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Review Article

Pratishyaya and Rhinitis: Bridging Ayurveda with Modern Medicine

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A B S T R A C T

Pratishyaya, a prevalent nasal disorder described in Ayurvedic literature, closely resembles rhinitis in modern medicine. This condition, characterised by inflammation of the nasal mucosa, manifests through symptoms such as sneezing, nasal discharge, congestion, and irritation. Primarily driven by imbalances in *Vata* and *Kapha doshas* (bio-energies), with occasional Pitta involvement, *Pratishyaya* is systematically classified in Ayurveda according to its aetiology (*Nidana*), pathophysiology (*Samprapti*), symptomatology (*Lakshana*), and treatment protocols (*Chikitsa*). The increasing prevalence of rhinitis, particularly among children in urban environments exposed to pollutants and allergens, underscores its impact on quality of life, growth, and development. With rising concerns about antibiotic resistance in conventional treatments, integrating Ayurveda's holistic approach with modern medical strategies offers a promising pathway for sustainable, long-term management of recurrent rhinitis.

Keywords: *Pratishyaya,* Rhinitis, Ayurveda, *Nasagata Roga, Tridoshaja Vyadhi*, *Vata, Kapha*, Integrative Medicine

Introduction

Pratishyaya, as delineated in classical Ayurvedic texts, is a nasal condition that parallels rhinitis, a common upper respiratory disorder in modern medicine. Arising from disruptions in *Vata, Kapha*, and occasionally *Pitta doshas* (bio-energies), it reflects a complicated combination of physiological, environmental, and lifestyle factors. Ayurveda's nuanced framework, which emphasises individualised diagnosis and treatment, complements modern medical approaches. By integrating Ayurvedic insights with contemporary diagnostics, this article explores a comprehensive strategy to address the growing burden of rhinitis, particularly in urban settings and paediatric populations, where environmental and lifestyle challenges exacerbate its prevalence.

Historical Context

Ayurvedic literature provides a rich foundation for understanding *Pratishyaya*. The Charaka Samhita (*Chikitsa Sthana,* Chapter 26) categorises *Pratishyaya* into *Vataja, Pittaja, Kaphaja*, and *Tridoshaja* types, detailing their management.[1] Similarly, the *Sushruta Samhita* (*Uttara Tantra*, Chapter 24) elaborates on its causes, prodromal features, clinical symptoms, and treatments, distinguishing between acute (*Ama*) and chronic (*Pakwa*) stages.[2] The *Ashtanga Hridaya* (*Uttara Tantra*, Chapters 19 and 20) aligns with these perspectives,[3] while *Madhava Nidana* (Chapter 58) offers a differential diagnostic approach.[4] The *Sharangadhara Samhita*[5] and *Bhavaprakasha Nighantu* (Chikitsa Prakaran, Chapter 65) classify nasal disorders,[6] and *Chakradatta* (Chikitsa Prakaran, Chapter 58) provides detailed protocols for managing acute (Nava) and chronic

(*Jeerna*) forms.[7] This continuity across texts underscores Ayurveda's enduring insights into *Pratishyaya's* complexity.

Etymology

The term *Pratishyaya*, derived from Sanskrit ("वातं प्रति अभिमुखं श्यायते इति प्रतिश्यायः"), describes a condition where vitiated *Kapha*, guided by *Vata*, is expelled through the nasal passages.[2] This etymology reflects the pathophysiological process of mucosal inflammation and discharge characteristic of the disorder.

Etiology (Nidana)

Pratishyaya arises from various internal and external causative factors that disrupt *Vata* and *Kapha* balance. Environmental exposures, such as dust, smoke, or extreme temperatures, irritate the nasal mucosa, triggering *doshic* imbalances. Lifestyle practices, including the suppression of natural urges like sneezing, urination or defecation, overindulgence in sexual activity, or excessive physical exertion without adequate recovery, further contribute to *Vata* vitiation. Dietary habits also play a significant role; consuming heavy, cold, or unwholesome foods and maintaining erratic routines aggravate *Vata* and *Kapha*, precipitating *Pratishyaya.*[2]

Pathogenesis (Samprapti)

The development of *Pratishyaya* begins with exposure to etiological factors, which disturb *Vata* and *Kapha*, leading to their localisation in the nasal cavity (*Nasa Pradesh*). This process involves *Rasa* and *Rakta dhatus* (tissues), resulting in mucosal inflammation and symptoms like nasal discharge, obstruction, and irritation. The pathogenesis encompasses several components: the primary *doshas* affected are *Vata* and *Kapha*, with minimal *Pitta* involvement; the affected dhatus are Rasa and Rakta; impaired digestive (*Jatharagni*) and tissue-level (*Rasadhatwagni*) metabolism contribute to toxin accumulation; and the *Pranavaha* (respiratory), Rasavaha (plasma), and *Raktavaha* (blood) channels experience obstruction, misdirection, or excessive flow. The nasal cavity serves as the primary site, with secondary head involvement.[2]

Prodromal Symptoms (Purvarupa)

The prodromal phase of *Pratishyaya* signals its onset through systemic and local symptoms. Systemic signs include a sense of head heaviness, generalised body ache, low-grade fever, loss of appetite, and goosebumps, indicating *Vata* and *Kapha* aggravation. Locally, patients may experience frequent sneezing, nasal stickiness, a smoky sensation in the nasal passages, hoarseness, excess salivation, or a feeling of head fullness, pointing to early respiratory mucosal involvement. These early cues facilitate timely diagnosis and intervention to prevent progression.[2,4,6]

Disease Progression

Pratishyaya evolves through distinct stages. In the acute (*Amavastha*) phase, toxins (*Ama*) from impaired digestion dominate, presenting with nasal discharge, pain, fever, head heaviness, and sneezing, reflecting systemic *Kapha* and *Vata* involvement. In the chronic (*Pakvavastha*) phase, *Ama* transforms, reducing systemic symptoms; the nasal discharge becomes thicker and yellowish, indicating localised inflammation.[2]

Classification and Symptoms (Bheda And Lakshana)

Ayurvedic texts classify *Pratishyaya* based on *doshik* predominance, each type aligning with modern rhinitis subtypes. *Vataja Pratishyaya*, akin to vasomotor rhinitis, features dryness, scanty discharge, nasal pain, hoarseness, and headache, as noted by Sushruta, *Charaka*, and *Vagbhata*. *Pittaja Pratishyaya*, resembling infectious rhinitis, is characterised by hot, yellow discharge, burning sensations, fever, and thirst. *Kaphaja Pratishyaya*, paralleling allergic rhinitis, presents with thick white discharge, congestion, itching, and heaviness. *Tridoshaja Pratishyaya*, a mixed form, shows complex symptoms with sudden aggravation and subsidence. *Raktaja Pratishyaya*, recognised by Sushruta and Vagbhata, involves nasal bleeding, foul breath, and reddish eyes, linked to blood vitiation. *Dushta Pratishyaya*, akin to chronic rhinosinusitis, is marked by alternating nasal wetness and dryness, anosmia, and frequent obstruction, noted as difficult to treat (Table 1).[1-4]

Table 1.Classification of Pratishyaya and Modern Correlations

Type	Modern Equivalent	Key Symptoms	Source (Acharya)
Vataja	Vasomotor rhinitis	Obstruction and congestion of the nose, Sneezing, Thin, cold and watery nasal discharge, Dryness of throat, palate and lips, Pricking pain, Hoarseness of voice, Headache	Sushruta, Charaka, Vagbhata
Pittaja	Infectious rhinitis	Hot and yellow nasal discharge, Burning sensation in throat and nose, Inflammation at tip of nose, Boils in nose, Giddiness, Fever, Thirst, Emaciation, Anaemia	Sushruta, Charaka, Vagbhata

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Kaphaja	Allergic rhinitis	Thick, white and cold nasal discharge, whitish eye with swollen lids, congestion, Itching in the head, lips, throat, and palate, Cough, Dyspnea Heaviness of head and face, Vomiting, Sweet taste in mouth	Sushruta, Charaka, Vagbhata
Tridoshaja	Mixed rhinitis	Mixed and complex symptoms, Severe pain and distressing nature, Sudden aggravation and subsidence	Sushruta, Charaka, Vagbhata
Raktaja	Hemorrhagic rhinitis	Nasal bleeding, Foul breath, Loss of smell, Worms coming out of the nose, Reddish eyes, Chest stiffness, Pittaja symptoms	Sushruta, Vagbhata
Dushta	Chronic rhinosinusitis	Alternating wet/dry nose, Ozostomia, Anosmia, Frequent obstruction, Distress in all senses, Low digestion. Cough, Fever, Chest and flank pain, Difficult to cure	Sushruta, Charaka, Vagbhata

Treatment (Chikitsa)

The management of *Pratishyaya* in Ayurveda is meticulously tailored to the predominant *dosha* imbalance and the disease's stage, employing a combination of purification (*Shodhana*), palliation (*Shamana*), and rejuvenation (*Rasayana*) therapies. These approaches aim to restore nasal and respiratory health while addressing underlying systemic imbalances, offering a complementary strategy to modern rhinitis treatments, which often rely on antihistamines or corticosteroids. Each type of Pratishyaya - *Vataja, Pittaja, Kaphaja, Raktaja,* and *Sannipataja* - requires specific interventions, administered under trained supervision to ensure safety and efficacy, particularly given potential side effects such as nasal irritation or fatigue in sensitive patients.[2, 3]

For *Vataja Pratishyaya*, characterised by dryness and scanty nasal discharge, treatment begins with internal oleation (*Snehapana*), involving the daily intake of 10–20 ml of medicated *ghee* processed with *Pancha Lavana* (five salts) and herbs from the *Vidarigandhadi* group, known for their warming and nourishing properties, over 3–5 days. This is followed by *Nasya*, the nasal administration of 2–4 drops of Anu Taila per nostril for 7–14 days, which lubricates and soothes the nasal *mucosa*. Additional therapies, adapted from protocols for *Ardita* (facial paralysis), include *Shirobasti* (oil retention on the head), *Dhoomapana* (inhalation of medicated smoke, 2–3 times daily), and *Abhyanga* (full-body oil massage) to alleviate *Vata aggravation*. *Nadi Swedana* (localised steam therapy) and the consumption of medicated milk or oil further support systemic balance. These interventions, while effective, may cause mild nasal irritation if improperly administered and are contraindicated in patients with active infections or severe hypertension.

Pittaja Pratishyaya, marked by hot, yellow discharge and burning sensations, requires cooling and pacifying therapies to counter *Pitta's* inflammatory nature. Treatment involves *Ghritapana*, the ingestion of *ghee* infused with *Kakolyadi* herbs, which are cooling and anti-inflammatory, typically administered at 10–20 ml daily for 3–5 days. Mild purgation (*Virechana*) using sweet-tasting herbs, such as Draksha (grapes), facilitates the elimination of excess *Pitta*. *Nasya* is performed with an oil prepared from a paste of *Dhavatvak*, *Triphala*, *Haridra* (turmeric), and *Madhuka*, mixed with sesame oil and cow's milk in a 1:1:10 ratio, with 2–4 drops instilled per nostril for 7–10 days to reduce mucosal inflammation. External cooling therapies, such as *Parisheka* (pouring of cooling liquids) and *Pradeha* (application of cooling pastes), soothe the nasal passages. Mouth gargling (*Kavaladharana*) with a decoction of *Draksha*, *Madhu* (honey), and *Priyangu* further alleviates irritation. Caution is advised, as *Virechana* may cause fatigue in weak patients, and *Nasya* is contraindicated during pregnancy.

Kaphaja Pratishyaya, distinguished by thick white discharge and congestion, focuses on reducing *Kapha's* heaviness through purification. Treatment commences with *Snehapana*, using 10–20 ml of medicated ghee daily for 3–5 days, followed by *Vamana* (therapeutic emesis) induced by a gruel of *Tila* (sesame) and *Masha* (black gram) to expel excess *Kapha*. Post-emesis, a graduated dietary regimen (*Samsarjana Karma*) incorporates *Kapha*-alleviating foods, such as barley, to restore digestion over 5–7 days. Nasya, using an oil processed with herbs like *Bala*, *Vidanga*, and *Punarnava*, is administered at 2–4 drops per nostril for 7–14 days to clear nasal obstruction. *Dhoomapana*, involving inhalation of smoke from wicks prepared with *Devadaru* and *Trivrit*, is performed 2–3 times daily to reduce mucosal

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congestion. Vamana may lead to electrolyte imbalances if not carefully monitored, and *Dhoomapana* can trigger coughing in sensitive individuals, necessitating practitioner oversight.

Raktaja Pratishyaya, associated with nasal bleeding and blood vitiation, is managed similarly to *Pittaja Pratishyaya*, emphasising cooling and blood-purifying therapies. *Ghritapana* with *Kakolyadi* herbs and *Nasya* with cooling oils, such as those containing *Triphala* and *Haridra,* are central, administered in dosages and durations akin to *Pittaja* protocols. External cooling applications and mild purgation with sweet herbs further support blood purification, with careful monitoring to avoid exacerbation of bleeding tendencies, particularly in patients with clotting disorders.

Sannipataja Pratishyaya, involving all three *doshas*, demands an integrated approach to address its complex *symptomatology*. Treatment begins with *Snehapana*, using 10–20 ml of *ghee* processed with pungent (*Katu*) and bitter (*Tikta*) herbs, such as *Pippali* and *Katuki*, for 3–5 days to balance the doshas. Strong Dhoomapana (Tikshna Dhoomapana), using wicks with pungent herbs, is administered 2–3 times daily to clear systemic congestion. *Nasya*, with an oil containing *Rasanjana, Ativisha*, and *Devadaru*, is applied at 2–4 drops per nostril for 7–14 days to target nasal inflammation. Mouth gargling with a decoction of *Musta, Vacha, Pippali,* and *Saindhava Lavana* (rock salt) supports respiratory health, while the same herbs in oil form may be used for head purgation (Shirovirechana) to enhance detoxification. This multifaceted regimen requires careful calibration, as strong *Dhoomapana* may cause respiratory discomfort in asthmatics, and *Shirovirechana* is contraindicated in the elderly.

Across all types, these Ayurvedic interventions complement modern rhinitis management by addressing root causes, such as mucosal inflammation and immune dysregulation, rather than solely alleviating symptoms. Standardised protocols, supervised by trained practitioners, ensure safety, with adaptations for paediatric patients (e.g., 1–2 drops of milder oils like *Bala Taila*) and urban settings (e.g., ready-to-use nasal sprays). Potential side effects, including nasal irritation from *Nasya*, fatigue from *Vamana*, or coughing from *Dhoomapana*, underscore the need for individualised dosing and contraindication screening, particularly for pregnant, elderly, or hypertensive patients.

Complications (Updrava)

Untreated *Pratishyaya* can lead to serious complications, as described in Ayurvedic texts. Persistent nasal inflammation may cause Eustachian tube dysfunction, leading to deafness (*Badhirya*), with chronic rhinitis linked to otitis media in approximately 20% of cases.[8] In rare instances chronic sinusitis may spread to the orbit, risking blindness (*Andhatva*).[9] Other complications include persistent cough (*Kasa*), oedema (*Shotha*), systemic discomfort (*Aghranam*), and severe ocular disorders. If neglected, *Pratishyaya* may progress to a chronic degenerative state (*Kshaya*), emphasising the need for early intervention.[2, 4, 6]

Preventive Regimen (Achar Rasayana)

Preventing *Pratishyaya* recurrence involves lifestyle and dietary adjustments. Residing in areas protected from cold drafts and keeping the head warm with soft, heavy cloth maintain *doshic* balance. Regular nasal cleansing (*Shirovirechana*) and medicated smoke inhalation (*Dhoomapana*) with penetrating herbs clear accumulated *doshas*. Consuming light, dry foods like barley and daily *Haritaki* (1–2 g) supports digestion and respiratory health. Conversely, cold water, suppressed urges (e.g., sneezing), excessive mental strain, and fresh alcohol should be avoided to prevent *doshic* aggravation.[2]

Contraindicated Practices (Vrajya)

In managing *Pratishyaya*, a nasal disorder akin to rhinitis, Ayurveda emphasises avoiding specific lifestyle and dietary practices that disrupt the balance of *doshas*, particularly *Vata* and *Kapha*, which exacerbate nasal inflammation and congestion. These contraindicated practices, known as *Vrajya*, are critical to prevent symptom aggravation and support long-term respiratory health, offering insights that complement modern rhinitis management by addressing environmental and behavioural triggers. Consuming cold water or beverages, for instance, intensifies *Kapha*-related symptoms like mucus accumulation, as cold substances impair digestion and promote congestion, a principle echoed in modern advice to avoid chilled drinks during respiratory infections. Similarly, taking head baths with cold water or exposing the head to cold drafts aggravates *Vata*, leading to nasal dryness and irritation, which can worsen rhinitis symptoms. Excessive mental strain, such as prolonged overthinking or stress, disturbs *Vata* and weakens immune resilience, aligning with contemporary research linking stress to immune dysregulation in allergic rhinitis. Emotional disturbances, particularly grief, further imbalance *Vata*, contributing to systemic inflammation. Suppression of natural bodily urges, such as sneezing or coughing, obstructs the body's eliminative processes, intensifying *Kapha* and *Vata* vitiation, which may lead to chronic nasal obstruction. Dietary indiscretions, such as consuming excessively dry foods (e.g., crackers without adequate hydration or healthy fats), aggravate Vata, promoting mucosal dryness and discomfort. Overindulgence in sexual activity is also discouraged, as it depletes bodily energy and aggravates *Vata*, potentially worsening systemic symptoms. Additionally, the intake of freshly prepared alcoholic beverages, which are heating and mucus-forming,

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disrupts both *Pitta* (metabolism) and *Kapha*, intensifying nasal inflammation and congestion. Patients prone to or suffering from *Pratishyaya* are advised to adopt warm, nourishing diets, maintain emotional balance, and honour natural urges, integrating these Ayurvedic principles with modern lifestyle adjustments, such as stress management and avoiding cold exposures, to mitigate rhinitis triggers effectively.[2]

Discussion

Ayurveda's holistic framework for *Pratishyaya* provides a nuanced approach to managing rhinitis, a condition affecting 10–30% of global populations, with urban children facing heightened risks due to pollutants and allergens.[10] By classifying *Pratishyaya* into *Vataja, Pittaja, Kaphaja, Tridoshaja, Raktaja,* and *Dushta* types, Ayurveda aligns with modern rhinitis subtypes - vasomotor, infectious, allergic, mixed, haemorrhagic, and chronic rhinosinusitis - offering precise correlations. For instance, *Kaphaja Pratishyaya,* with thick white discharge and congestion, mirrors allergic rhinitis, often confirmed by elevated IgE levels via allergy testing, while *Dushta Pratishyaya* resembles chronic rhinosinusitis, diagnosable through CT scans. Integrating modern diagnostics, such as nasal endoscopy and serum IgE, with Ayurvedic *dosha* assessments enhances diagnostic accuracy and personalises treatment, bridging traditional and contemporary paradigms.

Clinical evidence supports Ayurveda's efficacy in rhinitis management. In a 2024 study by Panwar et al., 40 patients with *Vataja Pratishyaya* were treated with *Anu Taila Nasya* and *Shatyadi Vati* over 35 days. The treatment led to highly significant improvements in symptoms such as sneezing, nasal obstruction, and itching, with notable reductions in nasal congestion and headache.[11] Similarly, a 2022 paediatric study by Shreelakshmi and Raju evaluated the use of *Haridra Khanda* in children aged 6 to 14 years with allergic rhinitis. The intervention resulted in statistically significant improvements in both subjective and objective parameters, as measured by the Total Nasal Symptom Score.[12] A 2023 RCT (n=250) found a herbo-mineral formulation (IMMBO) reduced Total Nasal Symptom Score (−5.70 vs. −3.31; $p<0.01$) and IgE levels more effectively than levocetirizine-montelukast.[13] An ongoing trial (2024) is comparing Anu Taila Nasya and Ayurvedic drugs to fluticasone spray, showing promising interim results in CARAT scores and endoscopy finding.[14] *Panchakarma* therapies, such as *Vamana* and Nasya, offer sustained relief in chronic cases, addressing mucosal inflammation and recurrence where modern antihistamines or corticosteroids may fall short. However, large-scale, double-blind trials are needed to validate biomarkers (e.g., IL-6, IgE) and assess long-term outcomes, addressing methodological challenges like standardising herbal formulations.

Ayurveda's emphasis on *Shodhana* (purification), *Shamana* (palliation), and *Rasayana* (rejuvenation) contrasts with modern reliance on pharmacotherapy, which faces challenges like antibiotic resistance and side effects. Treatments like *Nasya* (2–4 drops of *Anu Taila* daily for 7–14 days), *Dhoomapana* (2–3 inhalations of *Haridra* smoke daily), and *Snehapana* (10–20 ml ghee over 3–5 days) target root causes, enhancing immunity and reducing inflammation. These are safe when supervised, though *Nasya* may cause nasal irritation, *Vamana* risks electrolyte imbalance, and *Dhoomapana* can trigger coughing in asthmatics, necessitating contraindication screening (e.g., pregnancy, hypertension). For children, milder protocols (e.g., 1–2 drops *Bala Taila Nasya*) ensure safety, while urban adaptations include ready-to-use nasal sprays and air purifiers. Costs remain affordable—$12–25/month in India, $50–100 in Western contexts - with herbs like *Haridra* and *Tulsi* widely available. Herb-drug interactions (e.g., curcumin with anticoagulants, *tulsi* with hypoglycemics) require cautious co-prescription, ensuring clinical compatibility.

Untreated *Pratishyaya* risks complications like deafness (*Badhirya*) and, rarely, blindness (*Andhatva*), paralleling modern risks of otitis media (20% prevalence in chronic rhinitis), and orbital cellulitis[15]. Ayurveda's staged approach, from prodromal (*Purvarupa*) to chronic (*Pakva*) phases, enables timely interventions, aligning with preventive healthcare principles. Its focus on lifestyle, diet, and environmental factors (e.g., avoiding cold drafts, consuming barley) complements modern strategies like allergen avoidance and stress management, addressing rhinitis's multifactorial nature.

Globally, Ayurveda's non-invasive, immunity-focused therapies offer sustainable solutions amid rising antibiotic resistance. Regionally available herbs (e.g., *Tulsi*) and simplified protocols (e.g., steam inhalation) enhance adaptability. Organisations like the National Ayurvedic Medical Association (NAMA) facilitate practitioner access, supporting integration into diverse healthcare systems. Future research should prioritise multicentre trials, quality-of-life outcomes, and cost-effectiveness analyses to strengthen Ayurveda's evidence base, ensuring its role in managing rhinitis worldwide.

Conclusion

Pratishyaya, as elucidated in Ayurvedic texts, offers a comprehensive framework for understanding rhinitis, aligning closely with modern medical perspectives. Its *dosha*-based diagnostics and individualised therapies provide a holistic complement to conventional treatments, addressing the rising prevalence of rhinitis amid urbanisation, pollution, and antibiotic resistance. Particularly relevant for paediatric and urban populations, this integrative approach promises sustainable, patient-centric solutions for acute and chronic

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rhinitis. Continued interdisciplinary research and clinical validation of Ayurvedic protocols will further enhance their global healthcare relevance.

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