



Review Article

A COMPREHENSIVE REVIEW OF GHREYA YOGAS IN VAMANA KALPA OF CHARAKA SAMHITA

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ABSTRACT

Charaka Samhita is one of the most authoritative classical texts of Ayurveda, composed primarily with a focus on *Kayachikitsa*. It is systematically divided into eight sections, among which *Kalpasthana* and *Siddhithana* holds special importance due to its practical orientation toward *Panchakarma* therapy. *Kalpasthana* is the seventh section of the *Charaka Samhita* and consists of twelve chapters. One such distinctive modality in *Vamana kalpa* is *Ghreya yoga*, where in specific substances are administered through olfactory inhalation. The term 'Ghreya' denotes substances perceived through the sense of smell (*Ghrana indriya*). Ayurveda recognizes olfaction as a potent sensory modality capable of influencing both physiological and psychological processes. A comprehensive literary review was conducted and relevant verses pertaining to *Ghreya yogas* in *Vamana Kalpa* in *Kalpasthana* were systematically collected, translated and analysed. *Ghreya yogas* for *Vamana karma* are mentioned in *Madana Kalpa* (Chapter 1), *Ikshvaku Kalpa* (Chapter 3) and *Dhamargava Kalpa* (Chapter 4) of *Charaka Samhita Kalpasthana*. *Ghreya vamana yogas* utilize the nasal route to stimulate and facilitate therapeutic emesis. The nasal administration acts directly on *Urdhvajatrugata* region, which is *kapha dosa* predominant, thereby stimulating the upper respiratory passages, nasopharynx and the reflex arcs associated with the vomiting mechanism. Despite its classical importance, *Ghreya yoga* remains limited by several clinical and scientific constraints. Furthermore, variability in formulation, method of administration and patient selection creates inconsistency in available data. Standardization of *Ghreya* formulations, quantification of active compounds and developing reproducible administration techniques will be essential for integrating this modality into evidence-based practices. Strengthening scientific evidence for *Ghreya yoga* can contribute meaningfully to the rational practice of *Vamana* and supports its integration into modern evidence-based healthcare.

INTRODUCTION

Panchakarma is the cornerstone of Ayurvedic therapeutics, designed for *Dosa sodhana*. Among the five principal procedures, *Vamana karma* is specially indicated for *Kapha* predominant disorders. Classical Ayurveda treatises emphasize not only the administration of emetic drugs, but also various supportive measures that ensure the successful initiation and completion of the emetic act.^[1]

Charaka Samhita is one of the most authoritative classical texts of Ayurveda, composed primarily with a focus on *Kayachikitsa*. It is systematically divided into eight sections (*Ashtasthana*), among which *Kalpasthana* and *Siddhithana* holds special importance due to its practical orientation toward *Panchakarma* therapy. While *Kalpasthana* focuses on drug formulation and preparation, *Siddhithana* deals with the successful completion, complications and post-therapy care of *Panchakarma* and together they form a complete framework for purification therapy in Ayurveda.^[2]

Kalpasthana is the seventh section of the *Charaka Samhita* and consists of twelve chapters. Each chapter is named after a principal drug used for *Sodhana karma* and is referred to as a *Kalpa*. The term 'Kalpa' denotes a systematic method or procedure for

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the preparation and administration of therapeutic formulations. Accordingly, *Kalpasthana* elaborates the pharmaceutical and clinical aspects of potent drugs used mainly for *Vamana* (therapeutic emesis) and *Virechana* (therapeutic purgation), particularly in the *Vamana Kalpa* section elaborates a variety of formulations and techniques to facilitate *Vamana*. One such distinctive modality is *Ghreya yoga*, where in specific substances are administered through olfactory inhalation. The term '*Ghreya*' denotes substances perceived through the sense of smell (*Ghrana indriya*). Ayurveda recognizes olfaction as a potent sensory modality capable of influencing both physiological and psychological processes. *Ghreya yogas* are formulations designed to be inhaled, thereby stimulating the olfactory receptors and triggering reflexogenic responses. In the context of *Vamana*, *Ghreya yogas* are primarily employed to excite *Kapha dosa* lodged in upper gastrointestinal tract, facilitate *Urdhva gati* of *dosas* and initiate or enhance the emetic reflex when oral emetics alone are insufficient. The inclusion of *Ghreya yogas* by *Charaka* reflects a sophisticated understanding of sensory-mediated therapeutic action, integrating *Indriya* stimulation into *Sodhana* protocols. Despite their repeated mention in classical texts, *Ghreya yogas* remain relatively unexplored in contemporary *Panchakarma* practice and research.^[2]

The present narrative review attempts a critical appraisal of *Ghreya yogas* described in the *Vamana Kalpa* of *Charaka Samhita*, highlighting their conceptual basis, therapeutic relevance and potential scope for modern clinical integration.

METHODS

A comprehensive literary review was conducted using *Charaka Samhita* with *Chakrapani* commentary. Relevant verses pertaining to *Ghreya yogas* in *Vamana Kalpa* in *Kalpasthana* was systematically collected, translated and analysed. Secondary sources including textbooks, research articles and contemporary interpretations were also reviewed to support critical discussion.

Classical Description of Ghreya Yogas

A total of 355 *Vamana yogas* are described in *Charaka Samhita Kalpasthana*. Among that one each of *Ghreya yogas* for *Vamana karma* are mentioned in the 133 *Yogas* of *Madana Kalpa* (Chapter 1), 45 *Yogas* of *Ikshvaku Kalpa* (Chapter 3) and 60 *Yogas* of *Dhamargava Kalpa* (Chapter 4) of *Charaka Samhita Kalpasthana*. *Madanaphala* is botanically identified as *Randia dumetorum* which belongs to Rubiaceae family. *Ikshvaku* is botanically identified as *Lagenaria siceraria* and *Dhamargava* is botanically identified as *Luffa cylindrica*, both belongs to Cucurbitaceae family.^[3]

The *Ghreya yoga* of *Madanaphala* is described as:
फलपिप्पलीनां फलादिकषायेण त्रिःसप्तकृत्वः सुपरिभाषितेन
पुष्परजःप्रकाशेन चूर्णेन सरसि सज्जातं
बृहत्सरोरुहंसायाह्वेऽवचूर्णयेत्, तद्रात्रिव्युषितं प्रभाते
पुनरवचूर्णितमुद्धृत्य
हरिद्राकृसरक्षीरयवागूनामन्यतमं सैन्धवगुडफाणितयुक्तमाकण्ठं
पीतवन्तमाग्रापयेत् सुकुमारमुत्थिलपित्तकफमौषधद्वेषिणमिति
समानं पूर्वेण ॥ (च.क. १/१९)

The powder of *Madanaphala* seeds which are as fine as pollen grains, made after impregnating it twenty-one times with decoction of *Madanaphala* etc. should be cast on a big lotus flower in evening. In the next morning the flower should be plucked and then powdered with the drug. It should be given for inhalation to the patient who is *Sukumara* (delicate), *Aushadhadweshi* (averse to drugs) and has *Utklishta pitta-kapha*, after he has taken meal of *Haridraksara* or *Ksirayavagu* (gruel prepared with milk) added with *Saindhava*, *Guda*, *Phanita* as *Akanthapana*.^[4]

The *Ghreya yoga* of *Ikshvaku* is described as:

तुम्ब्या फलरसैः शुष्कैः सपुष्पैरवचूर्णितम् ।
छर्दयेन्माल्यमाग्राय गन्धसम्पत्सुखोचित ॥ (च.क. ३/११)

The juice of pulp of *Ikshvaku/Thumbi* with dried powder of its flowers, should be sprinkled on a *Malya* (garland) and used to inhale to induce *Vamana* in delicate patients.^[5]

The *ghreya yoga* of *Dhamargava* is described as:

चूर्णैर्वाऽप्युत्पलादीनि भावितानि प्रभूतशः ।
रसक्षीरयवाग्वदितृप्तो घ्रात्वा वमेत् सुखम् ॥ (च.क. ४/१०)

One after being saturated with *Mamsarasa*, *Kshira*, *Yavagu*, etc vomits easily by inhaling the flowers of *Utapala*, etc impregnated profusely with the fine powder of *Dhamargava* fruit.^[6]

Pharmacological Rationale

Ghreya vamaana yogas are specially formulated to effectively liquefy, mobilize and expel *Kapha dosa* from the *Amashaya* and *Uras*. These formulations restore the balance of *Dosas*, enhance *Agni* and interrupt the on-going *Samprapti*, thereby preventing further disease progression. Pharmacologically, these *Yogas* first induce *Utklesha*, which liquefies and mobilizes morbid *Kapha*. This is followed by *Chedana* and *Lekhana*, where the formulations break the stickiness of *Kapha* and exert a scraping action on accumulated secretions. Subsequently, they facilitate *Prabhuta sleshma nirharana*, leading to controlled expulsion of *Kapha* through therapeutic emesis, finally resulting in *Srotosodhana* or clearance of channels in the upper gastrointestinal and respiratory regions.^[7]

Probable Mode of Action of *Ghreya Yogas*

The major structures involved in smell reception include the olfactory cells, olfactory tract, olfactory bulb, glomerulus and Bowman's glands. The receptor cells for the sense of smell are the olfactory cells. The olfactory tract and bulb are an anterior projection of brain tissue from the base of the brain. The axons of the olfactory cells are short and terminate in numerous globular structures within the olfactory bulb called glomeruli (several thousand in each bulb, each being the terminus for about 25,000 axons of olfactory cells). Each glomerulus is the terminus for dendrites from about 25 large mitral cells and about 60 small tufted cells. The olfactory membrane is covered with mucous secreted by the Bowman's glands. The olfactory cells form a knob-like structure at the mucosal end, from which 4 to 25 0.3µm long olfactory hairs (olfactory cilia) project into the mucous that covers the lining of the nasal cavity. These cilia respond to odours in the air and stimulate the olfactory cells. The cribriform plate separates the nasal cavity from the cranial cavity; it is perforated and through these perforations, small nerves pass upward from the olfactory membrane in the nasal cavity to enter the olfactory bulb in the cranial cavity.^[8]

When an odorant substance contacts the surface of the olfactory membrane, it diffuses into the mucous covering the cilia and binds to receptor proteins in the membrane of each cilium. The portion of the receptor protein that folds to the outside binds with the odorant; the inside of the folding protein is coupled to a G-protein, which is a complex of three subunits that, when stimulated by the receptor protein, cause an alpha subunit to dissociate from the G-protein and immediately activate adenylyl cyclase. The ciliary membrane is attached to the receptor cell body and it is where the inside of the folding protein is coupled to a G-protein, which is a complex of three subunits that, when stimulated by the receptor protein, cause an alpha subunit to dissociate from the G-protein and immediately activate adenylyl cyclase. The activated cyclase converts many molecules of intracellular adenosine triphosphate (ATP) into cyclic adenosine triphosphate (cAMP), which then opens another nearby membrane protein-gated sodium ion channel, causing its gate to open and allowing thousands of sodium ions to pour through the membrane into the receptor cell cytoplasm, thus raising the electrical potential inside the cell membrane to the positive side and stimulating the olfactory neuron, which then transmits action potentials into the central nervous system through the olfactory nerve.^[8]

The fibres of the olfactory nerve that extend posteriorly from the bulb are known as Cranial Nerve I, or the Olfactory tract. Olfactory cell neurons synapse

with dendrites, and the mitral and tufted cells send axons through the olfactory tract to relay olfactory signals to the central nervous system at higher levels. The olfactory tract enters the brain at the anterior boundary between the mesencephalon and cerebrum and splits into two pathways, one passing medially into the medial olfactory area of the brain and another passing laterally into the lateral olfactory area. The lateral olfactory area is primarily made up of the pre-pyriform and pyriform cortex and the cortical portion of the amygdaloid nucleus. Signal pathways from these areas pass into nearly all areas of the limbic system, especially into more recent, less primitive areas such as the hippocampus. This lateral olfactory region and its numerous links to the limbic behavioural system lead an individual to develop a dislike for certain foods, resulting in nausea and vomiting.^[8]

Clinical Applications in *Vamana Karma*

Ghreya vamana yogas utilize the nasal route to stimulate and facilitate therapeutic emesis. The nasal administration acts directly on *Urdhvajatrugata* region, which is *Kapha dosa* predominant, thereby stimulating the upper respiratory passages, nasopharynx and the reflex arcs associated with the vomiting mechanism. Through the olfactory and trigeminal nerve stimulation, the nasal route initiates neuro-reflex responses that influence the vomiting and respiratory centres, leading to enhanced *Kapha* liquefaction and its mobilization towards *Amashaya*. By this mechanism, the nasal route prepares and strengthens the emetic response, making *Vamana* more effective, gentle and physiologically co-ordinated. *Ghreya yogas* should be given for inhalation to the patient as *Vamana aushadha* after *Akanthapana*, who is delicate (*Sukumara*), averse to drugs (*Aushadha-dweshi*) and has *Utklishta pitta-kapha dosa*.^[4]

Contemporary Evidence and Studies

Only one contemporary research article could be identified on *Ghreya yoga* during database search, indicating a severe paucity of evidence and limiting meaningful scientific validation and comparison. The article entitled 'A comparative study on *Ghreya vamaka yoga*' was published in International Ayurvedic Medical Journal in November 2020 by Padmini *et. al*. The study participants were healthy volunteers in 20-50 years age group irrespective of sex. They were randomly divided into three groups with 15 participants in each. Group A received *Vamana karma* with *Ghreya madanaphala* yoga sprinkled over lotus flower, Group B received *Vamana karma* with *Ghreya madanaphala* yoga sprinkled over rose flower and Group C received *Vamana karma* with oral *Madanaphala* yoga. The study concluded that nasal route of administration of *Vamaka yoga* also works

efficiently. *Ghreya Yoga* worked in par with oral yoga. *Madanaphala pippali churna* sprinkled over lotus and rose produced same effect in inducing *Vamana*. Time factor showed significant result in *Vamana* produced by *Ghreya yoga*.^[9]

Limitations of Available Literature

Despite its classical importance, *Ghreya yoga* remains limited by several clinical and scientific constraints. The present body of evidence is sparse, consisting largely of small-scale clinical studies. Standardized protocols regarding drug selection, preparation media, dose, exposure duration and procedural uniformity are lacking leading to heterogeneity in outcomes. Objective assessment parameters validated clinical endpoints and long term follow up data are insufficient, thereby restricting reliable conclusions regarding efficacy, safety and sustainability of therapeutic benefits.

DISCUSSION

Vamana Kalpa, as described in the *Kalpasthan* of *Charaka Samhita* plays a pivotal role in the practical execution of *Vamana Karma*. It provides comprehensive guidelines for the selection, preparation and administration of emetic drugs, ensuring safety, efficacy and reproducibility of the procedure. *Vamana Kalpa* offers detailed descriptions of emetic *Dravyas*, including their varieties, collection methods, purification, preservation and pharmaceutical processing. This ensures uniformity in drug quality and therapeutic action. By specifying dosage, timing, adjuvants and methods of administration, *Vamana Kalpa* minimizes complications and enhances therapeutic outcomes.

Ghreya yoga represents a unique therapeutic modality described in classical Ayurvedic texts functioning primarily through the olfactory and nasopharyngeal routes to induce specific physiological responses. In the context of *Vamana*, *Ghreya* preparations are employed to facilitate proper *Vamana uttejana* by influencing central and peripheral mechanisms related to nausea, expulsion reflex and *dosa* mobilization. Current evidence suggests that the nasal-olfactory route can allow rapid absorption of volatile and fat-soluble compounds, potentially bypass first-pass metabolism and exert swift effects on the central nervous system. This mechanism supports the traditional claim that *Ghreya yogas* quickly stimulate the emetic reflex and prepare the body for effective *Vamana karma*. The traditional formulations used in *Ghreya yoga* often contain aromatic herbs with known neuroactive, expectorant or mucosal stimulating properties. These properties likely contribute to heightened chemosensory input, improved secretion mobilisation and enhanced readiness for *Vamana*.

Ghreya involves inhalation of preparations administered via specially prepared flowers or media for nasal exposure. This method can be particularly emphasized in individuals reluctant or unfit for oral emetic drug administration and is appreciated for its capacity to initiate emesis gently, rapidly and with better patient tolerance. Some practical limitations also exist. *Ghreya yoga* may not produce consistent emetic response in all individuals and variability in olfactory sensitivity, disease status and patient suitability can influence outcomes. There is a limited documentation on adverse effects, contraindications and risk stratification, especially in vulnerable or systemic disease populations. Furthermore, the availability of authentic raw drugs, procedural expertise and institutional familiarity with the technique remains restricted, limiting its widespread clinical integration. Only a small number of modern studies specifically focussing on *Ghreya yoga* are available, indicating a substantial research gap. In fact, a preliminary data search reveals only one directly relevant published article, highlighting the need for systematic research and standardized methodologies. Furthermore, variability in formulation, method of administration and patient selection creates inconsistency in available data. Standardization of *Ghreya* formulations, quantification of active compounds and developing reproducible administration techniques will be essential for integrating this modality into evidence-based practices.

Overall, *Ghreya yoga* has significant potential as an adjuvant intervention in *Vamana karma*, both from classical and mechanistic perspectives. Nevertheless, robust clinical research including pharmacodynamics studies, biomarker-based evaluations and well-designed NRCTs or RCTs is crucial to validate its therapeutic value. Addressing these gaps will not only strengthen the foundation of *Panchakarma* procedures, but also elevate the credibility of Ayurveda in contemporary integrative medicine.

CONCLUSION

Ghreya yoga represents an important supportive intervention of *Vamana karma*. By utilizing the olfactory and nasopharyngeal routes, *Ghreya* preparations appear to facilitate neuro-sensory stimulation, enhance chemoreceptor activity and promote readiness for emesis. Traditional descriptions suggest its effectiveness in initiating and supporting *Vamana*, yet contemporary scientific validation remains minimal. The current review highlights that despite its strong classical foundation, only limited modern research evidence is available, indicating a significant gap in clinical and pharmacological understanding.

Standardization of formulations, clarity in indications and development of uniform administration protocols are essential to ensure reproducibility and clinical reliability. Future research should focus on well-designed clinical trials and objective outcome assessments to explore its therapeutic efficacy and safety. Strengthening scientific evidence for *Ghreya yoga* can contribute meaningfully to the rational practice of *Vamana* and supports its integration into modern evidence-based healthcare.

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