



Case Study

SUBCONJUNCTIVAL HEMORRHAGE (*ARJUNA*) AS AN IATROGENIC COMPLICATION OF *VAMANA KARMA*: A COMPREHENSIVE CASE REPORT AND PROPOSAL FOR OCULAR FITNESS SCREENING

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ABSTRACT

Vamana Karma is a powerful bio-purificatory procedure in Ayurveda widely practiced for eliminating vitiated *Kapha* and associated *Pitta*. While generally safe when performed according to classical guidelines, the procedure generates acute temporary physiological strain that requires close monitoring. Subconjunctival hemorrhage (SCH), correlated with *Arjuna* in Ayurveda, is a microvascular complication that remains overlooked in routine pre-procedural screening. This case report presents a 32-year-old female with *Urdhwaga Amlapitta* who underwent *Vamana Karma* after clearing rigorous cardiovascular and respiratory fitness assessments. The procedure, executed using a *Madanaphala*-based *Vamaka Yoga*, achieved *Avara Shuddhi*. During *Pradhana Karma*, significant hemodynamic stress was noted, characterized by blood pressure rising from 110/81 mmHg to 119/90 mmHg and pulse rate from 87 to 99 bpm. Immediately post procedure, the patient developed painless, bilateral ocular redness with preserved visual acuity, diagnosed as subconjunctival hemorrhage (*Arjuna*). The complication was managed conservatively with topical ocular therapy and the hemorrhage completely resolved within 12 days without any visual impairment. This case highlights SCH as an iatrogenic occurrence precipitated by the intense Valsalva like pressure gradients generated during *Vamana Karma*. Given that classical texts acknowledged ocular vulnerability to *Vamana*, we strongly recommend incorporating a structured, baseline ocular fitness screening into standard pre *Panchakarma* assessment protocols to safeguard vulnerable microvasculature.

INTRODUCTION

Vamana Karma is the therapeutic induction of vomiting, primarily indicated for the expulsion of vitiated *Kapha* and associated *Pitta* from the *Amashaya* (stomach).^[1] The procedure helps in cleansing the *Urdhwa Bhaga* by facilitating the movement of bodily fluids and waste materials.^[2] However, the forceful expulsion required to achieve deep-seated purification induces immense physiological and hemodynamic shifts.

When improperly managed or applied to vulnerable individuals, *Vamana* can result in complications known as *Vyapats*.

Acharaya Charaka has categorised *Vamana Vyapats* into different types, including *Adhmana* (distension in abdomen), *Kantakshana* (cutting pain),^[4] *Srava* (excessive discharge), *Hridgraha* (congestion in cardiac region), *Gatragraha* (body stiffness), *Jeevadana* (vital blood discharge), *Vibhramsha* (rectal prolapse), *Stambha* (rigidity), *Upadrava* (complications), and *Klama* (fatigue).^[3-4] Ayurveda classifies SCH as *Arjuna*, a *Raktaja Netra Roga* (disorder of vitiated blood) which affects the *Shukla Mandala* (sclera).^[5]

The pathogenesis of post *Vamana* SCH involves severe hemodynamic stress. During the *Pradhana Karma* (main procedure), systolic blood pressure and pulse rate rise significantly because of the Valsalva

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maneuver of forceful vomiting. This intense intra thoracic and intra-abdominal pressure is transmitted to the valveless veins of the head.^[6-8] At the same time, vitiated *Pitta* contaminates the *Rakta Dhatu* (blood), increasing its volume and triggering an upward movement (*Urdhwaga Gati*).^[9] This combination of mechanical and systemic pressure is so strong that it breaks the fragile capillaries in the ocular region.

Even though this risk of vascular strain is well-known, underlying ocular conditions are not routinely assessed before the procedure. Because classical texts don't mention *Arjuna* (SCH) or a similar condition as a separate *Vyapat*, standard fitness protocols focus solely at the respiratory, central nervous, and cardiovascular systems. This article discusses a case of subconjunctival hemorrhage following the *Vamana* procedure, despite rigorous standard fitness clearances, highlighting a critical gap in current pre operative protocols.

Case Report

Patient Profile and Baseline Status: A 32-year-old female (Height: 157cm, Weight: 73kg, BMI: 29.6kg/m²) presented with complaints of decreased appetite and sour belching for the past 2–3 months. She also experienced burning sensation in abdomen, as well as red rashes over her extremities that itched upon sun exposure but subsided itself after approximately 2 hours. The patient was asymptomatic until 3 months prior to presentation and had no significant past medical history. She was diagnosed with *Urdhwaga Amlapitta* and selected for *Vamana Karma*.

Ayurvedic Clinical Examinations

To fulfill standard diagnostic and procedural safety criteria, a comprehensive traditional *Ayurvedic* profile was established upon admission (Table 1,2). The assessment confirmed that the patient possessed the systemic and psychological structural strength necessary to undergo an intensive bio purificatory *Panchakarma* intervention.

Table 1: Ashta Sthana Pariksha

Nadi	<i>Pitta-Kapha Pradhana</i>
Mutra	<i>Prakrita, Shweta-Peeta Varna</i>
Mala	<i>Vibandha, Alpa Grathita</i>
Jihva	<i>Sama</i>
Shabda	<i>Spashta</i>
Sparsha	<i>Anushna-Sheeta</i>
Drik	<i>Prakrita</i>
Akriti	<i>Madhyama</i>

Table 2: Dashavidha Pariksha

Prakriti	<i>Pitta-Kapha</i>
Vikriti	<i>Pitta-Kapha Pradhana</i>
Sara	<i>Madhyama</i>
Samhanana	<i>Madhyama</i>
Pramana	<i>Madhyama</i>
Satva	<i>Madhyama</i>
Satmya	<i>Shadrasa Satmya</i>
Ahara Shakti	<i>Abhyavarana-Madhyama Jarana- Manda</i>
Vyayama Shakti	<i>Madhyama</i>
Vaya	<i>Madhyama</i>

Pre-Procedural Systemic Fitness Assessment: Upon admission, the patient's baseline vitals were recorded upon admission: Blood Pressure (BP): 127/72 mmHg, Pulse Rate (PR): 92 bpm, Oxygen Saturation (SpO₂): 98% and Respiratory Rate: 22 breaths/min. Thorough systemic physical examinations were performed to assess her ability to endure the forthcoming physiological stress: (Table 3, Table 4, Table 5)

- Central Nervous System (CNS): Conscious, well-oriented to time, place, and person.

- Cardiovascular System (CVS): Normal S1 and S2 heart sounds heard. No murmurs.
- Respiratory System (RS): Bilateral Normal Vesicular Breath Sounds (NVBS) cleared across all fields.
- Local Abdominal Examination: Inspection showed no scars or deformities, palpation showed no tenderness or organomegaly, percussion showed

normal resonance, and auscultation confirmed normal peristaltic gurgling.

Before the initiation of *Snehapana*, the patient underwent a detailed pre-procedural fitness assessment to determine her suitability for *Vamana*

Karma. General physical examination, cardiovascular and respiratory system evaluations, and functional fitness tests were performed (Table 3, Table 4, Table 5). However, no dedicated ocular examination was included in the pre-procedural assessment.

Table 3: Six-Minute Walk Test (6mwt) Profile and Post Test Recovery^[10]

Phase	Time Point	SpO ₂ (%)	Pulse Rate (bpm)	Modified Borg Dyspnoea Scale (0-10)	Total Walk Distance
Pre-Test	Baseline (Seated Rest)	98	76	0 (None)	—
Active 6-Minute Walk	Minute 1	98	108	—	—
	Minute 2	97	120	—	—
	Minute 3	96	127	—	—
	Minute 4 (Nadir SpO ₂ / Peak HR)	95	139	—	—
	Minute 5	96	133	—	—
	Minute 6 (Test End)	96	127	3 (Moderate)	465 m
Post-Test Recovery	Recovery Minute 1	97	137	—	—
	Recovery Minute 2	95	125	—	—
	Recovery Minute 3	95	120	—	—
	Recovery Minute 4	99	130	—	—
	Recovery Minute 5	95	125	0.5 (very slight)	—

SpO₂: Oxygen Saturation, HR: Heart Rate, 6MWT: 6-Minute Walk Test

End of Test Parameters: At test completion, the patient covered a total distance of 465 m with an immediate pulse rate of 127 bpm and SpO₂ of 96%, with vitals stabilizing at 122/70 mmHg blood pressure, 125 bpm pulse rate and 95% SpO₂ by the end of the 5-minute recovery phase.

Table 4: Breath Hold Test ^[11]

Parameter	Duration (seconds)
Inspiratory Breath Hold	3.79
Expiratory Breath Hold	9.93
Maximum Breath Hold	16.51

Table 5: Climbing Test ^[12]

Stage	Oxygen Saturation (SpO ₂)	Pulse (bpm)	Blood Pressure (mmHg)
Before Test	97%	103	115/75
After Test	98%	133	122/70

Purvakarma (Preparatory Phase): The preparatory phase began with *Deepana-Pachana* with *Chitrakadi Vati* (2 tablets thrice a day before food) for 4 days, starting on 6/2/2026. After that, *Snehapana* (internal oleation) with *Sukumara Ghrita* in *Arohana krama* (increasing daily doses) (30ml, 60ml, 100ml, and 150ml) was done over a period of four days. On the 3rd and 4th days of *Snehapana*, the *Ghrita* was mixed with ¼ teaspoon of *Saindhava Lavana* and ¼ teaspoon of *Trikatu Churna* to help the *Sneha* digest and mobilize the *Doshas* from *Shakha* to *Koshtha*. During the *Vishrama Kala* (resting phase), the patient underwent *Sarvanga Abhyanga* with *Ksheerabala taila*, followed by *Sarvanga Bashpa Sweda* (steam fomentation) to mobilize the localized *doshas* towards the *Koshtha*. The diet followed during the *Vishrama Kala* is presented in Table 6.

Table 6: Vishrama Kala Diet

Meal Timing	Diet
Breakfast	Sweet Pongal
11:00 AM snack	Jamun (3-4) / Medu Vada /Dahi Vada / Milk-Based Sweets
Lunch	Curd Rice
4:00 PM Snack	Jamun (3-4) / Medu Vada /Dahi Vada / Milk-Based Sweets

Dinner

Rice + Milk + Sugar

Pradhana Karma (Vamana Procedure): On the day of the procedure, the patient's vital signs were recorded prior to the procedure: Weight: 72.9 kg, Blood Pressure: 110/81 mmHg, and Pulse: 87 bpm.

The *Vamana* procedure was carried out following the classical protocol of *Akanthapana*, wherein fluids were administered sequentially to facilitate adequate gastric filling and induce emesis.

1. **Yavagu (Medicated gruel)** - 166 g
2. **Ksheera (Milk)** - 759 g
3. **Vamaka Kashaya** - 223 g comprising of *Madanaphala* (5 g), *Vacha* (5 g), *Pippali* (5 g) and *Yashtimadhu* (5 g)

4. **Yashtimadhu Phanta** - 2949 g

5. **Jala (water)** - 4345 g

- **Fluid Balance & Hemodynamic Shift:** The patient's total fluid intake was 8442 g, and total output was 5515 g. During the procedure, significant hemodynamic stress was observed, with her blood pressure rising to 119/90 mmHg and pulse increasing to 99 bpm.

- **Outcome:** The procedure resulted in 4 *Vegas* (episodes of vomiting), with the appearance of *Kapha* in the final bouts of vomitus, indicating *Kaphantiki Vamana*. The purification was assessed as *Avara Shuddhi* (Mild Purification). (Table 7)

Table 7: Comprehensive Shuddhi Assessment Parameters

Criteria Type	Clinical Observation Recorded
<i>Antiki</i>	<i>Kaphanta</i>
<i>Vaigiki</i>	4 <i>Vegas</i> (and 9 <i>Upavegas</i>)
<i>Maniki</i>	Total Intake (Input) - 8442 g Total Emetic Output (Output) - 5515 g
<i>Laingiki</i>	Positive manifestation of <i>Murdha Shuddhi</i> and <i>Indriya Shuddhi</i>
<i>Shuddhi Prakara</i>	<i>Avara Shuddhi</i>

Complication Manifestation and Clinical Management: After the procedure, the patient's general vitals returned to normal (BP: 114/89 mmHg, Pulse: 89 bpm, SpO₂-98%). However, immediately after the procedure, the patient developed prominent redness in her eyes. Visual acuity was examined immediately, which revealed normal best-corrected visual acuity (BCVA) of 6/6 in bilateral (B/L) eyes and Intraocular Pressure (IOP) of 14 mmHg B/L eyes. Based on the clinical presentation and ophthalmological examination findings, a diagnosis of Subconjunctival Hemorrhage (*Arjuna*) was established (Figure 1). She reported no other general complaints or visual disturbances.

Management Protocol

Local Therapy: The complication was quickly managed with "Eye Plus" eye drops, which were

administered as two drops in each eye four times a day. Through continuous observation and adherence to the prescribed drops and systemic pacification, the Subconjunctival hemorrhage successfully and completely resolved within 12 days (**Figure 2**). No oral medications for SCH were advised post *Vamana*, owing to *Samsarjana Karma* and also that SCH is a self-limiting condition^[13], which needs to be monitored for any further complications. Thus, no oral medications were started and only Ocular therapeutics in the form of Eye Plus eye drops (2 drops four times a day) were advised for 12 days until complete clinical resolution.

Samsarjana Karma (Dietary Rehabilitation): The patient was put on a strict graduated diet to slowly bring her digestive fire (*Agni*) back to normal. The patient was instructed to strictly avoid hot, spicy, fried, and junk food.

Table 8: Samsarjana Karma

Day	<i>Annakala</i>	<i>Ahara</i>
1 st day	Morning - <i>Vamana</i>	-
	Lunch	Red rice Ganji
	Dinner	Red rice Ganji
2 nd day	Breakfast	Khichdi (without vegetables and spices)
	Lunch	Khichdi
	Dinner	Rice and Rasam
3 rd day	Breakfast	Upma
	Lunch	Rice and Rasam

	Dinner	Rice and Rasam
4 th day	Breakfast	Normal diet

A review of ocular examination was done every day after the start of ocular therapeutics and the hemorrhage was found to reduce as days passed. No complication in regards to vision was noted.

Systemic Medications: The patient was given *Kamadugdha Rasa* with *Mukta* (1 tablet, thrice a day, 15 minutes before food for 15 days) and *Jeerakadi Rasayana* (1 tsp in the morning before food for 1 month) as part of *Shamana Chikitsa* for her underlying condition.



Fig 1: Bilateral Subconjunctival Hemorrhage immediately following Vamana Karma

Clinical photograph showing acute, bright red patches of Subconjunctival blood extravasation over the inferior and nasal bulbar conjunctiva of both eyes following *Vamana Karma*. Best corrected Visual acuity (BCVA) remained intact at 6/6.

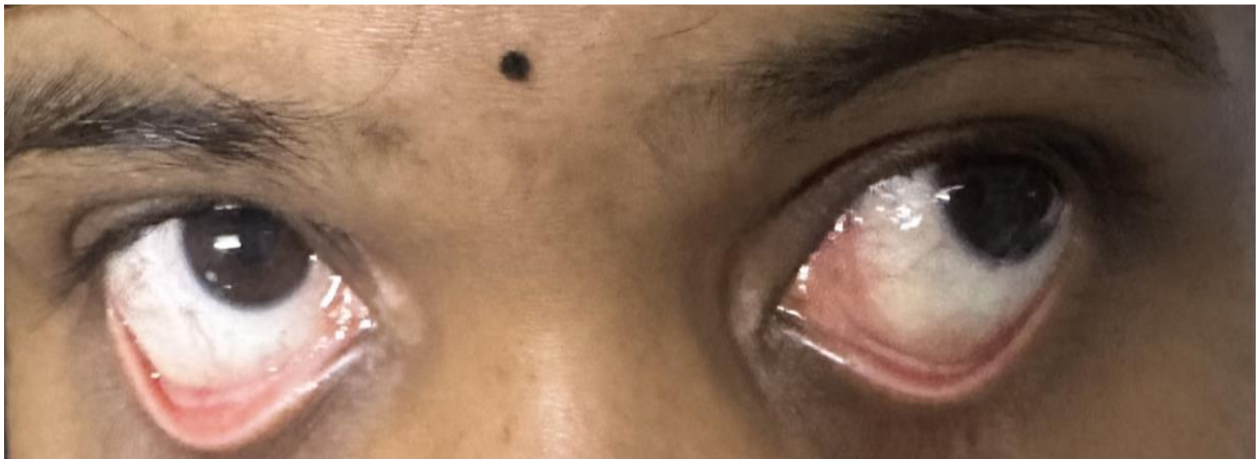


Fig 2: Complete Resolution of Bilateral Subconjunctival Hemorrhage on Day 12

Follow up clinical photograph demonstrating total resorption and clearance of the Subconjunctival Hemorrhage (*Arjuna*) in both eyes following 12 days of conservative topical ocular management, with restoration of normal scleral and conjunctival architecture and no residual visual or structural defects.

Clinical Timeline of the Case

A chronological overview mapping out the complete clinical course, from the patient's baseline diagnostic evaluation through *Panchakarma* interventions to the resolution of the complication, is presented systematically in Table 9.

Table 9: Timeline

Date/ Time	Clinical Milestone / Phase	Specific Intervention or Event Record	Key Observation Metrics
Nov 2025- Jan 2026	Historical baseline	Patient experienced chronic symptoms of decrease appetite, acid reflux and sun induced rashes	Diagnosed with <i>Amlapitta</i>

Feb 2, 2026	Admission & pre procedural clearance	Completed <i>Ashta Sthana</i> , <i>Dashavidha</i> and cardio-respiratory functional examinations (6MWT, Breath Hold)	Completed preprocedural systemic fitness assessments without clinically significant abnormalities; ocular assessment was not performed.
Feb 2- Feb 5, 2026	<i>Purva Karma: Deepana – Pachana</i>	Administration of <i>Chitrakadi Vati</i> (2 tablets thrice daily before food)	Achieved <i>Nirama Lakshanas</i> and corrected initial <i>Agni Mandhya</i> .
Feb 6- Feb 9, 2026	<i>Purva Karma: Snehapana</i>	Graduated internal oleation using <i>Sukumara Ghrita</i> (30ml upto 150ml, with <i>Saindhava Lavana</i> and <i>Trikatu</i> on day 3 and 4)	Confirmed optimal <i>Samyaka Snigdha Lakshanas</i> by day 4.
Feb 10, 2026	<i>Purva Karma: Vishrama Kala</i>	<i>Sarvanga Abhyanga</i> with <i>Ksheerabala Taila</i> followed by <i>Sarvanga Bhashpa Sweda</i> , <i>Kapha utklesha Ahara</i>	Successfully mobilized <i>Doshas</i> from <i>Shakha</i> to <i>Koshtha</i> .
Feb 11, 2026	<i>Pradhana Karma</i> (Procedure Day)	Executed <i>Vamana Karma</i> with classical <i>Akanthapana</i> using <i>Yavagu</i> (166g), <i>Ksheera</i> (759g), <i>Madanaphala Kashaya</i> (223g), <i>Yashtimadhu Phanta</i> (2949g) and <i>Ushna Jala</i> (4345g)	Yielded 4 <i>Vegas</i> and 9 <i>Upavegas</i> (total input: 8442g, output: 5515g), graded as <i>Avara Shuddhi</i> with <i>Kaphanta</i> Termination. Hemodynamic load peaked at BP 119/90 mmHg, Pulse 99 bpm.
Feb 11, 2026	Complications Manifestation	Immediate appearance of acute, bilateral, painless scleral redness post procedure	Diagnosed with iatrogenic <i>Arjuna</i> (SCH); BCVA stable at 6/6, IOP normal at 14mmHg, BP:114/89mmHg, pulse 89 bpm.
Feb 11- Feb 13, 2026	<i>Paschat Karma: Rehabilitation</i>	Implementation of a strict 3-day graduated dietary regimen (<i>Samsarjana Krama</i>) progressing from thin <i>Ganji</i> to a regular home diet.	Successfully restored central <i>Jatharagni</i> and tracked progressive daily resorption of scleral blood patches.
Feb 14, 2026 onwards	<i>Shamana Chikitsa</i> and Follow-up	Introduction of oral medications for underlying <i>Amlapitta</i>	Achieved complete clinical resolution of bilateral <i>Arjuna</i> by day 12 without any residual visual or structural deficits.

DISCUSSION

When *Vamana* is induced, it triggers a significant bio mechanical and haemodynamic stress response. Repeated vomiting resembles a prolonged Valsalva maneuver, which substantially elevates the pressure in both the chest and abdomen.^[6-8] In this patient, the haemodynamic load was unequivocally measured. Her blood pressure increased from 110/81 mmHg to 119/90 mmHg, and her pulse rate rose from 87 bpm to 99 bpm during the *Pradhana Karma*. This abrupt mechanical pressure, coupled with the upward movement of fluids, subjected the valveless capillaries in the eye area (*Shukla Mandala*) to excessive stress, resulting in immediate blood leakage (*Arjuna*).

A noteworthy observation from this case is the exclusion of ocular health examination from conventional pre-procedural fitness protocols. Since isolated *Arjuna* is not mentioned as a standard primary complication (*Vyapat*) in routine practice guidelines,

modern Ayurvedic clinical pathways have not been updated to identify it.

Interestingly, classical Ayurvedic literature does recognise the susceptibility of ocular structures to *Vamana*. *Acharaya Charaka*, while describing individuals unsuitable for *Vamana*, includes “*तिमिरशिरशङ्खकर्णाक्षिशूलार्ताः*”^[14] and further explains that “*तिमिरार्तानां तिमिरातिवृद्धिः*”^[15] indicating that *Vamana* can aggravate pre-existing ocular pathology and worsen visual disorders. Thus, *Charaka* explicitly acknowledged the vulnerability of the eye to the forces generated during emesis.

Chakrapani, in his commentary, accepts this contraindication and emphasizes the aggravation of *Timira* following *Vamana*.^[16] Similarly, *Acharaya Sushruta* lists “*तैमिरिक*” among the contraindications of *Vamana*,^[17] and *Dalhana* explains this as a patient suffering from *Timira*.^[18] The concurrence of both

Charaka and *Sushruta* suggests a shared classical understanding that ocular disorders are particularly susceptible to aggravation during *Vamana*.

From a modern physiological perspective, these classical observations appear highly relevant. Repeated retching during *Vamana* produces Valsalva-like effect, causing transient elevations in venous pressure within the head and neck, leading to SCH.^[19] The present case may therefore represent a modern clinical correlate of the classical warning regarding ocular aggravation during *Vamana*.

Our pre-procedural assessment serves as a prime example of this systemic oversight. A thorough systemic examination, including rigorous testing of the respiratory system (Breath Hold Tests^[11] up to 16.51 seconds, RS auscultation) and the cardiovascular system (comprehensive minute-by-minute 6MWT^[10] demonstrating completion of the test without clinically significant oxygen desaturation, Climbing Test,^[12] CVS auscultation) was conducted to rule out any significant systemic contraindications. The patient demonstrated satisfactory systemic fitness and cardiopulmonary tolerance during the preprocedural assessment. However, no ocular examination was conducted. Since ocular assessment is not routinely included in standard pre procedural protocols for *Vamana*, this aspect was inadvertently overlooked.

The present case highlights an important gap between classical and contemporary clinical practice. While modern pre-*Vamana* assessments routinely evaluate cardiovascular and respiratory fitness, ocular fitness remains largely neglected despite explicit classical contraindications related to eye disorders.

The successful completion of systemic fitness tests does not guarantee the structural integrity of the ocular micro vasculature. The occurrence of SCH in a healthy, normotensive 32-year-old female highlights a critical deficiency in *Vamana* clearance protocols. A structured pre procedural ocular evaluation should include the thorough examination of the eye, and screening for previous ocular disorders or predispositions to bleeding.

In view of both the classical observations of *Charaka* and *Sushruta* and the modern understanding of Valsalva-induced vascular injury, incorporation of a basic ocular fitness assessment before *Vamana* appears justified.

If feasible, a torchlight or slit-lamp examination may also be employed. In certain instances, correlation with systemic parameters, such as blood pressure and coagulation status, may be considered. Such measures may help identify patients at increased risk of ocular complications and further improve the safety profile of *Vamana Karma*.

Strengths and Limitations of Case Approach

- **Strengths:** This case report details real time, objective, minute-by-minute cardiopulmonary and hemodynamic tracking data paired with classic *Shuddhi* parameters, bridging the gap between clinical pathophysiology and classical Ayurvedic principles.
- **Limitations:** Because an objective baseline ocular mapping was not part of standard clearance protocols, the exact pre-existing structural vulnerability of patient's conjunctival vessels could not be documented prior to *Vamana*.

CONCLUSION

Subconjunctival hemorrhage (*Arjuna*) is a prominent indication of vascular stress due to intense hemodynamic stress from *Vamana Karma*. This detailed case report shows that standard systemic fitness tests are not enough to predict localized ocular vascular accidents, even though they are important for preventing cardiopulmonary emergencies.

Due to the absence of any previous case or classical text that distinctly identifies *Arjuna* (SCH) as a standard pre-screening criteria, the ocular system has often been overlooked in *Vamana* fitness assessments. Although the complication in this case was effectively resolved within 12 days through timely management, it continues to represent a readily preventable iatrogenic injury.

Since the sclera is readily visible on simple torch-light examination, SCH can easily be identified. However, if a similar event happens to the Retinal vasculature, individual's vision may be at stake. This warrants the importance of incorporating ocular assessment before *Vamana Karma*.

Hence, as a new standard of care, a thorough ocular examination, specifically assessing capillary fragility and baseline conjunctival health must be integrated to the pre-procedural fitness checklist along with the usual RS and CVS tests. Implementing this standard will help predicting the vascular vulnerability, prevent iatrogenic *Arjuna*, and ensure *Vamana Karma* is conducted safely and smoothly.

Declaration of Patient Consent

The authors certify that they have obtained appropriate patient consent. Written informed consent was obtained from the patient before the commencement of the procedure. The patient has given her consent for her clinical details and accompanying images to be published in the journal. The patient understands that her name, initials and identifying particulars will not be published and due efforts will be made to conceal her identity, but absolute anonymity cannot be guaranteed.

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