

Clinical Research

A study on *Vasantika Vamana* (therapeutic emesis in spring season) - A preventive measure for diseases of *Kapha* origin

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Abstract

Panchakarma is the most essential part of *Ayurveda* treatments. It is preventive, preservative, promotive, curative and rehabilitative therapy. *Ayurveda* believes in strong relationship between macrocosm and microcosm and states that the seasonal changes will influence the biological systems resulting into the accumulation and aggravation of particular *Dosha* in a particular season like accumulation and aggravation of *Kapha* in *Hemant Rutu* (winter season) and *Vasant Rutu* (spring season) respectively, accumulation and aggravation of *Pitta* in *Varsha Rutu* (rainy season) and *Sharad Rutu* (autumn season) respectively. *Vasantika Vamana* is done in spring season approximately in the month of March and April for the elimination of vitiated *Kapha Dosha* which in turn helps to prevent the forth coming *Kapha* disorders and associated *Pitta* disorders or diseases originating or settled in the place of *Kapha* like bronchial asthma, allergic bronchitis, rhinitis, sinusitis, migraine, hyperacidity, indigestion, anorexia, obesity, overweight, dyslipidemia, diabetes mellitus, acne vulgaris, psoriasis, eczema, urticaria etc. In this study, a total of 89 persons were registered and 69 volunteers/patients undergone classical *Vamana Karma* without any major complications. Average minimum, maximum, total dose and total days of *Snehapana* were 36.40 ml, 187.21 ml, 578.59 ml and 5.01 days respectively. Average quantity of *Madanaphala*, *Ksheera*, *Yashtimadhu Phanta* and *Lavanodaka* was 5.81 g, 1130.29 ml, 3202.9 and 2489.13 ml respectively. The results were encouraging; hence, further studies may be conducted including large population in this direction.

Key words: *Antiki, Dosha, Kapha, Laingiki, Madanaphala, Maniki, Pitta, Samsarjana Krama, Snehapana, Vasantika Vamana, Vegiki*

Introduction

Panchakarma is the most essential part of *Ayurveda* treatments. It is preventive, preservative, promotive, curative and rehabilitative therapy. 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. *Ayurveda* practices *Tridosha* (*Vata, Pitta and Kapha*) theory. For the correction of abnormalities of *Tridosha* and related

body constituents, specific therapy among the *Panchakarma* is practiced like *Vamana* for *Kapha Dosha*, *Virechana* for *Pitta Dosha*, and *Basti* for *Vata Dosha* predominantly. *Ayurveda* believes in the strong relationship between macrocosm and microcosm and states that the seasonal changes will influence the biological systems resulting into the accumulation and aggravation of particular *Dosha* in a particular season like accumulation and aggravation of *Kapha* in *Hemant Rutu* (winter season) and *Vasant Rutu* (spring season) respectively, accumulation and aggravation of *Pitta* in *Varsha Rutu* (rainy season) and *Sharad Rutu* (autumn season) respectively. *Ayurveda* emphasized to practice these therapies to eliminate the vitiated *Dosha* in accordance to the seasonal variation like *Vamana* in *Vasant Rutu*, *Virechana* in *Sharad Rutu*, *Basti* in *Varsha Rutu* etc for preservation and promotion of health and prevention of disease; hence, *Vasantika Vamana*, *Sharadika Virechana* and *Varshika Basti* are the preventive practices of *Panchakarma*.

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Definition of Vamana

Vamana is a procedure in which *Doshas* (waste products or toxins) are eliminated through upper channels i.e. mouth.^[1] Specially the *Kapha* and *Pitta Dosha* brought to *Amashaya* (stomach and duodenum) from all over the body by the specific preoperative procedures and then eliminated out by inducing the emesis.

Importance

1. *Kapha* disorders and associated *Pitta* disorders or diseases originating or settled in the place of *Kapha* will be relieved either permanently or for a longer period of time.
2. It helps to prevent the forth coming diseases due to *Kapha* and *Pitta*.
3. Most of Ayurvedic drugs are administered by oral root. First it goes to the *Amashaya* (stomach), which is the main seat of *Kapha*. Digestion of food also starts from *Amashaya*. If there is accumulation or aggravation of *Kapha* in *Amashaya*, the digestion of food or drug cannot takes place properly. With the help of *Vamana Karma*, *Amashaya Shuddhi* (cleansing) occurs, so the digestion of drug and food takes place properly.

Vasantika Vamana (emesis in spring season)

In Ayurvedic texts, *Vamana* procedure is indicated for the expulsion of *Kapha Dosha*. *Kapha Dosha* is aggravated in *Vasant Rutu*; hence, *Vamana* is indicated in spring season approximately in the month of March and April.

Vasantika Vamana–Contra-Indications/Indications

Almost everybody can undergo *Vasantika Vamana* except those suffering from the diseases contraindicated for *Vamana* like bleeding from the upper channels like mouth, upper GIT, bronchial tree, emaciated, very old, pregnant woman, persons with hypertension and heart diseases, exclusively *Vata* constitution and *Vata* disorders.

Especially it is highly beneficial for volunteers 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, COPD, productive cough, migraine, hyperacidity, indigestion, anorexia, obesity, overweight, dyslipidemia, diabetes mellitus, skin diseases like acne vulgaris, psoriasis, eczema, dermatitis, Lichen Plannus, vitiligo, urticaria, falling and graying of hairs, inflammatory and swollen joint disorders of early stage, depression, drowsiness, excessive sleep, epilepsy, certain auto immune diseases etc.

Diagnostic procedures

The persons were examined on the basis of *Dosha*, *Dushya*, (tissues and excreta), *Desha* (habitat), *Prakriti* (constitution), *Bala* (strength), *Kala* (season), *Agni* (digestion and metabolism), *Vaya* (age), *Satva* (psychological make up), *Satmya* (adaptability), *Ahara* (diet) etc and fit persons for *Vamana* were only selected after having a written consent.

Vamana protocol: It can be divided into three steps

- A. *Purva Karma* (preoperative preparation)

- B. *Pradhana Karma* (operative procedure/induction of *Vamana*)
- C. *Pashchat Karma* (post operative care)

Purva Karma (Pre-operative preparation) Pachana and Deepana (digestives and appetizers)

Trikatu Churna 2 g, *Chitrakadi Vati*/*Amapachana Vati* 2 tab TID with warm water for three days.

Abhyantara Snehana (internal oleation)

Shuddha Ghrita/*Siddha Ghrita* or *Tail* (plain/medicated ghee/oil) was given in increasing dose for three to seven days as per the requirement till achieving the signs and symptoms of proper *Snehana*.

Abhyanga (massage) and Swedana (fomentation)

After proper *Snehana* on next day, *Abhyanga* was done with *Bala Taila* followed by *Sarvanga Swedana* two times a day for one day and next day morning before administering *Vamana* again. *Abhyanga* with *Bala Taila* followed by *Sarvang Swedana* was done.

Dietetic guidelines during Purva Karma

Diet during the days of Snehapana

- (i) Patients were advised to take moderate quantity of liquid and warm food, easy to digest mixed with little fat, which is neither sticky nor complex and to drink lukewarm water.

Diet on previous day of Vamana

Patients were advised to have plenty of milk, curd, sweets like sesame and *Jaggary Laddu*, *Jalebi*, *Khicadi* made from black gram, sesame, jaggary and rice or *Dahi Wada*.

Counselling before Vamana

- (i) Patients were informed about different steps involved in this procedure.
- (ii) A well-informed written consent was obtained.
- (iii) Patients were advised to relax and remove the negative thoughts.

Pradhana Karma (induction of Vamana): It includes

- (I) Administration of *Vamana Yoga* [Table 1]
 - (II) Observations during *Vamana Karma*
 - (III) Observations regarding four criteria
- (I) Administration of *Vamana yoga*: This was done in the following way.
- a. Position of patients:
Patients were asked to sit on a comfortable *Vamana* chair of the height of knee joint.
 - b. Examination of vital data:
Pulse and blood pressure were recorded before, during and after completion of *Vamana Karma*.
 - c. Administration of food articles and drugs:

Table 1: Average quantity of drugs used for Vamana Karma

Drugs	Average
Dose of <i>Madanaphala</i> (g)	5.81
Quantity of <i>Ksheera</i> (ml)	1130.29
Quantity of <i>Yastimadhu Phanta</i> (ml)	3202.9
Quantity of <i>Lavanodaka</i> (ml)	2489.13

Vamana was induced in the early morning between 6 am and 9 am.

- (1) Patients were asked to drink milk stomach full (*Aakantha pana*) approx. 2 l, *Peya* (thin rice gruel) mixed with ghee was also given for some patients.
- (2) Then patients are given *Vamana Yoga* - medicinal formulation (*Madanaphala Pippali* (powder of seeds of *Randia dumetorum*) 4 parts, *Vacha* (*Acorus calamus*) 2 parts, *Saindhava Lavana* (rock salt) 1 part and Honey Q.S.) to induce emesis.^[2]

For collecting vomitus, a wide mouth vessel was kept ready. Now the patient is instructed to vomit without much straining. The urge may be excited by opening wide the lips, the palate, the throat and by slightly bowing the upper part of the body. The dormant urge may be excited by tickling the throat with two well manicured fingers.^[3] During the act of emesis when actual bout is being thrown out, forehead and chest of the patient was held, umbilical region of the patient was pressed and back of the patient was gently massaged in upward direction.^[4]

- (3) During the procedure, *Vamanopaga Kashaya* (supportive decoction to continue vomiting) like decoction/hot infusion of *Yashtimadhu* (*glycyrriza glabra*) after each *Vega* was administered repeatedly to support the act of vomiting till the appearance of *Pitta* (bile) in vomitus.^[5]

(II) Observations during *Vamana Karma*: Record of input, output and other observations were maintained.

(III) Assessment of *Vamana*: It was assessed as *Pravara* (highest), *Madhyama* (moderate) and *Hina* (lowest) *Shuddhi* (cleansing) on the basis of four criteria as per the classical texts.^[6]

1. *Vegiki* criteria: It is on the basis of number of bouts like 4, 6 and 8 *Vega* (projectile vomiting bouts) for *Hina*, *Madhyama* and *Pravara Shuddhi* respectively. In addition to projectile bouts, smaller bouts in every aspect than *Vega* (*Upavega*) were also recorded.
2. *Maniki* criteria: It is on the basis of the quantity of elimination of *Dosha*, like 1, 1½ and 2 *Prastha* for *Hina*, *Madhyama*, *Pravara Shuddhi*, respectively (*Prastha* = 540 ml). This is calculated from the total quantity of output minus the total quantity of input.
3. *Antiki* criteria: It is on the basis of endpoint, it is advised to continue *Vamana* till the appearance of *Pitta* in the vomitus which marks the end of *Vamana*.
4. *Laingiki* criteria: It is on the basis of positive signs and symptoms produced after *Vamana*.

Pashchata Karma (Post operative care)

When *Vamana Karma* was completed, patients were kept on close observation and on special dietetic and behavioral restrictions which are considered as “*Pashchata Karma*” for some days till achieving *Agnideepti* and *Bala*. This may be classified as follows.

Dhumapana and Gandusha (medicated smoke and gargling)

After *Samyaka Vamana*, patients are advised to inhale the medicated smoke, gargle and wash mouth, hands and feet, then to rest for about an hour.^[7]

Behavioral and dietetic restrictions

Patients were advised to avoid loud speeches, sitting or standing

in one position for long duration, excessive walk, excessive rage or excessive depression, exposure to excessive cold, heat, dew, to flowing winds, long journey, night waking, day sleep, to retain or provoke urges. Frequently, untimely, excessive, less, contradictory and heavy diet were also avoided.^[8]

Samsarjana Krama: (special dietetic schedule)

It has to be planned on the basis of type of purification achieved by *Vamana* i.e. for *Hina*, *Madhyama* and *Pravara Shuddhi*, three, five and seven days respectively.^[9] Generally, in all the patients after *Vamana Karma*, the *Peyadi Samsarjana Krama* is advised as dietary regimen as follows with little modification:

On the day of *Vamana*, thin rice gruel without spices and fat once a day; on second day thick rice gruel without spices and fat twice a day; on third day rice and liquid soup of green gram and rice without spices and fat twice a day in moderate quantity; on fourth day liquid soup of green gram and rice with spices and fat twice a day in moderate quantity and on fifth day onwards normal diet was given.

Clinical Study

Aims and objectives

1. To assess the role of season in the induction of *Vamana Karma*.
2. To evaluate the effect *Vasantika Vamana* in healthy volunteers and patients.

Materials and Methods

Healthy volunteers and certain patients who are indicated for *Vamana Karma* were selected from the OPD and IPD of IPGT and RA, Jamanagar. 89 persons were registered out of which 20 persons left the treatment in between and 69 persons completed the whole treatment. Details of the registered patients have been placed at Tables 2-6.

Inclusion criteria

- Age between 16 and 60 years.
- Patients suffering from *Kapha* or *Kapha* associated with *Pitta* disorders

Exclusion criteria

- Age below 16 years and above 60 years.
- Patients suffering from tuberculosis, ischemic heart disease, hypertension, carcinoma and other life threatening and complicated diseases.

Table 2: Age-wise distribution of the persons

Age (years)	Average
21-30	55.07
31-40	20.28
41-50	20.28
51-60	4.34

Table 3: Sex-wise distribution of the persons

Sex	Percentage of patients
Male	59.42
Female	40.57

Table 4: Agni (digestive power)-wise distribution of the persons

Agni	Average
<i>Sama</i> (normal)	24.63
<i>Vishama</i> (irregular)	18.84
<i>Manda</i> (weak)	40.57
<i>Tikshna</i> (excessive)	15.94

Table 5: Koshtha (bowel)-wise distribution of the persons

Koshtha	Average
<i>Mridu</i> (soft)	23.18
<i>Madhyama</i> (normal)	65.21
<i>Krura</i> (hard)	11.59

Table 6: Prakriti (constitution)-wise distribution of the persons

Prakriti	Average
<i>Vata</i>	5.80
<i>Pitta</i>	8.70
<i>Kapha</i>	13.04
<i>Vata-Kapha</i>	24.64
<i>Pitta-Kapha</i>	20.29
<i>Vata-Pitta</i>	26.09
<i>Sam Doshaja</i>	1.45

Hematological investigations

Blood for HB, TC, DC, and ESR. Hemoglobin, total leucocyte Count, differential count, erythrocyte sedimentation rate were done.

Biochemical investigations

Lipid profile, FBS, blood urea, serum creatinine, A/G ratio, total protein, SGPT, and SGOT.

Criteria for assessment

1. On the basis of various aspects of *Vamana Karma*.
2. On the basis of overall improvement in his/her wellbeing.

Observations and Results

The hematological and biochemical tests were done before and after the *Vamana Karma*. Minor changes were found. The observations of the procedure in volunteers are shown in Tables 2-15.

Discussion

Pachana and *Deepana* help to digest the *Ama*, makes the *Dosha Nirama* and increases the *Agni*, *Abhyantara Snehana* helps to dissolve the *Dosha* and to increase the volume and makes the *Dosha* free from their adherence and *Abhyanga* and *Swedana* help the *Dosha* to liquefy and disintegrate. All these preparatory measures help to mobilize the *Dosha* from *Shakha* to *Koshtha*.

Vamana was induced in the early morning between 6 am to 9 am as this is *Kapha Kala*. *Ksheera* belongs to *Kapha Varga* and palatable to most of the persons and hence selected for *Akanthapana* which facilitates the *Vamana* process and prevents the complications. *Madanaphala pippali* 4 parts, *Vacha* 2 parts, *Saindhava Lavana* 1 part and Honey quantity sufficient was used safely in our routine practice and generally devoid of complications and hence it was used for inducing *vamana*. *Peyadi sansarjana karma* is advised to improve the *Agni* gradually, to support the *Prana* (vitality) and nourish the body gradually with carbohydrates, proteins and fats one by one to avoid the *Agnimandhya*.

Average minimum, maximum and total quantity of *Snehapana* was 36.40 ml, 187.21 ml and 578.59 ml [Table 7] respectively because the maximum number of persons were having *Mandagni* followed by *Samagni* and average days of *Snehapana* was 5.06 days as the maximum number of persons were having *Madhyama Koshtha*.

Varcha Snigdhatata and *Asamhatata*, *Diptagni*, *Vatanulomana*, was found in 86.76, 76.47, 67.65% of persons respectively because the changes in the stool and increase in the appetite are commonly noted as the days of *Snehapana* advances in majority of the persons whereas *Mardavata* and *Snigdhatangata* is generally a late feature to be noted and observed when higher dose of *Snehapana* is given and hence found in only 52.94% of persons [Table 8]. Few complication were also observed with *Sneha Pana* [Table 9].

As majority of the persons were healthy volunteers and even the selected patients were not suffering from hypertension or heart disease, no much increase was found in the vital parameters like blood pressure and pulse [Table 10].

Average difference of quantity between output and input was 272.15 ml [Table 11], which indicate toward the *Avara Shuddhi* whereas the average number of *Vega* and *Upavega* was 6.68 and 6.3 respectively [Table 11], showing *Madhyama Shuddhi*. 56.52% of persons had *Pittant* [Table 12] and assessment of *Vamana Karma* by *Laingiki* criteria showed that majority of the persons had *Indriyaprasada*, *Laghuta*, *Hridaya Parshva Murdha* and *Kantha Shuddhi*, *Vatanulomana*, *Kramat Doshanirharana* [Table 13] which clearly indicates that proper *Vamana Karma* occurred in most of the persons. This indicates that *Vasant Rutu* supports for proper conduction of *Vamana Karma* as majority had *Madhyama Shuddhi* without any complications. The average days of *Sansarjana Karma* were 5.06 days [Table 14], because majority of the persons had *Madhyama Shuddhi*.

Only two persons each had complications like *Adhmana*, *Udarashoola* and *Rakta darshana* and only one person each had complications like *Shirahshoola* and *Kasa* which was not statistically significant [Table 15] and it may be because of their *Vata-Pittaja Prakruti*.

As the change in the hematological biochemical and vital parameters were within normal range and they were not statistically significant and no major complications were found, the drugs and the total procedure may be considered as safe.

Table 7: Assessment of dose and duration of Snehapana

Subject of assessment	Average
Minimum dose of <i>Snehapana</i>	36.40 ml
Maximum dose of <i>Snehapana</i>	187.21 ml
Total quantity of <i>Snehapana</i>	578.59 ml
Total days of <i>Snehapana</i>	5.01 days

Table 8: Assessment of Samyak Snigdha Lakshana (features of proper oleation)

Symptoms	Percentage of patients
<i>Vatanulomana</i> (downward movement of <i>Vata</i>)	67.65
<i>Diptagni</i> (increase in digestive power)	76.47
<i>Varcha Snigdhata</i> and <i>Asamhatata</i> (unctuous and loose stool)	86.76
<i>Mardavata</i> and <i>Snigdhatangata</i> (softness and unctuousness of the body)	52.94

Table 9: Vyapada (complications) of Snehapana

Symptoms	Percentage of patients
<i>Udgara bahulya</i> (excessive belching)	1.45
<i>Chchardi-once</i> (vomiting)	2.9
<i>Tiktasyata</i> (bitterness in mouth)	1.45

Table 10: Average increase in vital parameters before and after Vamana Karma

Vital parameters	Increase
Systolic B.P.(mmHg)	3.53
Diastolic B.P.(mmHg)	1.84
Change in pulse(p/m)	4.35

Table 11: Assessment of Vamana Karma - Vegiki (bouts) and Maniki (quantity) criteria

Criteria	Average
<i>Maniki Shudhhi</i> (ml)	272.15
<i>Vegiki Shudhhi</i> - number of <i>Vegas</i>	6.68
<i>Upavega</i>	6.3

The main aim of the study was to see the safety of *Vamana Karma* particularly conducted in *Vasant Rutu* and it was found to be safe. Simultaneously, it was observed that overall wellbeing of the volunteers and patients was improved. As the patients were suffering from different diseases and the number of patients suffering from the same disease was very less, statistical significance in the relief of their signs and symptoms could not be drawn. Long-term follow up is required for observing the prevention of *Kapha* diseases.

Conclusion

1. *Panchakarma* is the most essential part of *Ayurveda*

Table 12: Assessment of Vamana Karma - Antiki (end point) criteria

Criteria	Percentage of patients
<i>Antiki Shudhhi-Pittant</i>	56.52

Table 13: Assessment of Vamana Karma-Laingiki (signs and symptoms) criteria

Symptoms	Percentage of patients
<i>Indriyaprasada</i> (freshness of sense organs)	75.36
<i>Laghuta</i> (lightness)	88.41
<i>Vatanulomana</i> (downward movement of <i>Vata</i>)	52.17
<i>Kramat Doshanirharana</i> (elimination of <i>Dosha</i> in order)	50.72
<i>Hridaya Shuddhi</i> (clearness in chest)	65.22
<i>Parshva Shuddhi</i> (clearness in flanks)	62.32
<i>Murdha</i> and <i>Kantha Shuddhi</i> (clearness in head and throat)	62.32

Table 14: Time relation in Vamana Karma

Aspect	Average time
Time taken to start the first <i>Vega</i> (min)	15.54
Time taken for completion of <i>Vamana Karma</i> (min)	50.71
<i>Samsarjana Krama</i> (days)	5.06

Table 15: Vyapada (complications) of Vamana Karma

Symptoms	Percentage of patients
<i>Adhamana</i> (distension of abdomen)	2.9
<i>Jivadana -Rakta Darshana</i> (bleeding from mouth)	2.9
<i>Shirashshoola</i> (headache)	1.45
<i>Kasa</i> (cough)	1.45
<i>Udarashoola</i> (abdominal pain)	2.9

- treatments, which can be practiced as preventive, preservative, promotive, curative and rehabilitative therapy as per the need.
- Ayurveda* emphasized to practice *Vamana* in *Vasant Rutu*, *Virechana* in *Sharad Rutu*, *Basti* in *Varsha Rutu* for preservation and promotion of health and prevention of disease.
- Vasantika Vamana* is highly beneficial for volunteers of *Kapha* and *Kapha-Pitta* constitution and patients suffering from *Kapha* disorders and associated *Pitta* disorders or diseases originating or settled in the place of *Kapha*.
- Vamana* should be practiced as per the classical guidelines to avoid complications.
- Average minimum, maximum, total dose and total days of *Snehapana* were 36.40 ml, 187.21 ml, 578.59 ml, and 5.01 days respectively.
- Average quantity of *Madanaphala*, *Ksheera*, *Yastimadhu*

Phanta and Lavanodaka was 5.81 g, 1130.29 ml, 3202.9 and 2489.13 ml respectively.

7. The average days of *Sansarjana Krama* were 5.06 days.
8. *Laingiki* and *Antiki* criteria seem to be the better criteria for the assessment of *Vamana*.

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हिन्दी सारांश वासंतिक वमन का चिकित्सकीय अध्ययन-कफ रोगों के लिए एक रक्षणात्मक उपाय

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आयुर्वेद में स्वास्थ्य रक्षण और रोगों के रोकथाम के लिये ऋतु के अनुसार संशोधन चिकित्सा करने का विधान बताया गया है। कफदोष को शरीर से बाहर निकालकर उससे उत्पन्न होनेवाले रोगों से शरीर का रक्षण करने के लिये वसंत ऋतु में (मार्च और अप्रैल माह) वमन कर्म करने के लिये कहा गया है। कफ और कफपित्त के रोग जैसे कि तमक श्वास, प्रतिश्याय, कास, स्थूलता, मधुमेह, त्वचारोग, अलर्जी, अम्लपित्त, माइग्रेन इत्यादि रोगों में यह चिकित्सा लाभदायक पाई गई है। इस अध्ययन में कुल ८९ व्यक्तियों का चयन किया गया। उनमें से केवल पांच व्यक्तियों में सामान्य उपद्रव जैसे सिरदर्द, पेटदर्द, खांसी, पेटफूलना और हल्का सा खून आना इत्यादि देखे गये। इस वासंतिक वमनकर्म के परिणाम लाभदायक और उत्साह वर्धक पाये गये हैं। भविष्य में और अधिक व्यक्तियों में इस तरह का अध्ययन किया जा सकता है।