

Review



SADYO VAMANA: A REVIEW ARTICLE

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ABSTRACT :

Introduction- *Panchakarma Chikitsa*, a core *Ayurvedic* detoxification framework, employs five purification therapies, including *Vamana* (therapeutic emesis), prioritized for its intensity in eliminating excess *Kapha* and toxins. Traditional *Shodhana* (purification) involves three phases—*Purva Karma* (preparation), *Pradhana Karma* (procedure), and *Pashchata Karma* (recovery)—but acute conditions OR emergencies necessitate expedited protocols. *Sadyo Vamana* (immediate emesis), bypassing preparatory steps, offers rapid detoxification, contrasting with modern emergency emesis techniques. This study evaluates *Sadyo Vamana* through *Ayurvedic* literature and juxtaposes it with contemporary medical practices. **Materials and Methods-** *Ayurvedic* literature, including *Charaka Samhita*, *Sushruta Samhita*, and others was reviewed to analyze *Sadyo Vamana* protocols, focusing on indications (e.g., acute poisoning, *Ama* accumulation), herbal formulations (*Madanaphala* and *Yastimadhu*), and procedural adaptations for emergencies. Modern emergency emesis techniques, such as pharmacological agents (apomorphine OR ipecac syrup) and gastric lavage, were examined through clinical guidelines. A comparative framework assessed efficacy, safety, and contextual applicability. **Results-** Classical texts highlight *Sadyo Vamana's* utility in emergencies, achieving detoxification within hours without preparatory *Snehana* (oleation) or *Swedana* (sudation). Modern methods, such as apomorphine (dopamine agonist) and ipecac (emetogenic alkaloid), induce rapid vomiting but differ mechanistically from *Ayurvedic* herbal emetics. Both systems prioritize speed and safety, though modern techniques integrate diagnostic tools (e.g., toxicology screens) to guide interventions. *Sadyo Vamana* proved cost-effective and culturally accessible, while modern methods offer standardized dosing and compatibility with intensive care. **Conclusion-** *Sadyo Vamana* bridges *Ayurvedic* principles and urgent care needs, demonstrating adaptability in resource-limited settings. However, modern emesis techniques benefit from evidence-based protocols and technology, such as rapid toxin identification systems and precision dosing. Synergies could emerge through hybrid models—e.g., *Ayurvedic* herbal emetics augmented by modern diagnostics or bioavailability-enhancing nanotechnology. Further research is warranted to validate *Sadyo Vamana* efficacy in controlled trials and explore integrative emergency frameworks, harmonizing traditional wisdom with technological advancements for global applicability..

KEYWORDS: *Panchkarma, Sadyo Vamana, Atyayika Avastha*

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1. INTRODUCTION-

Among all types of *Shodhana* (Detoxification), *Vamana* and *Virechana* (Therapeutic Purgation) are important purification processes because they are more intense than any other procedures. The *Shodhana* mainly depends on the condition of *Dosha*, *Dushya*, etc.[1-2] *Shodhana* is carried out in three steps- *Purva karma*, *Pradhana Karma*, and *Pashchata Karma*. But in case of emergency and some specific diseases, it is not possible to carry out *Shodhana* procedures to the full extent and in such conditions, lack of timing requires some emergency procedures such as *Sadyo Vamana*.

Sadyo Vamana is a combination of two words- *Sadyo* and *Vamana*, meaning- on the same day, in the very moment, or immediately. In *Sadyo Vamana*, if *Doshas* are moving to *Koshtha* (Digestive tract) or already present in *Koshtha*, then *Vamana Karma* is carried out with or without the small quantity of *Abhyantara Snehapana* (Internal Oleation) and *Swedana* (Sudation).[3] Therefore, *Shodhana* can be performed as

an emergency treatment or unplanned in disease conditions. In *Atyayika Avastha* (emergency condition), when *Doshas* are in aggravated stage *Sadyo Vamana* can be carried out irrespective of *Kala* (time). *Sadyo Vamana* is very beneficial in acute conditions and is less time-consuming and cost-effective.

Aims and Objectives-

1. To understand the concept of *Sadyo Vamana*.
2. To study *Sadyo Vamana* according to different *Vyadhi* (Disease).

2. MATERIALS AND METHODS-

The concept of *Sadyo Vamana* and its *Avastha* (stages) is studied through *Brihatrayi* i.e. *Charak Samhita*, *Sushruta Samhita*, *Ashtanaga Hridayam*, *Laghutrayi* i.e. *Sharangdhara Samhita*, *Madhava Nidana*, and other *Ayurveda* texts i.e. *Vangsena Samhita*, *Bhaishjya Ratnavali*. Along with this, related research articles and various search engines or databses like PubMed, Scopus and others were also studied (As shown in Table:1).

Table 1: Search Strategy Use

Database	Search Terms Used	Inclusion Criteria	Exclusion Criteria
PubMed	("Sadyo Vaman" OR "Emergency Vamana") AND (Ayurveda OR "traditional medicine") AND (detox OR emesis)	-Peer-reviewed articles -English language -Human studies -Clinical trials, reviews, case studies	-Animal studies -Non-peer-reviewed sources
Scopus	TITLE-ABS-KEY("Sadyo Vaman" OR "Ayurvedic detox") AND (emesis OR vomiting) AND LIMIT TO English	-Studies with measurable outcomes -Articles from a reputed journals	-Abstracts without full text.
Web of Science	TS=("Sadyo Vaman" OR "emergency vamana") AND TS=(Ayurveda OR "traditional medicine")	-High-impact journals -Studies with statistical analysis	-Non-therapeutic contexts
AYUSH Research Portal	"Sadyo Vaman" OR "Vamana therapy" AND (emergency OR detox)	-Government /AYUSH-funded studies -Traditional knowledge texts (e.g.,	-Non-Ayurvedic therapies -Non-clinical commentaries

Review of Literature-

Use of *Sadyo Vamana* in Various disease is described in *Ayurveda*. The term *Sadyo Vamana* is not directly described in *Ayurvedic* texts but some traces of these in various classical texts were seen.

Jwara (Different fevers)-

- A) In *Kapha Pradhana Jwara* (fever caused due to Kapha dominance), when *Kapha* is *Utklishtha* (in excited state) and is located in *Aamashaya* (stomach) then it should be removed by *Sadyo Vamana*. [4]
- B) *Jwara* which is caused due to *Ama* (undigested metabolic waste), soon after ingestion of food causes *Amajwara*, in such conditions *Sadyo Vamana* should be administered with *Lavanambu*. [5]
- C) In *Pittaja Jwara* (fever caused due to Pitta dominance), during excessive thirst *Vamana* should be administered with plenty of cold water with Honey. [6]

Shwasa-

Obstruction of *Pranavaha Strotas* (Channels carrying vital life element) by *Kapha Dosha* leads to *Shwasa Vyadhi*. In *Shwasa* (Asthma), *Kapha* is in *Utklishta* Stage and *Shwasa* is *Pittasthana Samudbhav Vyadhi* (from site of Pitta) i.e. *Amashaya*, so, by performing *Sadyo Vamana* *Kapha Avrodha* (obstruction of Kapha) will be removed which leads to *Strotoshuddhi* (Vitiation of strotas).

Acharya Charaka has explained the management of *Tamaka Shwasa* on the basis of *Shodhana* and *Shamana Chikitsa* (Pacification therapy). When the patient is

Balwan (Strong) and *Kaphadikya* (excessive Kapha), then only procedures like *Vamana* can be performed. For the *Nirharana* (removal) of *Kapha* by *Vamana* in *Tamaka Shwasa* formulation of *Pippali* (Piper longum), *Madhu* (Honey), and *Saindhava Lavana* (Rock Salt) can be given.[7]

Madatyaya-

Ushana (Hot), *Teekshana* (Sharp) and *Ruksha* (Dry) *Guna* (Properties) of *Madya* (Alcohol) leads to *Utklesha* of *Kapha-Pitta* and excessive intake of *Madya* causes *Madatyaya* (Alcoholism). In *Madatyaya*, *Vamana* should be carried out with *Akanthapana* of *Ikshu Rasa* (Sugarcane juice) and *Madya*. [8]

Visha-

In *Visha Chikitsa* i.e. an *Atyayika Avastha*, *Acharya Charaka* clearly mentioned the use of *Vamana* in *Visha Vega* (Stages of poisoning) which is carried out without the application of *Snehana* and *Swedana* and is clearly indicates about *Sadyo Vamana*. [9] *Acharya Chakrapani* also indicated the use of *Sadyo Vamana* in *Gara Visha Chikitsa* (Artificial poison).[10]

Kotha-

Acharya Madhava explained that due to improper administration of *Shodhana* or due to *Avastha* of *Kapha*, *Pitta* and *Anna* (food) leading to *Kotha* (Boils) *Vyadhi* .[11] According to *Acharya Vangsen* *Vamana* should be induced quickly by the decoction of *Patola* (*Tricosanthes dioica*), *Nimba* (*Azadirachta indica*), and *Vasa* (*Adhatoda vasica*) in *Kotha* .[12]

Alasaka-

In *Alasaka*, there is no need to produce *Utklishta Doshas* because *Utklishtha Doshas* are already present in this disease. This condition indicates that *Sadyo Vamana* can be performed.[13]

Amavisha-

Acharya Charaka has mentioned a disease in *Vimana Sthana* i.e. *Amavisha* (toxins produced due to undigested metabolic waste). He explained that in this condition “*Ashukarayita Viruddhopkrama Cha*” i.e. emergency treatment should be given. In *Sama* (associated with *Ama*) *Dosha Avastha*, vomiting should be performed with by *Saindhava* and *Ushanodaka* (*Lavanodaka*) (Luke warm rock salt) followed by *Swedana*. [14]

Visuchika-

Visuchika (Gastroenteritis) is a disease which is caused due to *Ajeerna* and is characterized by pricking pain. *Acharya Vangsen* states that in this condition *Vamana* should be done with Luke warm salt water.[15]

Aushadhashesha-

When performing *Virechana*, sometimes medicines remain in the *Koshtha* even after attaining the *Shuddhi Lakshana* (Symptoms of Proper purification) of *Virechana*. In this condition *Vamana* should be performed by removing the excess *Doshas* from the *Koshtha*. [16]

Amlapitta-

In *Amlapitta* (Hyperacidity), *Sadyo Vamana* should be performed with *Lavanambu* (Rock salt water), *Ksheera* (Milk), and *Ikshurasa*. *Acharya Kashyapa* explained that other than *Vamanaushadha*, no liquid medicine should be administered suddenly in *Amlapitta*. [17]

Asrigdara-

Asrigdara (Heavy menstrual bleeding) is *Kapha Dosha Pradhan Vyadhi* and is an acute condition which needs *Atyayika Chikitsa*. Considering *Asrigdara* as an *Adhoga Raktapitta* (bleeding occurs from orifices in lower parts of body) with dominant *Kapha Dosha*, *Sadyo Vamana* can be given irrespective of *Kaala*.

Updamsha-

Acharya Vangsen mentions that the excessive *Dosha* in *Updamsha* (a type of sexually transmitted disease) should be expelled out immediately by both routes which is indicating towards *Sadyo Vamana*. After expulsion of *Dosha*, pain and edema will subside soon.[18]

Ajeerna-

According to *Acharya Sushruta*, *Sadyo Vamana* can be given to those who were affiliated with *Kapha*, *Ajeerna* (Indigestion), and *Visha*. *Acharya Charaka* explained that when a person is suffering from *Ajeerna*, *Vamana* should not be given with normal drugs. In Such condition Luke warm salt water is advised.[19]

Grahani-

According to *Acharya Charaka*, *Sadyo Vamana* should be carried out with Lukewarm *Madanaphala Kashaya* / *Pippali Sarshapa Kashaya* in patients suffering from *Sama Grahani* (Irritable Bowel Syndrome).[20]

Comparison of Sadyo Vamana vs Modern Emesis

Techniques-

Sadyo Vamana vs. Modern Emesis Techniques (Ipecac) (As shown in Table- 2 to Table- 6)

1. Mechanisms of Action (As shown in Table: 2)-

Table 2: Comparison of *Sadyo Vamana* and Modern Emesis Techniques According to Mechanism of Action

Parameter	<i>Sadyo Vamana</i>	Ipecac Syrup
Primary Mechanism	<i>Ayurvedic</i> : <i>Ushna-Tikshna</i> herbs (e.g., <i>Madanaphala</i> , rock salt) irritate gastric mucosa, stimulate <i>Udana Vayu</i> (upward force). <i>Modern</i> : Mechanical/chemical irritation of the gastric mucosal lining, vagal stimulation.	Direct stimulation of the chemoreceptor trigger zone (CTZ) in the brainstem, inducing vomiting via central nervous system activation.
Physiological Basis	Herbal emetics trigger local irritation and retrograde peristalsis. Example: <i>Madanaphala</i> contains saponins (e.g., randianin) that induce vomiting.	Ipecac's alkaloids (emetine, cephaelin) directly activate the CTZ. Effects mediated via serotonin and dopamine receptors.

1. Clinical Efficacy (As shown in Table: 3)-

Table 3: Comparison of *Sadyo Vamana* and Modern Emesis Techniques According to Clinical Efficacy

Parameter	<i>Sadyo Vamana</i>	Ipecac Syrup
Toxin Removal	Effective for bulk gastric toxins (e.g., undigested food, mild poisoning). Limited efficacy for lipid-soluble or rapidly absorbed toxins.	Historically used for acute oral poisonings, but efficacy declines if administered >1 hour post-ingestion
Evidence	Pilot studies show 70–75% efficacy in hyperacidity and mild pesticide cases.[21]	WHO no longer recommends ipecac due to lack of mortality benefit.[22] American Academy of Pediatrics (AAP) discourages home use.
Limitations	Limited against systemic or absorbed toxins. Herb potency variability.	Delayed vomiting risks aspiration. Contraindicated in corrosive poisonings.

2. Safety and Adverse Effects (As Shown in Table: 4)-

Table 4: Comparison of *Sadyo Vamana* and Modern Emesis Techniques According to Safety and Adverse Effects

Parameter	<i>Sadyo Vamana</i>	Ipecac Syrup
Common Risks	Dehydration, electrolyte imbalance. Aspiration (if improperly positioned).	Protracted vomiting (→ dehydration). Cardiac toxicity (emetine-induced arrhythmias).
Contraindications	Pregnancy, esophageal varices, peptic ulcers, Cardiac/respiratory compromise.	Corrosive/caustic ingestions (e.g., bleach). Altered mental status
Management of Risks	Oral rehydration with coconut water/electrolytes. Semi-upright positioning.	IV fluids for dehydration. Cardiac monitoring for chronic abuse.

3. Cost and Accessibility (As Shown in Table: 5)-

Table 5: Comparison of *Sadyo Vamana* and Modern Emesis Techniques According to Cost and Accessibility

Parameter	<i>Sadyo Vamana</i>	Ipecac Syrup
Cost	Low (herbs like <i>Madanaphala</i> and rock salt are inexpensive).	Moderate (pharmaceutical production costs). Discontinued in many countries.
Accessibility	Limited to <i>Ayurvedic</i> clinics / Hospitals in endemic regions (India, Nepal). Lack of standardization.	Rarely stocked in hospitals post-2003 AAP guidelines.

4. Clinical Guidelines (As Shown inTable: 6)

Table 6: Comparison of *Sadyo Vamana* and Modern Emesis Techniques According to Clinical Guidelines

Parameter	<i>Sadyo Vamana</i>	Ipecac Syrup
Recommendations	No WHO recognition. Some trials at Ayurved institutions supports use in food poisoning/ <i>Amlapitta</i> .	AAP and WHO no longer endorse routine use. Reserved for rare pre-hospital settings
Training	Requires trained <i>Ayurvedic</i> practitioners to assess <i>Dosha</i> imbalance and herb dosing.	Minimal training needed (discontinued).

3. RESULT AND DISCUSSION-

Utklishta Doshas, Atyayika Avastha, and Vamya Rogi are the conditions for *Sadyo Vamana*. For *Sadyo Vamana*, *Kapha* and *Pitta* must be in *Utklishta* stage. *Utklishta Avastha* means *Doshas* are detached and ready to come out from *Amashaya*. According to *Acharya Sushruta*, *Utklesha* is when irritating food is linked to salivation and spitting that does not come out but causes pain in the cardiac region.[23] All *Acharyas* mentioned that *Vamana* should be performed in *Kapha Kala* i.e. early morning. But when performing *Panchakarma* procedures in *Atyayika Avashtha*, (Emergency conditions) where *Doshas* are in the *Utklishta* stage there is no need to consider *Kala*.

Purva Karma-

Purva Karma is necessary in *Sadyo Vamana* because it is useful for mobilization of *Doshas* from discrete parts of body to *Koshtha*, to prevent *Vata Prakopa*, for

liquefaction and softening of *Doshas*, and for easier *Vamana* process with minimum strain. It is recommended to give *Yavagu* (rice mixed with a small amount of ghee) before performing *Sadyo Vamana*. Patients who are on an empty stomach shouldn't be given *Vamana*. *Purva Karma* procedure of *Sadyo Vamana* may vary from disease to disease. E.g. In case of *Atyayika Avastha* like *Ajeerna*, and *Visha*, *Vamana Dravya* should be given directly without performing *Abhyanga* and *Swedana* to remove *Visha* and Undigested food. But in case of *Atyayika Avastha* of *Shwasa*, *Abhyanga* and *Swedana* should be necessary for liquefaction of *Kapha Dosha* and to bring out *Kapha Dosha* from *Pranavaha Strotas* to *Amashaya*. [24]

Pradhana Karma-

The procedure of *Sadyo Vamana* is same as of classical *Vamana*. In *Sadyo Vamana* procedure *Doshas* are in *Utklishta* stage, the drugs used here are *Vamanopaga*

(Drugs which promote or help in process of emesis). Different drugs like *Lawanambu*, *Ushnambu*, *Ikshurasa*, *Madya*, *Sura*, *Mamsarasa*, *Madanaphala*, *Vacha*, *Ksheera* etc are used according to different disease.

Pashchat Karma-

Patient is asked to take rest, *Dhumpana* (Smoking), and *Peyadi Samsarjana Krama* (diet regimen) after achieving *Samyaka Shuddhi Lakshana*.

Mode of action of classical Vamana-

According to *Acharya Charaka*, drugs having *Ushna* (Hot), *Teekshana* (Sharp), *Sukshma* (Subtle), *Vyavayi* (pervading entire body quickly), and *Vikasi* (remove impurities from body's tissue) property, by their potency reaches to heart and circulates through vessels. These drugs liquify the compact *Doshas* due to their *Agneya* (predominance of fire element) nature. Due to *Teekshana Guna*, it separates the adhered *Doshas* from *Sthula* (Macro) and *Sukshma* (Micro) channels of body. These Separated *Doshas* are brought to *Amashaya* due to *Anupravan Bhava* (Nature to move through subtle channels and to flow). *Udana Vayu* stimulates *Dosha*, as *Vamaka Dravya* have *Agni* and *Vayu Mahabhuta Pradhanta* (dominance of fire and air element) and *Urdhwabhagahara Prabhav* (specific action to move upwards). These all leads to expulsion of *Doshas* towards mouth from *Amashaya* [25].

Mode of action of Sadyo Vamana-

Mode of action of *Sadyo Vamana* is same as that of classical *Vamana* except-

- In *Sadyo Vamana*, the increasing order of oleation i.e *Abhyantara Snehapana* and rules of *Vishrama Kala* are not followed, due to which the *Doshas*

from deeper tissue are not eliminated in excessive amount.

- The *Doshas* expelled from localized tissue.
- Here *Dravyas* used mainly are *Vamanopaga*.
- It is carried out when *Utklishta Doshas Lakshanas* like *Hrillasa*, *Lala Praseka*, *Gouravata*, *Shleshma Sthivana* etc are present.
- Here *Ama Pachana*, *Snehana* and *Swedana* are not mandatory because this may reduce the *Utkleshana of Doshas*.

Due to all above reasons, it can be said that *Sadyo Vamana* provides instant relief and can be practiced in various emergency conditions like *Visha*, *Ajeerna*, *Amlapitta*, *Tamaka Shwasa* etc.

Benefits of Sadyo Vamana-

Sadyo Vamana can be carried out instantly according to the situation. It is cost-effective, less time consuming and can be performed without *Snehapana*. We can also observe that the immediate effect of *Sadyo Vamana* as good as classical *Vamana*.

This review on *Sadyo Vamana*, though thorough, has notable limitations. The scarcity of recent, high-quality clinical studies—particularly randomized controlled trials (RCTs)—restricts robust conclusions about its therapeutic efficacy and safety. Much of the literature relies on traditional Ayurvedic texts and small-scale observational studies, which may introduce cultural or interpretive biases. The review's scope is further constrained by its inclusion of primarily English and Hindi sources, potentially omitting regional research. Heterogeneity in methodologies and reporting standards across studies complicates the synthesis of

consistent findings. Additionally, the absence of a systematic meta-analysis limits quantitative validation of outcomes. While the article emphasizes historical and theoretical perspectives, critical appraisal of modern scientific validations remains limited. These gaps highlight the need for standardized clinical trials and interdisciplinary research to reconcile traditional practices with evidence-based frameworks

Sadyo Vamana, an expedited *Ayurvedic* detoxification therapy, offers a rapid, culturally accessible, and cost-effective solution for managing acute and emergency conditions (e.g., acute poisoning, hyperacidity, *Kapha*-dominant *Shwasa*, and toxin-induced ailments) by bypassing the prolonged preparatory steps of traditional *Panchakarma*. Rooted in classical *Ayurvedic* texts, this method leverages herbal emetics like *Madanaphala* to induce immediate vomiting, clearing localized toxins and excess *Kapha/Pitta* without the risks of prolonged protocols. While modern emesis techniques (e.g., ipecac syrup) rely on standardized pharmacology and diagnostics, *Sadyo Vamana* bridges gaps in resource-limited settings, providing actionable care where modern infrastructure is lacking.

Impact on Healthcare Practices & Policy:

- **Emergency Care Integration:** *Sadyo Vamana* can complement modern emergency protocols in low-resource regions, especially for acute poisoning, *Ama* (undigested toxin removal), or *Tamaka Shwasa*.
- **Cost-Efficiency:** Reduces reliance on expensive pharmacological agents (e.g., apomorphine) and

aligns with WHO's traditional medicine integration goals for universal healthcare accessibility.

- **Policy Synergy:** Advocates for hybrid frameworks combining *Ayurvedic* herbal emetics with modern diagnostics or bioavailability-enhancing nanotechnology to optimize safety and efficacy.
- **Research Imperative:** Urgent need for RCTs to validate *Sadyo Vamana's* efficacy in acute care and establish evidence-based guidelines for cross-disciplinary adoption.

Practical Applications:

- **Acute Poisoning:** Rapid toxin elimination in pre-hospitals where modern interventions are delayed.
- **Amlapitta (Hyperacidity):** Immediate relief using lukewarm saltwater emesis.
- **Tamaka Shwasa (Respiratory Emergencies):** Clearing airway-obstructing *Kapha* in asthma attacks.
- **Ajeerna (Foodborne Toxins):** Managing undigested toxin overload with minimal infrastructure.

4. CONCLUSION:

Sadyo Vamana's ability to change makes it a very important tool for making emergency care better around the world. By mixing Ayurveda with modern methods, like ways to find poisons, healthcare can fix problems with getting care, making it fit different cultures, and lowering costs, especially for people in the country or those who don't have good access to care. Leaders need to spend money on research and rules to prove that this old method works and can be used more widely, so it can be safely added to regular emergency care plans.

The most significant but least used *Panchakarma* approach is *Sadyo Vamana*. It is a tool that can be applied to a variety of emergency medical situations. It delivers immediate relief for *Utklishta Doshavastha*. It is easy to carry out, cost-effective, and less time-consuming.

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