



RETROSPECTIVE OBSERVATIONAL STUDY ON *VASANTIKA VAMANA KARMA* (EMESIS PROCEDURE)

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ABSTRACT

Background: *Panchakarma* presents a unique approach of *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 & to rejuvenate rapidly & also facilitates the desired pharmaco-therapeutic effects of medicines administered thereafter. *Panchakarma* has a full therapy role as promotive, preventive & curative procedure. *Ayurveda* has also explained specific treatment procedures for particular *Doshas*, for example- *Vamana Karma* for *Kapha Dosh*, *Virechana* for *Pitta Dosh* and *Basti Karma* for *Vata Dosh* is advised. **Objectives:** To Study the role of *Prakriti*, *Snehana*, *Kaphotklesha*, *Naishe Jeerna*, and *Nishasupti* in the outcome of *Vamana Karma*. **Materials and methods:** In this study, data was collected from 5 patients who underwent *Vamana Karma* using standardized assessment formats. **Observations:** Average first day *Sneha* dose, last day *Sneha* dose and total days of *Snehapana* were 36 ml, 122 ml and 4.6 days respectively. Average quantity of *Madanaphala*, *Ksheera*, *Yastimadhu Phanta* and *Lavanodaka* were 5.2gms, 1740 ml, 4692ml and 1060ml respectively. **Conclusion:** It can be concluded that *Kaphotklesha* grade is directly proportional to the *Shuddhi* grade and the best *Vamana Shuddhi* depends mainly upon *Vamaka dravya*, dose, *Sukhavamana*, *Kaphotklesha*, *Naishajirna*, and *Nishasupti* factors. **Key words-** *Vamana*, Emesis, *Panchakarma*, SOP of *Vamana Karma*, Maharshi Atreya's *Sukha Vamana* scale, *Kaphotklesha* grade, *Shuddhi* grade.

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INTRODUCTION

Panchakarma presents a unique approach of *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 & to rejuvenate rapidly & also facilitates the desired pharmaco-therapeutic effects of medicines administered thereafter. *Panchakarma* has a full therapy role as promotive, preventive & curative procedure.^[1] One of the basic principles practiced in *Ayurveda* is to maintain the health of the healthy rather than curing the disease, for this purpose many core concepts were explained in *Ayurveda* such as *Dinacharya*, *Ritucharya*, *Sadvritta Palana* etc. to maintain the health of the individuals. *Ayurveda* has also explained specific treatment procedures for particular *Doshas*, for example- *Vamana Karma* for *Kapha Dosha*, *Virechana* for *Pitta Dosha* and *Basti Karma* for *Vata Dosha* is advised. *Panchakarma* includes mainly five major purificatory procedures and one among them is *Vamana Karma*. *Vamana Karma* is the principal treatment told for *Kaphaja* diseases. *Charaka* says that *Vamana* eliminates the aggravated *Kapha* collected in the region of *Amashaya* through the oral route. When this *Kapha* is eliminated, the other types of *Kapha* situated in the body are also pacified; just like breaking the border of paddy field, rice dry up by deprivation of water. Thus, *Vamana* plays major role in the regime of treatment of various diseases. *Vamana* is the first therapy used as *Sadhya Jatakarma* to remove *Ulba* and *Kapha* in neonate. It is the frontline choice in the treatment of the disorders caused by the aggravation of *Kapha* at its own site, combination of *Kapha* with *Pitta* or the conditions in which *Pitta* or *Vata* invade the site of *Kapha*.^[2] The six divisions of the seasons have been made for the purpose of evacuative therapy and *Shodhana* is indicated in *Sadharana Ritu's* which includes *Pravrita*, *Sharada* and *Vasanta Ritu*. *Sadharana Ritu* (seasons) are having temperate characters which are most convenient ones

and are not harmful to body and drugs, because of moderate cold, heat and rains, while others, due to excessive cold, heat and rains are inconvenient ones and harmful to body and the drugs^[3]. The *Kapha* collected in *Shishira* gets aggravated during *Vasant Ritu* due to sunrays which leads to *Mandagni*, so *Vamana* is indicated in *Vasanta Ritu*.

OBJECTIVES:

To Study the role of *Prakriti*, *Snehana*, *Kaphotklesha*, *Naishe Jeerna*, and *Nishasupti* in the outcome of *Vamana Karma*.

MATERIALS AND METHODS:

Subjects who underwent *Vamana Karma* at Panchakarma IPD of Ayurveda Mahavidyalaya Hospital, Hubli were considered for this study. The data was collected from the 5 subjects using specially designed *Vamana* case record form and then critically analyzed role of *Prakriti*, *Kaphotklesha*, *Naishe Jeerna*, *Nishasupti* in the outcome of *Vamana Karma*.

Criteria of Assessment:

1. *Vamana* Case record form
2. *Agni* assessment scale^[4]
3. *Kostha* assessment scale^[5]
4. *Snigdghata* grading scale
5. *Kaphotklesha* grading scale^[6]

Table 1. Kaphotklesha grading scale

| Sl.No. | Symptoms | Score |
|--------|--|-------|
| 1 | Nausea, Hypersalivation | 1 |
| 2 | Abdominal discomfort | 1 |
| 3 | Fatigue | 1 |
| 4 | Heavyness of body | 1 |
| 5 | 1-2 of Episodes Vomitting | 1 |
| 6 | Lakshana / Symptomatic increase of disease | 1 |

Interpretation:

Pravara Kaphotklesha – 5 to 6 score

Madhyama Kaphotklesha –3 to 4 score

Avara Kaphotklesha – 0 to 2 score

6. *Vaigiki and Antiki Shuddhi* scale^[7]

7. Maharshi Atreya's *Sukhavamana* scale^[8]

Table 2. Maharshi Atreya's *Sukhavamana* scale

| Symptoms | Score |
|---|-------|
| Vega – Kale Pravratiti | 1 |
| Vega – Svayam Pravratiti | 1 |
| Expulsion of Dosha without any stimulation | 1 |
| Projectile vomiting without any interruption | 1 |
| Expulsion of <i>Dosha</i> without belching | 1 |
| Subject is comfortable without any uneasiness | 1 |

Interpretation:

Pravara Sukhavamana– 5 to 6 score

Madhyama Sukhavamana –3 to 4 score

Avara Sukhavamana - 0 to 2 score

8. *Shuddhi* grading scale.^[9]

Standard Operative procedure of *Vamana Karma*:^[10]

Standard operative procedure is divided into 3 steps-

- *Purva Karma* (pre-operative procedure)
- *Pradhana Karma* (operative procedure)
- *Paschata Karma* (post-operative procedure)

***Purva Karma*-**

Examination of patient– the persons were examined thoroughly for the fitness.

Collection of necessary materials

- *Trikatu Churna* 20-40gm
- *Goghrita/ Medicated Ghrita* – 300ml to 1000ml

- *Abhyanga* – *Murchita Tila Taila* 100 to 150ml (per massage)
- *Yavagu* – One small bowel (medium size)
- Milk – 1.5 lit to 2.0 liter
- *Madanaphala* – 3-6gm (keep 4 times the required dose)
- *Vacha* – 1 to 2gm
- *Pippali* – 0.5 – 1gm
- *Yastimadhu* – 4gm to 6gm
- *Yastimadhu Phanta* – 3lit to 6lit
- *Saindhava Jala*- 1lit to 2lit
- *Vamana Chair* -1
- Measuring glass (300ml)-6
- Large basin (30liter capacity)-2
- Cotton towel (medium size)-2
- Rubber catheter (12no)-1; Children (8 no.)-1
- Medium size vessel (10lit) – 2; (5lit) - 2
- Weighing scale- 1gm to 1kg.
- Stool-1
- Gas Stove (3/4burner)-1
- Sphygmomanometer-1
- Stethoscope -1
- Thermometer-1

Ampachana and Snehapana:

- *Amapachana: Trikatu Churna* (Average 3-5gms/person) 3-5 days or till *Nirama Lakhsana* appearance
- *Snehapana* : *Murchita Ghrita, Varunadi Ghrita, Mahatikata Ghrita, Goghrita*

Vishrama Kala (Rest day)

1. *Kaphotkleshakara Ahara*: (Kapha exciting diet)

Table 3. *Kaphotkleshakara* diet given in *Vamana* subjects

| SI No. | Morning/breakfast(8am) | Lunch(1pm) | Dinner(8pm) |
|--------|------------------------|---------------|-----------------------------------|
| 1 | Blackgram Vada 3-4 | Akki Roti | Curd Rice |
| 2 | Dahi Vada | Milk + Banana | Kichadi with blackgram, Tila etc. |

| | | | |
|---|-------------------------------|-----------------------------|-------------|
| 3 | Jalebi 100gm-200gm | Greengram Payasa | Rice Kheera |
| 4 | Gulaba Jamuna 5-6 | Curd Rice | |
| 5 | Pedha 3-6 or Shrikhanda-1 cup | Lassi + Tila Churna + Sugar | |

2. *Sarvanga Abhyanga (whole body massage)*: 2 times of *Abhyanga* is advised on the previous day of *Vamana*
In *Mridu Kostha*: 1-2 gms/day
In *Madhyama Kostha*: 2-3 gms/day
In *Krura Kostha*: 3-4 gms/day
3. *Sarvanga Svedana (whole body sudation)*: *Bashpa Sveda* is preferable.
4. *Haritaki Churna* (before dinner) for *Vatanulomana-*
5. *Medhya Vati/Sarpagandha Vati*: At bedtime should be advised on the day of *Vishramakala* (if patient is having *Anidra*).

Vamana Dravya dose fixation ^[11]:

Table.No.4 Vamana Dravya dose fixation as per current practice

| <i>Pramana</i> | <i>Madanaphala</i> | <i>Yastimadhu</i> | <i>Vacha</i> | <i>Saindhava</i> | <i>Madhu</i> |
|-----------------|--------------------|-------------------|--------------|------------------|--------------|
| <i>Uttama</i> | 7 gms | 6 gms | 1.5 gms | 2 gms | q.s |
| <i>Madhyama</i> | 6 gms | 4 gms | 1 gms | 1.5 gms | q.s |
| <i>Avara</i> | 4 gms | 2 gms | 1 gms | 1gms | q.s |

Pradhana Karma:

1. *Sarvanga Abhyanga* and *Bhaspa Svedana* should be done around 5:30 am in the morning on the day of *Vamana*.
2. *Mangalacharana* (oblations)
3. *Yavagusevana* (Intake of gruel): *Yavagu* added with ghee about 200-400gm or average 300gm should be given mixed with *Tila Churna* and *Guda (jaggery)*.
4. *Akantapana* (full stomach): Usually milk is given 1500-1800ml/subject, when the subject feels the stomach is full, milk should be stopped.
5. If patient has expelled (vomited) the given medicine immediately after ingestion of medicine (within 5min-10min) then another dose should be given immediately.
6. Then wait for 20 minutes and observe for the following signs and symptoms-

- ✓ *Swedapradurbhava (sweating)*- liquefaction of *Doshas*
 - ✓ *Romaharsha (horripilations)*- dislodging from their seat
 - ✓ *Adhmana (abdominal distention)* - reaching *Kukshi, Hridayopamarda,*
 - ✓ *Hrillasa* (nausea)
 - ✓ *Asyasamsravana* – hyper-salivation^[12]
7. When *Vega (bout)* initiates without any stimulation, then *Yastimadhu Phanta* (minimum of 1500ml at once) should be given. If bouts of emesis not occurs even after 20 minutes, then advise the subject to touch posterior wall of pharynx with index finger/rubber catheter.
 8. *Vamanopaga Dravya* should be given repeatedly after each *Vega* to enhance the potency of primary emetic formulation.
 9. Gently press the abdomen.

10. Hold patient's forehead with palms while vomiting.
11. Gently massage the back in *Pratilomagati* (upward direction)
12. If *Vegas* do not occur spontaneously, ask the patient to stimulate vomiting with fingers or rubber catheter.
13. *Yastimadhu Phanta* should be lukewarm while administration, too hot or too cold medicines should be avoided.
14. Palpation and auscultation of abdomen after procedure is important to assess the rigidity, tightness and gurgling of abdomen.
15. Coffee brownish color in the vomitus indicates *Aoushadanta* (expulsion of medicine) and Yellowish color indicates *Pittaagamana* (expulsion of bile).
16. Bitter taste in the mouth, burning sensation in chest, throat, lacrimation etc. indicates *Pittanta*. At last *Lavana Jala* (salt water-500ml) should be given to remove the complete *Pitta*. *Lavana Jala* should be started when there is *Pittagamana* / in *Apittanta*. There after Expulsion of clear vomitus (watery fluid) indicates the *Pittanta Lakshana* (symptom of ending with bile) and end the of the procedure.
17. During vomiting procedure, if the patient is drowsy, feeling severe weakness, semiconscious and exhausted, then procedure should not be continued.
18. In case of incomplete *Aushadhi* elimination, (*Haritaki Churna* 2-3gms) should be advised for *Doshaharana*.

Paschat Karma: Patient is advised to wash mouth, hands, and feet with warm water. *Kavala* (gargling) with warm water

1. *Vairechanika* or *Prayogika Dhoomapana* (medicated smoke) as per the *Shesha Kapha Dosha* (remained Dosha's in the body)
2. Based on *Shuddhi* (*Pravara, Madhyama* and *Avara*) *Samsarjana Krama* (dietic regimen) should be advised as follows- In *Pravara Shuddhi* – 3 *Annakala*/ 7 days *Samsarjana Krama*, In *Madhyama Shuddhi* – 2 *Annakala*/ 5 days, In *Avara Shuddhi* – 1 *Annakala*/3 days *Samsarjana Krama* should be advised.

Management of complications:

In conditions of Hematemesis:

- *Talam* (keeping medicines on vertex) with cold pack.
- Patient is advised to drink cold milk.
- Cold water should be sprinkled over the upper half of the patient's body and hot water to lower half of the body.
- *Kamdudgha Rasa* with *Mouktika, Suta Shekhara Rasa* should be advised along with honey.

OBSERVATIONS:

Male- 3; Female- 2

Prakriti wise distribution of subjects

Pitta-Vataja 2

Pitta – Kaphaja 1

Kapha – Vataja 2

Kostha wise distribution of subjects

Mridu Kostha 1

Madhyama Kostha 2

Pravara Kostha 2

Agni wise distribution of subjects

Balavana Agni 3

Madhyama Agni 1

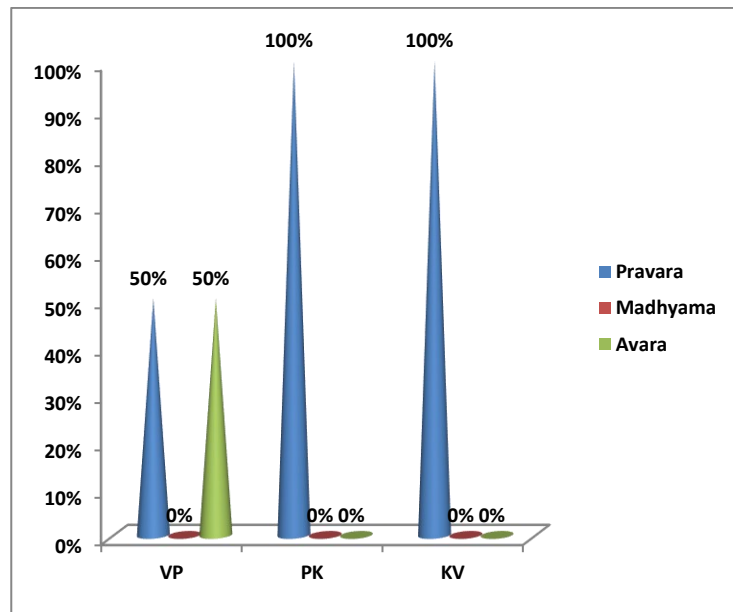
Avara Agni 1

Observations- Vamana Karma

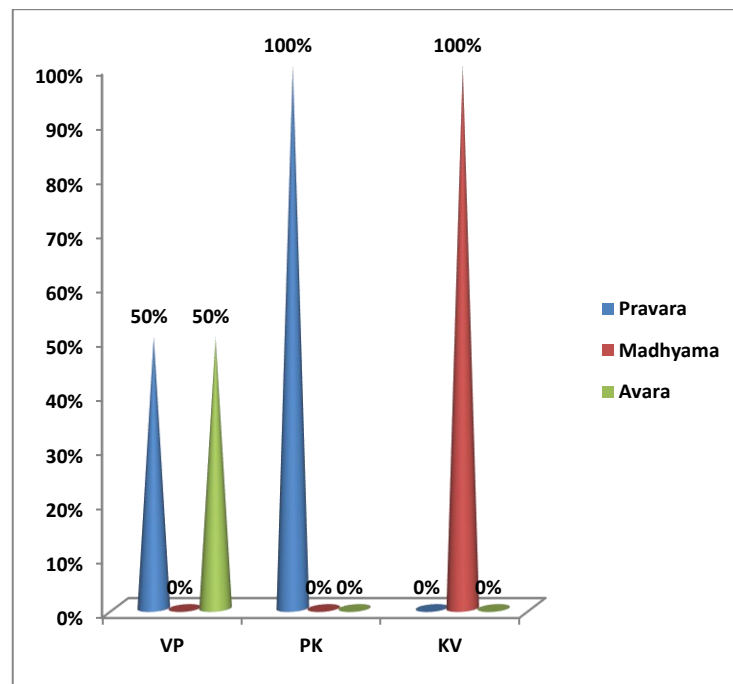
The observations of the procedure in 5 subjects are shown as follows- Average first day *Sneha* dose, last day *Sneha* dose and total days of *Snehapana* were 36 ml, 122 ml and 4.6 days respectively.

Table No.5 Average quantity of *Snehapana, Vamanopaga dravya, Vamaka Dravya*

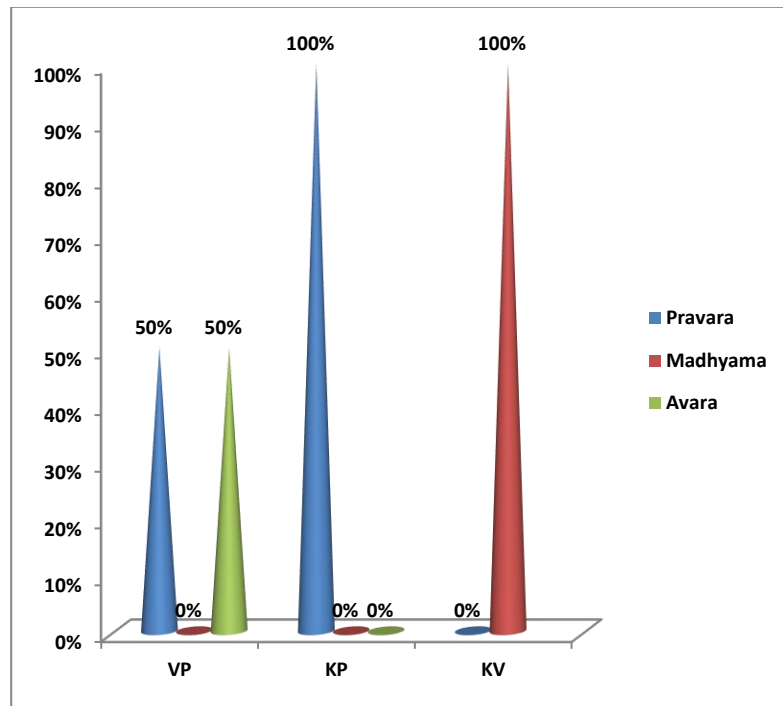
| Criteria | Average |
|---|----------|
| Average days of <i>Snehapana</i> | 4.6 days |
| <i>Akanthapana</i> – Milk | 1740 ml |
| <i>Madanphaladi Yoga</i> | 5.2 gms |
| <i>Vamanopaga Dravya</i> – <i>Yastimadhu Phanta</i> | 4692 ml |
| <i>Lavanodaka</i> | 1060 ml |



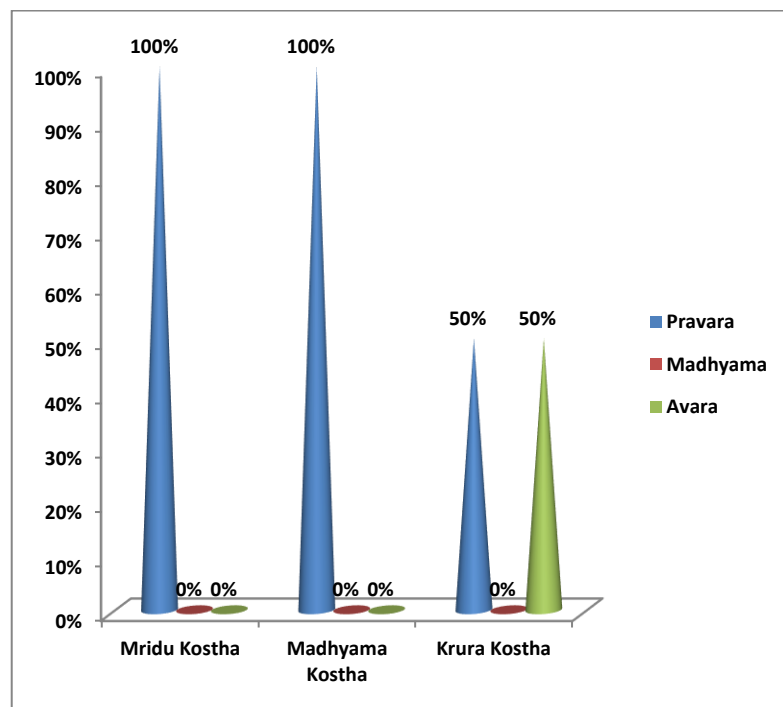
Graph No.1-Kaphotklesha grade in different Prakriti



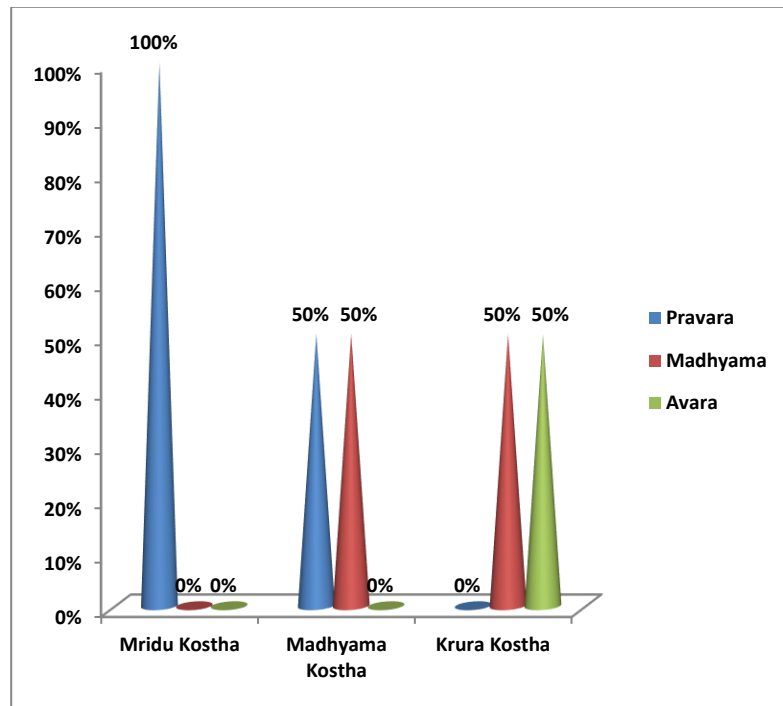
Graph No.2-Vaigiki Shuddhi grade in different Prakriti



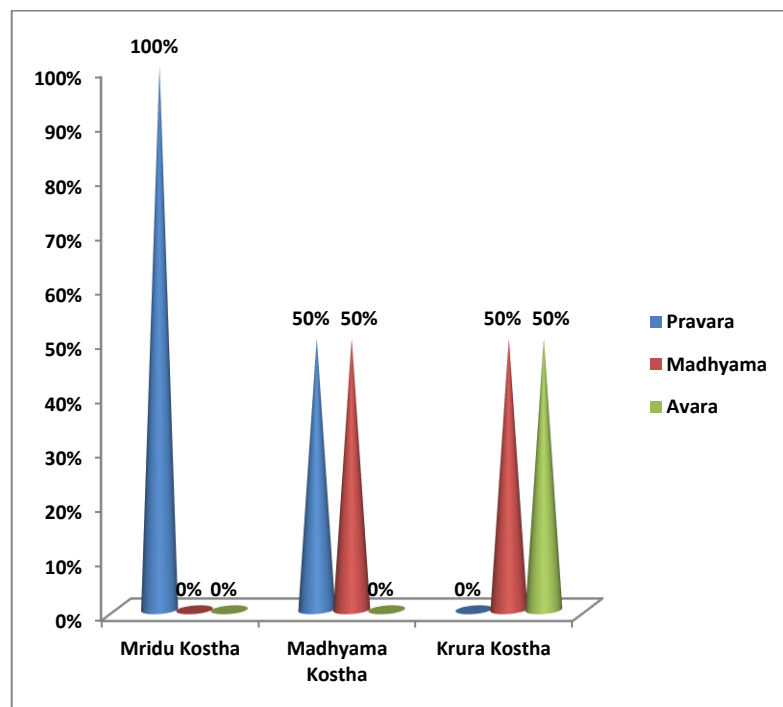
Graph No.3- Prakriti with Antiki Shuddhi grade



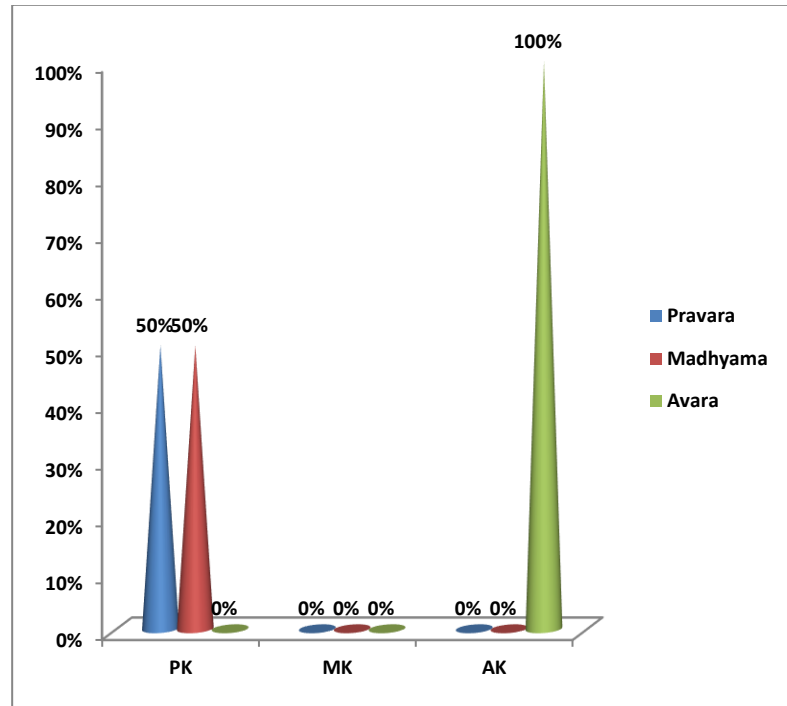
Graph No.4- Kostha and Kaphotklesha grade



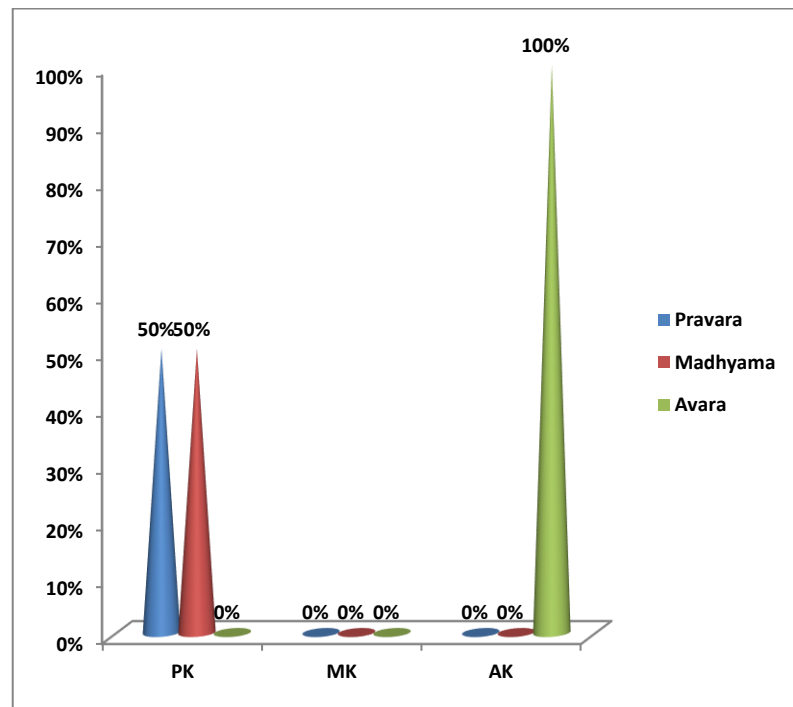
Graph No.5-Vaigiki Shuddhi grade in different Kostha



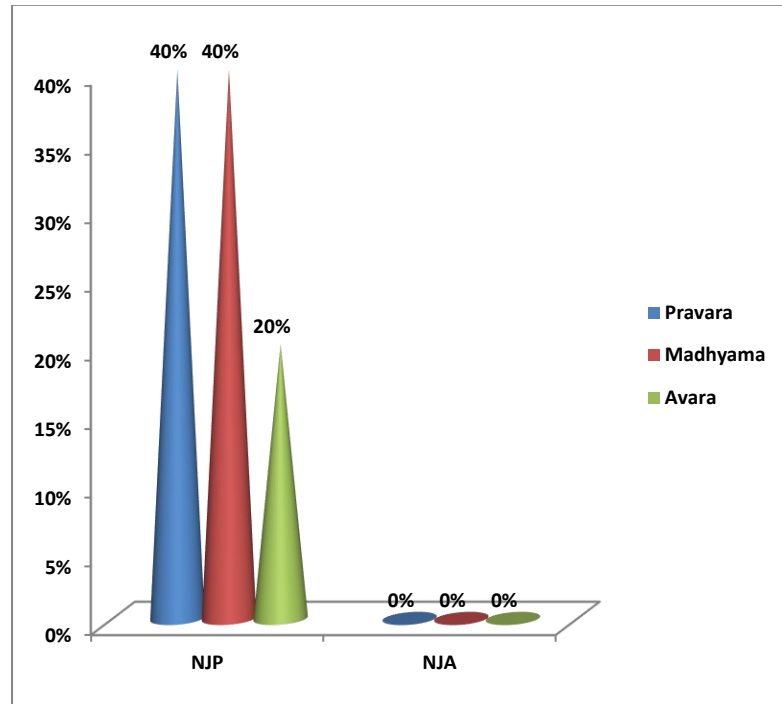
Graph No.6-Antiki Shuddhi grade in different Kostha



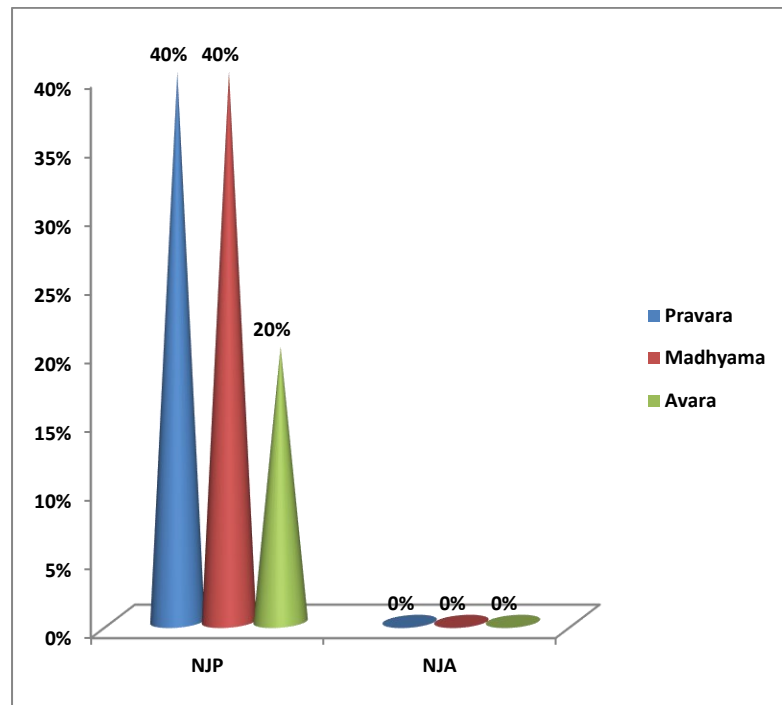
Graph No.7- Relation between Kaphotklesha and Vaigiki Shuddhi grade



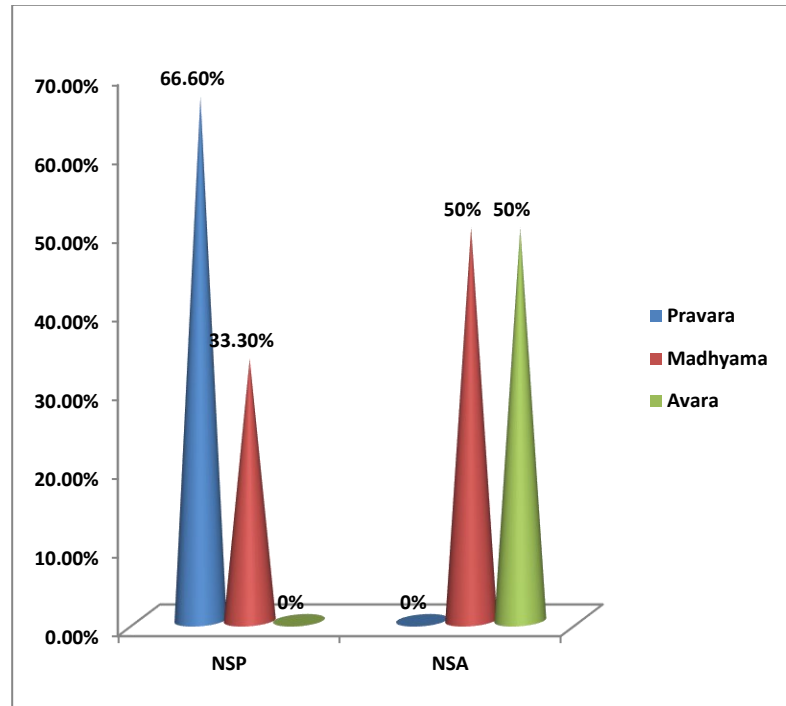
Graph No.8-Kaphotklesha and Antiki Shuddhi grade



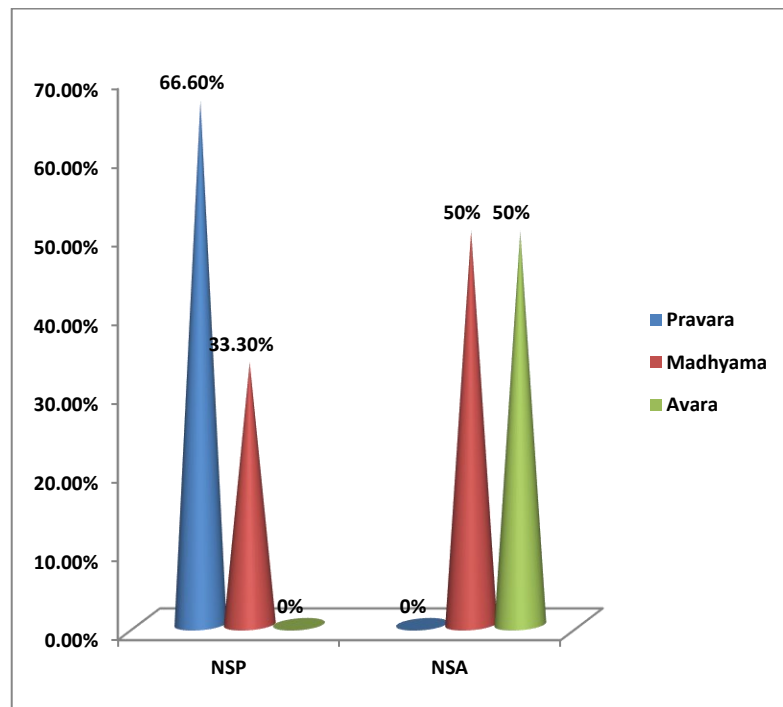
Graph No.9- Relation between *Nishajirna* & *Vaigiki Shuddhi* grade



Graph No.10- Relation between *Nishajirna* and *Antiki Shuddhi* grade



Graph No.11- Relation between *Nishasupti* & *Vaigiki Shuddhi* grade



Graph No.12- *Nishasupti* & *Antiki Shuddhi* grade

Table No.6 Average percentage of *Samyaka Snigdhatā*

| <i>Prakriti</i> | <i>Pravara Snigdhatā</i> | <i>Madhyama Snigdhatā</i> | <i>Avara Snigdhatā</i> |
|---------------------------------|--------------------------|---------------------------|------------------------|
| <i>Vata – Pittaja Prakriti</i> | 50% | 50% | - |
| <i>Pitta – Kaphaja Prakriti</i> | 100% | - | - |
| <i>Kapha – Vataja Prakriti</i> | - | 100% | - |

DISCUSSION

Eight essential factors for samyak vamana:

- Adequate *Kaphotklesha* and *Vamana Prayoga* during *Kapha Kala*
- *Samyak Snehana* and *Samyak Svedana*
- *Nava, Viryavan, Subhavita* (well processed), *Matrayukta Vamana Dravya*
- Minimum 6 hours good night sleep to keep the *Vata* under total control
- Complete digestion of previous night meal
- *Vatanulomana*- lightness of abdomen and no flatulence
- *Malanulomana*-Smooth and Satisfactory evacuation of stool and flatus
- Calm and Relaxed mind [13].

Role of *Snigdghata* Grade on *Shuddhi* Grade- (*Shodhana*)

- Maximum – *Pitta-Kaphaja Prakriti* and Moderate – *Kapha-Vataja Prakriti* (100%), so it can be concluded that “**Better the *Snehana* better will be the *Shodhana*”**

Role of *Prakruti* on *Vaigiki Shuddhi* Grade:

- Maximum *Vaigiki Shuddhi* is found in *Pitta-Kaphaja Prakriti* (100%)
- *Madhyama Vaigiki Shuddhi* - *Kapha-Vataja Prakriti* (100%)
- Minimum *Vaigiki Shuddhi* is found in *Pitta-Vataja Prakriti*.

Role of *Prakruti* on *Antiki Shuddhi* Grade:

- Maximum *Antiki Shuddhi* - *Pitta-Kaphaja Prakriti* (100%)
- *Madhyama Antiki Shuddhi* - *Kapha - Vataja Prakriti* (100%)
- Minimum *Antiki Shuddhi*- *Pitta-Vataja* (50%)
- Because of inherent *Snigdghata* and *Doshabahulyata*, *Pravara Snigdghata* and

Pravara Shuddhi is observed *Pitta-Kaphaja Prakriti* persons.

Role of *Koshta* on *Shuddhi* Grade:

- Maximum *Vaigiki Shuddhi* found in *Mridu Koshta* – 100% and *Madhyama Shuddhi* in *Madhyama Koshta* subjects – 50%
- Minimum *Shuddhi* is found in *Krura Koshta* subjects.
- *Acharya Vagbhata* has classified the *Koshta* into 3 types based on *Kaphotklesha* State, In case of *Pravara Kaphotklesha* it is considered as *Mridu Koshta*, *Madhyam kaphotklesha* – *Madhyama Koshta* and *Avara Kaphotklesha* is considered as *Krura Koshta*.^[14]

Role of *Kaphotklesh* on *Shuddhi* Grade:

- Maximum *Vaigiki Shuddhi* found in 50% of *Pravara Kaphotklesha* subjects and 50% subjects shows *Madhyama Vaigiki Shuddhi*.
- Minimum *Vaigiki shuddhi* is found in *Avara Kaphotklesha* subjects -100%

Role of *Naishejrna* and *Nishasupti* on *Shuddhi* grade:

Naishejrna

- All 5 Subjects were presented with Proper *Naishajirna* and attained *Sukhavamana* and the percentage is
- *Pravara Shuddhi* – 40%
- *Madhyama Shuddhi* – 40%
- *Avara Shuddhi*-20%

Nishasupti

- 3 subjects presented with Proper sleep, and attained *Sukhavamana*.
- *Pravara Shuddhi* –66.6%
- *Madhyama Shuddhi* – 33.3%
- 2 subjects presented with improper sleep and attained *Avara Shuddhi* – 50%, *Madhyama Shuddhi* – 50%

The state of *Naishejirna* and *Nishasupti* is very necessary during *Vamana* as they are responsible to keep normal range of Cortisol level in the body early morning, as per the above data it is proved that the subjects who are having good state of sleep and digestive state of previous day meal will attain *Sukhavamana*.

Maharshi Atreya's Sukhavamana scale

The Maharshi Atreya's *Sukhavamana* scale is the assessment criteria for comfort and ease of *Vamana Vega* and it is the necessary tool to grade the subjects as *Pravara*, *Madhyama* or *Avara*. It leads and decide the total outcome of emesis procedure as the *Sukhavamana* helps in continuing the emesis till *Pittanta* otherwise attaining *Samyak Vanta Lakshana* is not possible. *Sukhavamana* depends on many factors such as *Kostha*, *Doshotklesha*, *Roga Bala*, *Rogi Bala*, *Vamana Dravya*, *Vamana Drvaya Matra*, *Samyaka Snigdghata* etc. Among 5 patients, 2 subjects were attained *Pravara Sukhavamana* with the total score of 6/6, and 1 subject attained *Avara Sukhavamana* with the total score of 2/6 and other 2 subjects *Madhyama Sukhavamana*.

Santosh B et.al., in their study "*Vasantika Vamana* – A preventive measure for diseases of *Kapha* origin" included 89 subjects and concluded importance of *Snehapana*, Average vital changes during and after *Vamana* and *Shuddhi* assessment.^[15]

CONCLUSION

The *Vamana* conducted as per the SOP developed here can be used for all trials and it will produce effective and safe *Vamana*. As per the observed data *Pravara Snigdghata* and *Pravara Shuddhi* is maximum found in *Pitta-Kaphaja Prakriti* persons and in *Mridu Kostha* persons. It can be concluded that *Kaphotklesha* grade is directly proportional to the *Shuddhi* grade and the best *Vamana Shuddhi* depends mainly upon *Vamaka dravya*, dose, *Kaphotklesha*, *Naishajirna*, and *Nishasupti* factors. The innovated

Maharshi Atreya's *Sukhavamana* scale and *Kaphotklesha* grade scale can be used for clinical trials.

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