

Clinical Experiences of *Vaman Karma* without *Vamak Yoga* in Psoriatic Arthritis – A Case Study

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Abstract

The classical texts explain various methods of conducting *Vaman Karma* procedures which are also associated with the description of various medications and their formulations for such procedures. However, as observed in some cases it is crucial to induce *Vaman karma* without *Vamak yoga*. The aim of this paper is to discuss this case by combining classical reasoning along with clinical experiences through a case study of Psoriatic arthritis complicated with joint deformities, aggressive skin lesions and weight loss. The case history is of a 21-year old male who is suffering from severe erythematous scaly plaques on skin all over the body with severe itching, pain, deformity and movement restrictions in joints of upper and lower limbs with weight loss since the last 4 years. Given the patient's poor health, no *Vamak yoga* was administered during the procedure. The patient reported less pain and ease of joint movement beginning on the fourth day of *Snehapana*. At the end of *Sansarjan Krama*, the PASI score dropped to 6.8 from 50.8. Weight increased by 4kgs within 15 days of *Sansarjan Krama*. The paper focuses on an elaborate discussion on clinical experience which although an essentially important process is a lesser discussed subject of *panchakarma* procedure. The paper highlights the significant outcomes of *Vaman Karma* that has been carried out without *Vamak yoga*.

Keywords: *Vaman*, psoriasis, *vamak yoga*, case study

INTRODUCTION

Vaman Karma is one of the most utilitarian methods amongst *Panchakarma* procedures. The classical texts explain the various approaches and formulations of such procedures. *Vaman Karma* contributes remarkable outcomes in *kapha* dominant diseases and diseases originating from *Aamashaya*, various skin diseases, *Adhoga Raktapitta* etc. [1]. Under such conditions a patient is prescribed *Vaman karma* procedure. However, if the patient has *Mridu koshta*, *Alpa Rugna bala* and *Uttam vyadhibala* then there is high probability that such patients may not be advised *Vaman karma* due to confusion or fear of *Atiyoga* (excessive vomiting) [2].

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It is a well-known fact that for anyone suffering from *Bahudoshavastha* condition, *Sanshodhan Karma* should be the preferred choice of treatment since *Shaman Chikitsa* might not be able to pacify the *dosha* in its further deteriorating state. Now a days, *Vaman Karma* is generally avoided for patients who are facing a poor health condition and have a lesser tolerance level, as observed in the case of specific patients. In some conditions of *Bahudoshavastha*, *Vaman* is not administered due to fear of subsequent complications which may arise due to confusion of dose fixation [3]. Treating *Bahudoshavastha* in *Durbal* or *Vyadhiksheena* patient is one of the most challenging tasks for a specialist.

To overcome this problem, some modifications are given in classical texts as explained by *Aacharya Sushruta* and *Vagbhata* on the use of *Akanthapana* of the process before consuming *Vamak Yoga* [4]. While some part of *yoga* is administered only through nasal inhalation of powders of emetic herbs dusted on flowers; other texts advise for visual presentation of nauseating things to induce vomiting.

Taking the case study of Psoriatic arthritis, the paper will now discuss its treatment by modified procedure of *Vaman karma*.

CASE HISTORY

The case history is of a male patient who is 21-years old and is suffering from severe erythematic scaly plaques on skin all over the body with severe itching, pain, deformity and movement restrictions in joints of upper and lower limbs since the last 4 years. The patient has been experiencing stiffness in the whole body which aggravates at night, especially from early evening to late morning and requires external support to sit or turn. Due to deformity in all fingers, he was unable to hold any objects such a spoon or glass.

After visiting several skin specialists who were less optimistic of fruitful outcomes and could only provide symptomatic treatment for associated symptoms at best, the patient came to *Panchakarma* OPD with his last thread of hope. The patient was taking Indomethacin 25mg TDS dosage daily. Prior to that he had received Methotrexate, Atorvastatin and other medications in the last four years.

Full examination revealed his BP as 100/60 mm of Hg and pulse 65/min with positive signs of Auspitz and decreased range of motion in joints with extremities in swan neck deformity especially in bilateral phalangeal joints. He required constant support to walk, sit, as well as to turn his body at night. The patient has been bedridden for most parts of the day, especially from early evening to late morning. His current weight measured 42 kgs, which he claimed was around 72 kgs almost 4 years back when he was healthy and started his career as a model. The PASI Score BT 50 is shown in Figure 1.

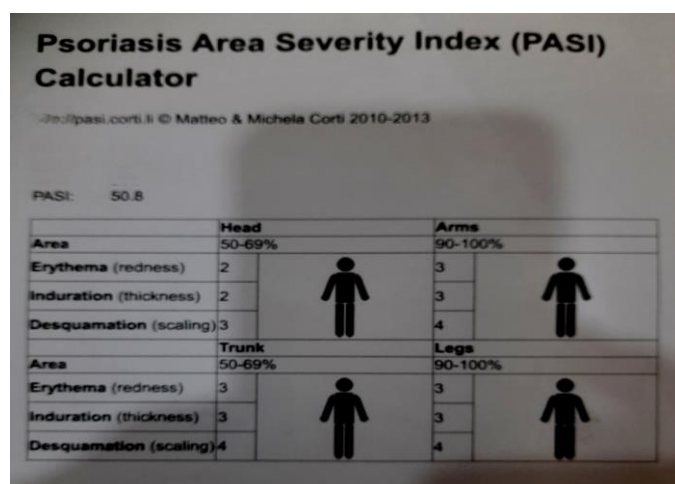


Figure 1. PASI Score BT 50.z

Treatment Plan

Considering the severity of skin lesions *Sanshodhan* was highly indicated. Moreover, the patient and his relatives were willing to go for whatever possible treatment measures. The procedure of *Vaman* was administered in this case and *Pachana* was given with.

- *Triphala churna* 2 gm,
- *Vidanga churna* 1 gm,
- *Nagarmotha churna* 1 gm,
- *Snehapana* with *Panchatikta ghruta* 30 ml to 75 ml for 5 days.

Table 1. Details of Snehapana.

Day	Quantity	Time	Hunger Time	Others
1	30 ml	7.30 a.m.	3 p.m.	
2	45 ml	7.45 a.m.	4.30 p.m.	
3	60 ml	7.35 a.m.	6 p.m.	<i>Ghabharat</i> , mild headache (subsides with drinking hot water).
4	70 ml	7.30 a.m.	7.30 p.m.	Joint pain, joint movement.
5	75 ml	7.40 a.m.	7.30 p.m.	Semi-solid, oily stool.

Abhyanga with *Eladi taila* and *Mridu Nadi sweda* was given on the day after completion of *Snehapana* and on the day of *Vaman karma* (Table 1).

No *Vamak* yoga was administered during the procedure, keeping in mind the poor health condition as well as low blood pressure of the patient. *Vaman* was carried out with *Ghritha yukta Yavagu* followed by *Vamanaopag Dravya* (Milk + *Yashtimadhu kwatha*) and no *Vamak Dravya* like *Madanphala* or *Vacha* was used. For *sansarjan krama* – *Tarpanadi krama* was given instead of *Peyadi krama* [5].

Kapha was chiefly present in the initial four *vegas*, post which it was almost devoid of any mucus. *Pitta* was also Realized in the fourth *vega*. Thus, *lavanodaka* was administered and the final vomitus produced was completely clear [6]. Treatment protocol with timeline depicts in Table 2.

Table 2. Treatment protocol with timeline.

Day of Visit	Summaries from the Initial and Following up Visit and Description of Disease Condition	Intervention
1	Severe erythematic scaly plaques on skin all over the body with severe itching, pain, deformity and movement restrictions in joints of upper and lower limbs. Stiffness in the whole body which aggravates at night. PASI 50.8.	<ul style="list-style-type: none"> • <i>Triphala</i> 2gm + <i>Vidanga churna</i> 1 gm. • <i>Nagarmotha churna</i> 1 gm. for 5 days with lukewarm water.
Day 6– Day 11	Same as above, Mild reduction in pain and feeling ease of joint movement.	<i>Snehapana</i> .
Day 12		<i>Sarvang Abhyanga Swedan</i> , <i>Kapha utkleshak aahara</i> at night.
Day 13	Scaling reduced considerably	<i>Sarvanga Abhyanga Swedan</i> , <i>Vaman Karma</i> .
Day 14– Day 18		<i>Samsarjana Krama</i> .
Day 33	Considerable relief in all symptoms, PASI reduced to 6.8.	

TREATMENT OUTCOME

The treatment outcome of the study is depicted in Table 3.

The patient reported lessening of pain and feeling of ease in joint movement from the 4th day of *Snehapana*.

Jeeryamana Sneha symptoms were mild in the initial days which became gradually prominent as the dose increased.

Table 3. Assessment of *Samyak snehana lakshana*.

Day	<i>Vatanuloman</i>	<i>Agnideepti</i>	<i>Varcha Snigdhatta</i>	<i>Sharir Mardavam</i>	<i>Sharir Snigdhatta</i>	Other
1	Yes					
2	Yes					
3	Yes	Yes				
4	Yes	Yes		Yes	Yes	
5	Yes	Yes	Yes	Yes	Yes	

PASI score reduced to 6.8 at the end of *Sansarjana Krama* (Figure 2).

An increase of weight of 4 kgs was observed within 15 days after *Sansarjan Krama*.

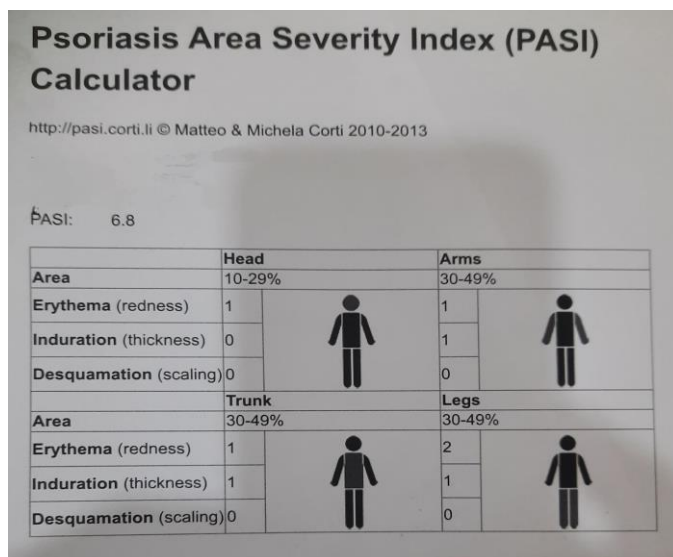


Figure 2. PASI score at 6.8.

DISCUSSION

If we consider the process of *Vaman karma* and study it thoroughly, we can understand the basic mechanism behind the process. *Purvakarma* or *Snehana* causes *vata* pacification which results in smooth functioning of bodily processes. *Snehana* brings softness in body which helps to reduce obstruction in internal fluid exchange and helps in loosening the bonds between *dosha* and *dhatu* i.e., helps in secretion of waste materials in body and their easy removal through the body [7]. *Swedan* followed by *Snehan* causes liquification of *dosha* present in smaller channels of the body [8].

The results indicate the role of *shodhan sneha*, as there was a reduction of pain and ease of joint movements from the 4th day of *Snehapana* with *Panchatikta ghrita*. As cited by *Acharya Charaka*, *Sneha* causes pacification of *Vata dosha*, brings softness in body and ensues detachment of *dosha* from *dhatu* [9]. In general, *Vata dosha* plays a crucial role in stiffness and pain. It can be further discussed that this effect may be either due to *Tikta rasa* present in *Sneha* which causes pacification of *kapha* or due to detachment of *Kaphapradhana dosha* situated in joint spaces as an effect of *shodhana sneha* which further ensues pacification of *Upastambhit Vata* and ultimately eases joint movements. *Purvakarma*, i.e., *Snehan* and *Swedan* brings only liquification of *dosha* and are not directly responsible for *Shakha to koshtha gati* of *dosha*. To transform *dosha* from *shakha* to *koshtha*, *Acharya* has stated certain specific pre-requisites such as *dosha* should be in augmented state, there should be profuse discharge, *dosha* should undergo *paak* i.e., transformed to another state and there should be *strotomukh vishodhan* and *Vayu nigraha*.

To increase *dosha* and to bring out their profuse internal discharge *Abhishandi* and *Kapha* dominant food is given on the night prior of *Vaman* procedure. The procedure is then carried out early morning after evacuation [10]. The process of digestion explains that first and foremost food gets digested in the body followed by *dosha*; however, if food is not consumed then the body starts absorbing *dhatu* [11]. One primary reason why *Vaman Karma* is not administered when the patient is feeling hungry or is in a state of *Bubhuksha* is because the procedure requires the presence of undigested *Kapha* dominant *dosha* in *koshtha* [12]. If one consumes excess *kapha* dominant food at night, there is a higher chance that there would be excess *kapha* in *koshtha* the next morning which is also a *kapha* prevalent time. This scenario of increased amount of *kapha* present in *koshtha* at the time of *Vaman* can be understood

in the context of “*Vridhdhya....*” or an augmented state of *Dosha* from *Shakha* to *Koshtha gati* [13]. It can be easily understood that a *kapha* dominant diet at night causes surplus *Kapha* production and auxiliary volume of *kapha* prevailing *doshas* remains in *koshtha* just after digestion of food. The *kapha* prevailing *doshas* with *mridubhavita kaya* by *snehana* and *swedana* brings *dosha* from all over the body to *koshtha*.

Vamak yoga used in *vaman karma* mostly presents *Aagneya* and *Tikshna* properties along with some additional properties like *Vyavayi*, *Vikasi*, *Sukshma* etc. The flow of *Vamak yoga* drugs in the body causes rigid *doshas* or *malas* to start profusely discharging from *dhatu*s. *Doshas* are also removed from *dhatu*s and small channels to enable them for circulation and bring them to *koshtha*. It can be simply said that *Vamak yoga* causes *dosha paak* and *strotomukh Vishodhan* with *ushna* and *tikshna guna* [14].

Vamak yoga with predominance of *Agni* and *Vayu Mahabhoot* causes *Urdhawagati* i.e., upward direction of *doshas*, which is due to change in *gati* of *Vayu*. Since *Vayu* is the main factor responsible for motion or *gati*, it may be stated that *Vayu nigraha* is achieved by *Vamak yoga* [15].

According to contemporary science *Vamak* (emetic) drugs are gastric irritants that cause irritation in gastric mucosa. Hence it increases mucosal secretion as well as stimulates vomiting by pushing gastric and intestinal contents out of the mouth. It is only when the stomach is completely emptied, bile secretion will take place [16].

In other words, it can be said that *Vamak* drugs only stimulates the process of vomiting and *dosha shodhan* with its irritant effect. If we use *Vamak yoga* without prior *snehan* and *swedana* then the expected effect on *dosha* situated in the whole body or on *dosha* which are *leen* on *dhatu*s will not take place. There will be chances of complications or only stomach wash effect if we use *Vamak* drugs without *Poorvakarma* [17].

It is also explained that in the condition of *Bahudoshavastha* in *Durbal* patients, repeated *Sanshodhan* with *Pranarakshan* viz. repeated procedures with milder intensity should be performed. Classical texts highlight the fact that *sanshodhan karma* is very essential in *Bahudoshavastha* and may be personalized in milder form for patients with lesser level of tolerance rather than avoiding it [18].

Vamanopag drugs are the ones which help in the process of *Vaman karma* and are not gastric irritant as *Vamak* drugs. They mostly help with bulk forming and mucolytic which itself does not create sensation but helps in the process of vomiting. Gag reflex is another way when external stimulus is applied to the back of the tongue or glottis causing sensation of nausea and vomiting, thus implying that with the other favorable conditions i.e., bulk liquid in stomach and excess amount of mucosal secretion, gag reflex may be applied to induce vomiting [19].

In the light of the above discussion and the outcome of the case study, it can be said that *Vaman karma* can be carried out without any *Vamak yoga* but with proper *poorvakarma*, i.e., preoperative procedures like *Snehan*, *Swedan*, *Utkleshan* and proper selection of *Vamanopag* drugs. In the current times, due to changing lifestyle and excess exposure to *Viruddhaahar*, *Bahudoshavastha* is commonly observed as a metabolic syndrome, chronic lifestyle disorders which is non-communicable. Hence, developing customized *Panchakarma* procedures with individualistic approach is an important part of the process.

CONCLUSIONS

Through the case study, we can observe the significant outcomes achieved when *Vaman Karma* was conducted without *Vamak Yoga*, thus concluding the premise that *Vaman karma* can be performed without *Vamak Yoga* to attain the desired results.

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