

## SADYOVAMANA IN THE MANAGEMENT OF KAPHAJA PRATISHYAYA W.S.R. ALLERGIC RHINITIS -A CASE STUDY

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Article Received on 15 Dec. 2025,  
Article Revised on 05 Jan. 2025,  
Article Published on 16 Jan. 2026,  
<https://doi.org/10.5281/zenodo.18264965>

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**How to cite this Article:** Dr. Neetu Kheenchi<sup>\*1</sup>, Dr. Rajeev Kumar Pandey<sup>2</sup>, Dr. Divya Gupta<sup>3</sup> (2026). Comprehensive Review On Herbal Antiseptic Balm: Composition, Pharmacological Activities, And Formulation Aspects. World Journal of Pharmaceutical Research, 15(2), 628–634.

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### ABSTRACT

*Pratishyaya* is a condition characterized by symptoms such as sneezing (*kshavathu*), nasal blockage (*anadha nasa*), nasal discharge (*nasa srava*), and dryness of the throat, palate, and lips (*gala-talu-ostha shosha*). These manifestations closely resemble those of Allergic Rhinitis, which presents with sneezing, rhinorrhea, nasal congestion, and itching of the nose, eyes, ears, and palate hence, Allergic Rhinitis can be correlated with *kaphaja Pratishyaya*. *vamana karma* is described as a key therapeutic approach for this condition. **Case:** A 20-year-old male experiencing persistent sneezing, rhinorrhea, nasal obstruction, and itching in the nose, eyes, ears, and palate for two years underwent *Sadyovamana karma*. **Management:** *Deepan-Pachana* was initially performed with *nagarmotha panyam* and *chitrakadi vati* for one day. This was followed by internal oleation using *shatpala ghrita* for one day, and external oleation with *dhanvantara taila* along with whole-body steam

therapy. For the emesis procedure, *akanthapana* with cow's milk was given. The *vamana* formulation contained *madanphala churna* (5 g), *pippali churna* (1 g), *yashtimadhu phanta* (100 ml), *saindhava* (10 g), and honey (100 ml). *Yashtimadhu phanta* and *lavnodaka* served as supportive *vamanopaga* agents. Following the complete therapy, symptoms such as

sneezing, nasal discharge, nasal itching, red eyes, and nasal obstruction resolved. This case suggests that *vamana karma* can be highly effective in managing *Pratishyaya*.

**KEYWORDS:** *kaphaja Pratishyaya*, Allergic Rhinitis, *Sadyovamana Karma*.

## INTRODUCTION

*Pratishyaya* encompasses a wide range of nasal and paranasal disorders classified under *Nasagata Roga* in Ayurveda. Classical Ayurvedic texts provide an extensive explanation of this condition, and *Acharya Sushruta* has even dedicated an entire chapter to it, indicating its long-standing clinical significance. The major symptoms of *kaphaja Pratishyaya* include sneezing (*kshavathu*), nasal blockage (*anadha nasa*), nasal discharge (*nasa srava*), dryness of the throat, palate, and lips (*gala-talu-ostha shosha*), pain in the temporal region (*shankha nistoda*), hoarseness of voice (*swaropaghata*), heaviness of the head (*shiro gauravata*), and itching of the throat, lips, palate, nose, and eyes.<sup>[1]</sup>

Allergic Rhinitis (AR), commonly known as hay fever, presents with similar features such as sneezing, rhinorrhea, nasal obstruction, itching of the nose, eyes, ears, and palate, along with headache, postnasal drip, congestion, anosmia, earache, lacrimation, redness and swelling of eyes, fatigue, drowsiness, and malaise.<sup>[2]</sup> Due to this similarity in symptoms, AR can be correlated with *kaphaja Pratishyaya*. The global burden of AR has risen significantly over the last three decades. According to the World Health Organization, approximately 400 million individuals are affected worldwide.<sup>[3]</sup> Scandinavian data reports a prevalence of 15% in men and 14% in women.<sup>[4]</sup> In India, AR affects nearly 26% of the population,<sup>[5]</sup> and about 80% of cases develop before the age of 20 years.<sup>[6]</sup> Its prevalence may reach up to 40% among children, gradually decreasing with age.<sup>[7]</sup> Increased exposure to air pollution and unhealthy lifestyle habits contribute to its rising incidence. If not managed appropriately, the condition can progress to structural changes in the nasal mucosa, leading to turbinate hypertrophy, nasal polyps, allergic bronchitis, and other complications.<sup>[8]</sup> Current treatment options include antihistamines, nasal decongestants, mast cell stabilizers, leukotriene receptor antagonists, corticosteroids, and anticholinergic drugs, administered orally or through nasal formulations.<sup>[6]</sup> However, these therapies mainly offer temporary symptomatic relief and often pose the risk of adverse effects. Since *Vamana karma* is recommended for *kaphaja Pratishyaya* in Ayurveda, a 20-year-old male diagnosed with this condition was treated using *Sadyovamana* with *madanphala*.

## METHODE AND MATERIAL

### Case Details

A 20-year-old male visited our hospital in September 2025 with complaints of excessive early-morning sneezing (10–20 episodes daily), profuse Rhinorrhoea, severe nasal itching, moderate nasal obstruction, red eyes, frequent hoarseness of voice, mild itching in the palate and throat, and dryness of the mouth. these symptoms had been present for two years and were occasionally accompanied by cough.

**History of Present Illness:** The patient had been symptom-free until two years earlier, after which the complaints gradually started and worsened, especially during seasonal changes. Although he had received conventional treatment, the relief was only temporary.

**Past History:** There was no history of prolonged fever, bronchial asthma, diabetes mellitus, hypertension, or any other major illness.

**Family History:** Other family members were reported to be healthy.

**Examination:** Clinical examination revealed a central nasal septum, swollen turbinates, watery nasal discharge, and redness of the nasal mucosa. All other systemic parameters were normal.

**Diagnosis:** The patient had been previously diagnosed with Allergic Rhinitis. Based on detailed Ayurvedic assessment, the condition was correlated with *Pratishyaya*.

**Treatment Protocol:** One day of *Deepana–Pachana* therapy was administered, followed by one day of internal oleation and one day of external oleation with whole-body steam therapy. *Vamana karma* was performed using *madanphala churna*, supported by *yashtimadhu phanta* and *lavnodaka* as *vamanopaga* dravyas. Post emesis, *dhoomapana* (medicated smoking) with *varti* was given. The patient then underwent a for the course of *samsarjana karma*.

### Preparation of *Vamana Aushadha* (Emetic Medication)

*Deepan-Pachana* therapy was conducted for one day with *Nagarmotha Phaniya* and *Chitrakadi Vati*. This was followed by internal oleation with *shatpala ghrta* for one day, and external oleation using *dhanvantara taila*, after which whole-body steam therapy was administered. Prior to *Vamana*, *akanthapana* with cow's milk was given. The emetic formulation consisted of *Madanphala Churna* (5 g), *Pippali Churna* (1 g), *Yashtimadhu*

*Phanta* (100 ml), *Saindhava* (10 g), and honey (100 ml) prepared as a paste. *Yashtimadhu phanta* and *lavanodaka* were used as supportive *vamanopaga* agents.

S.No	Drug	Dose	Day
1.	<i>Deepan-Pachana</i> <i>Nagarmotha Paniyam</i>	30 gm -boil into 3 lit.water reduce till 1.5lit left	1 Day
	<i>Chitrakadi Vati</i>	1-1-1-1 (sucking)	
2.	<i>Snehapan</i> with <i>shatpala ghrita</i>	120 ml	1 Day
3.	External oleation with <i>dhanvantara taila</i>	Whole body	1 Day
4.	<i>Vamana karma</i> with <i>madanphala churna</i> and <i>Pippali Churna</i>		
5	<i>Samsarjana Krama</i>		5 Day

**Procedure of Sadyo Vamana:** *Sadyo Vamana* was performed according to classical Ayurvedic guidelines. Prior to the procedure, the patient underwent *Purva Karma*, including *Snehapana* and *Swedana* as traditionally prescribed. On the day of *Vamana*, *Dhanwantharam tailam* was applied externally, followed by steam induced *swedana*. The emetic medicine was then administered on an empty stomach. Once the *Vamana vega* (vomiting urges) began, *yashtimadhu phanta* and *lavanodaka* were provided to support the expulsion process. The *vegas* were assessed 7 subjectively and the purification level was assessed *Madhyama*. After the procedure, *Pashchat Karma* was carried out, which included *dhoomapana* (medicated smoking) with *varti*. the patient then followed five-day *Samsarjana Krama*.

**Table 1: Diet Protocol (*Samsarjana Krama*) After *Vamana Karma*.**

Day	Morning	Evening
Day 1	<i>Vamana Karma</i>	<i>Peya</i>
Day 2	<i>Peya</i>	<i>Vilepi</i>
Day 3	<i>Vilepi</i>	<i>Akrita Yusha</i>
Day 4	<i>Akrita Yusha</i>	<i>Krita Yusha</i>
Day 5	<i>Krita Yusha</i>	Normal Diet

## RESULTS

Following *Vamana Karma*, the patient showed significant improvement. The swelling of the turbinates reduced noticeably, redness of the eyes resolved, watery nasal discharge disappeared, and the mucosal redness subsided. Symptoms such as sneezing, rhinorrhea, nasal itching, nasal blockage, hoarseness of voice, and itching in the palate and throat were relieved completely. Only dryness of the mouth persisted. Before treatment, the TNSS score was 8 after treatment, it was 1.

Total nasal symptom score (TNSS) <sup>[9]</sup>				
Symptom	Domain	Scale	B.T.	A.T.
Rhinorrhoea	no symptom	0		0
	mild -awareness but not troubled	1		
	moderate - troublesome but not interfering with normal daily activities or sleep	2	2	
	severe - interfering with normal daily activities or sleep	3		
Nasal itching	no symptom	0		0
	mild -awareness but not troubled	1		
	moderate - troublesome but not interfering with normal daily activities or sleep	2	2	
	severe - interfering with normal daily activities or sleep	3		
Nasal obstruction	no symptom	0		0
	mild -awareness but not troubled	1		
	moderate - troublesome but not interfering with normal daily activities or sleep	2	2	
	severe - interfering with normal daily activities or sleep	3		
Sneezing	no symptom	0		
	mild -awareness but not troubled	1		1
	moderate - troublesome but not interfering with normal daily activities or sleep	2	2	
	severe - interfering with normal daily activities or sleep	3		
Total score			8	1

## DISCUSSION

Effective management of any disease requires a proper understanding of its causative factors and pathogenesis. Classical Ayurvedic texts indicate that *Pratishyaya* arises primarily due to the vitiation of *Vata* and *Kapha* doshas. Its etiological factors also highlight the involvement of these two *doshas*; therefore, the therapeutic approach must focus on restoring their balance. The drugs used in this condition are chosen mainly for their *Tridosha Shamana* properties.

*Vamana Aushadhi* exhibits qualities such as *ushna*, *teekshna*, *sukshma*, *vyavayi*, and *vikasi*, dominated by the *Agni* and *Vayu mahabhutas*, and is endowed with *urdhwa bhagahara prabhava* (upward-moving action). Due to their potency (*veerya*), these substances quickly reach the heart and the circulatory channels, spreading into both larger and finer pathways of the body. The *vyavayi* property ensures rapid absorption, while the *vikasi* property helps loosen and detach accumulated *dosha-dushya* complexes. *Ushna guna* promotes the liquefaction of morbid *doshas*, whereas *teekshna guna* facilitates their breakdown. *Sukshma guna* enables the medicine to penetrate subtle channels, and the dominance of *Agni* and *Vayu mahabhuta* along with *laghu guna* supports the upward expulsion characteristic of *Vamana*.

## CONCLUSION

Allergic rhinitis is a common respiratory disorder seen across all age groups and both sexes. Its clinical presentation closely corresponds with that of *Pratishyaya* described in Ayurveda. *Vamana therapy* plays a significant role in managing *Pratishyaya*, offering not only symptomatic relief but also targeting the condition at its root. *Panchakarma* procedures, designed for systemic purification, are highly beneficial in managing chronic and lifestyle-related disorders and form a vital component of Ayurvedic treatment. *Shodhana Chikitsa* helps eliminate vitiated doshas from the body, thereby addressing the disease at its origin and reducing the likelihood of recurrence.

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