WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 16, 944-951. Case Study ISSN 2277–7105

AYURVEDIC MANAGEMENT OF PULMONARY SARCOIDOSIS WITH SHODHANA CHIKITSA (VAMANA & VASTI): A CASE REPORT

Aditi Acharya[1]*, Manir Uddin Dewan[2], Jayanta Sharma[3]

*[1]PG Scholar, Department of Kayachikitsa, Government Ayurvedic College and Hospital (GACH), Assam, India.

[2]Assistant Professor, Department of Kayachikitsa, Government Ayurvedic College and Hospital (GACH), Assam, India.

[3]Assistant Professor, Department of Panchakarma, Government Ayurvedic College and Hospital (GACH), Assam, India.

Article Received on 15 July 2026,
Article Revised on 05 August 2026,
Article Published on 16 August 2026,

https://doi.org/10.5281/zenodo.21916445

***Corresponding Author**

Aditi Acharya

PG Scholar, Department of Kayachikitsa, Government Ayurvedic College and Hospital (GACH), Assam, India.

How to cite this Article: Aditi Acharya[1]*, Manir Uddin Dewan[2], Jayanta Sharma[3]. (2026). Ayurvedic Management Of Pulmonary Sarcoidosis With Shodhana Chikitsa (Vamana & Vasti): A Case Report. World Journal of Pharmaceutical Research, 15(16), 944–951.

ABSTRACT

Background: Pulmonary sarcoidosis is a chronic multisystem granulomatous disease of unknown etiology that predominantly involves the lungs and intra-thoracic lymph nodes. Conventional treatment is primarily based on corticosteroids and immunosuppressive agents, which often provide only symptomatic relief and are frequently associated with relapse and inadequate long-term disease control. Although pulmonary sarcoidosis is not explicitly described in Ayurvedic classics, it may be interpreted as an Anukta Vyadhi. Based on its predominant manifestations—dry cough, scanty expectoration, chest discomfort, and nocturnal aggravation—it can be correlated with Kapha-anubandha Vataja Kasa, a disorder affecting the Pranavaha Srotas. **Case Summary:** A 60-year-old female with a clinically and radiologically confirmed diagnosis of pulmonary sarcoidosis since 2018, who had experienced inadequate relief with conventional therapy, presented with recurrent nocturnal dry cough with scanty sputum, chest discomfort, and loss of appetite for two weeks. She was treated with a classical Ayurvedic Shodhana protocol comprising Deepana-Pachana, Snehapana with Kantakari Ghrita, Sarvanga Abhyanga, Swedana, a therapeutic purificatory procedure i,e

Vaman, Samsarjana Krama, and subsequently Kala Basti, including Anuvasana Basti with Kantakari Ghrita and Niruha Basti prepared with a Dashamoola Kwatha-based formulation. **Results:** The patient attained Samyak Yoga Lakshana, indicating adequate purification following the Shodhana procedure. A progressive and sustained reduction in cough, sputum production, chest discomfort, and anorexia was observed from baseline through post-purification and post-Basti assessments. The patient remained symptom-free during a three-month follow-up period, with no evidence of recurrence. **Conclusion:** This case highlights the potential of a classical Ayurvedic Shodhana-based therapeutic approach in providing significant symptomatic relief and sustained remission in Pulmonary sarcoidosis, particularly in a patient with an inadequate response to conventional treatment. The findings support the need for larger, well-designed controlled studies to further evaluate the efficacy and safety of this integrative approach**.**

KEYWORDS: Pulmonary Sarcoidosis, Kasa, Anukta Vyadhi, Panchakarma, Vamana, Vasti, Kantakari Ghrita, Case Report.

1. INTRODUCTION

Pulmonary sarcoidosis is a chronic multisystem granulomatous disorder of unknown etiology and incompletely understood pathogenesis that predominantly affects the lungs and intrathoracic lymph nodes. Histopathologically, it is characterized by the formation of non-caseating granulomas within affected tissues. Pulmonary involvement is the most common manifestation of the disease and is classified among the granulomatous interstitial lung diseases of unknown origin. Clinically, pulmonary sarcoidosis commonly presents with persistent dry cough, dyspnea, chest pain, wheezing, and hilar or mediastinal lymphadenopathy. Radiological findings typically include bilateral hilar lymphadenopathy, upper-lobe predominant nodular opacities, and diffuse micronodular ground-glass attenuation, a pattern that may resemble miliary sarcoidosis. Conventional management primarily relies on corticosteroids and immunosuppressive agents, which often provide symptomatic control; however, many patients continue to experience persistent or recurrent symptoms despite prolonged treatment.

Although pulmonary sarcoidosis is not explicitly described as a distinct disease entity in the classical Ayurvedic texts, Ayurveda approaches such conditions under the concept of Anukta Vyadhi (diseases not specifically enumerated in the classics), wherein diagnosis and treatment are based on Lakshana Samya (correlation of clinical features with known disease

entities). Among the respiratory disorders described in Ayurveda, Kasa is considered a manifestation of Pranavaha Srotodushti originating from Amashaya and involving the derangement of Doshas affecting the respiratory channels. Based on the predominant symptomatology observed in the present case, the condition can be correlated with Kapha-anubandha Vataja Kasa, which is characterized by Shushka Kasa (dry cough), Alpa Kapha Nishthivana (scanty expectoration), Shushka Ura-Kantha (dryness of the chest and throat), Prasakta Vega (frequent bouts of cough), Ratri Bali (nocturnal aggravation), Ksheena Bala (reduced strength), Ksheena Ojas (diminished vitality), and Urah Shoola (chest discomfort or pain).

The present case report describes a 60-year-old female with clinically and radiologically confirmed pulmonary sarcoidosis who had experienced inadequate symptomatic relief with conventional therapy. She was managed using a structured Ayurvedic Shodhana protocol comprising Vamana (therapeutic purification) followed by Vasti (medicated enema) therapy. Significant improvement in clinical symptoms was observed after treatment, and no recurrence was reported during a three-month follow-up period. The objective of this report is to document the patient's clinical presentation, Ayurvedic diagnosis, therapeutic intervention, and outcome, and to discuss the findings in the light of classical Ayurvedic principles and their possible relevance in the management of pulmonary sarcoidosis.

2. MATERIALS AND METHODS

2.1 Study Design

This is a single, prospectively documented case report of a patient with pulmonary sarcoidosis managed with classical Ayurvedic Shodhana Chikitsa at the outpatient and inpatient facility of the Department of Kayachikitsa in association with the Department of Panchakarma, Government Ayurvedic College and Hospital (GACH), Assam. Written informed consent for treatment and for the use of clinical data for academic reporting was obtained from the patient.

2.2 Case Presentation

A 60-year-old Hindu female patient, residing in Maligaon, Assam, presented to the outpatient department of Kayachikitsa.

Chief complaints (duration: two weeks)

- Frequent coughing with scanty sputum, particularly at night

- Chest discomfort
- Loss of appetite

History of present illness: The patient had been apparently asymptomatic prior to the onset of the above complaints two weeks before presentation. She had been diagnosed with pulmonary sarcoidosis in 2018 and had been on conventional medication since then, without satisfactory relief; she therefore sought Ayurvedic management for the recurrent symptoms.

2.3 Clinical Examination

General physical, Ashtavidha Pariksha (eight-fold Ayurvedic clinical examination) and systemic examination findings are summarized in Table 1.

Table 1: Baseline clinical examination findings.

General Physical Examination	Ashtavidha Pariksha	Systemic Examination
Build: ModerateWeight: 57 kg Height: 152 cm BP: 110/60 mmHg Pulse rate: 86/min	Nadi: 86/min, Vata-Paittika Mala: Irregular Mutra: Normal Shabda: Normal Jihva: Coated Sparsha: Normal Drik: Normal Akriti: Normal	CNS: No abnormality detected CVS: S1 and S2 present Respiratory: Bilateral wheeze present GIT: No abnormality detected

Radiological and haematological investigations performed at presentation were consistent with the previously established diagnosis of pulmonary sarcoidosis.

2.4 Therapeutic Protocol

A two-phase Shodhana-based protocol was planned and executed under close clinical supervision, as summarized in Tables 2 and 3.

Table 2: Phase I: Purificatory therapy protocol (Day 1 to Day 15).

Day	Karma	Details
Day 1–3	Purva Karma	Deepana–Pachana with Agnitundi Vati, 2 tablets thrice daily before food for 3 days
Day 4–8		Snehapana with Kantakari Ghrita, administered at 6:00 am on an empty stomach in graded doses: Day 1 – 25 ml, Day 2 – 50 ml, Day 3 – 75 ml, Day 4 – 110 ml, Day 5 – 150 ml
Day 9		Sarvanga Abhyanga with Saindhavadi Taila and Sarvanga Swedana with Dashamoola Kwatha;

		Kaphavardhaka Ahara (Kapha-promoting diet) was given
Day 10	Pradhana Karma	Purificatory procedure: 1.Akhathapana with Godugdha (250ml); 2.Madanaphala Churna 1.5 g with Yashtimadhu Kwatha(200ml) as Vamanopaga; 3.Lavanodaka(1.5l). Pre-procedure: BP 110/70 mmHg, RBS 97 mg/dl. Post-procedure: BP 100/70 mmHg, RBS 95 mg/dl. Number of Vega: 6–7. Approximate input 1950 ml; Approximate output 1680 ml
Day 11–15	Paschat Karma	Samsarjana Krama (graded dietary regimen for post-purificatory recovery)

Table 3: Phase II: Kala Basti protocol (Day 20 to Day 41).

Day	Karma	Details
Day 20	Purva Karma	Sarvanga Abhyanga with Saindhavadi Taila and Sarvanga Swedana with Dashamoola Kwatha
Day 20–35	Pradhana Karma	Kala Basti — 1.Anuvasana Basti with Kantakari Ghrita (120ml) 2.Niruha Basti comprising Madhu 20 ml, Saindhava Lavana 5 g, Kantakari Ghrita 80 ml, Madanaphala Churna Kalka 40 g and Dashamoola Kwatha 500 ml
Day 35–41	Paschat Karma	Samsarjana Krama

2.5 Assessment Criteria

Adequacy of the purificatory procedure was assessed using the classical Samyak Yoga Lakshana (signs of proper purification), and clinical outcome was assessed by comparing the frequency and severity of cough, sputum, chest pain and appetite before treatment, after the purificatory procedure, and after the Basti course.

3. RESULTS

3.1 Signs of Adequate Purification

Following the purificatory procedure on Day 10, the patient exhibited the classical Samyak Yoga Lakshana of Vaman Karma, summarized in Table 4.

Table 4: Samyak Yoga Lakshana observed following the purificatory procedure.

Lakshana (Langhika Shuddhi Lakshana)	Present (+) / Absent (−)
Laghuta (lightness of the body)	+
Indriya / Buddhi Prasada (clarity of sense organs and intellect)	+
Kramat Kapha-Pitta-Anila Agamana	+

3.2 Clinical Outcome

The clinical response was documented at three time points — before treatment (BT), after the purificatory procedure, and after the Basti course — as summarized in Table 5.

Table 5: Comparative clinical findings before and after treatment.

Clinical Feature	Before Treatment	After Purificatory Procedure	After Basti
Frequency of coughing	Frequent, severe at night	3–4 times/day	Absent
Sputum	Scanty	Absent	Absent
Chest pain	Mild	Absent	Absent
Loss of appetite	Present	Absent	Absent

At the end of the treatment protocol, the patient reported complete resolution of cough, sputum production, chest pain and appetite loss. No recurrence of symptoms was noted on follow-up over the subsequent three months.

4. DISCUSSION

The patient in this case had been diagnosed with pulmonary sarcoidosis in 2018 and had remained on conventional medication; however, she continued to experience recurrent episodes of her symptoms and eventually discontinued conventional treatment because of unsatisfactory results. She presented with frequent severe cough with scanty sputum, particularly at night, along with chest pain and discomfort of two weeks' duration, and bilateral wheezing was noted on examination. On the basis of the presenting features — Shushka Kasa, Alpa Kapha Nishthivana, Prasakta Vega, Ratri Bali and Ksheena Ojas — the presentation was considered consistent with Kapha-anubandha Vataja Kasa.

In Ayurveda, Shodhana Karma (bio-purificatory therapy) is regarded as superior to Shamana (palliative) measures because it is understood to eliminate the causative Doshas from their root, thereby reducing the likelihood of recurrence and promoting a better quality of life. Accordingly, the patient underwent a purificatory procedure followed by Vasti therapy under the supervision of the Panchakarma specialists at GACH, Assam.

According to **Charaka Samhita (Chikitsa Sthana 18/32–34, 18/132)**, *Kasa* is a disorder of the *Pranavaha Srotas* originating from the *Amashaya* and *Pakvashaya*, wherein vitiated *Kapha* associated with *Vata* obstructs the normal movement of *Prana Vayu*. Based on this

principle, the present case was managed through a sequential Panchakarma protocol comprising *Deepana–Pachana*, *Snehapana*, *Purva Karma*, *Vamana*, and *Kala Basti*. *Snehapana* was administered using **Kantakari Ghrita**, as *Kantakari* (*Solanum surattense* Burm. f.), a drug included under *Kasahara Mahakashaya*, possesses *Katu Rasa, Ushna Virya*, and *Katu Vipaka*, which alleviate aggravated *Kapha* and *Vata*, promote expectoration, and restore the normal movement of *Prana Vayu*, while *Ghrita*, owing to its *Yogavahi* property, enhances tissue penetration and pacifies *Vata*. Modern pharmacological studies have further demonstrated antihistaminic, bronchodilatory, anti-inflammatory, and mast-cell-stabilizing activities of *Solanum surattense*, supporting its traditional use in respiratory disorders. As *Purva Karma*, **Sarvanga Abhyanga** with **Saindhavadi Taila**, a formulation possessing *Tridoshaghna, Kapha-Vilayana, Kapha-Chedana*, and *Vatahara* properties, helped liquefy and mobilize accumulated *Kapha* from the peripheral tissues toward the gastrointestinal tract, while **Sarvanga Swedana**, as described in **Charaka Samhita (Chikitsa Sthana 17/72)**, promoted *Srotoshodhana*, improved peripheral circulation, relieved stiffness, facilitated *Vata Anulomana*, and further directed the liquefied *Doshas* toward the *Koshtha*. Thereafter, **Vamana Karma**, the principal *Shodhana* therapy for *Kapha*-predominant disorders, effectively expelled the accumulated *Kapha Dosha* from its principal seat, the *Amashaya*, thereby relieving obstruction of the *Pranavaha Srotas*, restoring the physiological movement of *Prana Vayu*, improving *Agni*, and addressing the root pathology rather than merely suppressing symptoms. From a contemporary perspective, therapeutic emesis may facilitate clearance of excessive airway secretions, improve mucociliary drainage, and reduce airway inflammation, contributing to improved respiratory function. The attainment of **Samyak Vamana Lakshana** confirmed adequate purification and prepared the patient for subsequent restorative therapy. Following *Shodhana*, **Kala Basti** was administered to correct the residual *Vata* imbalance. Acharya Charaka compares the action of *Vasti* to watering the roots of a tree, emphasizing that medicines administered per rectum exert systemic therapeutic effects. In the present case, **Niruha Vasti**, prepared predominantly with **Dashamoola Kwatha**, provided *Tridoshahara, Kasahara, Shwasahara, Shothahara*, and *Vedanasthapana* effects, whereas **Anuvasana Vasti** with **Kantakari Ghrita** offered *Vata-Kaphahara* and *Kasahara* actions while nourishing the tissues and sustaining the benefits of purification. Thus, the sequential administration of *Deepana–Pachana*, graded *Snehapana*, *Sarvanga Abhyanga*, *Swedana*, *Vamana* with attainment of *Samyak Yoga*, and *Kala Basti* comprehensively addressed the pathogenesis of **Kapha-anubandha Vataja Kasa** by correcting impaired *Agni*, digesting *Ama*, eliminating accumulated *Kapha* from the *Pranavaha Srotas*, restoring *Vata*

Anulomana, and improving respiratory function, which may explain the complete symptomatic relief and absence of recurrence observed during follow-up.

5. CONCLUSION

Pulmonary sarcoidosis is a granulomatous interstitial lung disease of unknown origin and pathogenesis for which conventional medicine offers largely symptomatic treatment. In this case, a classical Ayurvedic Shodhana-based protocol comprising Deepana-Pachana, Snehapana, Abhyanga-Swedana, a purificatory procedure and Kala Basti resulted in complete resolution of cough, sputum, chest pain and appetite loss, with no recurrence of symptoms over three months of follow-up. This case suggests that Shodhana Karma may offer a disease-modifying, root-level approach in appropriately selected patients with pulmonary sarcoidosis, and supports further systematic and controlled clinical evaluation of this approach to better establish its efficacy and generalizability.

REFERENCES

1. Harrison's Principles of Internal Medicine. 21st ed. Vol. 1 & 2. New York: McGraw Hill Education.
2. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta, Chikitsa Sthana 18. Varanasi: Chaukhamba Surabharati Prakashan, 2009; 97.
3. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta, Chikitsa Sthana 17. Varanasi: Chaukhamba Surabharati Prakashan, 2009; 97.
4. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta, Siddhi Sthana. Varanasi: Chaukhamba Surabharati Prakashan, 2009; 97.
5. Singh RH. Panchakarma Therapy. 1st ed. Varanasi: Chaukhamba Sanskrit Studies; 1992.
6. Murthy KRS, editor. Susruta Samhita of Susruta, Chikitsa Sthana 35/23-25. Varanasi: Chaukhambha Orientalia, 2002; 334-335.