

REVIEW ARTICLE

Analytical Review of *Vataja Pratishyaya* and Allergic Rhinitis

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ABSTRACT

Background: *Pratishyaya* is one among the 31 *Nasagata Roga* described in the *Ayurvedic* classics, with *Vataja Pratishyaya* being one of its five types. Based on its clinical presentation, *Vataja Pratishyaya* may be correlated with allergic rhinitis (AR), a common inflammatory disorder of the nasal mucosa characterized by paroxysmal sneezing, watery nasal discharge, nasal itching, and nasal obstruction. AR significantly affects sleep, daily activities, academic and occupational performance, and quality of life.

Materials and Methods: A conceptual and analytical review was conducted using classical *Ayurvedic* texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Yogaratanakara*, relevant commentaries, and contemporary medical literature on AR. The review analyzed *Nidana*, *Purvarupa*, *Lakshana*, *Samprapti*, *Samprapti Ghataka*, clinical manifestations, triggering factors, diagnosis, management, *Pathya-Apathya*, and preventive measures. Classical descriptions were compared with the contemporary understanding of AR.

Results: Considerable clinical similarity was observed between *Kshavathu* and paroxysmal sneezing, *Tanustrava* and watery nasal discharge, *Aanaddha/Pihita Nasa* and nasal obstruction, *Nasa Kandu* or *Kitika*-like sensation and nasal itching, and *Ghrana Uparodha* and reduced sense of smell. *Ayurveda* explains *Vataja Pratishyaya* through *Dosha Prakopa*, localization in the *Shira* and *Nasa Pradesh*, *Srotodushti*, and abnormal *Dosha* movement, whereas contemporary medicine describes IgE-mediated inflammation, mast-cell degranulation, and early and late-phase responses. *Ayurvedic* management includes *Nidana Parivarjana*, *Shamana*, *Shodhana*, *Nasya*, *Snehana*, *Swedana*, *Pathya-Apathya*, and *Rasayana*.

Discussion and conclusion: *Vataja Pratishyaya* may be clinically correlated with AR based on similarities in symptoms, triggers, and nasal involvement; however, this correlation is conceptual and does not imply complete equivalence further clinical research is required to re-establish the efficacy and safety of *Ayurvedic* intervention in AR.

1. INTRODUCTION

Vataja Pratishyaya is a common nasal disorder that may affect individuals of different age groups.^[1] On the basis of its symptomatology, it may be clinically correlated with allergic rhinitis (AR).

AR is defined as an IgE-mediated hypersensitivity disorder of the nasal mucosa characterized by sneezing, watery nasal discharge, nasal itching, and nasal obstruction.^[2] It is also described as a symptomatic disorder of the nose induced by IgE-mediated inflammation following exposure to an allergen.

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AR is a major global health problem. It affects social life, school performance, work productivity, and general quality of life. Patients may also experience direct and indirect economic burdens due to consultation, investigations, medications, environmental control measures, immunotherapy, and loss of productivity. Fatigue, irritability, impaired concentration, and sleep disturbance may further interfere with daily activities.

Ayurveda describes *Pratishyaya* as an important disorder because inadequate or delayed treatment may lead to chronic nasal disease and various complications. *Acharya Sushruta* has devoted a separate chapter to *Pratishyaya*, emphasizing its clinical importance and the need for timely management. The classical descriptions of *Vataja Pratishyaya* show considerable similarity with the clinical presentation of AR.

1.1. Aim and objectives

1.1.1. Aim

This study aimed to critically analyze and establish the conceptual and clinical correlation between *Vataja Pratishyaya* and AR and to evaluate the relevance of *Ayurvedic* principles in their management and prevention of recurrence.

1.1.2. Objectives

1. To review the classical concept of *Pratishyaya*, with special emphasis on the *Nidana*, *Purvarupa*, *Lakshana*, *Samprapti*, and *Samprapti Ghataka* of *Vataja Pratishyaya*.
2. To study the contemporary concept of AR, including its definition, classification, epidemiology, predisposing factors, pathophysiology, clinical features, diagnostic evaluation, complications, and current management.
3. To interpret the *Ayurvedic* pathogenesis of *Vataja Pratishyaya* in terms of *Dosha*, *Dushya*, *Adhishthana*, *Srotas*, *Srotodushti*, *Agni*, and *Rogamarga* and relate these concepts to the contemporary understanding of AR.
4. To review the *Ayurvedic* management principles of *Pratishyaya*, including *Nidana Parivarjana*, *Shamana Chikitsa*, *Shodhana Chikitsa*, *Nasya*, *Snehana*, *Swedana*, and other relevant *Urdhwajatrugata* procedures.
5. To evaluate the role of *Pathya-Apathya* and *Rasayana Chikitsa* in reducing recurrence and maintaining the health of the nasal and respiratory system.

2. MATERIALS AND METHODS

2.1. Study Design

The present work was conducted as a narrative and analytical review integrating classical *Ayurvedic* descriptions of *Pratishyaya* with contemporary information related to AR.

2.2. Sources of Information

The *Ayurvedic* literature consulted for the review included:

- *Charaka Samhita*^[3]
- *Sushruta Samhita*^[4]
- *Ashtanga Hridaya*^[5]
- *Yogaratanakara*^[6]
- Relevant classical commentarial explanations
- Classical descriptions related to *Nidana*, *Purvarupa*, *Lakshana*, *Samprapti*, *Chikitsa*, *Pathya*, and *Apathya*

Contemporary information was reviewed from standard medical literature and published descriptions related to the definition, classification, epidemiology, pathophysiology, clinical features, diagnosis, complications, and management of AR, including the ARIA classification and relevant modern references.

3. METHODS OF REVIEW

The available information was organized under the following thematic domains:

1. Definition and classification of AR
2. Epidemiology and predisposing factors
3. Pathophysiology of AR
4. Clinical features and diagnostic evaluation
5. *Ayurvedic* definition and importance of *Pratishyaya*
6. *Nidana*, *Purvarupa*, and *Lakshana* of *Vataja Pratishyaya*
7. *Samprapti* and *Samprapti Ghataka*

8. General and specific *Ayurvedic* management
9. *Rasayana* and prevention of recurrence
10. *Pathya* and *Apathya*

The classical descriptions were analyzed and compared with the clinical features of AR. Particular attention was given to the role of *Vata Dosha*, the involvement of *Kapha* and other *Doshas*, the localization of *Doshas* in the *Shira* and *Nasa Pradesh*, and the therapeutic importance of *Nasya* and other *Urdhwajatrugata* procedures.

4. INTERPRETATION OF CLASSICAL CONCEPTS

The *Ayurvedic* concepts of *Nidana*, *Dosha*, *Dushya*, *Adhishthana*, *Srotas*, *Srotodushti*, *Agni*, and *Samprapti* were interpreted in relation to the clinical manifestations of AR. The review also examined the possible relationship between exposure to dust, smoke, cold air, environmental irritants, and other triggering factors described in both *Ayurvedic* and contemporary literature.

4.1. Analysis of Management Principles

The management principles described in the classical texts were reviewed under:

- *Nidana Parivarjana*
- *Shamana Chikitsa*
- *Shodhana Chikitsa*
- *Snehana*
- *Swedana*
- *Nasya*
- *Vamana* and *Virechana*, where indicated
- *Dhumapana* and *Kavala*
- *Rasayana Chikitsa*
- *Pathya* and *Apathya*

The formulations mentioned in the classical and review literature were presented as examples of *Ayurvedic* therapeutic approaches. Their clinical use should be based on individual assessment, *Dosha* predominance, disease stage, age, strength, associated conditions, and the supervision of a qualified *Ayurvedic* physician.

4.2. Scope and Limitations

The present article is a conceptual review and does not include primary patient data, patient recruitment, or statistical analysis, a formal systematic search strategy, a risk-of-bias assessment, or meta-analysis. The review is intended to provide a comparative understanding of *Vataja Pratishyaya* and AR and to highlight the relevance of *Ayurvedic* management principles.

4.3. AR

4.3.1. Definition

AR is an IgE-mediated inflammatory disorder of the nasal mucosa that develops after exposure to specific allergens.^[2] It is characterized by:

- Paroxysmal sneezing
- Watery nasal discharge
- Nasal itching
- Nasal obstruction

The disorder may occur alone or in association with other atopic conditions such as bronchial asthma and atopic dermatitis.

4.4. Prevalence

AR affects a large proportion of the global population. Its prevalence has increased considerably since the 1990s. It is reported to affect approximately 25% of children and 40% of adults globally. Most cases develop before 20 years of age, and symptoms commonly begin during childhood, adolescence, or early adulthood. In North India, adult prevalence has been reported to be approximately 11–13%.^[7]

AR is more common in developed countries, although environmental pollution and changing patterns of exposure may influence its occurrence in developing countries. Approximately 80% of cases develop by the age of 20 years, with symptoms often peaking between 20 and 40 years of age.

5. TYPES OF AR^[8]

5.1. Seasonal AR

Seasonal AR is associated with exposure to seasonal pollens, grasses, weeds, and other plant allergens.

5.2. Perennial AR

Perennial AR occurs throughout the year due to exposure to allergens such as:

- House dust
- Dust mites
- Animal dander
- Feathers
- Moulds
- Cockroach particles
- Certain food allergens in susceptible individuals

6. ARIA CLASSIFICATION^[9]

According to the ARIA classification, AR may be classified on the basis of duration and severity.

6.1. Intermittent AR

Symptoms occur:

- < 4 days per week, or
- For <4 consecutive weeks

6.2. Persistent AR

Symptoms occur:

- More than 4 days per week, and
- For more than 4 consecutive weeks

6.3. Mild AR

The patient has:

- Normal sleep
- Normal daily activities
- Normal work or school performance
- No troublesome symptoms

6.4. Moderate-to-Severe AR

One or more of the following may be present:

- Abnormal sleep
- Impairment of daily activities
- Restriction of sport or leisure activities
- Problems at school or work
- Troublesome symptoms

7. EPIDEMIOLOGY AND PREDISPOSING FACTORS^[10]

7.1. Age

AR commonly begins during childhood, adolescence, or early adulthood. The mean age of onset is approximately 8–11 years, although it may occur at any age.

7.2. Sex

During childhood, AR is more common in boys. In adulthood, its prevalence is approximately equal in males and females.

7.3. Genetic Susceptibility

Genetic factors play an important role in the development of atopy. Several chromosomal regions have been associated with the regulation of allergic and inflammatory responses.

7.4. Family History

A positive family history of atopy increases the likelihood of developing AR. The risk is greater when both parents have an atopic background.

7.5. Environmental Factors^[11]

Important environmental triggers include the following:

- Dust
- Pollen
- Mould
- House-dust mites
- Animal dander
- Cockroach particles
- Tobacco smoke
- Diesel exhaust
- Perfumes
- Mosquito repellents
- Scented sticks
- Domestic sprays
- Bleaching agents
- Industrial fumes
- Sudden changes in temperature.

7.6. Hygiene Hypothesis

The hygiene hypothesis suggests that reduced exposure to infectious agents during early childhood may influence immune maturation and increase the risk of allergic diseases. Early exposure to farm animals, pets, and diverse environmental microorganisms has been suggested as a possible protective factor against atopy. However, the relationship between early-life exposure and allergic disease is complex and may be influenced by genetic, environmental, socioeconomic, and geographic factors.

7.7. Pathophysiology of AR^[12]

The pathogenesis of AR occurs through sensitization and subsequent exposure to a specific allergen.

7.7.1. Sensitization phase

During the initial exposure, the inhaled allergen stimulates the production of allergen-specific immunoglobulin E. The IgE antibodies become attached to the surface of mast cells present in the nasal mucosa.

7.7.2. Subsequent exposure

On repeated exposure, the allergen binds with the specific IgE antibodies on mast cells. This results in mast-cell degranulation and the release of inflammatory mediators such as histamine and other chemical substances.

7.8. Early-Phase Response

The early-phase response generally occurs within 5–30 min after allergen exposure. It involves:

- Increased nasal gland secretion causing watery nasal discharges
- Vasodilation and mucosal edema causing nasal obstruction
- Irritation of sensory nerves causing sneezing and itching.

7.9. Late-Phase Response

The late-phase response occurs approximately 2–8 h after exposure. It involves infiltration of inflammatory cells such as:

- Eosinophils
- Neutrophils
- Basophils
- Monocytes
- CD4-positive T lymphocytes

This phase produces persistent mucosal edema, congestion, and thick nasal secretions. Sneezing and itching may decrease, whereas nasal obstruction may become more prominent.

7.10. Clinical Features,^[2,8]

7.10.1. Symptoms

The major symptoms of AR include:

1. Paroxysmal sneezing
2. Nasal obstruction
3. Watery nasal discharge
4. Nasal itching

Other symptoms may include:

- Postnasal drip
- Headache or facial discomfort
- Reduced sense of smell
- Fatigue
- Sleep disturbance
- Difficulty concentrating
- Irritability

7.11. Signs

7.11.1. Facial signs

- Frequent twitching of the nose, sometimes referred to as the allergic salute or bunny nose
- Dennie–Morgan lines
- Allergic shiners or dark circles beneath the eyes

7.11.2. Nasal signs

- Transverse nasal crease
- Pale, bluish, and edematous nasal mucosa
- Swollen nasal turbinates
- Watery nasal discharge

7.11.3. Ocular signs

- Conjunctival congestion
- Papillary reaction
- Watering and itching of the eyes

7.11.4. Ear signs

- Retracted tympanic membrane
- Serous otitis media due to Eustachian tube obstruction

7.11.5. Pharyngeal signs

- Granular pharyngitis
- Adenoid facies in children

7.11.6. Laryngeal signs

- Edema of the vocal cords
- Hoarseness of voice

7.12. Investigations and Diagnosis^[8]

Diagnosis is based on a detailed history, physical examination, and appropriate allergy testing.

7.12.1. History

The history should include:

- Childhood allergy
- History of asthma or eczema
- Family history of atopy
- Seasonal or perennial pattern of symptoms
- Occupational and environmental exposure
- Exposure to dust, smoke, pollen, pets, and perfumes
- Frequency and duration of symptoms
- Previous treatment and response
- Type of nasal discharge
- Presence of associated complications or comorbidities

7.12.2. Physical examination

Physical examination should assess:

- Nasal mucosa
- Nasal turbinates
- Nasal discharge
- Eyes
- Ears
- Pharynx
- Larynx
- Facial features suggestive of chronic nasal obstruction

7.12.3. Allergy testing

Investigations may include:

- Skin prick test
- Complete blood count
- Absolute eosinophil count
- Total serum IgE
- Specific IgE testing
- Radio-allergosorbent test
- Modified RAST where required
- Nasal smear
- Nasal allergen challenge test

An elevated eosinophil count may support an allergic tendency. Total IgE is not always diagnostic because a substantial proportion of patients may have normal total IgE levels.

7.13. Complications and Comorbidities

Untreated or poorly controlled AR may be associated with:

- Recurrent upper respiratory tract infections
- Otitis media
- Hearing or speech-development problems
- Sleep apnea syndrome

- Bronchial asthma
- Rhinosinusitis
- Nasal polyps
- Reduced work and school performance
- Sleep disturbance
- Impaired quality of life

7.14. Differential Diagnosis

The differential diagnosis of AR includes:

1. Vasomotor rhinitis
2. Non-AR
3. Sinonasal polypsis
4. Rhinitis medicamentosa
5. Hormonal rhinitis associated with pregnancy, hypothyroidism, or oral contraceptive use
6. Cerebrospinal fluid leak
7. Infective rhinitis
8. Structural nasal obstruction

7.15. Contemporary Management^[12]

The contemporary management of AR includes:

1. Environmental control and allergen avoidance
2. Patient education
3. Pharmacotherapy
4. Allergen immunotherapy
5. Surgery in selected cases

The principal aim is to reduce exposure to triggering factors, control inflammation, relieve symptoms, and prevent complications.

8. AYURVEDIC UNDERSTANDING OF PRATISHYAYA

8.1. Nirukti

According to *Dalhana*: The term *Pratishyaya* is derived from *Prati*, meaning opposite or toward, and *Shyaya*, meaning movement or flow. It indicates the abnormal movement or discharge of secretions through the nasal passage.

Pratishyaya is described as one of the *Nasagata Rogas*. *Acharya Sushruta* has explained five types of *Pratishyaya*.^[13]

- *Vataja Pratishyaya*
- *Pittaja Pratishyaya*
- *Kaphaja Pratishyaya*
- *Raktaja Pratishyaya*
- *Sannipataja Pratishyaya*

Among these, *Vataja Pratishyaya* shows several features comparable to AR.

9. IMPORTANCE OF PRATISHYAYA

Pratishyaya is considered important because the nose is closely related to *Prana*, *Udana*, sensory functions, and the upper respiratory tract. Improperly managed *Pratishyaya* may become chronic and may lead to complications such as:

- *Dushta Peenasa*
- Hearing impairment
- Disturbance of smell
- Eye disorders
- Cough
- Reduced digestive strength

- Swelling
- Chronic nasal obstruction

Acharya Sushruta has emphasized that untreated *Pratishyaya* may gradually develop into *Dushta Peenasa* and may produce serious complications involving the nose, ears, and eyes.

9.1. Nidana of Pratishyaya^[1,14]

The classical texts describe several etiological factors that may precipitate *Pratishyaya*.

9.2. Vata-Prakopaka factors

- Excessive sexual activity
- Excessive speaking
- Excessive sleep or sleep deprivation
- Suppression of natural urges
- Excessive intake of cold water
- Exposure to cold air
- Sudden change from a hot to a cold environment
- Exposure to dust and smoke
- Exposure to environmental irritants
- Excessive fasting or improper food intake
- Indigestion
- Excessive exertion
- Improper head positioning during sleep
- Use of an excessively high or low pillow
- Suppression of the urge to cry

The classical description of dust, smoke, cold exposure, and environmental irritants may be compared with the triggering factors of AR.

10. IMPORTANT CLASSICAL NIDANA

Sushruta described the following factors:

- *Nari Prasanga*
- *Shirso-Abhitapa*
- *Dhooma*
- *Raja*
- *Sheeta*
- *Ati-Pratapa*
- Suppression of urine and stool

Charaka additionally describes:^[3]

- *Ajirna*
- Excessive speaking
- Excessive sleeping
- Insufficient sleep
- Excessive intake of cold water

Ashtanga Hridaya adds improper head positioning and the use of excessively high or low pillows as possible etiological factors.

10.1. Purvarupa^[1,15]

The prodromal features of *Pratishyaya* include:

- Heaviness of the head
- Sneezing
- Body ache
- Generalized horripilation
- Other non-specific symptoms preceding the onset of nasal disease

These features may correspond with the early symptoms experienced before the full development of AR.

10.2. Lakshana of Vataja Pratishyaya^[1,3,5]

The classical features of *Vataja Pratishyaya* include:

- Nasal obstruction
- Feeling of blockage or fullness in the nose
- Thin and watery nasal discharge
- Dryness of the lips, palate, and throat
- Pricking pain in the temporal region
- Hoarseness of voice
- Nasal discomfort
- Sneezing
- Reduced sense of smell
- Dental and temporal pain
- Foreign-body sensation
- Itching or crawling sensation
- Dryness of the mouth
- Headache

These features show a close clinical resemblance to AR, particularly in relation to sneezing, watery nasal discharge, nasal obstruction, itching, dryness, and altered olfaction.

10.3. Apakva and Pakva Avastha^[1]

10.3.1. Apakva Avastha

The features of the immature stage may include:

- Loss of appetite
- Foul or altered taste in the mouth
- Pain
- General discomfort
- Fever
- Sneezing
- Heaviness of the head

10.3.2. Pakva Avastha

The features of the mature stage may include:

- Lightness of the head and nose
- Thick, yellowish nasal discharge
- Change in the consistency and character of nasal secretions

10.3.3. Samprapti of Pratishyaya

The general pathogenesis may be described as follows:

1. Exposure to causative factors produces *Vata Prakopa*.
2. The *vitiated doshas* become localized in the region of the head and nose.
3. The *Doshas* undergo stagnation or accumulation in the affected region.
4. Further exposure to causative factors again aggravates *Vata*.
5. The aggravated *Vata* drives the accumulated *Doshas* in the opposite direction through the nasal passage.
6. This results in nasal obstruction, discharge, sneezing, itching, dryness, and other symptoms of *Pratishyaya*.

Different *Acharyas* have described the site of *Dosha* accumulation as:

- *Shira Pradesh* according to *Sushruta*
- *Nasika Mula* according to *Charaka*
- *Nasa* according to *Vagbhata*
- *Urdhva Kapha Ashaya* according to *Kashyapa*

10.3.4. Samprapti Ghataka

- *Dosha: Vata*, with involvement of other *Doshas* according to the stage and presentation

- *Dushya: Rasa, Rakta, and Mamsa*
- *Adhishthana: Shira*
- *Srotas: Pranavaha, Rasavaha, and Raktavaha*
- *Srotodushti: Atipravritti and Sanga*
- *Agni: Mandya*
- *Rogamarga: Madhyama*

11. CORRELATION BETWEEN VATAJA PRATISHYAYA AND AR

The clinical similarities between *Vataja Pratishyaya* and AR include:

- *Kshavathu* – Paroxysmal sneezing
- *Tanustrava* – Watery nasal discharge
- *Aanaddha* and *Pihita Nasa* – Nasal obstruction
- *Nasa Kandu* or *Kitika*-like sensation – Nasal itching
- *Ghrana Uparodha* – Reduced sense of smell
- *Mukha* and *Galashosha* – Dryness of mouth and throat
- *Shiro Gaurava* – Heaviness of head
- *Swaropaghata* – Hoarseness of voice
- Exposure to *Raja* and *Dhooma* – Dust, smoke, and environmental allergens
- Exposure to *Sheeta* and *Avashyaya* – Cold air and temperature changes

Although the two conditions arise from different explanatory systems, the similarities in their clinical presentation support a possible clinical correlation. The correlation should be considered conceptual and should not be interpreted as complete equivalence.

12. AYURVEDIC MANAGEMENT OF PRATISHYAYA^[1,3]

The management of *Pratishyaya* depends upon the *Dosha*, stage of disease, strength of the patient, chronicity, and associated symptoms.

12.1. General Principles

- *Nidana Parivarjana*
- *Langhana* in appropriate cases
- *Snehana*
- *Swedana*
- *Nasya*
- *Vamana* when indicated
- *Virechana* when indicated
- *Dhumapana*
- *Kavala* and *Gandusha*
- *Shamana Aushadhi*
- *Rasayana Chikitsa*
- Maintenance of proper diet and lifestyle

13. MANAGEMENT OF APAKVA PRATISHYAYA^[16]

In the immature stage, *Langhana* may be advised where appropriate. *Swedana* and light, warm, easily digestible food may help in the management of associated *Ama* and *Dosha* accumulation.

The classical texts describe the use of:

- Mild fomentation
- Warm and light food
- Ginger preparations
- Suitable digestive measures
- Avoidance of heavy, cold, and excessively unctuous food during the immature stage

13.1. Specific management of *Vataja pratishyaya*^[17]

For *Vataja Pratishyaya*, the classical texts emphasize:

- Internal administration of *Ghrita*
- *Ghrita* processed with suitable *Lavana* or *Vata*-pacifying drugs
- *Nasya*
- *Snehana*
- *Swedana*
- *Vamana* when clinically indicated
- *Avapida Nasya*
- *Shirovirechana*
- *Dhumapana*
- *Kavala*
- *Basti* or other procedures according to *Dosha* involvement and patient assessment

In chronic or mature disease, *Shodhana* procedures may be selected according to the predominance of *Doshas* and the strength of the patient.

13.2. *Nasya*

Nasya is one of the principal *Ayurvedic* procedures for *Urdhwajatrugata* disorders. It is especially important in conditions involving the nose, sinuses, head, and upper respiratory tract.

Examples of oils described for *Nasya* include:

- *Anu Taila*
- *Shunthyadi Taila*
- *Hingwadi Taila*
- *Dashamoola Taila*
- *Bala Taila*
- *Ksheerabala Taila*

Pippalyadi Avapida Nasya is also described in relation to nasal disorders.

Nasya should be administered only after appropriate assessment of the patient, stage of disease, season, age, strength, and contraindications.

13.3. *Snehana* and *Swedana*

Snehana helps in the management of *Vata* predominance and dryness. *Swedana* may help reduce stiffness, heaviness, and obstruction and may facilitate the movement of accumulated *Doshas*.

Procedures described include:

- *Shiro-Abhyanga*
- Local oil application
- *Nadi Sweda*
- *Upanaha*
- Appropriate fomentation of the head and neck region

13.4. *Shodhana Chikitsa*

Shodhana may be selected when *Dosha* accumulation is significant, and the patient is fit for purification procedures. Depending on the clinical condition, classical procedures may include:

- *Vamana*
- *Virechana*
- *Shirovirechana*
- *Dhumapana*
- *Basti*

These procedures should not be applied routinely to every patient and require individualized clinical judgment.

13.5. Selected *Ayurvedic* Formulations

The following formulations are mentioned in the reviewed *Ayurvedic* literature in relation to respiratory, nasal, or *Vata-Kapha* disorders:

- *Mahayogaraja Guggulu*
- *Abhraka Bhasma*
- *Sootshekhara Rasa*
- *Vyoshadi Vati*
- *Rasnadi Guggulu*
- *Shunthyadi Churna*
- *Lavangadi Churna*
- *Mahalakshmi Vilasa Rasa*
- *Sukshma Triphala*
- *Tribhuvana Kirti Rasa*
- *Gojivhadi Kwatha*
- *Pippalyadi Avapida Nasya*
- *Anu Taila*
- *Shunthyadi Taila*
- *Hingwadi Taila*
- *Dashamooladi Taila*
- *Bala Taila*
- *Ksheerabala Taila*

These formulations should be used only after proper diagnosis and under the supervision of a qualified physician. Particular caution is required with mineral- and herbo-mineral preparations, as their safety depends on proper purification, preparation, dosage, quality control, and patient selection.

13.5.1. *Apoonarbhava Chikitsa*

Apoonarbhava Chikitsa aims to prevent recurrence and reduce the likelihood of chronic complications. *Rasayana* therapy is considered important for maintaining the health and strength of the nasal mucosa and respiratory tract.

Classical *Rasayana* preparations mentioned include:

- *Chyavanaprasha*
- *Chitraka Haritaki Avaleha*
- *Agastya Haritaki Avaleha*
- *Vardhamana Pippali Ksheerapaka*
- Suitable use of *Ghrita* and *Ksheera*
- *Guggulu* and *Shilajatu* preparations where indicated

Rasayana therapy should be selected according to age, strength, digestive capacity, *Dosha* predominance, season, and associated disease.

13.5.2. *Pathya in Pratishyaya*^[1]

The following measures are described as beneficial:

- Staying in a warm, draft-free room
- Keeping the head adequately covered
- *Snehana* and *Swedana*
- *Shiro-Abhyanga*
- Warm and light food
- Moderate use of sweet, sour, and salty tastes where appropriate
- Properly prepared meat soup
- *Yava* and *Godhuma*-based food
- *Mudga* and *Kulattha* preparations according to suitability
- Warm water
- *Dashamoola* water
- Garlic
- Ginger and other suitable digestive spices
- Appropriate use of *Ghrita* and *Ksheera*
- Adequate rest
- Avoidance of known environmental triggers

13.5.3. *Apathya in Pratishyaya*^[1]

The following should be avoided or minimized:

- Exposure to cold air
- Sudden temperature changes
- Dust and smoke
- Excessive use of perfumes and scented products
- Cold water and cold food
- Excessive bathing or exposure to cold water
- Suppression of natural urges
- Excessive sleep or sleep deprivation
- Excessive speaking
- Anger and mental stress
- Heavy and difficult-to-digest food
- Excessive intake of curd and incompatible food
- Sleeping on the floor
- Improper head positioning during sleep
- Excessive exertion
- Exposure to known allergens

14. OBSERVATION AND DISCUSSION

Vataja Pratishyaya and AR demonstrate considerable similarity in their clinical features. A close clinical correspondence was observed between *Kshavathu* and paroxysmal sneezing, *Tanustrava* and watery nasal discharge, *Aanaddha/Pihita Nasa* and nasal obstruction, *Nasa Kandu* or *Kitika*-like sensation and nasal itching, and *Ghrana Uparodha* and reduced sense of smell. Common triggering factors such as exposure to dust, smoke, cold air, environmental irritants, and sudden temperature changes are described in both *Ayurvedic* and contemporary perspectives.

From an *Ayurvedic* perspective, *Vata* plays a major role in the manifestation of *Vataja Pratishyaya*. The localization of *Doshas* in the *Shira* and *Nasa Pradesh*, followed by their abnormal movement through the nasal passage, explains the symptoms of obstruction and discharge. The involvement of *Kapha* may influence the quantity and consistency of nasal secretions, whereas *Pitta* and *Rakta* may become relevant in inflammatory or more severe presentations.

The contemporary understanding of AR emphasizes IgE-mediated sensitization, mast-cell degranulation, inflammatory mediator release, and early and late phase responses. The *Ayurvedic* concepts of *Dosha Prakopa*, *Srotodushti*, accumulation, and manifestation in the nasal region provide a framework for understanding the clinical progression of the disease.

Ayurveda offers a multimodal approach that includes avoidance of causative factors, internal medication, local procedures, purification therapies, dietary regulation, and *Rasayana*. *Nasya* is particularly relevant because of its classical indication in *Urdhwajatrugata* disorders. However, the choice of therapy should be individualized and should consider disease stage, *Dosha* predominance, patient strength, age, chronicity, and associated conditions.

15. CONCLUSION

Vataja Pratishyaya may be clinically correlated with AR on the basis of similarities in symptoms, triggering factors, and the involvement of the nasal passage. Both conditions are influenced by environmental exposure and may produce recurrent nasal obstruction, sneezing, watery discharge, itching, and impaired quality of life.

The *Ayurvedic* approach emphasizes *Nidana Parivarjana*, *Shamana Chikitsa*, *Shodhana Chikitsa*, *Nasya*, *Snehana*, *Swedana*, and

Rasayana therapy. Proper management of the acute stage, prevention of recurrence, correction of dietary and lifestyle factors, and avoidance of triggering exposures are essential. Further clinical research is required to re-establish the safety, efficacy, and applicability of *Ayurvedic* interventions in patients with AR.

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22. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

23. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

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