



REVIEW ON CHATURVIDHA SUDHI OF VAMANA THROUGH CHARAKA SAMHITA

Thulasi T V

Assistant Professor, Department of Panchakarma, SDM College of Ayurveda, Udupi, Kamataka

Corresponding Author: drthulasitv@gmail.com

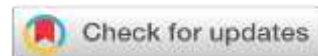
<https://doi.org/10.46607/iamj0711032023>

(Published Online: March 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 01/02/2023 - Peer Reviewed: 12/02/2023 - Accepted for Publication: 21/02/2023.



ABSTRACT

While performing the Panchakarma procedures, consideration of assessment of the degree of completion of the procedure, and the status of procedures is important. For getting a true interpretation of procedures an attempt should be made to review and analyze the literature related to the characteristic of *Samyak Sodhana Karma*. Here *Vamana Sudhi lakshana* is taken, and references are collected from Charaka Samhita and analyzed.

Keywords: *Vamana, Sudhi Lakshana, Antiki, Vegiki, Laingiki, Maniki*

INTRODUCTION

Vamana is the unique procedure of eliminating *doshas* from the body through the Oral route. It is considered to be the best line of treatment for *Kaphaja Vyadhis*. Acharya Charaka has broadly narrated the procedure and Assessment of *Vamana Karma* in Sutra Sthana (Upakalpaneeyam Adhyayam) and Sidhi Sthana. For every Panchakarma Procedure, some Lakshanas are mentioned for understanding it as *Samyak Yoga* (Proper administration of the proce-

cedure), *Ayoga* (Inappropriately administered), and *Atiyoga* (Excessively Administered). While explaining the *Samyak Lakshana* of *Vamana karma*, Chakrapani has categorized the *Samyak lakshanas* to be observed during the procedure as *Antiki, Vegiki, Maniki*, and *Laingiki*. According to Dalhana *Vegiki* and *Maniki lakshanas* are least considered as it may depend on the patients, where they have different types of *Prakruti, Sara, Samhanana, Vaya* and *Bala*, etc. And

may not have pravara sudhi by only attaining 8 vegas. For getting a true interpretation of procedures an attempt should be made to review and analyze the literature related to the characteristic of *Samyak Sodhana Karma*.

AIM: To study the concept of *Chaturvidha Sudhi* of *Vamana* with special reference to *Charaka Samhita*.

MATERIALS AND METHODS: References have been collected from *Charaka Samhita* and relevant data are compiled. Available commentaries are also reviewed. All compiled data are organized and analyzed.

REVIEW OF LITERATURE:

For the proper assessment of *Sodhana* Acharya Charaka has explained some factors to be noted during the procedure. Chakrapani has classified it into 4 types¹:

- i. *Laingiki Sudhi*- Signs and Symptoms after *Vamana*
- ii. *Maniki Sudhi*- Quantity of material vomited eliminated by vomiting.
- iii. *Vegiki Sudhi*-Number of bouts obtained during Vomiting.
- iv. *Antiki Sudhi*- depending on the end product.

There arises a question: whether these 4 *Sudhi* are mentioned as

- They individually or taken together constitute the signs of proper administration of *Sodhana* therapy.
- Or they may be interpreted as referring to the cleansing of less aggravated, moderately aggravated, and aggressively aggravated *doshas* respectively.

Acharya Charaka has cleared this doubt in the chapter *Upakalpaneeyam Adhyayam* while explaining *Samyak, Ayoga, and Atiyoga Lakshanas*. There he told:

“*Yogena tu Doshapramana Viseshena Teekshna Mrudu Madhya Vibhago njejah²*”

Acharya explains *Ayoga* of *Vamana* is understood as the Absence or Obstruction of *Vamana Vega* Or Vomiting only the *Vamanaushada*. Whereas in *Samyak Yoga*, the *Vegas* gets manifested in time, without any pain, and elimination of *Doshas* in the

proper order of *Kapha, pitta, and Vata*. Depending on the quantity of *Doshas* eliminated(*Dosha Pramanena*) this *Samyak Yoga* can be divided into *Mrudu, Madhyama, and Teekshna*. This Classification is intended to guide the duration of *peya* etc to be administered after the therapy (“*Peyadikrama utkarshartham*”).

Antiki Sudhi:

“*Pittantam Vamanam*”

The end of Emetic therapy is described to be the Vomiting of *Pitta*. And this equally applies to all three types of *Sudhi Avara, Madhyama, and Pravara*. Where the term *Pittanta* is explained by Chakrapani as:

“*Pittapravrutirante Yasmin Tat Pittantatvam*”

Implies the elimination of *Pitta* at the end of emetic therapy. Similarly, the term *Kaphantam* for *Virechanam* .while explaining the *Samyak lakshana* of *Vamana* Acharya has mentioned the Expulsion of *Kapha, Pitta, and Vata* in Succession. Hence there is no contradiction between the statements told in these contexts. Elimination of *Vayu* at the end may be taken as residual *Vayu* after the elimination of *pitta* or the *Vayu* in the *Rikta Koshta*(Emptied Bowel). Chakrapani in *Teeka* explains that *Pittanta Lakshana* is important in terms of *Sudhi lakshana* because the number of *Vegas* (Bouts) and *Maniki* (Quantity of *Doshas* eliminated) may vary according to the disciple, or they may get confused about the exact nature of *Sudhi*. Hence the term *Pittanta* is explained. “*Viseshena punah punah aapittagamanat*” in other words Acharya has explained *Vamana* therapy has to be continued till the observation of *Pitta* [*Pitta Darsanat*], or if *Pitta* is not observed, *Kashaya* or the *Vamanopaga* medicines has to be continued till we obtain *pitta*³.

Chakrapani in the context of *Samyak Vamana lakshana* has told that *Pitta* which comes first along with the *Kapha* is not taken as *Samyak Lakshanam*(Appropriate). It is that *pitta* that comes after the elimination of *Kapha* (*Kaphaagamana*), as the sthana of *Pitta* is *Adhoga Amasaya*.

Hence *Pittanta* may be described as:

- i. *Kapha chedana*(Thinning of *Kapha*)

- ii. *Kapha sthanagata Pitta*
- iii. *Sthanika Pitta*

So, a wise physician should differ which pitta has come out, whether it is *Urdhwagamasaya pitta* or *Adhogamasaya Pitta*.

Pittasya Darsanam explained by Vagbhata may be justified as the "beginning of the elimination of *Adhoamasaya pitta*" is observed.

Charaka in Sidhi sthana has mentioned⁴: After the therapy is administered, the physician has to observe the *Sudhilakshanas* like *pittantatvam* for *Vamana*, *Kaphantatvam* following *Vit*, and *Pitta* for *Virechana*. Other than these, also observe *Karsyam*, *Daurbalya*, and *Laghavam*.

Pitta Darsanam can be perceived by its colour. Ie greenish yellow, Bitter taste, or pungent in mouth, Symptoms like *Urodaha*, *Kanta daha*, and *Netradaha* respectively⁵.

Sometimes we can see *Pitta* Comes much earlier than other *lakshanas* of proper *Sodhana*, hence only *pittanta lakshana* is not dependable enough to determine the proper *Sudhi* of *Vamana*.

Expulsion of Vamana Aushada:

If all signs and symptoms of proper *sudhi* are achieved without expulsion of medicine, then the physician should try to expel the *Seshaushada*.

Laingiki Sudhi:

Elimination of *Doshas* in the order of *kapha*, *pitta*, and *Vata*, *Marga sudhi*, *Hrit Sudhi*, *Parswa sudhi*, and *Laghuta* are explained as *Laingiki Sudhi*⁶. This Successive order of *dosha* can be justified by the *Dosha Sthana* explained by Acharya. *Kapha Sthana* is *Urdhwa Amasaya* whereas *Pitta Sthana* is *Adho Amasaya*. Consequently, when the *doshas* are eliminated through the mouth, the first eliminated will be from the upper part of the *Amasaya* followed by the lower part, which is *Kapha Dosha* followed by *Pitta dosha*. And the *Anila Dosha* in the end may be taken as the *Vata* present in the *Rikta Koshta*(completely emptied bowel).

Symptoms observed during *Vamana* are said to be *Samyak*, only when they are as follows⁷:

- Manifestation of Vomiting urges in time
- Absence of too much pain

- Elimination of *Doshas* in order
- Automatic stoppage of Vomiting Urge(in time after the purpose has been served)

Maniki Sudhi

The measurement of the Vomited material in emetic therapy, is described in the unit of *Prastha*. Generally, 1 *prastha*= 16 *Pala*. But this general rule is not applicable in *Sodhana*, and it is said to be 13 and a half *pala*. In *panchakarma* 1 *Prastha* is considered to be 13 ½ *pala*. 1,1.5, 2 *prastha* is said to be the *Avara*, *Madhya*, and *Pravara Maniki Sudhi* of *Vamana*. When we are evaluating the *Maniki Sudhi* of *Vamana*, the *Mana* of *Vamana* has to be taken by reducing the amount of *Aushada* taken as Input (*Vamane tu Peetam*). Output (Vomitus) - Input (*Aushada*) = *Maniki Sudhi* of *Vamana*(1, 1 ½, 2 *Prastha*).

Vegiki Sudhi:

Depending on the number of Bouts of Vomiting one can decide the best, moderate, and mild degree of *Sodhana*. A bout of vomiting does not mean a single act of vomiting. Each bout of vomiting may be separated by a gap of a few to several minutes. If the vomiting occurs in 8 bouts, it is the *Pravara Sudhi*, 6 bouts are indicative of *Madhyama Sudhi* and 4 bouts of Vomiting are suggestive of *avara sudhi* of *Vamana*. How to understand the *Vegas* is explained by Acharya in *Upakalpaneeyam adhyayam*⁸, we have to instruct the patient that, when they feel the urge, allow the urge to get fully manifested (*anudeernan udheerayet*) by keeping the lips, palate, and throat opened and do not exert too much. In case the urge is not well apparent, it is facilitated by slightly bending the upper part of the body and neck and touching the throat with two fingers(trimmed nails) or with stalks of *Kumuda*, *eranda*, etc.

There is *Vega* and *Upavega*. *Upavega* is near to *vega* but not fully manifested,

“*Upavega- Vega Sameepam*”.

Practically *Vegas* and *Upavegas* are counted for proper understanding.

DISCUSSION

No one type of *Sudhi lakshanas* is the ultimate determination of *Sudhi*. Rather all parameters should be considered at the same time.

- 2 *Prastha* comes out without *Pittanta*, then it may not be considered as proper *sudhi lakshana*.
- Same time when *Pittanta Lakshana* is observed, but the patient has not attained lightness then also it cannot be considered as proper *sudhi* of *Vamana*.

Acharya Charaka has explained that among *Chaturvidha Sudhi*, *Pittanta* is having prime importance. In *Sidhi Stana* while explaining *Jaghanya-Madhya-Pravara Sudhi* he has mentioned *pittanta* and in the context of *laingiki Sudhi lakshanas* which says “*Kramat Kapha Pitta*” which is again supportive to point *Pitta Lakshana*. From this repeated explanation it is clear that *Pittanta* is the prime *Lakshana* to understand the *Sudhi*. Even Chakrapani has explained the same in the *Teeka*. Next to *Pittanta* is *Laingiki Sudhi*, where Acharya is very reasonable in view of the anatomical position of *Kapha Sthana* and *Pitta Sthana*, which is narrated in the lines of “*Kramat Kapha Pittamatha Anilascha*”. Along with these *Laghutva* and *Marga Sudhi* Supports the fact that only *Pittanta* is not enough to end the procedure, *Laghutva* also needs to obtain. This in other words says if the patient is still feeling the heaviness, it may be the *Lakshana* of *Sesha Aushada* and then the procedure needs to be continued. After *Antiki* and *Laingiki Sudhi* then comes *Maniki* and *Vegiki* which are precisely the latter measured factors. *Vega* calculated by one physician may differ from another because it is highly dependable on the observation skill of *Vaidya*. Even though Acharya has explained the *lakshanas* of *Vega* and *Upavega*, the understanding of that *lakshanas* may be different for different *Vaidya*. Samir Girde et al⁹, in the study of Revalidation of *Vaigiki* Criteria of *Vamana Karma*, says that “The quantity of intake goes on increasing, the number of *vegas* also get increased” and also “The ratio between *Upavega* to *Vega* is highest in *Hina sudhi*, while the lowest ratio indicates *Pravara* or *Uttama Sudhi*”. The same in the case of *Maniki Sudhi* also, how precisely

the physician tried to calculate the quantity of *dosha*, it is not possible to accurately measure. Practically also the quantity of *Vomit* obtained will be less in quantity compared to the quantity of *Kashya* or other *Aushadas* taken.

CONCLUSION

For an accurate understanding of *Samyak Lakshana of Vamana*, it is necessary to observe all four types of *Sudhi*, instead of taking only one. No one type of *sudhi* is decisive for the determination. Among four *Sudhi's Pittanta* is considered to be having the key importance, next is *Laingiki sudhi*. *Maniki* and *Vegiki* are numerical standards that may depend on the physician who is observing and, on the patient's, *prakruti*. As a vital conclusion, the physician should understand these four *Sudhi's* are indented to guide the physician to decide the proper *Samsarjana Krama* which is to be given after the therapy for the patient.

REFERENCES

1. Charaka. Charaka Samhita(Ayurveda Deepika Sanskrit Commentary). Yadavji Trikamji, editor. fifth edition. Chaukambha Sanskrit Sansthan, Varanasi; 2001. Sidhi sthana. Kalpana Sidhi Adyaya. Sloka No 13,14. Chakrapani teeka. p. No. 679
2. Charaka. Charaka Samhita(Ayurveda Deepika Sanskrit Commentary). Yadavji Trikamji, editor. fifth edition. Chaukambha Sanskrit Sansthan, Varanasi; 2001. Sutra Sthana. Upakalpaneeyam Adhyayam. Sloka 13 .p.No.95
3. Charaka. Charaka Samhita(Ayurveda Deepika Sanskrit Commentary). Yadavji Trikamji, editor. fifth edition. Chaukambha Sanskrit Sansthan, Varanasi; 2001. Sidhi sthana. Kalpana Sidhi Adhyaya. Sloka No 14. Chakrapani Teeka. P. No. 679
4. Charaka. Charaka Samhita(Ayurveda Deepika Sanskrit Commentary). Yadavji Trikamji, editor. fifth edition. Chaukambha Sanskrit Sansthan, Varanasi; 2001. Sidhi sthana. Vamana virechana vyapat sidhhi Sloka No. 20. Chakrapani Teeka. P. No. 705
5. Dr. Pulak Kantikar. Principles and Practices of Pan-chakarma. first edition. Chaukamba Orientalia. Published by Sunita Biswas; Hoogly. Chapter No.3. P.No. 377

6. Charaka. Charaka Samhita(Ayurveda Deepika Sanskrit Commentary). Yadavji Trikamji, editor. fifth edition. Chaukambha Sanskrit Sansthan, Varanasi; 2001. Sidhi sthana; Kalpana Sidhi. Sloka No:15. P.No. 680
7. Charaka. Charaka Samhita(Ayurveda Deepika Sanskrit Commentary). Yadavji Trikamji, editor. fifth edition. Chaukambha Sanskrit Sansthan, Varanasi; 2001. Sutra Sthana. Upakalpaneeyam Adhyayam. Sloka 13 .p.No.95
8. Charaka. Charaka Samhita(Ayurveda Deepika Sanskrit Commentary). Yadavji Trikamji, editor. fifth edition.

Chaukambha Sanskrit Sansthan, Varanasi; 2001. Sutra Sthana. Upakalpaneeyam Adhyayam. Sloka 12 .p.No.94

9. Samir girde et al: An Observational Study on Revalidation of Vaigiki Criteria of Vamana Karma. IAMJ{online} cited June 2018, Volume 6, Issue 6, P.No.1196-1202.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Thulasi T V: Critical Review of Chaturvidha Sudhi of Vamana Through Charaka Samhita International Ayurvedic Medical Journal {online} 2023 {cited March 2023} Available from: http://www.iamj.in/posts/images/upload/533_537.pdf