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Case Study

TO STUDY THE ROLE OF *VAMAN KARMA* IN PATHOGENESIS PCOD (POLYCYSTIC OVARIAN DISEASE)

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ABSTRACT

PCOD is a common gynecological problem in fertile age group of women which includes hormonal imbalance, weight gain and disturbed menstrual cycle. PCOD can be correlated with '*Granthi*' described in ayurveda on the basis of pathogenesis and aetiology. Ayurveda suggested Vamana Karma (Initiate vomiting by medicinal drugs) for treatment of *Granthi*. According to Ayurveda Samhita (classic text) pathogenesis of Granthi is due to vitiation of Kapha dosha and Meda dhatu. On comparison with modern science all the etiological factors of PCOD are same as factors responsible for vitiation of Kapha dosha and Meda dhatu like sedentary life style, excessive consumption of fast foods, day sleep etc. Vaman karma also corrects vitiated Kapha dosha and Meda dhatu. Hence Vaman Karma can be very beneficial in treatment of PCOD patients. Clinical study of 20 patients of PCOD of fertile age group of women is carried in Anand Ayurved College. Patients are treated with Vaman karma along with Ayurvedic medicine and exercise for three months. Study shows significant positive changes in pathogenesis of patients. Vaman karma also corrects hormonal imbalance in much extent. Weight loss and menstrual regularity are observed in patients. Thus Vaman karma can be proven as a landmark treatment in PCOD along with Ayurveda medicine, diet and exercise.

KEYWORDS: PCOD, Polycystic Ovarian Disease, Granthi, Vaman, Kapha, Meda.

INTRODUCTION

Now day's polycystic ovarian disorder is a common problem in fertile age group of women. It was first described in 1935 by Stein and Leventhal.^[1] According to modern science PCOD is found 1% among total female population.^[2] While 50% cases of PCOD are found within the age of 15 to 25 years of patients.^[2] Thus it shows the severity of disease. Causes of PCOD are sedentary life style, lack of exercise, inappropriate eating habits, stress and mental disturbances.^[3] According to Ayurveda all these above causes are described in vitiation of Kapha dosha and Meda dhatu.^[4] Pathogenesis of PCOD Shows increased GnRH causing raised level of LH:FSH ratio. All this results in hyperandrogenism causing increased insulin resistance, obesity, hormonal imbalance and premature arrest of maturation of follicles in the ovaries.^[5] This arrest of follicles causes formation of small cysts in the ovaries and increases volume of ovaries. On the basis of aetiology i.e., Hetu and pathogenesis i.e. Samprapti of PCOD can be corelated with Granthi described in Ayurveda (charak chikitsa 12/81-82).^[5] According to Ayurveda Samhitas Granthi is a mass formed at any organ of the human body and it is caused by vitiation of Kapha and Meda^[6]. Hence PCOD can be correlated

to Bijashay or Antafal granthi. Ayurveda described that *Kapha dosha* is produced as *Mala* of *Rasa dhatu* and Raja i.e., endometrium and menstrual blood is *Updhatu* (secondary element) of *Rasa dhatu*.^[7] Hence for treatment of PCOD vitiation of Kapha, Apan vayu, Meda dhatu, Rasa dhatu and Raja should be corrected. *Vaman karma* is described in Avurveda as one of the *Panchkarma* procedure in which vomiting is induced after appropriate Snehan and Swedana considering *Prakriti* i.e. constitution of patient and pathology of disease.^[8] According to Vaghbhata, Vaman is indicated in Granthi and it corrects vitiation of Kapha dosha, Rasa and Meda dhatu.^[9] As in PCOD there is vitiation of *Kapha*, *Meda* and *Raja* mainly and Vaman karma is very much useful to correct the pathology. Hence to evaluate the effect of Vaman karma on the pathology of PCOD 20 female patients of fertile age group were taken for clinical trial. Patients were given Vaman by Madanfala kwath (Rania Dumetorum) in ideal manner.^[10] After Vaman karma patients were treated for next three months with Ayurvedic medicines, exercise and diet. Pathological investigations and clinical examination were done before and after 3 months. Patients showed significant positive changes in their symptoms. Pathological investigations show significant correction of hormonal imbalance. Thus *Vaman karma* can be proven as a landmark treatment in PCOD along with Ayurveda medicine, diet and exercise.

Aim

➢ To study the effect of Vaman karma in pathogenesis of PCOD.

Objectives

- To study the aetiology and pathology of PCOD according to ayurveda and modern science
- To study the correlation of PCOD and *Granthi* described in Ayurveda.
- > To study the procedure of *Vaman karma*.

Material

20 patients of PCOD in fertile age group of female were taken for clinical study irrespective of **Subjective**

their marital and social economical status. Ranbaxy kits were used for pathological investigations of patients.

Madan phal kwath (Rania Dumetorum)

Criteria for selection of Patient

Inclusive criteria

Female patients of PCOD in fertile age group (15 to 30 years) irrespective of marital status, economical and social status were selected for study.

Patients showing Polysictic ovarien changes in ultrasonography.

Exclusion criteria

HIV patients

HBsAG positive patients

Thyroid related disorders

Assessment criteria

Sr no	Parameters	Criteria	Grade
1	Hirsutism	1)Hair growth at chin	0
		2)Hair growth at both chin and face borders	1
		3)Hair growth at chin, face border and abdomen	2
		4)Hair growth at chin, face border and abdomen	3
		and chest	

3

Objective Criteria

Sr no	Parameters	Criteria	grade
1	Amenorrhea	Present	0
		Absent	1
2	BMI	<20	0
		20-24	1
		25-29	2
		>30	3
3	LH:FSH ratio	Normal	0
		Increased	1

Method

All the details of patients were noted down thoroughly on specially prepared case report format for the study. Ultrasonography (Abdomen and Pelvic) of patient was done. Then laboratory Pathological investigation: BSLF/P, LH:FSH Ratio, Fasting insulin, total cholesterol, triglycerides, testosterone level were done on the next day of clinical examinations of patient. Then *Snehan* was given to the patient for 5 to 7 days as per constitution of patient and state of disease. Different types of medicinal *Ghrita* were used for *Snehan* as per patient state. Ideal *Vaman* procedure was followed by using following *Vaman yoga*: Madanphal beej kwatha + Saindhav + honey

After that *Sansarjan krama* was followed. Then all the patients were given Ayurvedic medicines for three months as follow:

Kuberaksha Ghana vati 2 tablets BD before lunch and dinner

Sarivadya asava 15ml after lunch and dinner

Chandraprabha vati 2 tablets before lunch and dinner *Phal grhrita* 30ml in the morning at fasting stage

Anuloman (soft laxative) was given as per patient Prakriti Medopachak Along with medicine exercise like *Suryanamskar*, walking, *Yogasana* and Diet were given to patients for three months. After three months ultrasonography and all pathological investigations were repeated. All clinical examination also noted after three months.

Observations

Clinical and other findings obtained from study is presented as follow:

Age group	No of patients	Percentage	
15-25	09	45%	
25-30	11	55%	
Total	20	100%	

Table 1: Showing distribution of patient as per age group

Table 2: Showing distribution of patient as per marital BMI (Body mass index)

BMI	No of patients	Percentage	
<20	02	10%	
20-24	05	25%	
25-30	09	45%	
>30	04	20%	
Total	20	100	

Table 3: Showing distribution of Hetusevana (causative factors) in patients

Hetu	No of Patients	Percentage
Navannapan sevan (New grains)	15 aprilipation and and	75%
Divaswapnam (daysleeping)	12	60%
Avyayam (lack of exercise)	17 🏬 儿 🧃	85%
Mansahar (Nonveg consumption)	10	50%
Fast food consumption	18 UAPR	90%
Milk Products consumption	15	75%
Ratro jagran	15	75%

Results

Table 4: showing significant clinical Changes in Symptoms of patients before and after treatment where n (no of Patients)=20

Sr no	Criteria of assessment	Symptoms before treatment	Change in symptoms after treatment	
1	Effect on Menstruation	Irregular cycle-08	Regular cycle-08	
		Amenorrhea- 12	Menstruation started- 12	
2	Effect on Weight	Gain- 18	Loss-18	
3	Insuline resistance	Increased -15	Decreased-13	
4	Hersutism	Present-18	Absent- 15	
5	Effect on fertility	Infertile -04	Infertile-01	
6	Effect on Menstruation	Irregular cycle-08	Regular cycle-08	

Graphical Presentation of Change in Symptoms Before and After Vaman karma and Ayurveda Treatment

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Sr no	Pathological investigations	Before treatment	Change in investigations after treatment
1	Effect on LH;FSH ratio	Increased- 16	Normal- 19
2	Effect on Cholesterol	Increased- 10	Normal- 18
3	Effect on Triglyserides	Increased- 10	Normal- 20
4	Effect on BSL	Increased- 15	Normal- 20

Table 5: Showing Distribution of Changes Pathological Investigations in Patients Before and After Treatment Where n =20(No of patient)

Table 6: Showing Distribution of Significant USG (Abdomen and Pelvic) Changes in Patients AfterVaman karma and Ayurvedic treatment

Radiological changes	No of patients	Percentage	
Decreased ovaries volume	13	65%	
Decreased cystic structure of ovaries	10	50%	
Increased Ovulation	15	75%	

Statistical Analysis

Table 7: Statistical analysis of patients data before and after treatment by using Paired T test

							-
Symptoms	Phase	Mean	SD	SE	T value	P value	Significance
Effect on	BT	1.2	0.75	0.10	4.1	< 0.001	Highly
menstruation	AT	0.4	0.51	0.05			significant
Effect on	BT	52	11.88	2.65	9.5	< 0.0001	Extremely
weight	AT	48	10.12	2.26	12		significant
LH:FSH ratio	BT	1.1	0 <mark>.8</mark> 7	0.08	3.5	< 0.001	Highly
	AT		OVIE		ma		significant

Table shows P values calculated are have very much statistical significance. Statistical analysis was done by using Paired T test on collected data.

DISCUSSION

- 1) Maximum patients with PCOD show menstrual disturbance. 60% shows amenorrhea while 40% patients shows irregular menstruation which indicates *Raja dooshti* in patient. *Raja dooshti* is due to blockage (*Avrodha*) of *Aartvavaha srotas* by *Kapha dosha*. *Raja* (endometrium and menstrual blood) is described as *Updhatu* (secondary element) of *Rasa dhatu* (Primary element)^[11]. *Vaman* in these patients corrects the *Rasa* and *Kapha dooshti* as *Vaman karma* is indicated for correction of vitiated *Kapha*.^[12] Thus *Vaman* removes blockage (*Avrodha*) in *Aartvavah srotas* formed due to *Kapha* and *Meda* and it corrects the menstruation.
- 2) Sedentary life style, increased consumption of fast food, increased consumption of packed food with preservatives, lack of exercise, increase stress levels and day sleep were found as causative factors (*Hetu*) in all patients. Ayurveda ancient books describes above factors as *Hetus* of vitiation of *Kapha Pitta dosha* and *Rasa Meda dhatu*.^[13] All above factors are also responsible for formation of

Granthi.^[14] Hence *Granthi* can be correlated to PCOD.

- 3) Menstrual abnormality in PCOD is also due to hormonal imbalance. In these patients secretion of GnRH is increased by hypothalamus which causes raised in LH:FSH ratio^[15]. Due to which there is hyperandrogenism leading to amenorrhea or irregular menses. When hormonal investigations before and after *Vaman karma* and medicinal treatment get compared it shows correction of hormonal imbalance. There is decreased LH:FSH ratio in the patients. Thus it shows that *Vaman karma* have significant effect on hormonal changes. 60% of patients showed irregular menses before study among which 50% patients showed regular menstruation in this study. (Table no 4 and 5)
 - 4) In PCOD the 90% patients suffers from insulin resistance causing weight gain in patients (Table no 4) which indicate vitiation of *Meda dhatu* due to increased *Kapha dosha. Meda dhatu* gets vitiated by *Guru* (difficult to digest elements), *Sthir* (No physical movements), *Manda guna* (properties) of *Kapha dosha*^[16]. *Vaman karma* in PCOD decreases the fat which is accumulated in body due to *Medo dushti. Vaman* also corrects the vitiation of *Meda*

due to *Kapha dosha*. ^[17] All the patients show significant weight loss after *Vaman karma*.

- 5) Exercise like suryanamskara, walking with proper diet and meditation also helped in weight loss. As exercise decreases *Kapha meda vrudhi* (quantitative and qualitative increase).^[18]
- 6) In PCOD pathogenesis there is arrest of ovulation causing formation of cysts in the ovaries which increases volume of ovaries^[19]. It can be assessed by USG. These cysts can be correlated with *'Granthi'* described in Ayurveda *Samhitas. Granthi* is formed due to vitiation of *Kapha dosha* and *Meda dhatu*.^[20] According to Ayurveda all diseases caused by vitiation of *Kapha* can be treated by *Vaman karma*.^[21] Hence in PCOD *Vaman karma* is useful to treat the *Bijashay Granthi*. In this study all the patients showed increased volume of ovaries. After *Vaman karma* and medicinal treatment 65% patients showed decreased in volume of ovaries in repeat USG. (Table no 6)
- 7) In this study 4 patients were suffering from PCOD for long time therefore it led to infertility in those females. After *Vaman* and all other treatment with exercise there is correction of ovulation and menstruation. 3 females got conceived after *Vamana karma*. It shows that *Vaman* acts on hormonal imbalance and functions of ovaries.
- 8) Vaman yog (medicines to induce vomiting) used to give Vaman in patients have properties like Sukshma Tikshna which causes functioning of Vaman drugs at deep level.^[22] Hence Vaman karma affects on hormone secretary glands like pituitary and hypothalamus and corrects the hormonal imbalance.

CONCLUSION

- 1) *Hetu* (causative factors) of PCOD are all the factors which increases *Kapha dosha* and *Meda dhatu* qualitatively and quantitatively e.g. sedentary life style, lack of exercise.
- 2) PCOD can be correlated to *Granthi (Bijashaya)* on the basis of aetiology and pathogenesis.
- 3) *Samprapti* (Pathology) of PCOD includes vitiation of *Kapha, Pitta dosha, Apan vayu, Meda dhatu, Rakta dhatu* and *Raja* (menstrual blood and endometrium) and *Vaman karma* corrects all these vitiation.
- 4) *Vaman karma* is proven as beneficial in PCOD as it corrects ovulation, helps in weight loss and also improves hormonal imbalance.
- 5) *Vaman karma* along with exercise and diet can be proven as a landmark in treatment of PCOD
- 6) Meditation is also important to relive the stress factor affecting the patient.

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