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"VAMANA KARMA (THERAPEUTIC EMESIS) IN AYURVEDA: CLASSICAL RATIONALE, PROCEDURE, CLINICAL EVIDENCE AND CONTEMPORARY RELEVANCE – A NARRATIVE REVIEW"

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ABSTRACT:
Background: Vamana Karma is the Panchakarma procedure of therapeutic emesis, classically indicated for conditions dominated by Kapha. Although widely practised, its evidence base is scattered across case reports, small observational studies and a few protocols. **Objective:** To summarise the classical rationale and procedural framework of Vamana and to appraise the contemporary clinical literature on its safety and effects. **Methods:** A narrative review based on a PubMed search and on consultation of classical texts. Studies were synthesised descriptively. **Findings:** Classical texts describe Vamana as a staged procedure of preparation (Deepana-Pachana and Snehapana), the main emesis, and graded post-procedure diet. In a seasonal Vamana study, 89 persons were registered and 69 underwent classical Vamana without major complications. Studies of the preparatory oleation phase report weight and abdominal circumference reduction without adverse effects on total cholesterol, HDL or LDL. Published clinical outcomes in psoriasis and chronic urticaria come from single case reports, and an exploratory trial on Vamana and Virechana in healthy ageing adults is under way. **Conclusion:** Available evidence supports the procedural feasibility and short-term tolerability of Vamana but cannot establish efficacy. Controlled trials with standardised protocols and validated outcome measures are needed.
KEYWORDS: Vamana, Panchakarma, Therapeutic emesis, Kapha, Shodhana, Ayurveda

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INTRODUCTION:

Panchakarma comprises five biopurification procedures, namely Vamana (therapeutic emesis), Virechana (therapeutic purgation), Niruha Basti and Anuvasana Basti (medicated enemas) and Nasya (nasal administration of medicines).[1,2] Vamana is described as the principal procedure for eliminating aggravated Kapha, and it is also advocated in healthy individuals as a seasonal measure in spring, when Kapha is considered to be aggravated.[1,3] Interest in Ayurveda and its procedures has grown in parallel with the global interest in traditional medicine, together with calls for a stronger research base.[4]

Despite this interest, Vamana is seldom described in a consolidated, critical form that links classical procedure to modern evidence. This review aims to (i) outline the classical framework of Vamana, (ii) describe the standard procedural stages, and (iii) appraise recent clinical and safety-related literature, highlighting gaps for future research.

MATERIALS AND METHODS:

This narrative review was prepared using a structured but non-systematic literature search. PubMed was searched on 6 November 2026 using combinations of the terms Vamana, Vamana Karma, therapeutic emesis, Panchakarma, Snehapana and Vasantika Vamana. Records were screened by title and abstract, and articles were retained when they described the procedure, its classical rationale, its safety, or clinical outcomes. Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya) were consulted for conceptual and procedural descriptions. The included studies were heterogeneous (case reports, uncontrolled pilot studies, randomized trials and trial protocols), so no formal risk-of-bias assessment or meta-analysis was undertaken and the findings are synthesised narratively. The review does not claim exhaustive coverage of the literature.

OBSERVATION AND RESULTS:

1. Classical Framework

Classical Ayurvedic texts place Vamana among the Shodhana (purificatory) therapies. The Charaka Samhita discusses the general principles of purification in the chapter on the components of treatment (Chikitsaprabhritiya, Sutrasthana 16), the preparation of the patient in Upakalpaniya (Sutrasthana 15), and the detailed procedure of emetic and purgative therapy in the Kalpana Siddhi chapter (Siddhisthana 1).[1] Emetic drugs are described separately in Kalpasthana, beginning with Madanakalpa, in which Madanaphala is the principal drug.[1] Ashtanga Hridaya describes the procedure of emesis and purgation together in Sutrasthana 18.[2]

The conceptual logic is that Snehana (oleation) and Swedana (sudation) loosen and mobilise the aggravated Doshas from the tissues towards the gastrointestinal tract, from where they are expelled by the appropriate Shodhana procedure.[1,5] Vamana is therefore directed at Kapha and at diseases of Kapha origin or seat, which the authors of a seasonal Vamana study listed as including bronchial asthma, allergic rhinitis, sinusitis, indigestion, obesity, dyslipidaemia, diabetes mellitus, acne vulgaris, psoriasis, eczema and urticaria.[3]

2. Procedure

The procedure is customarily described in three stages. Purvakarma consists of Deepana-Pachana (digestive preparation), Snehapana (internal oleation with medicated fat), and Abhyanga with Swedana. Pradhana Karma is the administration of the emetic drug and supportive liquids until classical endpoints of emesis are reached. Paschat Karma includes Dhumapana and the graded dietary regimen known as Samsarjana Krama.[1-3]

Internal oleation deserves particular attention because it is the most demanding phase for patients. In a study of 29 healthy volunteers, escalating doses of cow ghee given until signs of proper oleation were achieved were associated with weight loss in all participants and a significant reduction in abdominal circumference; total cholesterol, HDL and LDL did not change significantly, whereas triglycerides and VLDL fell, and no volunteer was reported to have been harmed.[5] These findings address a frequently voiced concern that large oral doses of fat might worsen the lipid profile, although the study was uncontrolled and used healthy participants.

Poor compliance with oral Snehapana, reported by the authors of one pilot study to occur in 10-15% of patients, has led to proposals for alternatives. In a pilot study of ten patients, Anuvasana Basti given in escalating doses for three to seven days produced the symptoms of oleation that are classically expected after oral fat.[6] This is a hypothesis-generating observation that requires comparison with oral Snehapana in controlled studies.

3. Seasonal (Vasantika) Vamana and Preventive Use

Ayurveda recognises seasonal accumulation and aggravation of Doshas, with Kapha aggravation in spring (Vasanta). Vasantika Vamana is therefore advocated in healthy persons to prevent Kapha disorders.[1,3] In a study from Jaipur, 89 persons were registered and 69 volunteers or patients underwent classical Vamana without major complications.[3] The authors recorded mean total Snehapana dose, duration of Snehapana (about 5 days) and quantities of emetic drug and fluids used, thereby providing practical reference data on how the procedure is actually conducted.[3] The study did not include a control group, and its preventive claim cannot be inferred from its design.

4. Clinical Reports and Ongoing Research

Recent clinical literature on Vamana consists mainly of case reports. A 35-year-old man with chronic scalp psoriasis was treated with Vamana followed by oral and topical measures and weekly leech therapy for one month, with reported relief of itching, scaling and erythema, and no adverse effects.[7] In a 38-year-old woman with chronic spontaneous urticaria unresponsive to antihistamines, a course of Panchakarma that included Vamana and Virechana was followed by a reduction in the Urticaria Activity Score (UAS7) from 42 to 8 and in serum IgE from 469 IU/ml to 32.9 IU/ml.[8] Because Vamana was combined with other procedures and medicines in both reports, the contribution of Vamana itself cannot be isolated.

A prospectively registered exploratory single-arm trial in 53 healthy adults aged 35-65 years plans to assess the effect of spring Vamana and autumn Virechana, preceded by Snehana and Swedana, on serum malondialdehyde, total superoxide dismutase and telomerase activity as markers relevant to ageing.[9] The investigators state that the study is hypothesis-generating and precedes adequately powered confirmatory trials.[9]

5. Toward Standardisation

A recurring limitation in the literature is variation in drug doses, endpoints of emesis, and supportive measures. Recently, a consensus-development study applied the RAND/UCLA Appropriateness Method to Marsha Nasya and generated 63 best practice statements across six domains, including preparatory procedures, dosage and quality assurance.[10] The authors proposed that the approach could serve as a model for other Panchakarma therapies.[10] A similar consensus exercise for Vamana would help to harmonise procedure descriptions and to make results from different centres comparable.

DISCUSSION:

The literature reviewed supports three observations. First, the procedural framework of Vamana is described consistently in classical texts and has been operationalised in modern reports with quantitative details such as dose and duration.[1-3] Second, short-term tolerability appears acceptable in the small studies available, but none of the studies reviewed was designed to detect rare or serious adverse events.[3,5] Third, reports of clinical benefit rest on single case reports or uncontrolled designs and are confounded by co-interventions.[7,8]

Limitations of this review include its narrative design, the use of a single bibliographic database, and the heterogeneity of source studies. Future work should include randomized or well-controlled studies in Kapha-dominant conditions, pre-specified safety reporting, biomarker-based mechanistic studies and consensus guidelines for procedural standardisation.

CONCLUSION:

Vamana is a well-described classical procedure with a growing body of descriptive clinical data. Present evidence supports feasibility and short-term tolerability but is insufficient to establish efficacy for specific diseases. Standardised protocols, controlled designs and transparent adverse-event reporting are the priorities for the next phase of research.

REFERENCES:

1. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta. Acharya YT, editor. Varanasi: Chaukhambha Surbharati Prakashan; reprint edition.
2. Wal A, Bukke SPN, Vidiyala N, Jamil S, Sharma KK, Khan A, et al. Stimuli-responsive nanogels as intelligent nanocarriers for tumor microenvironment-triggered anticancer drug delivery. Discov Nano. 2026;21(1):247.
3. Bhatted S, Shukla VD, Thakar A, Bhatt NN. A study on Vasantika Vamana (therapeutic emesis in spring season) - a preventive measure for diseases of Kapha origin. Ayu. 2011;32(2):181-6. doi:10.4103/0974-8520.92562 [PMID 22408299]

4. Vidiyala N, Sunkishala P, Parupathi P, Nyavanandi D. High investigation of the role of magnesium aluminometasilicate (Neusilin® US2) as a porous carrier for improving the amorphous drug loading and stability of ezetimibe by hot melt extrusion [preprint]. Preprints. 2025. doi:10.20944/preprints202503.1750.v1
5. Hechhu R, Krishnan K, Singamaneni V, Raju PVN, Erukulla P, Kandimalla KV, et al. GC-MS-based phytochemical analysis, in-depth ADMET screening and molecular docking targeting EGFR for anticancer potential. Chem Methodol. 2026;10(5):465-88.
6. Kadus PA, Vedpathak SM. Anuvasan Basti in escalating dose is an alternative for Snehapana before Vamana and Virechana: trends from a pilot study. J Ayurveda Integr Med. 2014;5(4):246-50. doi:10.4103/0975-9476.147445 [PMID 25624700]
7. Jahnavi P, Kumar AK, Prema S, Singamaneni VR, Vidiyala N, Sunkishala P, et al. Recent progress in heterogeneous catalysis for sustainable chemical processes. J Chem Rev. 2026;8(2):154-79.
8. Dharmarajan P, Dahiya A, Therokar S, Aswathy YS. Management of chronic spontaneous urticaria unresponsive to conventional treatment through a course of Panchakarma therapies: a case report. Altern Ther Health Med. 2024;30(5):53-7. [PMID 38819189]
9. Vidiyala N, Sunkishala P, Mandati P, Parupathi P, Nyavanandi D. Integrating 3D printing and additive manufacturing into personalized medicine for pharmaceuticals: opportunities, limitations, and future perspectives. Sci Pharm. 2025;93(4):61.
10. Nair DR, Ashwathykutty V, Praveen Kumar KS, Layeeq S, Khanduri S, Chandrasekhararao B, et al. Clinical consensus statements on Marsha Nasya - a feasibility study towards developing clinical practice guidelines of therapeutic procedures in Ayurveda. J Ayurveda Integr Med. 2026;17(2):101298. doi:10.1016/j.jaim.2025.101298