

# Role of *Vamana Karma* in Restoring Follicle Maturation and Ovulation in Polycystic Ovarian Syndrome: A Narrative Review

ANJALI PRADIP KARANDE<sup>1</sup>, MANOJ SHAMKUWAR<sup>2</sup>, NITIN JINDAL<sup>3</sup>, RITU SAHRAWAT<sup>4</sup>

## ABSTRACT

Women of reproductive age with Polycystic Ovarian Syndrome (PCOS), a common endocrine-metabolic disorder, often experience chronic anovulation, hormonal imbalances, and infertility. Ayurveda Experts consider PCOS as a *Kapha Vata* condition on the basis of its presentation. Classical texts suggest *Vamana Karma* (therapeutic emesis) to address reproductive issues linked to *Kapha*. The present review combines insights from Ayurvedic literature and contemporary studies, exploring the effects of *Vamana Karma* on follicle maturation and ovulation. The current narrative review suggests that *Vamana Karma* may contribute to hormonal regulation, metabolic balance, and follicular development by mitigating *Kapha* imbalance and enhancing hepatic function. Clinical observations indicate potential improvements in menstrual regularity, ovarian morphology, endocrine markers, and insulin sensitivity. Collectively, these findings highlight *Vamana Karma* as a promising integrative approach for managing PCOS. However, its efficacy and safety remain to be established through rigorously designed randomised controlled trials.

**Keywords:** *Artavavaha srotas*, Hormonal imbalances, Infertility, *Panchakarma*

## INTRODUCTION

The physical, emotional, and social well-being associated with the female reproductive system and its physiological processes are all included in the concept of female reproductive health, which encompasses prenatal and maternal health, menstrual health, and fertility care. Hormonal imbalances, oestrogen-dependent organ dysfunctions, endometriosis, uterine fibroids, reproductive tract cancers, and PCOS are among the common ailments that negatively affect the reproductive health of women [1,2]. With an estimated prevalence of 5-20% worldwide, PCOS is the most prevalent endocrine-metabolic condition affecting women of reproductive age [3]. The pooled prevalence in India is estimated to be 11.3%, with prevalence rates ranging greatly from 2.2% to 26% [4]. Clinically, oligo or amenorrhoea, hirsutism, acne, acanthosis nigricans, obesity, and enlarged polycystic ovaries are the hallmarks of PCOS [5]. Infertility and persistent anovulation are commonly linked to these symptoms.

PCOS is a complex endocrine-metabolic disorder marked by insulin resistance, hyperandrogenism, and chronic low-grade inflammation, all of which disrupt normal folliculogenesis [6]. Excess ovarian androgen output hampers follicle growth and maturation, while an elevated Luteinizing Hormone to Follicle-Stimulating Hormone (LH:FSH) ratio suppresses FSH activity, leading to arrest of otherwise healthy antral follicles [7]. Intrinsic defects in early gonadotropin-independent stages of follicle development further contribute to anovulation.

Although PCOS is not defined as a single disease entity in Ayurveda, its manifestations correspond to conditions such as *Yonivyapad*, *Arajaska*, *Lohitakshaya*, *Vandhya* [8] *Pushpaghni Jatharini* [9], and *Artavakshaya* [10]. Many Ayurvedic scholars interpret PCOS as a metabolic disorder arising from *Agni Vaishmya*, affecting *Rasagni* and *Medodhatvagni*, and describe it as *Santarpanottha Vyadhi* or *Rasapradoshaja Vikara* [11].

Ayurveda conceptualises PCOS as a *Bahudoshavastha* involving predominant *Kapha* and *Vata* vitiation. Accumulated *Kapha* causes *Srotorodha*, which disturbs *Vata* function. Follicle maturation is primarily governed by *Kapha dosha*, and *Vamana Karma* is regarded as an effective intervention to eliminate the vitiated *Kapha*.

By clearing accumulated *Kapha* and removing channel blockages, *Vamana* may help restore hormonal balance and promotes normal follicular development [12]. Additionally, *Vamana* stimulates *Agni* (digestive fire), thereby enhancing the formation of *Prakrita Rasa Dhatu* and the subsequent *dhatu*s. It supports improved metabolism, improved Body Mass Index (BMI), and improves liver function, which is essential for healthy hormone production [11].

According to *Sushruta* the treatment advised for *Artava Kshaya* includes *Samshodhana* (bio purification) followed by the use of *Agneya* drugs. In further commentary on *Sushruta Samhita*, *Acharya Dalhana* describes *Vamana Chikitsa* for the same [13]. In PCOS, predominant *dosha* is *Kapha*, and it is considered as *Bahudoshavastha* by some scholars after correlating it with symptoms [11]. So, *Vamana* would be the ideal treatment for the *samprapti vighatana* of PCOS. Therefore, this review aims to explore the physiological and biochemical mechanisms by which *Vamana Karma* may influence reproductive health, specifically in enhancing follicular development and improving ovarian function, and to assess existing evidence and theoretical rationale for integrating *Vamana Karma* in PCOS management, especially in women with impaired folliculogenesis and anovulation.

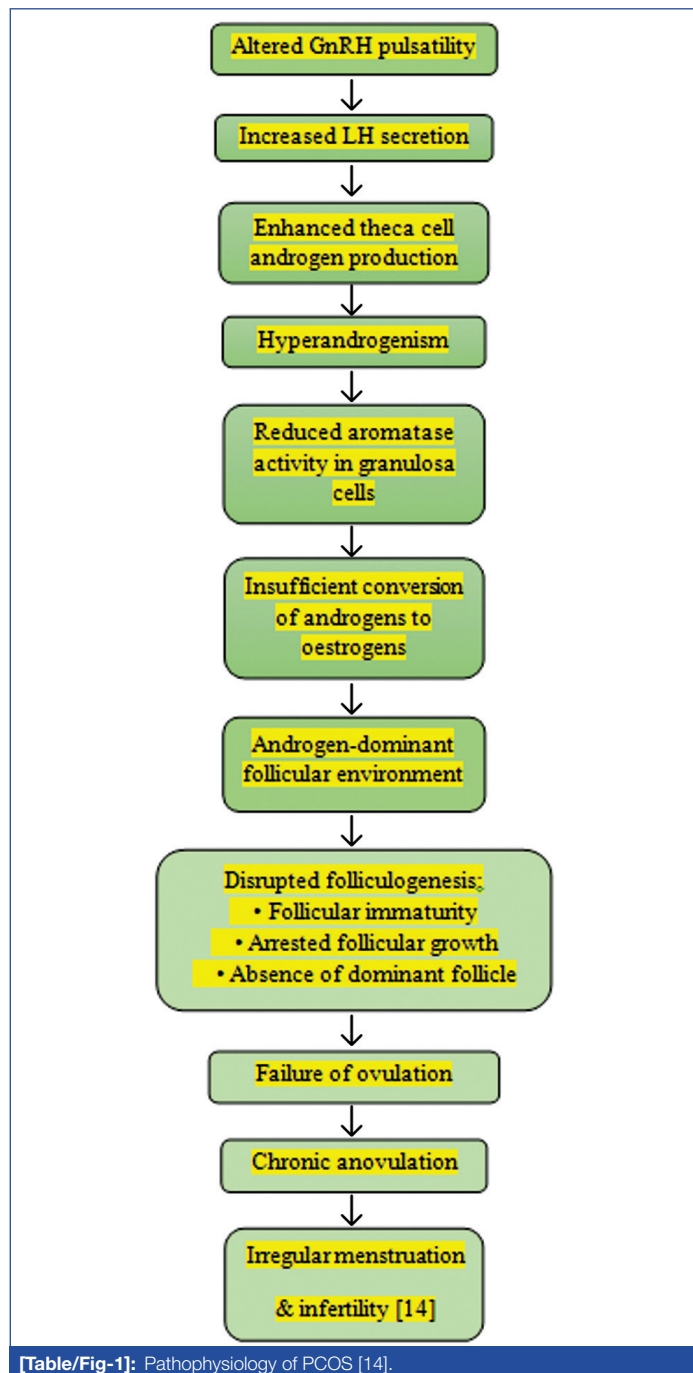
## MATERIALS AND METHODS

The present narrative review is based on a comprehensive analysis of classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with their respective commentaries and *Laghutrayis*. Additionally, relevant contemporary Ayurvedic journals were reviewed to gather clinical and theoretical insights on the role of *Vamana Karma* in managing PCOS. For the modern medical perspective, databases such as PubMed, Google Scholar, and ScienceDirect etc., were searched. Peer-reviewed clinical trials, systematic reviews, meta-analyses, and guidelines from recognised medical bodies were also considered to understand the pathophysiology and standard management of PCOS.

## Pathophysiology of Polycystic Ovarian Syndrome (PCOS)

Altered Gonadotropin-Releasing Hormone (GnRH) pulsatility with preferential LH secretion leads to excess ovarian androgen

production, while reduced granulosa cell aromatase activity limits oestrogen synthesis, creating an androgen-dominant follicular environment. This imbalance disrupts follicular maturation, prevents dominant follicle selection, and results in ovulatory failure. Clinically, these processes manifest as chronic anovulation, irregular menstruation, and infertility, which are hallmark features of PCOS [Table/Fig-1] [14].



Also, emerging evidence highlights the central role of hepatic metabolic dysfunction in PCOS pathophysiology. Elevated serum Fetuin-A impairs insulin receptor signaling and promotes systemic insulin resistance, which drives hyperinsulinaemia and excessive ovarian androgen production, contributing to arrested follicular development and anovulation [15]. Simultaneously, reduced hepatic synthesis of Sex Hormone-Binding Globulin (SHBG) increases circulating free testosterone, further aggravating hyperandrogenism and menstrual irregularities [16].

These complex hormonal and metabolic disturbances described above can be better understood through the Ayurvedic perspective, which explains disease development in terms of *dosha* imbalance, *Agni* dysfunction, and *Srotas* involvement, thereby offering a holistic view of the pathogenesis of PCOS.

### Ayurvedic Conceptualisation of PCOS

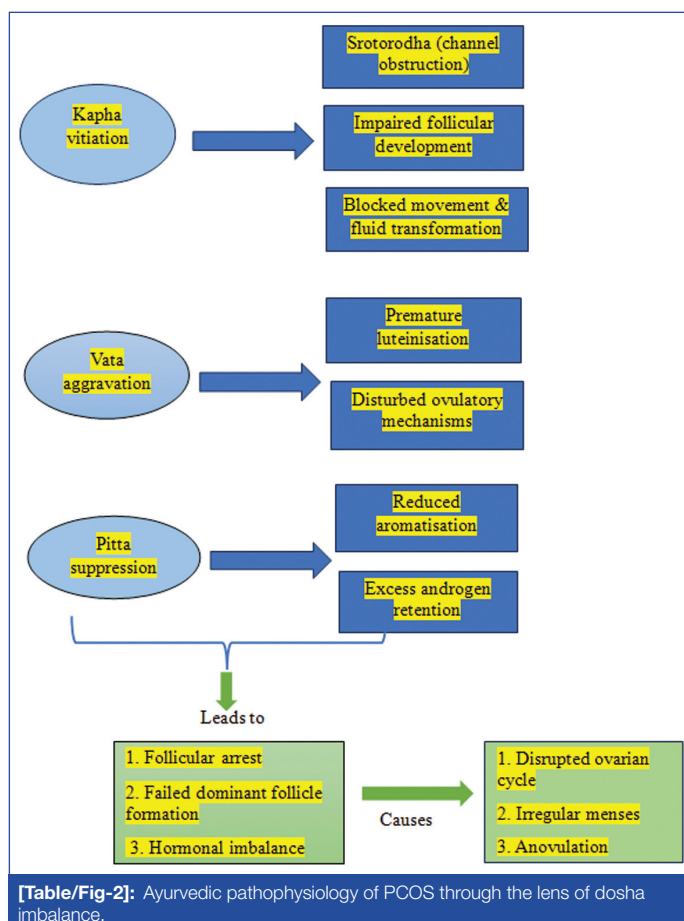
*Tridoshas* have an impact over all the process from follicle maturation to ovulation. *Kapha* is essential for regeneration and growth. The process of development and enlargement of follicles is attributed to *Kapha*, as one of its primary functions is *Upachaya*, which means development. The development of the dominant follicle occurs under the influence of *Kapha dosha*. Also, it acts as a building and nutritive factor responsible for the maturation of the follicle. It binds all the cells together and provides nourishment necessary for the growth and development of the cells [12].

*Vata* governs movement and differentiation - it drives recruitment of the dominant follicle and controls its rupture (ovulation). It plays a crucial role in stimulating the Hypothalamic-Pituitary-Ovarian (HPO) axis. The functions of *Vata* encompass separation, differentiation, and expulsion- processes that are essential for follicular rupture, ovulation, and the proper progression of the menstrual cycle. *Pitta* governs transformation (*Tejas*), notably the conversion of androgens to oestrogens in the Graafian follicle. Normally, *Pitta* aromatises androgens to oestrogens, ensuring hormonal balance [12].

In PCOS, the vitiation of *Kapha* impairs the proper development of ovarian follicles, while excess *Kapha* obstructs movement and fluid transformations, impairing follicular enlargement. Aggravated *Vata* leads to premature luteinisation, ultimately resulting in anovulation. Additionally, the function of *Pitta* becomes relatively suppressed by the dominance of *Vata* and *Kapha*, which reduces the rate of aromatisation. Consequently, the conversion of excess androgens into oestrogens is inadequate, contributing to androgen excess and preventing follicular maturation. This hormonal imbalance initially disrupts the ovarian cycle, which subsequently manifests as irregular menstrual cycles [Table/Fig-2].

### Mechanism of Action of Vamana in PCOS

The treatment advised for *Artavakshaya* (reduced menstrual flow) includes *Samshodhana* (biopurification) followed by the use of *Agneya Dravya*, and in further commentary on *Sushruta Samhita*,



*Dalhana* describes *Vamana Chikitsa* for the same. *Vamana*, by removing the mild (*soumyadhātu*) and increasing the fiery (*agneyadhātu*) elements, rejuvenates the menstrual fluid (*Artava*) [17].

*Vamana* helps to eliminate excess *Kapha*, which is associated with the obstruction of reproductive channels (*Artavavaha srotas*) and tissues. By expelling the accumulated *Kapha*, *Vamana* clears the path for other *doshas* to function normally, and by this, it may stimulate the physiological processes of follicular development. By potentiating *Agni* (both *Jatharagni* and *Dhatvagni*), *Vamana* improves digestion, metabolism, and the overall bio-transformation of nutrients. This is crucial for PCOS, as the underlying metabolic disturbances contribute to hormonal imbalances and abnormal folliculogenesis [18].

The presence of *Ama* blocks the normal function of tissues and organs, contributing to *Srotodushti* (Channel dysfunction). The removal of *Ama* ensures the proper functioning of the reproductive channels and improves the health of the reproductive tissues, facilitating follicle maturation. *Vamana Karma* is known to influence hormonal systems by stimulating the liver (the primary site of hormone metabolism), improving metabolic function [11]. These hormonal changes help promote a more favourable follicular environment, converting it from an androgenic to an oestrogenic state, which is conducive to follicle maturation. *Vamana* addresses the root causes of anovulation and irregular menstruation in PCOS by improving overall metabolic performance and reducing the body's toxin burden, which in turn improves ovarian function and follicular development.

### Clinical Evidence for *Vamana Karma* in PCOS

Despite their advantages, conventional treatments are limited by their emphasis on symptom control and the potential for side effects. *Vamana Karma* shows promise as an integrative approach to address the *Kapha*-dominant metabolic state of PCOS, aligning with modern concepts of its complex pathology.

On the other hand, some studies provide promising, though preliminary, evidence that *Vamana Karma* and related *Panchakarma* interventions may support menstrual function, folliculogenesis, and metabolic health in women with PCOS [Table/Fig-3] [18-22]. Collectively, these findings support the theoretical rationale that *Vamana Karma* can improve metabolic and reproductive parameters in PCOS. However, evidence remains limited to uncontrolled or small-scale studies, underscoring the need for rigorously designed trials using standardised diagnostic criteria, imaging, and biochemical outcomes.

From an Ayurvedic perspective, hepatic metabolic disturbance may reflect the predominance of either *Soumya Dhātu* or *Agneya Dhātu*. Conceptually, by expelling *Soumya Dhātu* and enhancing *Agneya Dhātu*, *Vamana* may improve hepatic insulin sensitivity, reduce Fetuin-A levels, and promote SHBG synthesis, collectively creating a more estrogenic intrafollicular environment supportive of follicle maturation and ovulation. *Vamana Karma* has shown promising reductions in Low-Density Lipoprotein (LDL), Very Low-Density Lipoprotein (VLDL), triglycerides, and improvements in High-Density Lipoprotein (HDL) levels [23]. Additionally, Bhingardive KB et al., reported normalisation of the LH/FSH ratio, reductions in fasting glucose, and improvement in BMI [18]. Following *Vamana*, there are transient elevations of liver enzymes Serum Glutamic-Oxaloacetic Transaminase (SGOT), Serum Glutamic-Pyruvic Transaminase (SGPT) that are within physiological range, suggesting transient hepatic stimulation without toxicity [24]. To confirm these outcomes and highlight how *Vamana* can be integrated with other *Panchakarma* and *Shamana* therapies in the overall management of PCOS, more controlled clinical research is necessary.

### Integration of *Vamana Karma* with Mainstream Management of PCOS

Conventional management of PCOS primarily includes lifestyle modification, pharmacological therapy such as metformin and combined oral contraceptives, and ovulation induction agents like letrozole. Lifestyle interventions remain the first-line approach, particularly in overweight and obese women, as they improve weight and metabolic parameters; however, their long-term effectiveness is limited by poor adherence and inconsistent improvement in ovulation and fertility outcomes. Metformin offers modest benefits in improving insulin resistance and menstrual regularity but shows limited efficacy as a single agent for ovulation induction. Ovulation induction therapies effectively address infertility but act symptomatically by inducing ovulation without correcting the underlying metabolic and endocrine disturbances [25].

In contrast, *Vamana Karma*, an Ayurvedic bio-purificatory therapy, targets the fundamental pathology of PCOS described as *Kapha* predominance, *agnimandya*, and *srotorodha*. By eliminating vitiated *Kapha* and restoring *Agni*, *Vamana* aims to correct metabolic dysfunction, improve hormonal balance, and facilitate normal follicular development [18-20]. Therefore, *Vamana Karma* may be best integrated as a preparatory or adjunctive intervention within mainstream PCOS management, especially in *Kapha*-dominant, obese, and metabolically compromised patients. When used prior to or alongside lifestyle modification and medical therapy, *Vamana* may enhance therapeutic responsiveness and contribute

| Study                              | Study title  | Study design                           | Aim  | Results  | Limitations  |
|------------------------------------|--|--|--|--|--|
| Bhingardive KB et al., (2017) [18] | Clinical efficacy of <i>Vamana Karma</i> with Ikshvaku Beeja Yoga followed by Shatapushpadi Ghanavati in <i>Artava Kshaya</i> w.s.r. to PCOS | Open uncontrolled trial (n=15)         | To evaluate <i>Vamana</i> (Ikshvaku) + Shatapushpadi Ghanavati in obese PCOS ( <i>Artava Kshaya</i> ). | Significant improvement in menstrual irregularity, BMI, blood sugar, hirsutism and improvement in ovarian follicles.       | Small sample; no control; short follow-up [18]   |
| Swathi C et al., (2015) [19]       | Clinical study on Shodhana and <i>Shamana Chikitsa</i> in the management of PCOS   | Open-label interventional study (n=30) | Assess effect of <i>Vamana</i> + Nastapushpantaka Rasa and Shatapushpa Churna in PCOS.                 | Menstrual cycles normalised; ovarian morphology improved; two out of three infertile women conceived.                      | No control; chronic amenorrhoea cases showed poor response [19]                            |
| Mulla SM et al., (2023) [20]       | Effect of <i>Panchakarma</i> therapy in the management of PCOS: A randomised clinical trial  | Single-blind RCT (n=60)                | Compare <i>Vamana</i> + Matra Basti vs standard ayurvedic oral therapy alone.                          | <i>Vamana</i> group showed greater improvement in menstrual regularity, ovulation, follicle growth, endometrial thickness. | Not double-blind; short follow-up; combined therapies used [20]                            |
| Shwetambika S et al., (2021) [21]  | A comparative clinical study on the efficacy of two post- <i>Vamana</i> regimens in the management of PCOS                                   | Randomised comparative trial (n=40)    | Compare <i>Vamana</i> + Madanaphala Varti vs <i>Vamana</i> + Madanaphala Avalehya.                     | Mild improvement only; symptom scores improved 28.9% vs 32.4%, not statistically significant.                              | No non- <i>Vamana</i> control; small sample; open-label; limited hormonal assessment [21]. |
| Seetharamu MS et al., (2020) [22]  | A clinical study on Rukshana-Purva <i>Vamana Karma</i> in the management of PCOS   | Single-arm study (n=10)                | Evaluate Rukshana followed by <i>Vamana</i> in PCOS.   | Significant relief in cycle length, bleeding duration, weight & symptoms.  | Small sample; no comparator; short-term results only [22]                                  |

**[Table/Fig-3]:** Summary of clinical studies evaluating *Vamana Karma* in Polycystic Ovarian Syndrome (PCOS) [18-22].  
RCT-Randomised controlled trial

to more sustained clinical outcomes, rather than serving solely as a standalone treatment.

### Safety, Ethics, and Patient Acceptability

*Vamana Karma*, though described as the prime therapy for *Kapha*-dominant disorders, is a *tikṣṇa* and *balavān* Śodhana procedure and therefore carries significant limitations when applied to women with PCOS. Classical Ayurveda clearly states that *Vamana* should not be administered in individuals who are *durbala*, *kṛśa*, *ati-sthūla*, pregnant, menstruating, or suffering from depleted ojas [26]. Improper administration or excessive emesis is known to aggravate *Vāta*, leading to complications such as *mūrchā*, *dāha*, *trṣṇā*, *daurbalya* and *raktavāmanā* [27], which is particularly relevant in lean-PCOS or *Vāta*-predominant phenotypes. Clinical observations have also reported post-*Vamana* dizziness and electrolyte imbalance, supporting classical warnings regarding dehydration and exhaustion [28,29]. Hence, despite its theoretical role in alleviating *Kapha-āvaraṇa* and *srotorodha*, *Vamana* should be restricted to carefully selected, *Kapha*-dominant PCOS patients with adequate strength and digestive capacity, performed only with complete *pūrvakarma* and strict monitoring. In contemporary integrative practice, *Vamana* should be viewed as a specialised adjunct rather than a routine or first-line intervention in PCOS management.

### CONCLUSION(S)

The currently available evidence suggests that *Vamana Karma* may have a potential role in the management of PCOS, particularly in relation to follicular maturation and ovarian function; however, these findings are preliminary and based on weak clinical evidence. While the theoretical Ayurvedic rationale supports its use in *Kapha*-dominant and metabolically compromised presentations of PCOS, robust clinical validation is lacking. Therefore, well-designed, large-scale randomised controlled trials, along with objective outcome measures, and long-term safety monitoring, are essential to establish its efficacy and mechanisms of action. Future studies should also look into integrating *Vamana* with other *Panchakarma* therapies and appropriate *Shamana Chikitsa* (palliative treatments) to better enhance optimal follicular development and ovulation in women with PCOS.

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#### PARTICULARS OF CONTRIBUTORS:

1. Postgraduate Scholar, Department of Panchakarma, Ayurvedic and Unani Tibbia College and Hospital, Karol Bagh, New Delhi, India.
2. Professor, Department of Panchakarma, Ayurvedic and Unani Tibbia College and Hospital, Karol Bagh, New Delhi, India.
3. Associate Professor, Department of Panchakarma, Ayurvedic and Unani Tibbia College and Hospital, Karol Bagh, New Delhi, India.
4. Postgraduate Scholar, Department of Panchakarma, Ayurvedic and Unani Tibbia College and Hospital, Karol Bagh, New Delhi, India.

#### NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Anjali Pradip Karande,  
Postgraduate Scholar, Department of Panchakarma, Ayurvedic and Unani Tibbia  
College and Hospital, Karol Bagh, New Delhi-110005, India.  
E-mail: anjl.krnd@gmail.com

#### AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? NA
- For any images presented appropriate consent has been obtained from the subjects. NA

#### PLAGIARISM CHECKING METHODS: [Jan H et al.]

- Plagiarism X-checker: Aug 16, 2025
- Manual Googling: Feb 26, 2026
- iThenticate Software: Feb 28, 2026 (1%)

#### ETYMOLOGY: Author Origin

#### EMENDATIONS: 6

Date of Submission: **Aug 14, 2025**  
Date of Peer Review: **Nov 17, 2025**  
Date of Acceptance: **Mar 03, 2026**  
Date of Publishing: **Jul 01, 2026**