagni*. **KOSHITA:** Among 46 subjects, 69.35% subjects were having *Madhyama koshta* followed by *Mrudu koshta* in 17.54% subjects and *Krura koshta* in 13.11% subjects. **PRAKRITI:** Maximum number of subjects (39.24%) belonged to *Pitta Kapha prakriti*, followed by *Vata Kapha prakriti* (23.87%), *Kapha Pitta prakriti* (15.1%), *Kapha Vata prakriti* (13.11%) and *Vata pitta prakriti* (8.68%). **SATVA:** 56.6% (maximum) subjects belonged to *Madhyama Satva*, while 23.87% subjects had *Pravara Satva* and 19.53% subjects had *Avara Satva*. **VYAYAMA SHAKTI:** *Vyayama Shakti* was *Madhyama* in 78.27% subjects and 21.73% subjects had *Pravara Vyayama Shakti*. **SARA:** Table No. 73 and Graph No.15 shows that maximum number of subjects 88.97% were of *Madhyama Sara* and the remaining 11.03% subjects were of *Pravara Sara*. **HEALTH STATUS:** In the present study, maximum number of subject (23.87%) were healthy volunteers, 19.53% subjects each were having *Kitibha* and *Sthoulya*, 11.03% subjects were having *Kaphaja Galaganda*, 8.68% subjects each were having much *Dushika* and *Tamaka Shvasa*, and 4.34% subjects each were suffering from *Pratishyaya* and *Sheeta Pitta*. **BODY WEIGHT:** Among 46 subjects, maximum number of subjects (41.38%) had weight in between 51-60kgs. Followed by 21.73% subjects in the weight group of 61-70kgs., 15.1% subjects in the weight group of 71-80kgs., 13.11% subjects in the weight group of 41-50kgs., and 4.34% subjects each in the weight group of 81-90kgs & 91-100kgs.

B.1) THERAPEUTIC DATA OF PURVA KARMA NIRAMEEKARANA & AGNI DEEPANA: Among 45 subjects, who completed the study, maximum number of subjects (44.4%) achieved *Agni Deepana* and *Niramavastha* in 3 days, followed by 24.42% subjects each in 4 days & 5 days and one subject in 7 days. **SNEHAPANA PRAKARSHA KALA:** 79.88% subjects (maximum) achieved *Samyak Snigdha Lakshanas* in 3 days, while 17.76% took 4 days and one subject took 5 days. **SAMYAK SNIGDHA LAKSHANA:** Among 45 subjects, 100% individuals achieved *Deeptagni*, *Vatanulomana*, *Snigdha Varcha* and *Anga Laghava Lakshanas*. *Mrudu Gatra* was

achieved by 97.62% subjects, *Asamhata Varcha* by 95.4% subjects, *Snehodvega* by 88.76% subjects, *Snigdha Gatra* by 86.54% subjects and *Ghani* by 79.88% subjects. *Samyak Svinna Lakshana:* All the *Samyak Svinna Lakshanas* appeared in 100% subjects.

B.2) THERAPEUTIC DATA OF PRADHANA KARMA

SYMPTOMS AFTER ADMINISTRATION OF VAMAKA YOGA: The symptom *Hrllasa* appeared in maximum no. of subjects (88.76%), followed by *Sveda Pradurbhava* in 84.32% subjects, *Kukshi Adhmana* in 73.22% subjects and *Roma Harsha* in 19.98% subjects. **TIME TAKEN FOR VEGA PRAVRUTTI:** The first Vega started with in 1-5 min. in 68.78%(maximum) subjects followed by within 21-25 min. in 15.54%, with in 6-10 min., 16-20 min., 26-30 min. in 4.44% subjects each and within 11-15 min. in 2.22% subject. **TOTAL DURATION TAKEN FOR THE PROCEDURE:** 28.86% subjects each completed Pradhana Karma in 21-30 min. & 31-40 min., where as 15.54% subjects completed within 11-20 min., 13.32% subjects completed in 51-60 min. and 6.66% each finished within 41-50 min. & 61-70 min. **NUMBER OF VEGA:** 33.3% subjects had 8 Vegas, while 24.42% had 6 Vegas, 22.2% had 7 Vegas and 19.98% subjects had 5 Vegas. **MANIKI SHUDDHI:** Among 45 subjects, 53.28% had *Maniki Shuddhi* with in 100ml. whereas 26.64% subjects had within 101-200 ml, 6.66% had within 401-500 ml., 4.44% each had within 201-300ml. & 301-400ml. and one subject each had *Maniki Shuddhi* of 750ml & 900ml. *Antiki Shuddhi:* Maximum no. of subjects (95.4%) had *Pittanta Shuddhi* while 4.44% subjects had *Kaphanta Shuddhi*. *Laingiki Shuddhi:* Maximum no. of *Samyak Shuddhi Lakshanas* (13) were found in 11.1% subjects followed by 12 symptoms in 17.76%, 11 in 33.3%, 10 in 15.54%, 9 in 17.76% and 8 in 4.44% subjects. **OVERALL SHUDDHI:** 53.28% subjects achieved *Madhyama Shuddhi* while 46.62% subjects achieved *Uttama Shuddhi*. **WEIGHT REDUCTION:** Most of the subjects (51.06%) achieved weight loss within 1-2 kgs. Remaining 31.08% subjects had weight loss between 2.1-3 kgs. Followed by weight reduction of 3.1-4 Kgs, in 13.32% and 4.1-5 kgs.in 4.44% subjects.

Results: The Statistical Analyses is done by using completely Randomized Design, by assuming that, H_0 : The mean effect is same an all the parameter in

three groups. H_1 : The mean effect is not same an all the parameter in three groups.

Table 1: Showing Final Result

Sl. No.	Parameter		Group A	Group B	Group C
1	Time taken for the initiation of Vega	Mean	1.53	2.73	19.13
		SD	0.83	1.9	7.34
2	Total Duration taken for the process	Mean	30.46	26.86	48.8
		SD	11.11	8.3	14.33
3	No. of Vega	Mean	6.93	6.66	6.46
		SD	1.03	1.23	1.18
4	Maniki shuddhi	Mean	160	256	153.33
		SD	160.57	269.8	93.47
5	Antiki shuddhi	Mean	3	2.93	2.93
		SD	0	0.25	0.25
6	Laingiki shuddhi	Mean	10.8	11.06	10.4
		SD	1.42	1.33	1.35
7	Weight Reduction	Mean	2.23	2.6	2.46
		SD	0.89	0.96	1.27
8	Overall shuddhi	Mean	2.53	2.46	2.4
		SD	0.51	0.51	0.5

Table 2: For the Parameter time taken for the initiation of Vega (Bout) ANOVA

Source of Variation	Degrees of Freedom	Sum of Squares	Mean Sum of Squares	F-Calculated Value	F-Table Value @ 5%	P-Value	Remarks
Between the Groups	2	2959.512	1479.756	85.55	3.23	<0.005	HS
Within in the Groups	42	726.4	17.295				
Total	44	3685.92					

From the analysis the mean effect of the parameter time taken for the initiation of Vega (Bout) of the three groups shows Highly Significant Result, (as $P < 0.005$). It implies that the mean effect of the parameter time taken for the initiation of Vega (Bout) of the three groups is not same. To know in which group the

treatment means differ significantly, we use Critical difference (CD) i.e. the least difference between any two means to be significant. The Least significance difference Value is 6.8624 Table no.93 Shows which Groups is Significant for the Parameter time taken for the initiation of Vega (Bout)

Table 3:

Group	Mean effect	Difference from C	Difference from B
C	19.133	-	-
B	2.733	16.412	-
A	1.533	17.6	1.2

Comparing these differences with Critical difference we found that

1. Group A differs more significantly from B and C.
2. Group B differs significantly from C.

3. If choice is to be made among the three groups group A is the best and most effective.
4. If choice is to be made between B and C, Group B is to be preferred.

DISCUSSION

Purva Karma: Pachana denotes one of the modalities of treatment used to treat moderately vitiated *Dosha*. Hence, it will be appropriate to use the word *Niram-eekarana* instead of *Pachana*. Role of *Snehana* and *Swedana*: *Shodhana Chikitsa* requires *Dosha udeer-navastha* for *Dosha nirharana* as the principle goes 'Vrddhaha Nirhartavyaha'. Thus, to achieve this, *Snehana* and *Swedana* are the foot-steps. Application of *Snehana* and *Swedana* bring the vitiated *dosha* situated in the *Shaka* to the *Koshta* by the actions of *Vrddhi*, *Vishyandhana*, *Paka*, *Sroto Mukha Visho-dhana* and *Vatanulomana*, which are later eliminated from the body through *Vamana*. *Manasopachara*: It plays a vital role in the smooth conduction of *Vamana* procedure and contributes a major part to get desired result. **Pradhana karma:** Performing *Vamana* karma during *Pratah Kala* is of importance to obtain fruitful effects from *Vamana*. *Madhu* and *Saindhava Lavana* which are generally used in all formulations are an exception for *Ghreya Yoga*. **Paschat Karma:** Procedures explained under this heading help the body to come back to normalcy. The *Laingiki* and *Antiki Lakshanas* are indicative of *Samyak Yoga* or *Ayoga* of *Vamana*, where as *Manaki* and *Vaigiki Lakshanas* help to assess *Pravara*, *Madhyama* or *Avara Shuddhi*. These *Lakshanas* also help in planning the *Samsarjana Krama*

Anatomical Review: Ghrana - As per *Parishadya Shabdārtha Shareera*, *Ghrana* has been explained as that specific part of the *Nasa* which gives shelter for *Ghranendriya*. That which perceives smell is said as *Ghrana*. It is also the site of *Phana Marma* injury to which leads to *Gandha Ajnana* (anosmia). Thus, *Ghrana* can be taken as the olfactory portion of the nose. **Gandhavaha Dhamani** – They are enumerated as 2. They have been equated with olfactory nerves. **Hrudaya** – The term *Hrudaya* refers to not only *uro Hrudaya* but also *Shiro Hrudaya*. Some of the points

which substantiate this statement are as follows: The *Sthana* and *Karma* of *Prana Vata* denotes both *Shiro* and *Uro Hrudaya*. *Vyana Vata Karma* implies involvement of both nervous system and circulatory system. *Shiro Hrudaya* is the seat of *sthana* and *Karma* of *Sadhaka Pitta*. The act of *Nidra* Involving *Hrudaya* definitely points out *Shiro Hrudaya*.

Mode of Action of Vamaka Aushadhi: The *Vamana Aushadhi* possesses qualities like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi* with dominance of *Agni* and *Vayu Mahabhutas* with the major contribution of *Urdhva Bhagahara Prabhava*. The drugs due to their *Virya* will reach *Hridaya* and through *Dhamani*, thereby reaches *Sthula* and *Anu Srotases* of the body. The *Vyavayi Guna* of the drug will help in quick absorption and movement of the drug. *Vikasi Guna* will help in breaking the binding of the morbid *Dosha-Dushya*. Due to *Ushna Guna* drug will cause *Vishyandana* and due to *Tikshna Guna* causes *Chedana* of the *Doshas*. The *Sukshma Guna* helps to reach the minute Channels. The *Agni* and *Vayu Mahabhutas* because of their qualities and due to *Urdhva Bhagahara Prabhava* (tendency to move upwards) bring the act of *Vamana*.

Probable Mode of Action of Ghreya Vamaka Yoga: *Ghreya Madanaphala Yoga* was prepared by giving twenty-one times bhavana to *Madana Pippali Churna* with *Madanaphala Kashaya* leading to enhancement of its potency because of the bhavana samskara. Thus, the *Ghreya* yoga differs significantly from *Madana Pippali Churna*. Such a *Ghreya Yoga* when given for inhalation is perceived by the *Ghranendriya* located in the *Nasa* and carried by the *Gandhavaha Dhamani* the *Shiro Hrudaya* (higher centres in the brain). Initiates *Vyana Vata* to bring *Dosha* from *Shaka* to *Koshta*. Due to *Urdhva Bhagahara Prabhava* and stimulation of *Udana Vata*, *Vamana Vega* occurred.

Discussion on materials and methods: Materials: Collection & Processing of *Madanaphala* – During samskara, impregnation of *Madana Pippali* in honey changed its consistency. Honey became thin after completion of *Samskara*. *Ghreya Madanaphala Yoga* – *Madanaphala Churna* after the bhavana process turned to dark in colour with increased offensive

smell. **Methodology:** The study was oriented only towards the conduction of therapy. Hence, not much importance was given to diseased or healthy condition of the subject and as such both healthy and diseased subjects were taken for the study. 46 subjects were registered for the study out of which one subject opted out of the study in the middle due to ill health.

Discussion on Result:

Ghreya Yogas initiated *Vamana Vega* quickly than orally administered yoga. Lotus group was more efficient than rose group. *Ghreya yoga* reaches *Hrudaya* faster than the oral one. Duration was less in *Ghreya* group than oral group. In rose group, procedure completed earlier than lotus group. The mean effect is same in all the three groups that is *Ghreya Yogas* were able to produce Vegas like oral yoga. By comparing the mean values, it can be said that Vegas were more in lotus group than in rose group. The mean effect is same in all the three groups that is *Ghreya Yogas* were able to produce overall *Shuddhi* like oral *yoga*. By comparing the mean values, it can be said that overall *Shuddhi* was more in lotus group than in rose group. No significant differences were observed in the results of parameters *Vegiki*, *Maniki*, *Antiki*, *Laingiki* and Overall *shuddhi* and in weight reduction. Highly significant results were found in the parameters time taken for the initiation of Vega and total duration taken to complete the procedure in which the *Ghreya Madanaphala Yoga* performed better in comparison with *Madana Pppali yoga* administered orally. Early initiation of the Vega and reduction in the total time duration eased the *Vamana* procedure by minimizing the stress and strain for the subjects. Apart from the time factor, the *Ghreya yoga* was more easily accepted by the subjects without any hesitation and discomfort. This was probably because of the fact that it does not come in contact with the sense of taste which is the main hindrance for orally administered yoga. The *Madanaphala yoga* which was bitter in taste was swallowed with great difficulty by the subjects, many a times was thrown out before entering the body.

CONCLUSION

Vamana, a *Shodhana Rupi Chikitsa* has been dealt as an important Panchakarma therapy. Acharya Charaka alone has mentioned 355 formulations to perform *Vamana* among which only few *Yogas* are in practice. To revalidate the efficacy of all formulations is the need of the hour. *Vamana karma* plays a vital role in *Svastya Rakshana* and *Vikara Prashamana*. Nasal route of administration of *Vamaka Yoga* also works efficiently. *Ghreya Yoga* worked in par with oral *yoga*. *Madanaphala Pippali Churna* sprinkled over lotus and rose produced same effect in inducing *Vamana*. Time factor showed significant result in *Vamana* produced by *Ghreya Yoga*.

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