

## VYAPAT - A COMPLICATION

Shilpa S. Biradar

MD (Ayu), Assistant Professor & Consultant, Department of Panchakarma  
Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

Email: [serrvs760@yahoo.com](mailto:serrvs760@yahoo.com)

### ABSTRACT

Panchakarma is a set of 5 procedures adopted to maintain the health of a healthy person as well as a treatment for various diseases. Each procedure in Panchakarma is advised for each vitiated *dosha* which is to be performed after examination of *doshadi vishaya*. A chapter in Charaka Samhita Siddhi Sthana 6 deals with the complications rose due to improper administration of *Vamana* and *Virechana karma*. Complications may be seen during or after the treatment. For example, if the dosage is not according to *agni - koshta*, unprocessed medicine with the similar *virya dravya*, if the medicine is too old. Else than these there is also reference of complications caused because of *chatushpada* i.e. *preshya*, *bhaishajya*, *vaidhya* and *aatura*. These complications are caused either due to *atiyoga* or *ayoga* of the therapy. All these *vyapats* own their causative factor, pathology, symptoms and treatment.

**Keywords:** *Vamana, Virechana, Vyapat, Chikitsa*

### INTRODUCTION

*Panchakarma* is a set of 5 procedures namely *Vamana, Virechana, Anuvasana Basti, Niruha Basti, and Shirovirechana*<sup>1</sup>; adopted to maintain the health of a healthy person as well as to treat the disease caused because of vitiated *dosha*'s. In *dushta kapha dosha vamana karma*, for *dushta pitta dosha virechana karma* and for *vata dosha niruha and anuvasana basti* are the prime modalities of treatment. Every *Panchakarma* is to be performed in a *kaala*. *Vamana Karma* should be performed in *Kapha Kaala* and *Virechana Karma* should be performed in *pittaja Kaala* i.e. after the elevation of *kapha kaala*. In this way, every procedure should be performed after the examination of *doshadi vishaya*<sup>2</sup>.

A complication is an unwanted situation that arises unexpectedly leading to a harder situation. The untoward circumstances may be minor or even as severe as fatal. In this regard every *Ayurveda* specialist must know the possible complications which may arise in the later days before the accomplishment of the procedure.

A chapter in *Charaka Samhita Siddhi Sthana 6* is dedicated for the *vyapats* rose due to improper administration of purification therapies *vamana* and *virechana karma*. The *vyapats* may be appreciated during the procedure or immediately after the procedure or in later days. There are varied reasons for the complications; they are if the dosage is not according to *agni* and *koshta*, if the selected medicine is not pro-

cessed well with the similar *virya dravya* or if the medicine is too old<sup>3</sup>. Else than these, there is also the reference to complications caused because of *chatushpada*<sup>4</sup>. The ten complications together mentioned for *Vamana* and *Virechana karma* are *adhmana*, *parikartika*, *srava*, *hrudgraha*, *gatragraha*, *jeevadana*, *vibhramsha*, *sthambha*, *upadrava* and *klama*<sup>5</sup>. These complications are caused either due to *atiyoga* or *ayoga* of the therapy.

To avoid the complications, one must be cautious ever since *purvakarma* itself. The prior step in *purvakarma* is the accumulation of the drugs required for the overall procedure. The intention behind addressing this point is to highlight the importance of the collection of those things also which may be needed at the time of *vyapat*. Without the emergency management kit, one is not supposed to conduct any procedure. The physician should deeply observe the patient during *shodhana* therapy to assess the signs and symptoms which the patient produces while expelling the *doshas*. All these *vyapats* own their own causative factor, pathology, symptoms and treatment. Further, each *vyapat* will be dealt in detail with the possible interpretation.

### 1. *Adhmana Vyapat*<sup>6</sup>

**Nidana:** *Adhmana vyapat* is due to the administration of *alpa matra aushadha* in *bahu dosha avastha*, *ruksha shareera*, *agnimandya* and *udavarta* conditions.

**Samprapti:** The medicine which is administered does *dosha utklesha* because of its *guna*. But fails to put out the *dosha's* from *shareera* due to insufficient quantity. This leads to *avarodhata* in *srotas* and causes *adhmana* at *nabhi pradesha*.

**Lakshana:** *Shoola* in *prushta*, *parshwa*, & *shiras*. *Shwasa* as well as obstruction for *vit- mutra* and *vata* which can be very severe.

**Chikitsa:** *Abhyanga*, *Swedana*, *Varti*, *Niruha basti*, *Anuvasana basti* and all the *Udavarta hara chikitsa* is to be adopted.

The understanding of *adhmana* is same for both *vamana* and *virechana karma*. Generally known as the distention of abdomen.

### 2. *Parikartika Vyapat*<sup>7</sup>

**Nidana:** *Parikartika vyapat* is caused when *tikshna vairechaka aushadha* is given in *snigdha*, *guru* – *ama* – *mridukoshta*. One who is *kshama*, *shranta* and *alpa-bala awastha*.

**Samprapti:** The *tikshana aushadha* quickly causes *dosha harana* along with *ama*.

**Lakshana:** The subject will land up in *tivra shoola* along with *picchila rakta srava* leading to *parikartika*.

#### **Chikitsa:**

- In *sama* condition: *Langhana*, *pachana*, *ruksha*, *ushna* and *laghu ahara*.
  - In *kshama purusha*: *Madhura rasa prayoga* along with all kinds of *Brumhaniya chikitsa*.
  - Even after *ama pachana* if there is persisting *parikartika* then the patient should be advised *kshara* and *amla rasa yukta laghu aahara*.
  - In *adhika vata lakshana* one can go with *ghruta snehapana* prepared of *dadima rasa*. This *ghruta* can be administered with *pushpa kasisa* or *kshara* or *lavana*.
  - Diet: *Amla rasa* along with *dadima twak churna*.
  - Ushna Jala pana*: Along with *devadaru* and *tila kalka*.
  - Ksheerapaka*: *Ashwatha*, *udumbara*, *plaksha*, *kadamba twak churna*.
  - Sheetala Piccha basti* made out of *kashaya* and *madhura rasa*.
  - Anuvasana basti* with *yashtimadhu siddha sneha*.
- Parikartika*, in other terms known as fissure; it is the *vyapat* caused because of *atiyoga*. Few *acharyas* consider *guda gata parikartika* in case of *virechana karma* whereas for *vamana* it is to be considered as *kanta karshana*. In case of *adhovega* there will be *picchila srava* and in *urdhwa vega kapha praseka* is to be reserved.

In *kshama* and *mrudu koshta purusha* initially *langhana pachana* treatment is to be adopted followed by *madhura gana aushadha sevana*. *Kshara amla yukta changeri ghruta prayoga* is to be done after *ama pachana*. The understanding of *pushpa kasisa* is contradictory i.e. it is considered as *dhataki pushpa* which is *purusha sangrahaniya* or a variety of *kasisa* or both *dhataki* as well as *kasisa*.

### 3. Parisrava Vyapat<sup>8</sup>

**Nidana:** If *alpa aushadha* is given to the patient having excess *dosha* and *krura kostha*, then the medicine fails to eliminate the *doshas* leading to the condition of *parisrava*.

**Samprapti:** Medicine impacts *dosha utklesha*. Leading to *alpa alpa dosha sravana* from *shareera*.

**Lakshana:** *Kandu, shopha, kushta, gouravata, agni and balaanutklesha, sthaimitya, aruchi and pandu*.

**Chikitsa:**

- In *alpa dosha awastha* – *shaman chikitsa*
- If *bahu dosha awastha* – *Snehana swedana* followed by *tikshna virechana*.
- After *samyak shodhana - churna - asava – arishta samskarita aushadha prayoga* (C.Chi.15)

In *bahu dosha awastha tikshna virechana* is the line of treatment. This means that if there is *kapha srava* in *mukha* then one must administer *tikshna vamana* after *snehana* and *swedana karma*.

### 4. Hridgraha Vyapat<sup>9</sup>

**Nidana and Samprapti:** If patient suppress the *vega* generated during *vamana / virechana karma*, then *vata* attains *kupita awastha*, gets aggravated, reaches *hridaya* and causes *ghora hridgraha*.

**Lakshana:** *Hikka, kasa, parshwa arti, atyadhika lalasarava akshi vibhramsha* (turtling of eyes), *jihwa khadita* (biting of own tongue), *nisangnya* (loss of consciousness) and *dantan kitikitayan* (biting own teeth).

**Chikitsa:**

- After the assessment of *dosha* suitable measurement is to be taken. *Pittaja murcha – madhura aushadha yukta vamana*, if there seems to be *kaphaja murcha – katu rasa yukta vamana karma*.
- After *Vamana karma* rest of the *doshas* is to be managed with *Pachana karma*. Assess for *kaya agni* and *bala vridhhi*.
- If *adhika vamana* causes *hrudaya peeda* then *vata hara chikitsa* is to be adopted i.e. *snigdha, amla and lavana yukta rasa*. Similarly, other *doshas* should be considered and suitable treatment is to be adopted.

### 5. Gatragraha Vyapat<sup>10</sup>

**Nidana and Samprapti:**

- If patient suppress the *vega* generated during *vamana / virechana karma*.
- If *kapha* obstructs *upasthita vega*.
- Ati shodhana*.

Due to all these reasons *vata* gets aggravated and produces *anga graha*.

**Lakshana:** *Sthambha, vepathu, nistoda* (pricking pain), *sada* (loss of energy) and *udweshtana* (twisting and grinding pain) and *manthana vat shoola* (churning pain).

**Chikitsa:** All *vata hara chikitsa*.

### 6. Jeevadana Vyapat<sup>11</sup>

**Nidana and Lakshana:** If *tikshana aushadha* is given in *mridu koshta/ alpa dosha awastha*. High patency of medicine leads to *dosha hara* followed by *rakta hara* (churned type of blood elimination) from *shareera*.

**Chikitsa:** After the confirmation of type of *rakta*, if there is elimination of *shuddha rakta* following treatment measures should be adopted.

- If the patient attains *murcha, trushna, mada lakshana* then treat him till the end to save the life. Adopt all the *pitta hara chikitsa*. Ex: *Sheetala dravya parisheka, avagaha* for *sthambana*.
- Orally - Fresh blood of live deer, cow, buffalo for *jeevana dharana* (*Saamanyam Vriddhikarakam – Saamanya vishesha siddhanta*). Due to the *prabhava* of *rakta*, animal blood mixes with human blood and brings about homeostasis.
- If patient fails to drink fresh blood, then *rakta basti chikitsa*- fresh blood mixed with *sukshma churna* of *darbha* (*kusha*).
- Sheetala basti: Ksheera paka* made out of *shyama, kashmarya, badari, durva* and *usheera*. *Ghruta manda and rasanjana churna*.
- Sheetala piccha basti*.
- Anuvasana basti: Ghruta manda*.

### 7. Vibhramsha Vyapat<sup>12</sup>

This *vyapat* has 3 different understandings with reference to context. They are as follows

- Virechana karma atiyoga*- It is *guda vibhramsha* (rectal prolapse)
- Vamana karma atiyoga* – It is *sanghnya vibhramsha* (loss of consciousness)
- Aushadha ayoga* – It is *Kandwadi vibhramsha*

**Kandwadi vibhramsha lakshana:** It is due to the remnant of *doshas* in *shareera*. In case of *vamana* there will be output of only *vamana aushadhi* but not *kapha* and *pitta*. In the same way in *virechana karma* there will be output of *mala* only and fails to eliminate *pitta* and *kapha*. The aggravated *doshas* remains in the body leading to *kandu*.

**Chikitsa:**

- In rectal prolapse, initially *kashaya dravya prakshalana* followed by *sthambhana karma* (rectum relocation).
- In loss of consciousness, recitation of *saama gaandharva shabda* (soft music) that which is smoothening to heart in case of *sanghnyasha*.
- The treatment of *kandu* should be according to *vyadhi*.

**8. Sthambha Vyapat<sup>13</sup>**

**Nidana:** If *sneha virechana aushadha* is given to *snigdha rogi*.

**Samprapti:** It causes *avarana* of *dosha*, does *aushadha mardawata* (*mridu guna*) and thus retains *doshas* in its own site.

**Lakshana:** *Vata sangha, guda stambha, shoola and alpa – alpa dosha ksharana*.

**Chikitsa:** *Langhana-pachana* for *dosha pachana* followed by *tikshna basti* or *tikshna virechana*.

**9. Upadrava Vyapat<sup>14</sup>**

**Nidana:** If *ruksha virechana aushadha* is given in *ruksha shareera* and *alpa bala rogi*.

**Samprapti:** *Vayu kopana* and *upadrava lakshana* will be appreciated.

**Lakshana:** *Ghora* (severe) *stambha- shoola, sarva gatra graha* and *murcha*.

**Chikitsa:** *Snehana, svedana* and *all vata hara chikitsa*.

*Adhmanadi lakshanas* are *upadrava* only, and then what makes the difference of this *upadrava* is the severity of the symptoms i.e. pain and stiffness. This pain and stiffness are termed as *upadrava*.

**10. Klama Vyapat<sup>15</sup>**

**Nidana:** When *snigdha* and *mridu koshta* patient is given *mridu virya aushadhi*.

**Samprapti:** It causes vitiation of *pitta* and *kapha* causing obstruction of *vata*.

**Lakshana:** *Tandra, gaurava, klama* (mental fatigue), *daurbalyata* and *angasada*.

**Chikitsa:**

- Vamana karma* - One must quickly perform *Vamana karma* (*sadhyo vamana*).
- Langhana, pachana* for *dosha pachana*.
- Shodhana karma- tikshna snigdha aushadha*.

**DISCUSSION**

*Charaka Samhita* is bound with dosage those which are suitable to *madhyama roga-rogi-bala*. *Ayurveda* is an individualized treatment. It is never the same for everyone even if the symptoms mimic each other. From the day of admission of patient there will be an estimation of dosage on the final day of treatment. But this need not be mandatory to finalise the same on the day of *vamana* or *virechana*, because as the treatment progresses there will be degradation in *samprapti*. With an insight of above *vyapats*, the patient must be examined on the day of *pradhana karma* also.

*Bahu dosha awastha* is a condition where in there is requirement of strong medicine or more quantity medicine or both. While administering strong medicine one should be careful w.r.t the type of bowel habit of the patient as the strong medicine may bring about repeated uncontrolled *vegass* along with injury to the anal orifice. In the same way repeated vomiting may rupture the minute veins of stomach and oesophagus.

Human body is beautifully composed to function at its own limits. The factors like BT CT play their role in maintenance of blood physiology. The strong medicine when administered initially throws away all the fluids from the body followed by letting out of blood from the body. Therefore, repeating medicine is better than putting the patient life at risk.

When a part of the body is dislodging from its sight means that the body has undergone a state of trauma with the over activity of the medicine.

There is a rule that when there is *adhika snigdhatata* in *shareera* then one must go with *ruksha virechana aushadhi*<sup>16</sup> and vice versa. Considering these basic things, one must cautiously apply *Panchakarma* therapies in a patient.

The treatments mentioned to all ten *vyapats* are those which are available at hands except a few. In few of the conditions *sadhyo vamana* and *sadhyo virechana* line of treatment is adopted. The *vyapats* may be such severe that a doctor may also lose his senses at some point which is rightly mentioned by *acharyas*.

## CONCLUSION

Keen monitoring of the symptoms in patient ever since first day of treatment, till the completion of treatment can decrease the complications to maximum.

## REFERENCES

1. Sharangadhara, Sharangadhara Samhita Prof. K. R. Srikanth Murthy. Choukambha Orientalia Varanasi 2000 Uttara tantra 8/63
2. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 3/6 page no 897
3. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/28 page no 923
4. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/30 page no 923
5. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/29 page no 923
6. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/58-60 page no 926
7. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama Hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/61-67 page no 926
8. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/68-70 page no 927
9. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/71-75 page no 927
10. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/76-77 page no 928
11. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama Hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/78 & 81-84 page no 928
12. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/85-87 page no 929
13. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/88-89 page no 929
14. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/90-91 page no 929
15. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/92-93 page no 929
16. Charaka, Charaka Samhita of Agnivesha volume 2 edited with vaidyamanorama hindi commentary by Acharya Vidhyadhar Shukla and Prof Ravi Dutt Tripathi reprint 2010 Chaukhambha Sanskrit Pratishthan, Delhi. Siddhi sthana 6/9 page no 920

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Shilpa S. Biradar: Vyapat – A Complication. International Ayurvedic Medical Journal {online} 2019 {cited January, 2020} Available from: [http://www.iamj.in/posts/images/upload/2780\\_2784.pdf](http://www.iamj.in/posts/images/upload/2780_2784.pdf)