

ALLERGIC RHINITIS IN AYURVEDIC PERSPECTIVE: A SINGLE CASE STUDY (VATA-KAPHAJA PRATISHYAYA)

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ABSTRACT

Allergic rhinitis is an IgE-mediated inflammatory condition of the nasal mucosa occurring in sensitized individuals following exposure to allergens such as dust, pollen, and smoke. The condition presents with rhinorrhoea, nasal itching, sneezing, congestion, and nasal obstruction, which significantly impair quality of life and work productivity. Despite advances in modern medicine, management remains largely symptomatic with frequent recurrence.

In Ayurveda, the clinical presentation of allergic rhinitis closely resembles **Vata-Kaphaja Pratishyaya**, wherein vitiated Vata and Kapha dosha affect the Pranavaha srotas of the nasal region. Ayurvedic concepts of **Ama**, **Asatmya**, **Viruddha Ahara**, and **Nidana Sevana** explain the allergic response and chronicity of the disease.

The present article documents a single case study of a 36-year-old male patient diagnosed with allergic rhinitis and managed successfully with Ayurvedic internal medications and local nasal therapy along with Nidana-Parivarjana. Marked clinical improvement was observed without adverse effects, indicating the effectiveness of Ayurvedic management in allergic rhinitis.

KEYWORDS: Allergic rhinitis, Ayurveda, Vata-Kaphaja Pratishyaya, Haridra Khand, Ayurvedic nasal therapy

INTRODUCTION

Allergic disorders are among the most prevalent chronic diseases affecting mankind. Individuals are constantly exposed to environmental allergens such as dust, pollen, and smoke, which may precipitate hypersensitivity reactions in susceptible persons. Allergic rhinitis (AR) is one such disorder that significantly impairs quality of life by causing sneezing, nasal discharge, nasal obstruction, headache, and throat irritation.

Ayurveda, one of the eight branches of classical medical science, describes a disease entity known as Pratishyaya, which closely resembles allergic rhinitis. Among its subtypes, Vata-Kaphaja Pratishyaya presents with recurrent sneezing, watery nasal discharge, nasal obstruction and head heaviness. The episodic nature, sudden onset and recurrence of symptoms reflect Vata dominance, while excessive mucous secretion indicates Kapha involvement.

Modern immunology explains allergic rhinitis as a Type-I hypersensitivity reaction mediated by IgE antibodies, resulting in mast-cell degranulation and release of histamine causing mucosal edema and hypersecretion. Ayurveda explains the same through Dosha-Dusya Sammurchana, Agni Mandya, Ama formation, and Srotodushti of Pranavaha srotas.

ALLERGIC RHINITIS VIS-A-VIS VATAJA / VATA-KAPHAJA PRATISHYAYA

Allergic rhinitis can be well correlated with Vata-Kaphaja Pratishyaya based on similarity in etiology, pathogenesis, and clinical presentation.

Etiology-wise Similarity

Table 1: Comparison of Etiological Factors.

S.No.	Allergic Rhinitis	Vata-Kaphaja Pratishyaya
1.	Exposure to dust, pollen	Raja Sevana
2.	Cold air	Anila Sevana
3.	Damp climate	Avashyaya
4.	Seasonal variation	Ritu Vaishamya
5.	Heavy, cold foods	Guru-Sheetah Ahara
6.	Pollution	Dhooma Sevana

Additional etiological factors described in Ayurveda include Ati Jagarana, Ati Swapna, Anya Vari Pana, Ati Jala Krida, and improper lifestyle practices, which aggravate Vata and Kapha leading to chronicity.

Comparative Clinical Features

Table 2: Clinical Similarity.

S.No.	Allergic Rhinitis	Vata-Kaphaja Pratishyaya
1	Paroxysmal sneezing	Kshavathu
2	Watery nasal discharge	Tanu Srava
3	Nasal obstruction	Anaddha Nasa
4	Head heaviness	Shiro Gaurava
5	Throat irritation	Gala-Talu Kandu
6	Post-nasal drip cough	Pranavaha Srotodushti

CASE REPORT

A 36-year-old male patient, **Umesh Khatri**, OPD No. **2820**, presented on **16/08/2025** at **Dhanwantari ayurvedic hospital** with complaints of recurrent sneezing, profuse watery nasal discharge, nasal congestion disturbing sleep, throat irritation and occasional cough. Symptoms were aggravated by dust exposure, cold air and dietary indiscretions.

The patient had a history of intermittent use of antihistamines with temporary relief. No major systemic illness was reported.

EXAMINATION

- **General condition:** Fair, vitals within normal limits
- **ENT examination:** Congested nasal mucosa with watery discharge; no nasal polyp
- **Chest:** Clear
- **Ayurvedic diagnosis:** Vata-Kaphaja Pratishyaya

DASAVIDHA & ASHTA STHANA PAREEKSHA (SUMMARY)

- **Prakriti:** Vata-Kapha
- **Vikruti:** Kapha-Vata Prakopa
- **Agni:** Mandagni
- **Nadi:** Vata-Kapha
- **Mala / Mutra:** Normal

INTERVENTION (30 DAYS)

Internal Medicines.

Drug	Dose	Anupana	Duration
Haridra Khand	1 tsf TID	After food	30 days
Vasa + Pushkarmool + Mulethi + Bharangi + Kantakari	500 mg each, BD	Honey	30 days
Chitrak-Haritaki	Small dose	Bedtime	30 days
Cap Aller-N	1tab*TID	After food	30 days

Local Therapy

- Bresol nasal drops:** 2 drops each nostril, twice daily

Pathya-Apathya

- Avoid dust, cold breeze, damp exposure
- Light, warm diet; avoidance of cold and heavy foods
- Steam inhalation

OBSERVATION

Subjective Improvement.

Symptom	Before	15 Days	30 Days
Sneezing	Frequent	Reduced	Minimal
Nasal discharge	Profuse	Reduced	Occasional
Nasal obstruction	Moderate	Mild	Absent
Sleep disturbance	Present	Improved	Normal
Cough	Occasional	Reduced	Absent

No adverse drug reactions were noted.

DISCUSSION

the present study was planned with the objective of evaluating the efficacy of Ayurvedic intervention in the management of **Vata-Kaphaja Pratishyaya**, correlating clinically with allergic rhinitis. The intervention was designed strictly according to classical principles of Ayurveda, focusing on Nidana Parivarjana, Agni Deepana, Ama Pachana, Kapha-Vata Shamana, and Pranavaha Srotoshodhana.

The selection of drugs was rational and aimed at correcting the underlying **Samprapti** rather than providing only symptomatic relief, which is the limitation of conventional therapy.

Nidana Parivarjana

Avoidance of exposure to dust, cold air, damp surroundings, and Kapha-vardhaka Ahara was advised as a primary intervention. According to Ayurveda, Nidana Parivarjana itself

constitutes half of the treatment. Continued exposure to allergens corresponds to repeated Dosha Prakopa, particularly Kapha and Vata, leading to recurrence of symptoms. Hence, avoiding etiological factors helped in preventing further aggravation of Doshas and supported sustained therapeutic outcome.

Mode of Action of Haridra Khanda

Haridra Khanda was selected as a core formulation due to its established role in allergic and Kapha-dominant disorders. Haridra (*Curcuma longa*) possesses Tikta–Katu Rasa, Laghu–Ruksha Guna, Ushna Virya, and Katu Vipaka, making it an excellent Kapha–Vata Shamaka drug.

Haridra acts at multiple levels of pathogenesis. It reduces **Ama** through its Deepana–Pachana action and alleviates inflammatory changes in the nasal mucosa. The formulation also helps in stabilizing hypersensitive responses, which can be correlated with modulation of IgE-mediated reactions. Other ingredients in Haridra Khanda support Agni, improve digestion, and prevent recurrence by correcting the root metabolic imbalance. Thus, it addresses both the cause and manifestations of Pratishyaya.

Mode of Action of combination of Vasa, Pushkarmool, Mulethi, Bharangi, Kantakari

The polyherbal combination was selected to act synergistically on **Pranavaha Srotas**.

- **Vasa (Adhatoda vasica)** possesses Tikta–Kashaya Rasa and Sheeta Virya, making it effective in reducing mucosal inflammation and excessive secretion. It helps in Kapha Vilayana and clearing obstructed airways.
- **Pushkarmool (Inula racemosa)** is traditionally indicated in Shwasa and Kasa. Its Ushna Virya and Kapha–Vata Shamaka properties aid in relieving bronchial and nasal obstruction and regulating abnormal Vata movement responsible for sneezing.
- **Mulethi (Glycyrrhiza glabra)** acts as a mucosal soothing agent due to its Madhura Rasa and Snigdha Guna. It reduces irritation, dryness, and inflammation of the nasal and pharyngeal mucosa, thereby relieving itching and throat discomfort.
- **Bharangi (Clerodendrum serratum)** is known for its Kapha–Vata Shamana and Shothahara properties. It helps in reducing chronic inflammation and preventing recurrent episodes.

- **Kantakari (Solanum xanthocarpum)** acts as an expectorant and bronchodilator, facilitating Kapha expulsion and improving airflow in the respiratory tract.

Collectively, this formulation works by clearing Kapha obstruction, normalizing Vata gati, and restoring the physiological function of Pranavaha Srotas.

Mode of Action of Chitrak–Haritaki

Chitrak–Haritaki was administered to correct **Agnimandya**, which is a crucial factor in the chronicity and recurrence of Pratishyaya. Chitrak possesses strong Deepana and Pachana properties, enhancing Jatharagni and digesting Ama. Haritaki, being Tridosha Shamaka with a special action on Vata, helps in regulating bowel function and eliminating metabolic toxins. By improving digestion and metabolism, Chitrak–Haritaki prevents further Ama formation, reduces Dosha accumulation, and supports the action of other medicines. This intervention ensures a sustained therapeutic effect rather than temporary symptomatic relief.

Mode of Action of Cap Aller-N

Cap Aller-N was used as a supportive formulation to enhance the anti-allergic effect of the main treatment. Its ingredients act as immunomodulators and anti-inflammatory agents, helping to reduce hypersensitivity and stabilize mast cell activity. In Ayurvedic terms, it supports Kapha Shamana, Rasa Shodhana, and strengthens Vyadhikshamatva, thereby reducing frequency and severity of allergic episodes.

Mode of Action of Bresol Nasal Drops

Local therapy plays a vital role in Pratishyaya management, as Nasa is the primary site of Dosha Sthanasamshraya. Bresol nasal drops provided direct action on the nasal mucosa by reducing congestion, soothing irritation, and facilitating drainage of accumulated Kapha. The local application helps in immediate symptomatic relief, enhances nasal airflow, and supports Srotoshodhana at the site of disease manifestation.

Overall Effect of the Intervention

The combined intervention addressed all stages of disease pathogenesis

- **Agnimandya and Ama** through Deepana–Pachana drugs
- **Kapha accumulation** through Vilayana and Shodhana
- **Vata vitiation** through regulation of Chala and Ruksha Guna
- **Local inflammation** through nasal therapy.

The holistic approach resulted in significant reduction in sneezing, nasal discharge, congestion, and associated symptoms, demonstrating the effectiveness of Ayurvedic intervention in the management of allergic rhinitis.

CONCLUSION

This single-case study indicates that Ayurvedic management comprising internal herbal formulations, local nasal therapy, and lifestyle modification is effective in controlling allergic rhinitis correlated with Vata-Kaphaja Pratishyaya. The treatment was safe, economical, and showed sustained symptomatic relief. Larger controlled clinical studies are required to validate these findings.

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