

Role of *vasantika vamana* in *tamak shwasa* - a case report

Sumedha Karambelkar*¹, Nita Singh²

1. Assistant Professor Swasthavritta & Yoga Department,
2. Associate Professor Panchkarma Department,

BSDT's Ayurveda Mahavidyalaya, Wagholi, Pune, M. S., India

*Corresponding author: sumedha.sapre@gmail.com

Abstract:

Panchkarma presents a unique approach to Ayurveda with specially designed five procedures of internal purification of the body through the nearest possible route. Such purification allows the biological system to return to homeostasis and to rejuvenate rapidly and also facilitates the desired pharmaco-therapeutic effect of medicines administered thereafter. It plays an important role not only in cure of disease but also for promotion and prevention of disease. Acharyas advised Vamana as *Samshodhana Karma* in *Vasantritu* for healthy and diseased persons^[1]. Vamana Karma helps to clean excess amounts of the vitiated Kapha and Pitta Doshas. As seasonal changes influence the biological systems of body resulting into aggravation of particular Dosha in a particular season like aggravation of Kapha in Vasant Rutu (spring season), aggravation of Pitta in

Sharad Rutu (autumn season) and aggravation of vata in varsha rutu (rainy season) respectively. Vasantika Vamana is done in the spring season approximately in the month of March and April for the elimination of vitiated Kapha Dosha which helps to prevent the forthcoming Kapha disorders and associated Pitta disorders. As acharya Sushruta mentioned that just as flowers, fruits and sprouts get destroyed quickly when the tree is cut similarly when kapha is expelled through *vamana*, all diseases caused by it are also mitigated. *Tamaka Swasa* is *Kapha -Vataja Vikara* and site of origin is *Pittasthana*, so *vamana* is the ideal choice of panchkarma for *tamakshwasa*. A 42-year-old female patient reported in the OPD of BSDT'S Ayurveda college, hospital Pune with complaints of difficulty in breathing on seasonal change, chest discomfort, cough with whitish color sputum, acid reflux 2 to 3

times in a week and hard stools. The patient was treated with *deepana*, *pachana*, *matravasti*, *snehapana* and *vamana karma*. Patient got complete relief from above symptoms after 7 days of *samsarjana krama* of *vamana*. Hence in present study there is critical analysis done on the role of *Vamana Karma* in *Tamakshwasa*.

Keywords: *Panchakarma*, *Tamakshwasa*, *Vamana Karma*, *samsarjana krama*

Introduction:

Panchakarma is the most essential part of *Ayurveda* treatments. *Panchkarma* not only cure the

disease from root but also help in prevention of disease and promotion of health of healthy

individual. The umbrella of *Panchakarma* includes five major therapeutic procedures *Vamana*

(*therapeutic emesis*), *Virechana* (*therapeutic purgation*), *Niruha Basti* (*therapeutic decoction*

enema), *Anuvasan Basti* (*therapeutic oily enema*) and *Nasya* (*therapeutic errhine*) and many

allied therapies.

Vamana Karma is the act of eliminating the vitiated *Kapha* or associated dosha through the mouth which is brought to *Amashaya* from all over the body by the specific preoperative procedures. By *Vamana Kapha* disorders and associated *Pitta* disorders will be relieved either permanently or for a longer period of time. It also helps to prevent the

forthcoming diseases due to *Kapha* and *Pitta*. *Kapha Dosha* is aggravated in *Vasant Rutu*; hence, *Vamana* is indicated in the spring season approximately in the months of March and April. *Vasantika Vamana* is highly beneficial for individual of *Kapha* and *Kapha-Pitta* constitution and patients suffering with *Kapha* disorders and associated *Pitta* disorders or diseases originating or settled in the place of *Kapha* like bronchial asthma, allergic bronchitis, rhinitis, sinusitis, productive cough, migraine, hyperacidity, indigestion, obesity, overweight, *dyslipidaemia*, diabetes mellitus, skin diseases like acne vulgaris, psoriasis, eczema, dermatitis etc.

Tamaka Swasa is one among the five types of *Swasa*^[2]. *Acharya Charaka* considered it as *Yapya Vyadhi*, while *Sushruta* considered it as *Krichchra Sadhya Vyadhi*, therefore proper line of treatment and implementation of excellent lifestyle is necessary for better quality of life. It comprises two words i.e., *Tamaka* and *Swasa*. The word *Tamaka* is derived from *Dhatu* '*Tamalganou*' which means Sadness. *Acharya Charaka* has mentioned that *Tamaka Swasa* is *Kapha – Vataja Vikara* and site of origin is *Pittasthana*. In *Sushruta Samhita*, *Madhava Nidana* and *Yogarajnanakar* it is mentioned that *Tamaka Swasa* is *Kapha* predominant disorder. *Tamaka Swasa* is analogous with bronchial asthma which is mentioned in modern medicine which is having cardinal features of episodic attacks of breathlessness, polyphonic wheeze and cough. Bronchial asthma is chronic, inflammatory and episodic in nature.

Vamana is the first line of treatment for *Utkleshitavastha* of *Tamakshwasa*. The main features of bronchial asthma or *tamaka shwasa* are recurrent episodes of breathlessness, chest tightness, wheezing and cough. The prevalence of respiratory disorders like *tamak shwasa* is nowadays increasing alarmingly due to excessive pollution, overcrowding, occupational conditions, stress, poor hygiene etc. In *Astanghrudaya Samhita Mrudu Vamana* is mentioned in *Shwasa*. The current management of *Tamaka Shwasa* by modern medications is only providing short term symptomatic relief but does not provide any long term relief to the patient. On the other hand, prolonged use of these drugs is not safe as it has many adverse effects. Drug dose dependency increases and dilates the lung tissue to such an extent that at last it leads to respiratory failure. *Vamana* is the first *Karma* explained by *Acharyas* among the *Pancha Shodhana*. The reason for this may be due to the chronological order of *Dosha*. As *Kapha Dosha* resides in the upper part of the body, it should be eliminated first through the nearest route. To be more precise the *Apakva Pitta* and *Kapha Doshas* which get expelled^[3]. *Vamana Karma* detoxifies the body & enhances the elasticity of lung tissue & develops natural immunity of the body. In this study patients were admitted for *vasantika vama* and the results were encouraging hence further studies may be conducted including a large population in this direction.

Case Report:

A 42 year old female patient came with the chief complaints of difficulty in breathing, coughs with whitish colored sputum, cold, acid reflux 2 to 3 times in a week and hard stool for 5 days. Patient

was apparently healthy 3 years back. One day during the rainy season she got a cough, cold, fever and difficulty in breathing, for these complaints she visited a local physician and had medication and symptoms got reduced temporarily. She used to suffer on and off with the same complaints and on medication she got relief. So this time she planned to have panchkarma treatment so consulted the OPD of BSDT's Ayurveda Hospital, Pune.

Past history

There is no history of diabetes, hypertension or other disease.

k/c/o bronchial Asthma since 3 years.

Personal history

By occupation the patient works in school, and takes a Non vegetarian diet, curd, fermented frequently.

coffee- 1-2 times/day but in large quantity,

Family history

Her parents and son suffer from bronchial asthma.

After clinical examination and *ashtavidha pariksha*, the patient was diagnosed with a case of *tamak shwasa*. In Vasant Rutu (spring season) due to seasonal changes there is aggravation of kapha so *Kaphaja Vikara* are most common during this time. Hence *Vamana Karma* is advised in this condition.

Management

The treatment procedure was described to the patient in detail

Written informed consent was obtained.

Purvakarma

Depana and pachana – *laghusutshekhar ras* 2 tds before food and *amapachak vati* 2 tds after food given for 5 days

Matravasti - 3 sessions of *matravasti* done with *dashmoola taila* after lunch, as patient complain of hard stool for 7 days. After 3 sessions the hard stool complaint was not there and got good appetite and *vatanuloman* so *snehapana* started.

Snehapana- For *snehapana tiktaka ghrita* was selected, started with 30 ml then increased up to 120 ml for 4 days up to *samyak snigdha lakshana*. Daily assessment for *samyak*, *jirna* and *ajirna lakshana* was done. *Vatanulomana*, *deepatagni* observed from the first day, on seeing *klama*, *asamhatvarchas*, *snehaodvega* *snehapana* was stopped. *Snehaodvega* was more, as she vomited 30 ml of ghee on the last day.

During this period the patient was advised to follow all *pathya* and *apathya* related to *shodhana* which include *ahara* and *vihara* restrictions.

Abhyanga and *swedana* - On rest day and on the day of *vamana* *abhyanga* done with *tila taila* and *bashpa sweda* done.

Pradhana karma

On the day of *vamana*, vitals were measured and systemic examination was done. PR- 70/min

BP- 120/80 mmhg. *Vamana* drug used *madanphala pippali* 10 gm soaked in 100 ml *yashtimadhu phanta* in night than morning filtered than *vacha* 1 gm, *saindhav* and *madhu* added. For

akanthapana milk was used. *Vamanopaga dravya* used milk and *yashtimadhu phanta*. During *vamana* patient got mild breathlessness but it was subsided after completion of *vamana* or after appearance of *pitta* during *vamana*. Total *vega* – 10, *aantiki*- *kaphacheda* (expulsion of disintegrated *kapha*), *pittanta*. *Laingiki* – *samyak lakshana* observed – *laghuta* (lightness in chest and abdomen), *maniki* – not measured.

Paschat karma

After *vamana*, blood pressure was raised up to 160/100 and PR- 100/min, Continuous assessment of vitals was done then patient asked to wash his mouth, face and feet with lukewarm water, then vitals was checked which was within normal limit. After that the patient was advised to rest in a room which is not exposed to wind. After 30 min *dhumpana* was done with ignited *haridra varti*. *Samsarjana krama* was advised for 7 days by considering *uttam shuddhi* due to elimination of *kramat kapha* *pitta* and *anila*. Patient got appetite late night so *samsarjana krama* planned for 7 days

Result:

The present case was successfully managed with *vamana* followed by *samsarjana krama* and the patient was asked for follow up after 7 days. Patient got complete relief from the above symptoms after 7 days.

Discussion:

Deepana and *pachana* prior to *snehapana* helps in digestion of *ama* and to increase *Agni* and to change *amadosha* to *nirama dosha*¹⁰. For this

drug selected *laghu sutshekhar ras* 2 tds before food and *amapachak vati* 2 bd after food for 7 days. *Laghusutshekhar rasa* act as detoxifier and antitoxin which helps to reduce ama in body, this action is contributed by the presence of nagara in formulation 11. *Ampachan Vati* (Chetan et al., 2018) which contains Katu drugs like *Chitraka*, *Pipalim-ula*, *Ajvian*, *Shudh Javakhar*, *Sunth*, *Chavya*, *Sajikhar*, *Shudh Nosager*, *Kalimirch*, *Pipali*, *Samudra Namak*, *Hing*, *Saindhav* in which Bhavana was given by Nimbu Swaras which is the best drugs for Dipana and pachana. As patient has hard stool so *matravasti* given with *dashmoola taila* in last 3 days of *deepana pachana*. *Matravasti* is administration of *snehavasti* in the lowest dosage i.e 1 ½ pala around 60 ml. It allows free passage of stool and can be used without restrictions.

Abhyantara snehana helps to dissolve the dosha and to increase the volume and makes the dosha free from their adherence. For *snehapana tiktaka ghrita* was selected. After *samyak snigdha lakshana* is observed, 1 day rest (*vishram*) was given. In *vishram* day *abhyanga* and *swedana* was done with *tila taila*, which helped the dosha to liquefy and disintegrate. All these preparatory measures help to mobilize the dosha from *shakha* to *koshta*^[4].

Kapha utkleshana diet on the day prior to *vamana* was advised –*idli*, *vada*, curd rice, milk porridge prepared with black gram, this diet helps to increase *kapha* and prevent *vataprakopa* during *vamana* procedure^[5].

Role of *Vamana Karma* in *Tamaka Shwasa* is described in various classical

literatures. Out of *Bruhatrayee*, in *Charak Samhita Adhyaya* 17th there is a detailed description of *Vamana* procedure in *Tamaka Shwasa*. But in *Sushruta Samhita* it is not mentioned. In *Sushruta Samhita adhyay* 33rd of *Purvardha Chikitsa sthan* while describing the indication of *Vamana* there is description of *Shwas Vyadhi*. However, the process of *Vamana Karma* is not mentioned separately in *Tamaka Shwasa*. In *Ashtanga hrudayam Mrudu Vamana* is mentioned briefly. The *vamana* drug are given in full stomach when the pyloric end of stomach remains closed and all the local activities of *vamana* drug are limited to stomach only. As the drugs have irritant action, so a mild inflammation of stomach mucosa is produced. It will increase the permeability of the capillaries of stomach, which in the beginning facilitate the absorption of the active principles of the drug and later on facilitates the excretion of the toxins and metabolites into the stomach where from they thrown out of body by the process of vomiting. The process of emesis therapy is considered complete soon as the pyloric valve opens which is evident from the appearance of bile in vomitus due to flux of anti peristalsis set during the process of vomiting. Acharya charaka beautifully describe the action of *vamaka dravya* in body during *vamana*. *Vamaka dravya* having the properties like *ushna*, *tikshna*, *sukshma*, *vyavayi* and *vikasi* get absorbed and reach to heart due to their *virya*(potency). Due to *sukshma* and *vyavayi* properties they move through *dhamani* to reach *sthula*(macro) and *Sukshma* (micro) *srotas* throughout the whole body. They act on the sites where complex of the vitiated *dosha* is built. At first, they liquify (*vishyandayanti*) these complexes

by their *ushna* property. Increased liquidity will further help to flow through circulation. Afterwards these complexes are fragmented into smaller molecules due to the *tikshna* property which will help them to extricate (*vicchindanti*) from micro channels. Then these liquified and fragmented molecules are led articulately to *amashaya*, flowing through *anusrotas* (*anu pravana bhava*) without adhering to them. This advancement takes place in the similar manner in which the water floats through the pot layered by unctuous material without sticking to the same and ultimately *malarupi kapha* reaches to the stomach. Where stimulated by *udana vayu* and due to *agni vayu mahabhautika* constitution and *prabhava* they march in upward direction to expel the vitiated *dosha*, brought along with them^[6]. By *vamana karma*, *kapha pitta* may be expelled from *amashaya* thereby uprooting *dushita pitta dosha* and helping to cure *amlapitta*. After giving the *vamana* therapy, *peyadi samsarjana karma* was given for 7 days to improve the *agni* gradually. On the follow up on 7th day all the symptoms subsided completely, then *shamana* medicine was started to make the residual *dosha* in harmony.

Conclusion:

From this article it can be concluded that Vamana Karma is having significant clinical importance in Tamaka shwasa. Future studies can be conducted on a large number of patients of Tamakshwasa to establish its efficacy and mechanism of action. This case study proves that any disease with recurrence in nature or with Doshaadhikya Avastha in that classical Shodhana gives good results. Shodhana

chikitsa facilitates the expulsion of vitiated dosha from the body, thereby curing the disease from root^[7].

Table 1: Assessment of general condition of the patient

Appetite	Normal
Bowel	Hard
Micturition	normal
sleep	disturbed

O/E: Inspection: Inspection of the chest – bilateral symmetrical. Accessory muscle used for respiration is present i.e. sternocleidomastoid muscle. Type of breathing - abdomino thoracic, No any chest deformities, No any scars. Respiratory rate: 18/min.

Palpation: Tenderness - absent, position of the trachea is centrally placed. Transverse diameter- 33cm. movement of chest bilaterally symmetrical, Inspiration- 89cms, expiration- 85cms.vocal fremitus - bilaterally symmetrical.

Percussion: Resonant all over the lung field. Hepatic and cardiac dullness noted.

Auscultation: Polyphonic wheeze was observed bilaterally (more in the right lung compared to left). Vocal resonance is bilaterally symmetrical. CVS- nothing abnormality is detected.

Ashtasthanagata Pariksha

Nadi (pulse) – 74b/min Vataja Nadi, Mala (stool) – once in a day, Mootra (urine)-3-4 times a day, Jihwa (tongue) – Alipta, Shabda (speech) –

Krichatbhashitum, Sparsha (touch) - Abhyanga with Brihat Saindhavadi Tailam (chest and back) once in a day, Druk (eyes)- Dhoosara Varna, Akruti (built)- moderate.

Dashavidha Pariksha

Prakruti – Pitta-Kapha, Vikruti – Prana Vata and Avalambaka Kapha, Sara – Madyama, Samhanana – Madyama, Pramana – height -159cm, weight- 63kg, BMI – 24 kg/m²

Satwa – Avara, Satmya – Madyama, Aharashakti – Madyama, Vyayama Shakti – Madyama, Vaya – Madyama.

References:

1. Dixit, N., et al. "A Study on Vasantika Vaman (Therapeutic Emesis in Spring Season) – A Preventive Measure." *International Ayurvedic Medical Journal*, 2022, pp. 1396–1403. *IAMJ*, www.iamj.in/posts/images/upload/1396_1403.pdf. Accessed Jun. 2022.
2. Raj, S., Supreeth M. J., and K. M. Goud. "Role of Sadyo Vamana in Tamaka Swasa – A Case Study." *Journal of Ayurveda and Integrated Medical Sciences*, vol. 10, no. 1, 2025, pp. 236–241. *JAIMS*, jaims.in/jaims/article/view/3965.
3. Sayagaonkar, Payal, and Chandana Virkar. "Vamana Karma and Its Applications in Shalakya Tantra: A Literary Review." *International Ayurvedic Medical Journal*, 2024, pp. 576–580. www.iamj.in/posts/images/upload/576_580.pdf. Accessed Sept. 2024.
4. Sharma, E., A. Jain, and A. Gupta. "Shodhana Snehapana: A Review." *International Journal of Health and Clinical Research*, vol. 2, no. 2, 2019, pp. 12–15.
5. Bhatted, S., V. D. Shukla, A. Thakar, and N. N. Bhatt. "A Study on Vasantika Vamana (Therapeutic Emesis in Spring Season) – A Preventive Measure for Diseases of Kapha Origin." *Ayu*, vol. 32, no. 2, 2011, pp. 181–186. doi:10.4103/0974-8520.92562. PMC3296337.
6. Mishra, M., et al. "To Study the Effect of Vamana Karma and Nardiya Laxmivilasa Rasa in the Management of Dushta Pratishyaya (Allergic Rhinitis): A Case Study." *International Ayurvedic Medical Journal*, 2020, pp. 4920–4926. www.iamj.in/posts/images/upload/4920_4926.pdf. Accessed Oct. 2020.
7. Bahatkar, S. D., and P. B. Rathod. "Vamana Karma in Tamaka Shwasa – A Case Study." *Journal of Ayurveda and Integrated Medical Sciences*, vol. 10, 2022, pp. 215–219.

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