

CLINICAL EFFICACY OF *VAMANA KARMA* AND *SHAMANUSHADHI* IN THE MANAGEMENT OF POLYCYSTIC OVARIES WITH SECONDARY SUB FERTILITY (*Kaka - Vandhyatva*) – A CASE REPORT

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ABSTRACT

Every creature in this universe, tries to keep up its progeny. For this purpose, each creature has been given reproduction by the God. God has given this precious gift to the woman. Acharya Charaka has mentioned that the woman is the origin of progeny. Motherhood is the cherished desire deep down in the heart of every woman. The desire for offspring in every woman is synonymous with motherhood as it adds a new meaning to her life and existence. In order to fulfil this achievement, it is essential that both the partners should be fertile. Acharya Sushruta has described four essential factors for fertility. PCOS is a common female endocrine disorder with prevalence ranging from 2.2% to 26%. Most reports have studied adult women with age ranged from 18 to 45 years¹. The prevalence of infertility in women with PCOS varies between 70 and 80%. This is a case report of treating a lady aged 30 years who suffered from PCO with *Kaka - Vandhyatva*.

Keywords: Vandhyatva, PCOS, Infertility, Sub fertility

INTRODUCTION

Vandhyatva (Infertility) is an independent disease, rather a cardinal feature of so many diseases. In Sushruta Samhita, the Vandhyatava has been included in twenty Yoni vyapada. Acharya Charaka and Vagabhatta have referred Vandhyatva due to abnormality of Beejamsa. First time Acharya Harita has classified Vandhyatva in detail. In Padma Purana it is mentioned that a woman having one child is called

'KakaVandhya'. Apraja: Infertility in which woman conceives after treatment. Sapraja is a condition, in which woman in her active reproductive age doesn't conceive, after giving birth to one or more children. It refers to secondary infertility. Vyaghrini² – This Vandhya has one child infertility.

According to modern science, primary infertility denotes those patients who have never conceived.

Secondary infertility indicates previous pregnancy but failure to conceive subsequently.

Vamana Karma is a process by which elimination of vitiated Doshas (Kapha and Pitta) are eliminated from the body. It is indicated in all types of Kapha predominant diseases.

Probable Samprapti of the disease:

Nidanas such as *Ahara* *Nidana* which lead to *Ama – rasa*, *Vihara – dosha* such as *Vegadharana* as she was working lady and she had developed *Arig – dosha* (PCOS) of the patient lead to Vriddhi in Kapha Dosha and Ksheenata of Pitta Dosha, this vitiated Dhatwagni. Rasa dhatwagni and medho dhatwagni were affected leading to symptoms of respective srotodhushti, thus sthauilya, and Artava dushti lakshana's were seen in this condition. The Ahara rasa formed lead to Dushti of only Medho dhatu causing Sthouilya laxana's in patient and as improper nourishment of Rasa dhatu lead to Artava dushti or Ksheenata of Artava.

Presentation of the case:-

Patient aged 31 years, female, c/o irregular cycles from past five to six years anxious to conceive for the second baby after a gap of six years from the previous delivery approached our hospital (JSS Ayurveda Hospital, Mysore) for treatment. She had taken allopathic treatment for about 7 to 8 months but cycles were not regularised and she started to gain weight gradually. She was absolutely normal with normal menstruation since menarche. She had not experienced any difficulty in conceiving for the first time and she had conceived naturally. Her obstetric history was as follows: G1P1A0L1. Gradually she experienced irregular cycles after the delivery. She had undergone caesarean section in her previous pregnancy. She had no H/O any thyroid dysfunction, diabetes mellitus and hyper tension. The ultra sonography reports showed normal position and size of the uterus. The endometrial thickness was also normal. The ovaries were normal in size but showed multiple follicles esp. in the periphery indicating mild bilateral PCOS. HSG was normal indicating normal bilateral tubes.

P/S: cervix slightly posterior, healthy and no abnormal discharges found.

P/V: uterus was ante verted, ante flexed, fornices free and no tenderness was present.

Her LMP was 2months back before she visited our hospital. UPT was advised and found to be negative. Pregnancy was ruled out on USG also and it was suggestive Poly cystic ovaries.

She works as a teacher in a private school. Her husband was absolutely healthy and did not have any disorders before treatment and during the course of treatment Couple had not used any form of contraception after marriage. It was not consanguineous marriage. All family members were said to be healthy.

Aim and objectives

To treat *Nidanas*, improve ovulation (*Stree beeja and Rajah Srava*) and aid in conception.

Materials and methods

Research Design: Present study was a single case study. Shodhana followed by Shamana Chikitsa was administered.

Shodhana Chikitsa was done in the following manner.

Deepana – Pachana was done for five days as the patient had Ama with

Tab. Agnitundi Vati: 1-1-1

Tab. Chitrakadi Vati: 1-1-1 both administered 15min. before food.

Pravicharana Snehapana was done from the sixth day onwards with Murchita Tila taila. After Samyak Snigdha Lakshanas were found, next day the patient was asked to take Kaphotklesha Ahara without disturbing digestion. The patient was also given Sarvanga Abhyanga and Bashpa Sweda on the same day.

Next day after Sarvanga Abhyanga and Bashpa Sweda Vamana Karma was done using the following:

Ksheera

Yashtimadhu Phanta

Saindhava Jala

Medicines used: *madana pippli churna, yahtimadhu churna, vacha churna and saindhava lavana* mixed along with *madhu*.

The patient had Pravara shuddhi (8 vegas). Laingiki, Maniki and Antiki were observed and were normal. The patient was advised Samsarjana Krama accordingly.

First three months she was administered with Tab. Rajapravartini Vati 2-2-2 for fifteen days after food until she got her periods.

Tab. Lasunadi Vati 2-0-2 X One month after food
Syp. Lasuna Erandadi Kasaya: 15ml-15ml-15ml with equal amount of water for one month.

The patient got her periods after about ten days of starting the medication. Second and third month after treatment, she got her periods. But in the fourth month of medication, she had a delay of 10 days in getting her periods. Therefore Shamanoshadhis were changed to the following:

Tab. Rajapravartini Vati 2-2-2 for ten days

Tab. Lasunadi vati 1-1-1

Kanchanara guggulu 1-1-1

Syp. Varunadi Kasaya 15ml -15ml-15ml with equal amount of water

The patient got her periods but had not conceived. The patient was advised to take these medications for two months.

During the next follow up, the patient again C/O missed period, UPT and USG showed negative for pregnancy.

Again the Shamanoshadhis were changed to the following:

Tab. Rajapravartini Vati 2-2-2 for ten days

Tab. Lasunadi vati 2-2-2

Syp. Kumaryasava 15ml-15ml-15ml with equal amount of water

+

Syp. Varunadi Kasaya 15ml -15ml-15ml with equal amount of water

The patient was administered with this medication for three months and during this period her cycles were regular. Follicular study showed good follicles after these medications. Shamanoushadhis were

again changed and the following medicines were administered which she took nearly for four months. Tab. PCOS Nil: 1-0-1 from 6th day of the cycle after food

Tab. Hyponidd: 1-1-1 before food

Tab. Garbhapala Rasa: 1-1-1 after food

Tab. Pushpadhanva Rasa 1-1-1 after food

Syp. Ovarin: 15ml -15ml-15ml after food

Syp. Atrifem: 15ml -15ml-15ml after food

After taking these medications, the patient again had a missed period but did not visit the hospital. Even after two months she did not attain periods. Then she consulted a local doctor who did UPT and it was found to be positive. Knowing her pregnancy the patient again visited our hospital for further ante natal care through Ayurveda. The patient is now in her fourth month of pregnancy.

DISCUSSION

Polycystic ovarian syndrome is a heterogeneous collection of signs and symptoms when gathered together form a spectrum of a disorder with a mild presentation in some, and a severe disturbance of reproductive, endocrine and metabolic function in others⁷.

Classical description of PCOD is hard to pin point. Likewise the etiology and diagnosis remains controversial. No direct correlating condition was found in classical text books⁸. Hence aetiopathogenesis or *samprapti* of PCOD in *ayurvedic* terms were postulated.

Pushpagni jathaharini, Granthi, Anartava, Vandya yoni vyapat, Nashtartava, Artava kshaya, Sthoulya, Rasavaha, Sroto dusti, Medovaha sroto dusti, Beeja dosha can be analysed for PCOD.

In Ayurveda it is better understood based on the *doshas* and *dushyas* involved rather than a mere term to represent it⁹ according to *Sharangadhara* and *Bhavaprakash* the word *Vamana* is used to denote the removal of “*Apakwa Kapha* and *Pitta*” forcibly outside.

It is important to understand that the *Vamana Karma* is indicated for elimination of *Kapha*

Dosha not only in diseased states but also in healthy individuals in different physiological states where *Kapha Dosha* is aggravated e.g., in *Vasanta Ritu* (Spring) for preservation of health and prevention of disease. *Vamana Karma* is foremost procedure in management of *Kaphaja* disorders, where *Kapha* is predominant. Therefore *Shodhna Karmas* should be adopted in *Swastha* also which may prevent an individual from suffering from disorders. After *Shodhana Karma*, *Shamana Chikitsa* helps to correct the *Rutu*, *Kshetra*, *Ambu* and *Beeja* which are basic requirements for reproduction. They also helped the patient in correcting her *Artava Dushti* and *Agneya Guna* of *Artava*. Therefore she conceived after one year of treatment.

CONCLUSION

Treatment in this present case through *Shamanaou-shadhis* was mainly aimed at

1. *Agnideepana*
2. *Artavajanana* and
3. *Granthi vilayana*

The medicines also possessed properties like *deepana*, *pachana*, *shothahara*, *artavajanana*, *medohara* and *lekhaniya* properties.

Almost all the medicines had properties such as *ushna veerya*, *teekshna guna*, *katu rasa* and *katu vipaka*. The *Shamanoushadhis* also had the property of breaking the *Samprapti Ghatakas*. With these probable actions in mind the *Shamanoushadhis* were selected. All the above possible modes of actions of the medicines have been beneficial and aided in pregnancy.

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