



Case Study

www.ijrap.net

(ISSN Online: 2229-3566, ISSN Print: 2277-4343)



ROLE OF AYURVEDA IN THE PREVENTION AND MANAGEMENT OF PRATISHYAYA: A CASE STUDY

Pooja Chouhan^{1*}, Aparna Sharma², Shivani Prajapati¹, Kanak Bansal¹

¹ PG Scholar, Department of Shalakyta Tantra, National Institute of Ayurveda, Jaipur, Rajasthan, India

² Professor, Department of Shalakyta Tantra, National Institute of Ayurveda, Jaipur, Rajasthan, India

Received on: 22/12/25 Accepted on: 02/2/26

*Corresponding author

E-mail: poojachouhan5868@gmail.com

DOI: 10.7897/2277-4343.1713

ABSTRACT

Allergic rhinitis is a common chronic respiratory disorder characterized by sneezing, nasal congestion, itching, and rhinorrhoea, which significantly affects quality of life. Modern medicine offers symptomatic relief, but a completely effective treatment is still lacking. Ayurveda provides a holistic approach by addressing the root cause through regulation of dosha, diet, lifestyle, and herbal interventions. Case Presentation: A 28-year-old male patient attended the OPD of the department of Shalakyta tantra, National Institute of Ayurveda, Jaipur, Rajasthan presented with complain of recurrent cold, frequent sneezing (eight to ten times per day), watery nasal discharge, nasal blockage, itching in the eyes, tiredness, and poor concentration for the past two years. The condition was perennial in nature and was diagnosed as Vataja Pratishyaya according to Ayurvedic principles. Management and Correlation: Initially, Amapachana chikitsa was administered for three days using Dhanyaka, Sunthi, and Musta in paneeya kalpana form. This was followed by Chitrak Haritaki Avaleha, Haridra Khanda, and Sitopaladi yoga along with adjunctive herbs for deepana, pachana, rasayana, and anti-allergic effects. Marsha Nasya with Anu Taila was administered in three sittings. Outcome: After forty-five days of treatment, marked clinical improvement was observed. Sneezing frequency reduced to two to four times per day. Laboratory investigations showed improvement, with a reduction in total eosinophil count, eosinophil percentage, serum IgE levels, and erythrocyte sedimentation rate. The patient reported sustained symptom relief and improved quality of life. Conclusion: This case shows that Ayurvedic treatment can effectively reduce symptoms of Allergic Rhinitis and improve patient outcomes in a short time.

Keywords: Vataja pratishyaya, Anu taila, Chitrak Haritaki Avaleha, Amapachana, Allergic rhinitis

INTRODUCTION

Allergic Rhinitis (AR) is characterized by an IgE-mediated immune reaction involving the nasal mucosa. It represents an inflammatory condition of the nasal lining caused by an exaggerated immune response to specific allergens. The disorder develops when individuals inhale minute allergenic particles. Common airborne allergens responsible for allergic rhinitis include house dust mites, pollens, fungal spores, and animal-derived substances such as dander, urine, and saliva. Clinical manifestations commonly include nasal blockage, watery nasal discharge, sneezing, nasal itching, and associated ocular symptoms. The nasal discharge is typically clear in nature.¹

Allergic rhinitis is broadly classified into different clinical types. Seasonal allergic rhinitis occurs during specific periods of the year when sensitizing pollens are present in the environment, commonly originating from trees, grasses, or weeds. Perennial allergic rhinitis persists throughout the year and is most often associated with continuous exposure to allergens such as house dust mites, animal dander, cockroaches, and molds. Occupational allergic rhinitis develops due to exposure to allergenic substances encountered in the workplace, including grain dust, wood dust, chemicals, or laboratory animals. Globally, the prevalence of allergic rhinitis among adults ranges from 10 to 30%, whereas it may affect up to 40% of children.²

Recurrent episodes of allergic rhinitis, when inadequately managed during the acute stage, may result in progression of the disease to a chronic condition. According to Ayurvedic concepts, factors such as Ama (metabolic toxins), Asatmya (unsuitable diet or habits), Viruddha Ahara (incompatible food intake), and

exposure to allergens play a significant role in the development of allergic disorders. Pratishyaya is clinically manifested by symptoms including frequent sneezing, a sense of heaviness in the head, fever, and cough.³

Conventional management of allergic rhinitis includes the use of H1 receptor antagonists, nasal decongestants, mast cell stabilizers, leukotriene receptor antagonists, corticosteroids, and anticholinergic agents administered either orally or through nasal preparations. These therapeutic measures primarily offer temporary relief from symptoms and are often associated with undesirable adverse effects. Consequently, modern medical management does not provide a definitive or long-term solution for allergic rhinitis.⁴

Dosha dushya, vikruti and Adhisthan

Dosha :- Tridosha mainly vata & Kapha

Dusya :- Rasa, Rakta

Adhisthan :- Nasa pradesha

Srotas : Pranavaha, Rasvaha, Raktavaha

Agni :- Mandagni

CASE REPORT

A 28 years old male patient came to our OPD with complaints of

- 1) Tanunasastrav, (Watery discharge from the nose)
- 2) Kshavathu (Sneezing)
- 3) Shirashool (Heaviness in the head region, headache)
- 4) Nasavarodha (Nasal blockage)
- 5) Kandu- Itching in nose, eyes and sometime ears.

The patient had mild deviated nasal septum towards the left side and suffered from symptoms of Allergic Rhinitis (AR) for 2 years. The patient had noticed that he was having symptoms when he comes in contact with dust and fumes from incense sticks. Patient was complaining all above symptoms since 2 years.

Past History: Patient did not have any history of - Hypertension / Diabetes mellitus / Asthma / Epilepsy/ Ischemic heart disease / Tuberculosis

No history of any major surgical illness.

No history of any addiction- like alcohol / smoking / tobacco

N/H/O – Typhoid / chikungunya / dengue / jaundice

Patient took treatment previously at Allopathy Hospital for same complaint, but he got temporary relief.

Diet History: The patient intake kapha dominant diet regularly. The patient had a daily routine of day sleeping for about an hour after food.

Family History: No specific history of Allergic Rhinitis.

Examination

General Examination

The general condition of patient was fair and afebrile.

Pulse - 72/min

Blood pressure - 120/70 mm of hg

Respiratory rate – 20/min

Jivha – Alpa sama

Prakruti – Vata - kaphaja

Local Examination

Nose

Inspection: Mild congestion of the Nasal Mucosa, thin secretions.

Therapeutic Interventions

Phase	Medicine / Therapy	Dose	Anupan / Route	Duration	Symptoms observed on follow up
Day 1-3	Dhanyak Churna	15 gm	Paneeya (lukewarm water)	3 days	Amapachan, Digestion-related issues help
	Sunthi Churna	5 gm	-		--
	Musta Churna	10 gm	-		-
Day 4-48	Sitopaladi Churna	3 gm	With honey	45 days (15+15+15)	Combination-reduced nasal discharge, improve breathing pattern
	Yashtimadhu Churna	2 gm			
	Tankan Bhasma	250 mg			
	Godanti Bhasma	500 mg			
	Guduchi Satva	500 mg			
Day 4-48	Chitrak Haritaki Avaleha	1 tsp BD	With lukewarm milk	45 days	Agnimandya, deepan pachan, reduce sneezing, nasal mucosa congestion
Day 4-48	Haridra Khand	5 gm BD	With warm milk	45 days	Reduce -Itching in nose and eyes, Sneezing
Day 4-48 (3 sittings)	Anu Taila	6-8 drops	Marsha Nasya (Nostrils)	7 days + 7 gap × 3 sittings	Reduce sneezing 3-4 time a days, clear nasal passage, reduce congestion

Management

Oral Drug

Aampachana Paneeya 1- 3 days

Dhanyak churna 15gm

Sunthi churna 5 gm

Musta churna 10 gm (paneeya)

After that for 45 days below mentioned medicines are given

Sitopaladi churna 3 gm

Yastimadhu churna 2gm

Tankan bhasma 250 mg

Anterior rhinoscopy:- B/L inferior turbinate hypertrophy, DNS toward left side.

Sinus: No Tenderness on Palpation of sinuses

Eye: No conjunctival congestion, Frequent rubbing of the eyes, irritability and itching in eyes.

Ear

EAC (External Auditory Canal): Normal

Tympanic Membrane: - Normal B/L intact

Systemic Examination

On systemic examination, the patient was conscious and well oriented to time, place, and person. Respiratory and cardiovascular system examinations were within normal limits. Per abdominal examination revealed mild abdominal distension; the abdomen was non-tender and bowel sounds were present. Pupillary reaction to light was normal, and no abnormality was detected on neurological assessment.

The Tenfold examination

Revealed Dushya (any tissue of the body that gets vitiated) was Rasa and Rakta Dhatu, Desha (habitat)- Sadharana, Bala (strength)- Madhyam, Kala (time)- Sheet Ritu, Agni (digestive fire), Mandya ⁵. Prakriti (body constitution)- Vata-Pitta ⁶, Vaya (age)- Tarun (young), Satva (psychic condition)- Madhyam, Satmya (homologation)- Sheet Jala (cold water), Ahar (diet)- Salty and sour food items eating twice in a day.

Informed Consent and Ethical Consideration

Written informed consent was obtained from the patient prior to inclusion in the study. The identity of the patient has been kept confidential. The study was conducted in accordance with the ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participant.

Godanti bhasma 500 mg

Guduchi satva 500 mg - BD with honey

Haridra khand 5 gm bd with milk

Chitrak haritaki avleha 1 tsp bd with milk

Marsha nasya – Anu Taila for 7 days, then 7 days gap (3 sittings) Marsha Nasya i.e. 6-6 drops in each nostril was administered in the morning.

Steam inhalation with medicated capsule.

Do's and Dont's

Pathya

Aahar	Vihar
Light, non-greasy food	Take regular steam inhalation
Warm, freshly cooked food	Perform Nasya karma
Cow ghee	Pranayama – especially Anulom Vilom and Bhramari
Warm water for drinking	Maintain clean surroundings to avoid dust/mite exposure

Apathya

Aahar	Vihar
Cold or refrigerated food	Exposure to cold air or sudden temperature changes
Excess intake of milk products like curd, paneer, ice cream	Bathing with cold water or washing head frequently
Fruits with high sugar or mucus-producing: banana, guava, grapes	Sleeping during the day, especially after meals
Avoid heavy pulses like chana, rajma at night	Excessive use of perfumes, room fresheners, chemical fumes

RESULT

After completion of the treatment protocol, the patient showed significant clinical improvement. The frequency of sneezing markedly reduced from eight to ten episodes per day to two to

four episodes per day. Nasal itching, watery nasal discharge, and nasal obstruction also showed considerable reduction. Laboratory investigations revealed improvement in allergic parameters, including a decrease in total eosinophil count, serum IgE levels, and erythrocyte sedimentation rate.

Investigations

Investigation	Before Treatment	After Treatment
Eosinophils	14.1 %	8.3 %
ESR	21 mm/hr	13 mm/hr
Total Eosinophil Count	800 /cumm	626/cumm
Serum IGE test	200 IU/ml	170 IU/ml

Parameter	Before Treatment	After Treatment
Frequency of sneezing (per day)	8–10 times	2–4 times
Nasal itching	Present	Reduced
Watery nasal discharge	Present	Reduced
Nasal obstruction	Present	Reduced

The patient reported sustained well-being with complete absence of allergic rhinitis symptoms despite not receiving any medication for the last 15 days.

Treatment 45 days

Follow up 15 days

DISCUSSION

Allergic rhinitis is an acute inflammatory disorder of the nasal mucosa resulting from a type I hypersensitivity reaction, characterized by recurrent episodes of sneezing and watery nasal discharge. Exposure to allergens such as dust, pollen, mites, or chemical fumes through inhalation triggers an exaggerated immune response, leading to antibody production and subsequent clinical manifestations of the disease. In some cases, subclinical bronchospasm may be present, causing a sensation of chest tightness. Allergic rhinitis represents one of the most common chronic conditions encountered in otorhinolaryngology practice and is associated with multifactorial etiology and varied clinical presentations.⁷

Allergic Rhinitis characterised by infiltration of the nasal mucosa with Eosinophils and Plasma Cells. Oedema develops due to transudation of tissue fluids as the capillary endothelium is damaged and the inter cellular cement loosens. There is increase in mucosal secretions which may contains Eosinophils, this leads to congestion due to the dilatation of blood vessels occurs with Venostasis and Purplish discoloration. Paranasal sinuses may also be involved in the similar manner.

Avoiding the allergens is the ideal treatment but it is not always possible. Antihistamine and Steroid gives temporary relief. Antihistamine relieves the symptoms but causes drowsiness. Development of tolerance is another problem. Steroid may be used locally as an aerosol spray or drops; systemic use should be avoided due its side effects.⁸⁻¹⁰

In Ayurveda Vataja Pratishyaya is described as a Nasagata Roga caused by vitiation Vata and Kapha Doshas resulting in Kshavathu (Sneezing), Nasavarodh (Nasal obstruction), Tanunasastrav (Watery discharge) and Shirashoola (Headache). Thus, it can be correlated with disease allergic rhinitis mentioned in modern science.¹¹⁻¹²

In present study patient having Vataja Pratishyaya was treated with Amapachana chikitsa was administered using Dhanyak (10 gm), Sunthi (5 gm), and Musta (2.5 gm) in the form of Paneeya Kalpana.

Dhanyaka (*Coriandrum sativum*): Dhanyaka has Deepana and Pachana properties. It helps in digestion of Ama, reduces abdominal discomfort, and has mild anti-inflammatory and carminative action.

Sunthi (*Zingiber officinale*): Sunthi is a Deepana-Pachana drug that improves Agni, digests Ama, reduces Kapha accumulation, and anti-inflammatory and anti-allergic activity.

Musta (*Cyperus rotundus*): Musta is effective in Ama Pachana, regulates digestive metabolism, relieves heaviness, and helps in balancing Kapha and Vata doshas.

This combination helped in clearing metabolic waste (Ama), improving digestion and absorption, and provided relief from heaviness of head, abdominal discomfort, and sneezing.

Following this, a 45-day treatment regimen was initiated including:

Shamana and Rasayana therapy with herbal combination

Sitopaladiadi yoga (Sitopaladi 3 gm, Yashtimadhu 2 gm, Tankan Bhasma 250 mg, Godanti Bhasma 500 mg, Guduchi Satva 500 mg) with honey BD for 45 days.

Sitopaladi Churna: Acts as Kapha-Shamaka, mucolytic, and expectorant. It reduces nasal discharge, cough, and improves respiratory function.¹³

Yashtimadhu (*Glycyrrhiza glabra*): Act as anti-inflammatory, anti-allergic, soothing, and Rasayana properties. It helps in healing irritated nasal mucosa.

Tankana Bhasma: Acts as Kapha-Vilayana, helps in clearing excessive secretions and improves airway patency.

Godanti Bhasma: Provides anti-inflammatory and analgesic effects, useful in headache and sinus discomfort.

Guduchi Satva (*Tinospora cordifolia*): A well-known Rasayana with immuno-modulatory, anti-allergic, and anti-inflammatory actions.

This herbal formulation significantly reduced nasal discharge, improved breathing, and enhanced energy level.

Haridra khanda - Katu and Tikta Rasa, Laghu and Ruksha guna, Ushna Virya, and Katu Vipaka. It acts mainly by pacifying Kapha and Vata dosha. The formulation is effective in reducing itching, purifying the blood, and enhancing skin health. It also helps in strengthening immunity and preventing recurrence, especially in allergic conditions. Owing to its anti-inflammatory, antimicrobial, and antiparasitic properties, Haridra Khanda is widely used in the management of various skin and allergic disorders.¹⁴

Chitrak Haritaki Avaleha (5 gm BD with milk) for Deepan-Pachana and Rasayana effect.

Chitraka Haritaki Avaleha has katu, tikta and kashaya rasa, laghu, rukhsa and tikshna guna, usna virya and madhura vipaka. It helps to balance Kapha and Vata dosha. Because of its Deepana and Pachana actions, it improves weak digestion and removes Ama (toxins), which is an important cause of Pratishtaya (allergic rhinitis). Its Kapha-reducing and anti-inflammatory effects help to relieve nasal blockage, watery nasal discharge and heaviness in the head. Haritaki also works as a Rasayana and supports proper movement of Vata, which helps in preventing repeated episodes of the disease.¹⁵⁻¹⁶

Additionally, **Marsha Nasya** with anu Taila was administered in three sittings (7 days Nasya followed by 3-day gap, repeated thrice). After the first sitting, notable relief in sinus pressure, sneezing frequency, and mental clarity was observed. By the end of third Nasya sitting, the patient reported sustained reduction in symptoms and improved quality of life.

Anu Taila - is an herbal formulation that contains the drug having properties such as anti-allergic, anti-inflammatory, antioxidant, and Tridosha shamaka (pacifies vitiated three regulatory functional factors of the body¹⁷). Therefore, Anu taila exerts a marked anti-inflammatory effect on the nasal mucosa possibly by inhibiting the release of inflammatory mediators from the mast cells and basophils and by blocking the inflammatory effects of leukocytes in the nose. Thus, in the present study, Marsha Nasya

therapy has shown an encouraging effect in the management of Allergic Rhinitis by reducing sneezing, rhinorrhoea, itching, nasal obstruction, and oedema in the nasal passage.

On 15-day follow-up post-Nasya, the patient showed no recurrence of acute episodes, had better sleep, and felt mentally lighter and physically more energetic. It also prevents inhalation of unwanted particles which may enter with polluted air.

CONCLUSION

The objective of the present study was to assess the role of Ayurvedic management in the treatment of Allergic Rhinitis. This objective was achieved through the administration of Sitopaladiadi Churna, Chitrak Haritaki Avaleha, Haridra Khanda, and Marsha Nasya with Anu Taila. Following treatment, the patient showed marked improvement in clinical symptoms along with significant reduction in hematological parameters. The findings of this case suggest that Ayurvedic intervention was effective in managing Allergic Rhinitis within a short duration.

REFERENCES

1. Wheatley Lisa M., Toghias Alkis. Clinical practice. Allergic rhinitis. N Engl J Med. 2015;372(5): 456–463. doi: 10.1056/NEJMcp1412282.
2. Mims JW. Epidemiology of allergic rhinitis. Int Forum Allergy Rhinol. 2014 Sep;4(Suppl 2):S18–S20. doi: 10.1002/alr.21385. PMID: 25182349.
3. Ashtanga Hridaya - Sarvanga Sundari Commentary Arunadatta, Chaukhamba Krishna Das Academy, Varanasi, 2000, Uttara Sthana 19/1-2
4. Dhingra P. L. Diseases of Ear, Nose and Throat, Published by Elsevier, a division of Reed Elsevier India Private limited, New Delhi, 4th Edition- 2007, 30th chapter. p 249-252
5. Eswaran HT, Kavita MB, Tripathy TB, Shivakumar. Formation and validation of a questionnaire to assess Jāṭharāgni. Ancient Sci Life. 2015 Apr-Jun;34(4): 203–209. doi: 10.4103/0257-7941.159829. PMID: 26283805; PMCID: PMC4535068.
6. Rastogi S. Development and validation of a prototype Prakriti analysis Tool (PPAT): inferences from a pilot study. Ayu. 2012 Apr;33(2):209–218. doi: 10.4103/0974-8520.105240. PMID: 23559792; PMCID: PMC3611641.
7. Hazarika P, Nayak D, Balakrishna R. 4th ed. CBS Publishers & Distributors; New Delhi: 2019. Allergic Rhinitis, Chapter 34. Textbook of ear, nose, throat and head & neck surgery (theory, clinical & practical), p 249.
8. Broide DH. Allergic rhinitis: pathophysiology. Allergy Asthma Proc. 2010;31(5):370-374.
9. Naclerio RM. Pathophysiology of nasal congestion. J Allergy Clin Immunol. 1997;99(2):S829-S833.
10. Bousquet J, et al. Allergic rhinitis and its impact on asthma (ARIA). J Allergy Clin Immunol. 2008;122(1):S1-S84
11. Sushruta Samhita, Ambika Datt shastri Sanskrit text with Hindi translation in volume 2 Publisher Shri Kashi Vishwanath Sansthan 1 Jan. 2023 Sushruta Uttara Tantra, Nasa Roga Adhyaya. P 153 -154
12. Charaka Samhita, Kashinath Pandey Shastri Hindi Edition 23-24, 7 November 2023 Chaukhamba Bharati academy Chikitsa Sthana, Shiroroga Prakrana Adhyaya Pratishtaya Chikitsa p 737-748.
13. Sharangdhara Samhita Madhyam Khanda Hindi Commentary: Dipika by Brahmananda Tripathi Chaukhamba Surbharati Prakashan, Varanasi adhyaya 6 /82-84 Churna Kalpana adhyaya p 203-205
14. Bhaisajya Ratnavali with Siddhiprada Hindi Commentary by Prof. Siddhinandan Misra, Chaukhamba Surbharati Prakashan Varanasi Adhyaya Kustharogadhikara p 566-568

15. Chakradatta with Vaidyaprabha Hindi Commentary by Indra deva Tripathi. Chakradatta Pratishyaya Chikitsa Prakarana Shloka 56-58. Chaukhamba Orientalia, Varanasi. p 166-168
16. Tripathi B. Ashtanga Hridaya of Vagbhata, Sutra Sthana – Doshopakramaniya Adhyaya. Chaukhamba Sanskrit Pratisthan, Delhi
17. Pandit KS, Gorakjanatha C. Charaka Samhita of Agnivesha; Sutra Sthana. Chapter 5, Verse 63-70. Varanasi: Chaukhamba Bharti Academy; 2014. P 123.

Cite this article as:

Pooja Chouhan, Aparna Sharma, Shivani Prajapati and Kanak Bansal. Role of Ayurveda in the Prevention and Management of Pratishyaya: A Case Study. *Int. J. Res. Ayurveda Pharm.* 2026;17(1):7-11 DOI: <http://dx.doi.org/10.7897/2277-4343.1713>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House, a non-profit publishing house dedicated to publishing quality research. Every effort has been made to verify the accuracy of the content published in our journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.