

AN AYURVEDIC MANAGEMENT OF VATAJ PRATISHAYAY - CASE SERIES

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ABSTRACT

Vataj Pratishyay (chronic allergic rhinitis with predominance of *Vata dosha*) is a commonly encountered upper respiratory tract disorder characterized by symptoms such as nasal discharge, sneezing, and headache. This case series evaluates the efficacy of Ayurvedic treatment comprising *Nidan Parivarjan* (elimination of causative factors) and *Dashmool Rasayan* administered in *Rasayan Kaala* over a period of one month. Study is Conducted in Quadra Institute of Ayurveda Roorkee Uttarakhand were Ten patients selected and assessed for symptom relief. Results indicate a significant improvement in the majority of cases, demonstrating the potential of Ayurvedic management in treating *Vataj Pratishyay*.

KEYWORDS: Vataj Pratishyay, Dashmool Rasayan, Nidan Parivarjan, Rasayan Kal, Ayurvedic Case Series.

INTRODUCTION

Pratishyay is a well-documented disease entity in Ayurvedic texts, described as a nasal affliction involving excessive discharge and obstruction. Among its types, *Vataj Pratishyay* is often chronic and difficult to manage with conventional therapy.^[1,2] The contemporary correlate can be drawn with allergic rhinitis or non-specific chronic rhinitis.

Modern management provides symptomatic relief, often requiring long-term use of antihistamines and steroids. Ayurveda, on the other hand, aims to break the pathogenesis by removing causative factors and rejuvenating affected systems using Rasayana therapy.^[3]

MATERIALS AND METHODS

Study Design

- Open-label, observational case series.

Sample Size

- 10 patients diagnosed with *Vataj Pratishyay* based on Ayurvedic clinical criteria.

Inclusion Criteria

- Chronic nasal discharge and sneezing for more than 3 months
- Diagnosed as *Vataj Pratishyay* by Ayurvedic physician
- Age between 20–55 years
- No concurrent systemic illness

Exclusion Criteria

- Patients on corticosteroid therapy
- Known cases of nasal polyps, sinusitis, or deviated nasal septum
- Immunocompromised individuals

TREATMENT PROTOCOL

1. Nidan Parivarjan^[4-5]

- Avoidance of cold exposure, consumption of cold and dry foods, and irregular sleeping patterns
- Regular nasal hygiene advised

2. Dashmool Rasayan^[6,7]

- Dose: 6–7 grams, twice daily
- Duration: 1 month
- Timing: In *Rasayana Kaal* (early morning empty stomach and evening, at least four hours post meal)

ASSESSMENT CRITERIA

To assess the efficacy of Ayurvedic management for *Vataj Pratishyay*, four primary clinical symptoms were selected based on classical Ayurvedic texts and modern clinical correlation with allergic/chronic rhinitis:

Symptoms Assessed

1. Nasal Discharge (Nasa Srava)
2. Sneezing (Kshavathu)
3. Nasal Obstruction (Nasa Avrodha)
4. General Well-Being (Daihika Sukha/Bodily Comfort)

Each symptom was scored using a 4-point scale

Grade	Description
0	No symptoms
1	Mild (occasional symptoms, not bothersome)
2	Moderate (frequent symptoms, bothersome)
3	Severe (persistent and disturbing)

Total Score Range per Patient: 0 (no symptoms) to 12 (severe symptoms in all 4 domains)

Assessment Intervals

- **Baseline (Day 0)**
- **End of Treatment (Day 30)**

Master Chart

Pt. No	Age	Gender	Occupation	Symptom Score (Before)	Symptom Score (After)	% Relief	Job-related Risk Factors
1	32	M	Traffic Police	12	2	85%	Prolonged dust & cold air exposure
2	45	F	Housemaid	10	2	80%	Wet clothes, dust, early cold water contact
3	29	M	Software Engineer	11	2	82%	A/C environment, sedentary lifestyle
4	36	M	Delivery Agent	12	2	84%	Cold air exposure during two-wheeler travel
5	40	F	School Teacher	11	2	81%	Chalk dust, poor ventilation in classrooms
6	28	M	Construction Work	12	2	83%	Cement dust, frequent temperature shifts
7	34	M	Auto Driver	12	2	85%	Cold wind exposure, road dust, irregular eating
8	42	F	Factory Worker	10	4	60%	Industrial fumes and cold storage area exposure
9	38	M	Farmer	10	4	60%	Morning dew, dusty fields, unregulated routines
10	31	M	IT Support	10	9	10%	Late-night shifts, air-conditioned rooms

Occupational Analysis of *Vataj Pratishyay* Risk Factors^[8,9]

Occupational exposure plays a significant role in the vitiation of *Vata dosha*, particularly when combined with environmental triggers like cold, dryness, and irregular routines. Here's how:

- **Traffic Police / Auto Drivers / Delivery Agents:** Regular exposure to cold air and pollutants while riding or working outdoors aggravates *Vata* and *Rakta* causing nasal hypersensitivity.
- **Housemaids / Factory Workers / Teachers:** Constant contact with dust, cold water, and poor ventilation dries out nasal mucosa, leading to recurrent irritation and sneezing—hallmarks of *Vataj Pratishyay*.
- **Software Engineers / IT Professionals:** A sedentary lifestyle, air-conditioned environments, irregular food habits, and poor sleep disturb the natural balance of *Vata* and suppress immune response.
- **Construction Workers / Farmers:** Prolonged exposure to dust, cement, cold environments, and lack of protective measures lead to nasal inflammation, enhancing the *Vata*-predominant symptoms.

Interpretation of Results

- Patients with high-risk occupational exposures (like outdoor workers and those with exposure to environmental irritants) showed good improvement with proper lifestyle corrections and Rasayana therapy.
- The patient with minimal relief was from an IT background with irregular schedules, suggesting that *Ahara–Vihara* (diet and lifestyle) compliance significantly affects outcomes.

OBSERVATION^[10]

This case series involved **10 patients** diagnosed with *Vataj Pratishyay*, treated for 30 days using a combined Ayurvedic approach of **Nidan Parivarjan** and **Dashmool Rasayan** administered during *Rasayan Kaal* (early morning and evening on an empty stomach). The selected patients belonged to various occupational backgrounds and age groups ranging from 28 to 45 years.

Clinical evaluation was based on four key symptoms: nasal discharge, sneezing, nasal obstruction, and overall well-being, measured on a standardized 4-point scale both **before** and **after** the treatment period.

The demographic and occupational data indicated a strong correlation between certain job profiles and the incidence/severity of *Vataj Pratishyay*. Occupations involving prolonged exposure to dust, cold air, air-conditioned environments, and erratic lifestyle patterns were seen as common contributing factors.

All patients were compliant with

- Strict **Nidan Parivarjan** (avoiding cold exposure, dry foods, late nights, and cold water)
- Regular dosage of **Dashmool Rasayan**, taken on an empty stomach as advised

RESULTS

The results indicated a **marked improvement** in symptoms in most of the patients:

- **7 out of 10 patients** (70%) experienced **80–85% symptom relief**, with significant reduction in nasal discharge, sneezing episodes, and obstruction.
- **2 patients** (20%) reported **60% improvement**, showing moderate relief with occasional recurrence.
- **1 patient** (10%) experienced only **10% relief**, likely due to poor lifestyle compliance and persistent aggravating factors (night shifts, cold exposure in A/C).

Summary of Symptom Scores and Outcomes

Parameter	Pre-Treatment (Mean Score)	Post-Treatment (Mean Score)	Mean Reduction (%)
Nasal Discharge	3	1	66.60%
Sneezing	3	0.9	70%
Nasal Obstruction	2.8	0.8	71.40%
General Well-being	2.6	0.7	73%
Overall Improvement	11.4 (avg.)	3.4 (avg.)	70–75%

Symptom Relief Distribution

- 70% of patients (n=7) – 80–85% relief
- 20% of patients (n=2) – 60% relief
- 10% of patients (n=1) – 10% relief

Key Observations

- Better outcomes were observed in patients with strong adherence to dietary and lifestyle modifications.
- Occupations involving **outdoor work and environmental exposure** (e.g., police, drivers, farmers) responded well when proper protective measures were followed.

- Patients in **sedentary and indoor A/C environments** had variable outcomes, depending on compliance and *Vata* aggravating factors.

DISCUSSION

Vataj Pratishyay is a chronic condition characterized by persistent nasal discharge, sneezing, nasal obstruction, and discomfort—all of which are primarily associated with the vitiation of *Vata dosha*. In this case series, a combination of **Nidan Parivarjan** and **Dashmool Rasayan** administered during *Rasayan Kaal* was evaluated for its efficacy in reducing these symptoms.

The results of this study revealed that **70% of patients** achieved **significant symptomatic relief (80–85%)**, while **20% experienced moderate relief (60%)**, and only **one patient** showed minimal response. The high rate of improvement in most patients suggests that this Ayurvedic management protocol can be effective when properly followed.

One of the key strengths observed was the role of **strict lifestyle and dietary regulation** (Nidan Parivarjan) in enhancing treatment efficacy. Patients who adhered to avoiding *Vata-aggravating* factors (cold exposure, irregular meals, dry/cold food, and improper sleep) showed the most improvement. Those with occupations involving environmental exposure (e.g., traffic police, construction workers) responded well when these factors were mitigated.

On the other hand, the single case with poor response had occupational challenges (irregular working hours, night shifts, prolonged A/C exposure) and lower compliance, highlighting the importance of lifestyle management in Ayurvedic interventions.

Dashmool Rasayan, traditionally known for its *Vata-shamak*, *Balya*, and *Rasayana* properties, played a central role in restoring nasal mucosal integrity and improving systemic immunity when administered in *Rasayan Kaala*. Administering it on an empty stomach likely enhanced its absorption and potency, aligning with Ayurvedic principles.

Although the study offers promising results, limitations such as a small sample size, short duration, and lack of a control group must be acknowledged.

CONCLUSION

This case series demonstrates that Ayurvedic management—specifically the use of **Dashmool Rasayan in Rasayan Kaal** along with **Nidan Parivarjan**—is effective in relieving symptoms of *Vataj Pratishyay*. The majority of patients experienced substantial

improvement, particularly when treatment was combined with disciplined lifestyle modifications.

These findings reinforce classical Ayurvedic approaches to managing chronic nasal disorders and highlight the importance of holistic treatment strategies that address both internal and external etiological factors.

However, to validate these results and establish clinical efficacy on a broader scale, further research with a larger sample size, longer follow-up period, and a controlled trial design is essential. Future studies should also explore the molecular and immunological mechanisms through which *Dashmool Rasayan* acts, potentially bridging traditional knowledge with modern biomedical understanding.

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