



Case Report

Management of *Peenasa* (Chronic Rhinitis) with *Ikshvaku Vamana Yoga*: A Case Report

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ABSTRACT:

Background: Chronic rhinitis is among the most common respiratory diseases, with allergic rhinitis affecting 20-30% of the world's population, including India and the number of cases continuing to rise due to environmental and lifestyle changes, impacting quality of life, making it a public health issue. *Peenasa*, in *Ayurveda* has similarities to chronic rhinitis and is caused by *dosha* irregularities, specifically by *Vata* and *Kapha Dosha*. Clinically, *Peenasa* shows runny nose, nasal obstructions, sneezing, and headache. Allopathic symptomatic treatment is generally antihistamines, nasal decongestants etc. while *Ayurveda* focuses on the root cause removal which is done by *Vamana Karma* for the aggravated *dosha* to restore balance and prevent relapse, providing a more sustained management of the condition. **Clinical Findings:** A 32-year-old female with 8-years history of continuous nasal discharge-obstruction, repeated sneezing, headache, and heaviness of head, diagnosed as *Kapha*-predominant *Peenasa*; examination revealed hypertrophied turbinate and deviated nasal septum. **Intervention:** *Vamana Karma*, a *Panchakarma* procedure was selected as the primary intervention. *Ikshvaku Phala-Ksheer Yoga* was used for the procedure after which the patient was given *Marichyadi Yoga* as *Shamana*. Treatment was done for 30 days and the patient was observed over a follow-up of 2 months. **Outcome:** Significant improvement was observed within 45 days, with decrease in SNOT-22 score from 62 to 26 along with marked decrease in eosinophils, serum IgE and inflammatory cytokines and no adverse events were reported. **Conclusion:** Case shows *Ikshvaku Vamana Karma* followed by *Marichyadi Yoga* is a good approach in the management of *Peenasa*, as it shows relief, thereby highlighting the potential of this integrative *Ayurvedic* approach in the management of chronic rhinitis. Key-message & finding: Classically indicated *Ikshvaku*-induced *Vamana* with *Marichyadi Yoga* showed specific clinical and biomarker improvement in chronic rhinitis, suggesting its use as an *Vamaka Yoga* alternative to commonly used formulations for *Urdhwajatrugata Vyadhis*.

KEYWORDS: Case Report; Chronic Rhinitis; *Ikshvaku*; *Peenasa*; SNOT-22; *Vamana*.

RECEIVED ON:

06-05-2026

REVISED ON:

15-05-2026; 20-05-2026

ACCEPTED ON:

30-05-2026

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v14i5.2787>

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CITE THIS ARTICLE AS

Mallika Jandara, Santosh Chavan, Riya Patil, Bidushi Mishra. Management of *Peenasa* (Chronic Rhinitis) with *Ikshvaku Vamana Yoga*: A Case Report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(5):109-117.



1. INTRODUCTION

Peenasa [NAMC code-SK95 (I –1)] is a chronic disorder described in *Ayurveda*, characterized by persistent nasal discharge and obstruction, sneezing, headache, heaviness of head, and impaired olfaction, due to vitiation of *Vata* and *Kapha Doshas* in the *Urdhwajatrugata* (above clavicle) region. [1] The condition is known to relapse frequently and responds poorly to treatment this is why it falls under the category of *Kruchchha Sadhya Vyadhi* (hard to cure). [2] The pathogenesis is carried by *Kapha Prakopa*, which then leads to *Srotorodha* (channel obstruction) followed by secondary *Vata Avarana*, contributing to chronicity and persistence of symptoms. *Peenasa* is closely linked with chronic rhinitis or rhinosinusitis, a condition known for nasal inflammation, congestion, rhinorrhea and sneezing; commonly linked with eosinophilia and type-2 immune responses. [3] In India, nearly 1 in 8 individuals are affected, commonly in men, younger adults with reported rates of 5–15% in urban populations, whereas rural populations with a rate of around 26%. [4] The limitations of modern treatments like regular use of antihistamines, decongestants, corticosteroids which only provide temporary relief [3] but do not address the main inflammatory and immunological processes.

Ayurveda texts explained *Shodhana Chikitsa* (Bio-purificatory therapies), [5,6] particularly *Vamana Karma* (therapeutic emesis) as the treatment of choice for *Kapha*-dominant disorders of the upper body, aiming to remove accumulated *doshas* and restoration of physiological balance. [7] Among *Vamaka Dravyas*, *Ikshvaku* (*Lagenaria siceraria*) is specifically indicated due to its potent pharmacological features and effectiveness in *Kapha* disorders [8]. Following *Vamana*, *Marichyadi Yoga* is described in classical texts as a *Shamana* medicine, helping to maintain *Agni*, prevent re-accumulation of *Kapha* and relapse. [9]

The uniqueness of this case is that a chronic case of *Peenasa* was managed using *Ikshvaku ksheer Vaman Karma* followed

by *Marichyadi Yoga*, both of which are specifically mentioned in *Ayurveda* classics for *Peenasa*, but are not documented together in *Peenasa* patients. Unlike previous studies that used non-specific *Vamaka* drugs or lacked validated assessment methods, this case included symptom scoring using SNOT-22 along with advanced laboratory investigations like eosinophil count, serum IgE, IL-4, IL-13, IL-17, microRNA-155, APOH, and SERPINB3, providing stronger scientific evidence for the effectiveness of this classical treatment approach.

2. CASE REPORT

Clinical Findings: A 32-year-old female patient came to *Panchakarma* OPD with issue of *Nasasrava* (regular nasal discharge), *Nasavrodha* (nasal obstruction), *Kshavathu* (regular sneezing), *Shirashoola* (headache), and *Shiragaurava* (heaviness of head) from last 8 years.

Past History: There was no family history of allergic, respiratory disorders and the patient did not report any emotional stress, while irregular dietary habits along with frequent exposure to cold and dusty environments were found to aggravate the symptoms, with no known history of food or drug allergy. In the past, allopathic antihistamines and nasal decongestants had only temporarily been effective with the symptoms recurring thereafter refer [table no.2](#).

Ayurvedic Clinical Assessment

The patient presented *Vata – Kapha Prakriti* with *Kapha* predominance and *Vata Anubandha* in *Vikriti*. Most of the constitutional parameters such as *Sara*, *Samhanana*, *Satva*, *Satmya*, *Pramana*, *Ahara Shakti* and *Vyayama Shakti* were of *Madhyama* level. The patient was in *Yuva Vaya*, with *Madhyama Rogi Bala*, *Madhyama Agni Bala*, and *Madhyama Koshta*, all of which suggested a constitution that is moderately balanced.

Modern Examination:

In general examination, patient was fully aware and oriented to time and place. All vitals were within normal limits, BP was

120/80 mmHg, pulse was 76 per minute and regular, respiratory rate was 16/min., temperature stood at 98.4°F and oxygen saturation was 98%. No abnormalities were found on systemic examination of the heart, lungs, abdomen or nervous system. On ENT examination, the nasal mucosa

appeared congested, the inferior turbinate's were hypertrophied and there was plenty of mucoid discharge. A deviated nasal septum was noted, no sinus pain was reported.

Diagnosis:

Table No. 1: Differential Diagnosis

Sr.No.	Condition	Inclusion	Exclusion
1.	Allergic Rhinitis	Seasonal variation, positive allergy test	No clear seasonal pattern; allergy testing not formally conducted
2.	Vasomotor Rhinitis	Triggered by environmental factors, no eosinophilia	Peripheral eosinophilia present; <i>Kapha</i> predominance on Ayurvedic evaluation
3.	Chronic Sinusitis	Facial pain, purulent discharge, imaging changes	No CT imaging performed; predominantly upper nasal symptoms
4.	<i>Pratishyaya</i> (acute)	Short duration, fever	Duration 8 years; no fever; chronic course

Table No. 2: Timeline of Events

Date	Event
February 2018	Onset of symptoms including persistent nasal discharge, nasal obstruction, recurrent sneezing, headache, and heaviness of head.
2018-2024	Took allopathic medications like Cetirizine and Oxymetazoline on and off according to symptom severity; however, these medications provided temporary symptomatic relief with recurrence of symptoms, indicating inadequate long-term control of the condition.
5th July 2025	Patient presented to <i>Panchakarma</i> OPD with above mentioned complaints.
7th July 2025	Baseline clinical evaluation and laboratory assessment performed.
22nd July to 6th August 2025	Treatment initiated: <i>Deepana Pachana- Abhyantar & Bahya Snehan- Vaman - Samsarjana Karma</i> .
12th August 2025	1 st Follow-up- <i>Shamanaushadhi</i> was advised
9th Sep. 2025	2 nd Follow -up including SNOT-22 assessment and symptomatic improvement.
23rd Sep. 2025	Final follow-up with laboratory assessment.

Diagnostic Challenges:

Some laboratory tests were relatively costly for the patient refer [table No.4](#). An MRI head was also advised to check for any root cause, but it could not be done because the patient had a metallic dental implant, which limited the imaging procedure.

Prognosis: It was assessed using the Total Nasal Symptom Score (TNSS), in which the patient initially had severe CR with marked nasal symptoms that affected general well-being;

however, the score reduced at the last follow-up, indicating significant clinical improvement and a good prognosis.

Intervention

The primary therapeutic intervention was *Vamana Karma* with *Ikshvaku Phala-Ksheer Yoga* [9] administered within a structured *Panchakarma* protocol refer [table no.3](#).

The medicine company names and batch numbers appear uneven as the formulations and raw materials were procured from different authenticated sources based on availability, institutional protocol and therapeutic requirement.

Table 3: Purvakarma, Pradhanakarma, And Paschatkarma Protocol (8.1.3-Sop-Panchakarma)

Date	Procedure	Medicine (Company name/Batch)	Dose / Schedule	Time	Route
22 nd jul' 25 TO 26 th jul' 25 (5 Days)	Purvakarma (Deepana-Pachana)	Hingwashtaka (SHPL/46)	Churna 1 tsp twice daily with lukewarm water before food	8am- 6pm	Oral
27 th jul' 25 To 31 ST JUL' 25 (5 Days)	Abhyantara Snehapana	Mahakalyank Ghrita (AVS/226121)	Day 1: 30 ml; Day 2: 60 ml; Day 3: 90 ml; Day 4: 120ml; Day 5: 150 ml	7 am	Oral
31 st Jul' 25 to 2 nd aug' 25 (3 Days)	Bahya Snehana and Swedana	Sesame oil (VCI/30)	100 ml per day	2 pm (post-Snehapana)	External
2 nd aug' 25 (Day 7)	Vamana Karma (Pradhanakarma)	Ikshvaku Phala-Ksheer (identified & authenticated at university/01) Figure no. 1	100 ml	7:30 am	Oral
		Yashtimadhu Kwath [Vamanopaga (emesis-supportive substances)] (SHPL/01/02)	~3 litres given during procedure	7:45 am	Oral
		Milk	~2 litres given during procedure	8:05 am	Oral
		Saindhava (Rock Salt) Water (SHPL/01)	~1.5 litres	8:15 am	Oral
2 nd aug' 25 (Post-Vamana)	Paschatkarma	Vacha (Acorus calamus) Dhoompana (SHPL/3-25)	10gm Administered post-procedure	8:30 am	Inhalation
Patient got 7 Vaman Vegas which was considered as Madhyam Shuddhi					
2 nd aug'25 To 7 th aug'25 (5 days)	Samsarjana Krama	Dietary regimen	Day 1: Manda; Day 2: Peya; Day3: Vilepi; Day 4: Yusha; Day 5: Light Ahara	5 days Two times a Day	Oral
Vishram Kala i.e., Rest Period					
12 th Aug To 20 th sept'25	Shamanaoushadhi	Marichyadi Yoga	Pinch of Black Pepper (EFPPL/E120581718)+10gm Jaggery + 15gm fresh curd	Once a Day in Afternoon with lukewarm water	Oral



Figure 1: Ikshvaku Phala Majja - Ksheer Yoga



Figure 2: Pittantak Vaman Ksheer Yoga

Concurrent Medications: None medications were given during the intervention period.

Adherence: Monitoring in IPD allowed continuous supervision, ensuring full compliance with all procedures, while adherence to *Abhyantara Snehapana* was objectively assessed through documented daily consumption and emptying of *Mahakalyanak Ghrita* bottles along with attainment of *Samyak Snigdha Lakshanas* [10] and *vamana* adequacy was assessed through projectile bouts, presence of *Pittanta* as seen in [figure no.2](#), and *Laingiki Shuddhi* along

with regular monitoring of vital parameters throughout the procedure. Dietary adherence to *Samsarjana Krama* was observed and documented and internal medication at home was evaluated using patient self-report and medication logs, further confirmed by family member and clinical correlation. Clinical records, including daily progress notes and intake–output charts, showed no adverse events, while follow-up confirmed continued dietary adherence and sustained improvement in appetite, bowel habits and overall symptoms.

Tolerance: Presence of *Samyaka Vamana Lakshanas* [11] along with regular monitoring of BP, PR, RR, oxygen levels, hydration, appetite and bowel habits during and after the procedure showed that the patient tolerated the treatment well. The internal medicine was also monitored for any side effects such as abdominal discomfort, burning sensation,

loose motions, nausea or intolerance hence, no such problems were observed.

Adverse Effects: Throughout the procedure and in the following days, the patient was kept under observation for any hemodynamic changes, appearance of foam or blood streaks in vomit, chest oppression while possible side effects and adverse events were assessed according to the SAE (Serious Adverse Event) checklist which showed none.

3. RESULTS

Subjective Assessment i.e., symptom severity was assessed using the SNOT-22 (Sinonasal-Outcome Test-22) [12] questionnaire at three time points whereas objective assessment was recorded at baseline and last follow up day only refer [table no.4.](#)

Table No. 4: Outcome of Subjective & Objective Assessment scales

Subjective Assessment				
Sr. No.	Parameter	Before Treatment	1 st Follow Up	Last Follow-up
1.	SNOT-22 Score	62	34	26
2.	TNSS	9/12		2/12
Objective Inflammatory Biomarker Assessment				
1.	Eosinophils (%)	9.2		4.1
2.	Absolute Eosinophil Count (cells/ μ L)	765		340
3.	Total Serum IgE (IU/ul)	1305		930
4.	MicroRNA-155	2		1.5
5.	IL-4 (pg/mL)	8		6
6.	IL-13 (pg/mL)	12		10
7.	IL-17 (pg/mL)	15		12
8.	Apolipoprotein-H (APOH) (ug/ml)	300		250
9.	SERPINB3 ng/ml	6		4

4. DISCUSSION

The present case report describes the clinical application of *Ikshvaku* induced *Vamana Karma* in a 32-year-old female with *Peenasa*, correlated with chronic rhinitis managed successfully through *Ayurvedic* treatment protocol. CR involves persistent nasal inflammation with mucus

overproduction, eosinophilic activity and exaggerated Th2 immune responses. Allergen exposure increases IL-4, IL-13, and IL-17, causing elevated IgE levels, mast cell activation, mucosal oedema, microRNA-155 increasing oxidative stress, impaired mucociliary clearance and chronic nasal hypersensitivity. [13]

The treatment used in this case acted through multiple mechanisms contributing to reduction of symptoms. *Purvakarma*, including *Abhyantara Snehapana* with *Mahakalyanaka Ghrita* reduces systemic inflammatory burden, facilitated mobilization of retained secretions and reducing epithelial irritation through lipid-mediated protective effects [14] while, external oleation and sudation improved local circulation, hydration and liquefaction of mucus. *Pradhanakarma* with *Ikshvaku* acted through the bioactive effects of 22-deoxocurcubitacin-d, sterols, flavonoids and terpenoids having strong irritant and secretolytic properties which stimulates the vomiting reflex, [15] thereby facilitating rapid clearance of excessive mucus, allergens and inflammatory exudates from the upper gastrointestinal and respiratory pathways; which reduces antimicrobial load over the nasal mucosa, chronic stimulation of mast cells, eosinophils and Th2 lymphocytes, improves biofilm persistence and eventually reduced mucosal congestion through modulation of autonomic and neuroimmune pathways. *Ikshvaku* was also specifically selected as the *Vamaka Dravya* because *Charaka Samhita* clearly indicates its particular formulation in *Peenasa*, [9] having properties like *Tikta-Kashaya Rasa*, *Laghu-Ruksha Guna*, *Ushna Virya* and *Katu Vipaka*, which help liquefy and transports accumulated *Kapha* towards *Koshtha* for elimination through *Vamana Karma* as explained in [figure no. 3](#). The patient attained *Madhyama Shuddhi* with 7 Vegas along with *Samyaka Vamana Lakshanas* which highlights *Vamana* as a targeted therapy for *Kapha*-dominant disorders. *Vamanopaga* like *Yashtimadhu* (*Glycyrrhiza glabra*) contains glycyrrhizin and flavonoids has anti-inflammatory, mucoprotective, antioxidant and epithelial healing effects and Milk was later given for *Akanthapana* because the expected *Samyak Vaman Lakshanas*, particularly *Pittantaka Vamana* were still not observed, [16] also it buffers mucosal irritation and protects epithelial surfaces during repeated

emesis, making the procedure more comfortable for the patient, while *Saindhava* water enhanced mucus hydration and facilitated secretion clearance by osmotic action. Post-procedure *Vacha Dhoompana* exerted local antimicrobial and airway-clearing effects, helping reduce residual secretions within nasal passages.

Although a 2013 study on *Peenasa* showed significant improvement in *Kshavathu*, *Nasasrava* using *Madanphala Pippali* for *Vamana Karma*, classical *Ayurvedic* classics do not specifically mention *Madanphala* for *Peenasa*, whereas *Ikshvaku* is clearly indicated in *CS* for *Kapha*-related upper respiratory disorders including *Peenasa*, corroborating it with the present case according to classical references; moreover, it lacked validated subjective parameters for proper clinical authentication of outcomes. [17] In another study, *Ikshvaku Ksheera Yoga* was found to be a potential emetic formulation for bronchial asthma, it was observed that it is capable of inducing strong, self-initiated and projectile bouts of emesis, resulting in reduction in the frequency and severity of asthma attacks over a longer duration but the formulation was not prepared strictly according to the classical *Ayurvedic* method described and the study was conducted on asthma patients rather than *Peenasa* cases, with a limited number of participants and investigative parameters, thereby restricting its direct applicability to the present case. [18]

Marichyadi Yoga described in *CS* and *Yogaratanakara* specifically for the management of *Peenasa* was continued for a month after *Vamana* as *Shamana* therapy to maintain the benefits of *Shodhana* and reduce relapse. *Piper nigrum* containing piperine exerts anti-inflammatory, antioxidant, antihistaminic, bronchodilatory and mucolytic actions through suppression of inflammatory cytokines such as IL-4, IL-5, IL-13, TNF- α , [19] thereby reducing allergic hypersensitivity, mucus viscosity, nasal obstruction and rhinorrhea. There is also clinical work on *Marichyadi* formulations in *Kapha*-dominant respiratory disorders like *Kaphaja Kasa*, which

shows their usefulness in reducing mucus load and airway inflammation. [20]

Subjectively, refer [table no. 4](#), SNOT-22 score decreased from 62 to 26 after the completion of follow up, indicating reduction in symptoms significantly, thus, improving the patients' quality of life. From objective assessment, there were reduction in Eosinophils from 9.2% to 4.1% and in Absolute Eosinophil Count from 765 to 340 cell/ μL , showing decrease in allergic inflammation. Total serum IgE decreased from 1305 to 930 IU/ μL , indicating suppression in the hypersensitivity reaction, along with inflammatory cytokines, IL-4, IL-13, IL-17 and MicroRNA-155 showed decrease in expression levels. This suggests that suppression occurred in Th2-mediated allergic pathway and pro-inflammatory activities of chronic inflammation. Moreover, biomarkers of cellular stress and tissue remodelling like Apolipoprotein-H and SERPINB3 were lowered indicating that inflammation of nasal tissues has decreased. Overall, results indicated effective treatment of the disease not only through symptomatic relief but also through suppression of the underlying cause of inflammation and hypersensitivity reactions.

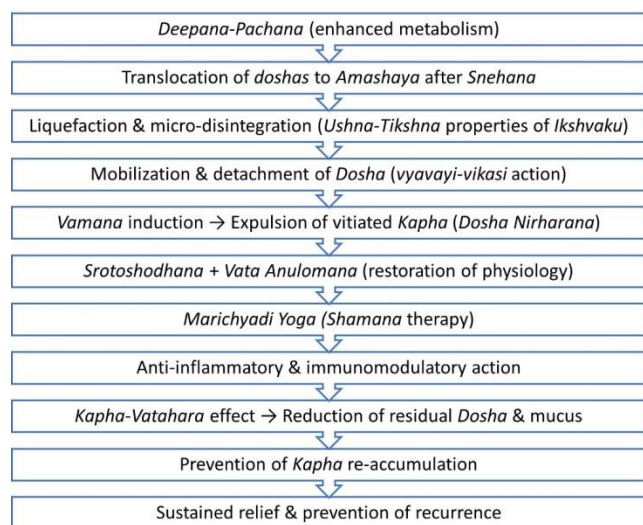


Figure no.3: Probable Mode of Action

Limitations and Generalizability: This is a single case report, and the follow-up period was short so the findings had

limited scope. CT scan and nasal endoscopy were not done, which is an investigation gap. Larger randomized controlled trials with extended follow-up are needed before these results can be generalized.

5. CONCLUSION

This case shows the management of *Peenasa* of 8 years where it was managed with *Vamana Karma* with *Ikshvaku Phala-Ksheer Yoga* as bio-purificatory therapy followed by *Samsarjana Krama* and *Marichyadi Yoga* as *Shamana therapy* with dietary regulation during follow-up. With the inpatient treatment duration of seven days along with 50 days follow ups patient showed satisfactory clinical improvement without any adverse event noted further, despite the incidental finding of a deviated nasal septum. Reduction in SNOT-22 score from 62 to 26 was observed after completion of follow-up with improvement in inflammatory markers such as eosinophils, IgE, and cytokines, indicating the potential effectiveness of the adopted *Ayurvedic* management protocol in chronic *Peenasa*.

Key-message: Classically indicated *Ikshvaku*-induced *Vamana* with *Marichyadi Yoga* showed specific clinical and biomarker improvement in chronic rhinitis, suggesting its use as an effective targeted *Vamaka Yoga* alternative to commonly used formulations for *Urdhwajatrugata Vyadhis*.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: "I had a blocked and runny nose with frequent sneezing for many years and medicines gave only short-term relief. After Ayurvedic treatment, especially *Vamana* therapy, I felt much better within a month. My nose feels clear now, sneezing has reduced a lot and I can sleep and work comfortably again."

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Acknowledgements- The authors sincerely thank the patient for their cooperation and compliance throughout the treatment and follow-up period. We also acknowledge the support of colleagues and staff in clinical management and documentation.

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information:

Authors can order reprints (print copies) of their articles by visiting: <https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

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