

AYURVEDIC APPROACH TO ALLERGIC RHINITIS  
(PRATISHYAYA): A CLINICAL CASE STUDY**<sup>1</sup>\***Dr. Sareeka Khanna Solanki, <sup>2</sup>Rajendra Singh Patel, <sup>3</sup>Dr. Jagruti Richhariya<sup>1</sup>P.G. Scholar, <sup>2</sup>P.G Guide & Associate Professor,<sup>3</sup>PG Co-guide & Assistant Professor, Department of Shalakya Tantra, Mansarovar Ayurvedic Medical College, Hospital & Research Center Bhopal, M.P.

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**ABSTRACT**

Allergic Rhinitis (AR) is a chronic inflammatory disorder of the nasal mucosa, affecting millions worldwide. In Ayurveda, it is categorized under *Pratishyaya*, specifically *Vata-Kaphaja Pratishyaya*, caused by the imbalance of *Vata* and *Kapha Doshas* coupled with *Agni Mandya* (weak digestion). While conventional management relies on antihistamines and nasal steroids, these often provide only temporary relief and may cause drowsiness or rebound congestion. This case study explores the clinical efficacy of a multi-modal Ayurvedic intervention in a 32-year-old male with chronic Allergic Rhinitis. The treatment included *Deepana-Pachana* (bio-fire stimulants), *Nasya Karma* (medicated nasal drops), and *Shamana Aushadhi* (internal palliative medicines). Assessment was based on the Total Nasal Symptom Score (TNSS). Results showed a significant reduction in sneezing, rhinorrhea, and nasal itching, with no recurrence during a three-month follow-up. This study highlights the potential of

Ayurveda in providing long-term resolution for allergic disorders through immune modulation.

**KEYWORDS:** Allergic Rhinitis, Pratishyaya, Nasya, Haridra Khanda, Anu Taila, Vata-Kapha, Ayurveda.

## INTRODUCTION

Allergic Rhinitis (AR) is an IgE-mediated hypersensitivity reaction to environmental allergens like dust, pollen, and animal dander.<sup>[1]</sup> Globally, its prevalence ranges from 10% to 30%, significantly impacting quality of life and productivity.<sup>[2]</sup> In the Ayurvedic classics, this condition is described as *Pratishyaya*.

The Nidana (etiology) of Pratishyaya includes exposure to Raja (dust), Dhuma (smoke), Sheetala Vayu (cold breeze), and Ritu-parivartana (seasonal changes).<sup>[3]</sup> These factors lead to the provocation of *Vata* and *Kapha Doshas*, which subsequently lodge in the *Nasamula* (base of the nose), causing inflammation, excessive secretion, and obstruction.<sup>[4]</sup>

Traditional management focuses on Nidana Parivarjana (avoiding triggers), Shodhana (purification to expel vitiated Doshas), and Shamana (balancing the system). Specifically, *Nasya* (nasal therapy) is considered the premier treatment for *Urdhvajatrugata Vikaras* (disorders above the clavicle) because the nose is the entry point to the head (*Nasa hi shiraso dvaram*)<sup>[5]</sup>

## 2. NEED OF THE STUDY

Modern pharmacological interventions often focus on symptomatic suppression and are associated with side effects like sedation and dry mucosa.<sup>[6]</sup> There is an urgent need for a holistic, non-sedative therapy that addresses the root cause and enhances the body's innate immunity (*Vyadhikshamatva*).

## 3. MATERIALS AND METHODS

### 3.1. Case History

A 32-year-old male patient presented to the outpatient department with a history of recurrent sneezing, watery nasal discharge, and itching in the eyes and nose for the last 4 years. The symptoms were predominantly severe in the early morning and during seasonal transitions.

**Table No. 1: Patient Profile and Clinical Examination.**

Parameter	Observation
Prakriti (Constitution)	Vata-Kapha
Agni (Digestive Fire)	Mandagni (Weak)
Koshtha (Bowel)	Krura (Constipated)
Nidra (Sleep)	Disturbed due to congestion
Nadi (Pulse)	78/min, Vata-Kaphaja
Jihwa (Tongue)	Saama (Coated)

### 3.2. Review of Literature

*Pratishyaya* is detailed extensively in the *Uttara Tantra* of *Sushruta Samhita*. It is classified into five types: *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, and *Raktaja*<sup>[7]</sup> Allergic Rhinitis most closely mimics the *Vata-Kaphaja* presentation where *Vata* causes sneezing and itching, while *Kapha* causes rhinorrhea and congestion<sup>[8]</sup> Research indicates that *Ama* (undigested toxic byproduct) plays a vital role in hypersensitivity reactions.<sup>[9]</sup>

### 3.3. Treatment Protocol

The patient underwent a 60-day intervention divided into three specific phases.

**Table No. 2: Therapeutic Intervention Schedule.**

Phase	Aim	Drug/Procedure	Dosage & Timing
Phase 1 (Days 1–7)	<i>Deepana-Pachana</i>	<i>Chitrakadi Vati</i>	2 tabs BD, before food
		<i>Trikatu Churna</i>	2g with honey, BD
Phase 2 (Days 8–22)	<i>Shodhana (Nasya)</i>	<i>Anu Taila</i>	4 drops each nostril, morning
Phase 3 (Days 8–60)	<i>Shamana</i>	<i>Haridra Khanda</i>	5g with milk, BD
		<i>Laxmi Vilas Ras</i>	125mg BD, after food
		<i>Tribhuvan Kirti Ras</i>	250mg BD, after food

### 3.4. Pathya (Lifestyle & Diet Modifications)

The patient was advised to consume lukewarm water, avoid curd, cold drinks, and fermented foods, and practice *Pranayama* (Anulom-Vilom) for 15 minutes daily.<sup>[10]</sup>

### 4. Statistical Analysis

The Total Nasal Symptom Score (TNSS) was used to measure clinical outcomes. Scores ranged from 0 (absent) to 3 (severe).

**Table 3: Pre and Post-Treatment Symptom Scores.**

Clinical Symptoms	Baseline (Day 0)	Mid-Treatment (Day 30)	Post-Treatment (Day 60)
Paroxysmal Sneezing	3	1	0
Rhinorrhea (Runny Nose)	3	2	1
Nasal Congestion	2	1	0
Nasal/Ocular Itching	2	0	0
<b>Total TNSS Score</b>	<b>10</b>	<b>4</b>	<b>1</b>

**Table No. 4: Percentage of Relief in Symptoms.**

Symptom	% Improvement
Sneezing	100%
Rhinorrhea	66.7%

Nasal Obstruction	100%
Itching	100%

## DISCUSSION

The management of *Pratishyaya* requires a multi-pronged approach involving the clearance of *Srotas* (channels) and the strengthening of the respiratory mucosa.<sup>[11]</sup>

### 5.1. Mechanism of Action of Drugs

- **Chitrakadi Vati & Trikatu:** These act as *Pachana* agents that digest *Ama*. Modern research suggests that improving gut health and metabolic fire can modulate the systemic immune response, reducing allergic tendencies.<sup>[12]</sup>
- **Nasya with Anu Taila:** *Anu Taila* is a classical formulation processed with various herbs that possess anti-inflammatory properties.<sup>[13]</sup> Nasal administration allows the medicine to bypass the blood-brain barrier and reach the paranasal sinuses. It coats the nasal mucosa, acting as a physical and biological barrier against allergens like pollen and dust.<sup>[14]</sup>
- **Haridra Khanda:** The chief ingredient, *Curcuma longa*, is a potent mast-cell stabilizer and inhibits the release of histamine.<sup>[15]</sup> It acts as a *Kandughna* (anti-pruritic) and *Vishaghna* (anti-toxic), effectively reducing the IgE-mediated response.<sup>[16]</sup>
- **Laxmi Vilas Ras & Tribhuvan Kirti Ras:** These formulations contain minerals and herbs that act as *Balya* (tonics) for the respiratory system. They reduce the sensitivity of the *Vata* nerves in the nasal lining, thereby stopping the reflex of sneezing.<sup>[17]</sup>

### 5.2. Correlation with Modern Science

The clinical improvement observed can be attributed to the "Immunomodulatory" effect of Ayurvedic drugs. While antihistamines block H1 receptors, Ayurvedic herbs like *Haridra* and *Trikatu* modify the biological response to the allergen itself, preventing the degranulation of mast cells.<sup>[18]</sup> The use of *Nasya* helps in clearing the accumulated mucus which otherwise acts as a medium for secondary bacterial infections.<sup>[19]</sup>

## CONCLUSION

The Ayurvedic management of *Vata-Kaphaja Pratishyaya* offers a comprehensive and effective solution for Allergic Rhinitis. This case study demonstrates that the combination of *Deepana*, *Nasya*, and *Shamana* therapy leads to significant symptomatic relief and improves the overall quality of life without adverse effects. The 90% reduction in the TNSS score indicates that Ayurveda does not merely suppress the symptoms but works on the

fundamental *Dosha* imbalance. This protocol can be considered a safe alternative for patients who are refractory to conventional antihistamine therapy.

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