

Review Article

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“PRATISHYAYA AND ALLERGIC RHINITIS: NASYA AND HERBAL MANAGEMENT IN THE LIGHT OF CURRENT EVIDENCE”

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ABSTRACT

Background: Allergic rhinitis is a common, IgE-mediated inflammatory disease of the nasal mucosa that affects quality of life, sleep and work and is closely linked with asthma. Ayurveda describes Pratishyaya, a disease of the nose with sneezing, nasal discharge and obstruction, and Vataja and Kaphaja Pratishyaya in particular resemble allergic rhinitis. Ayurvedic management relies on Nasya (nasal medication), herbal formulations and lifestyle measures. **Objective:** To review the classical description of Pratishyaya, its correlation with allergic rhinitis, the evidence-based conventional management, and clinical evidence for Nasya and Ayurvedic herbs. **Methods:** Narrative review of classical texts, international allergic rhinitis guidelines, systematic reviews, and Ayurvedic and herbal clinical studies. **Results:** Intranasal corticosteroids, antihistamines, saline irrigation, allergen avoidance and allergen immunotherapy form the evidence-based management of allergic rhinitis. A randomised placebo-controlled trial found that *Tinospora cordifolia* (Guduchi) extract reduced sneezing, discharge, obstruction and itching. A randomised placebo-controlled trial of curcumin also reported benefit. Ayurvedic studies, mostly single-group or open-label, report symptom improvement with Anu Taila Nasya combined with oral formulations such as Shatyadi Vati and with Haridra Khanda. A randomised trial comparing an Ayurvedic regimen with fluticasone nasal spray is in progress. **Conclusion:** Guduchi and curcumin have the strongest herbal evidence. Nasya is widely used, but evidence for it comes mainly from uncontrolled studies. Rigorous trials with validated outcome measures and standard comparators are needed.

KEYWORDS: Pratishyaya; allergic rhinitis; Nasya; Anu Taila; *Tinospora cordifolia*; Haridra Khanda; curcumin; Shalakya Tantra

INTRODUCTION

Allergic rhinitis (AR) is characterised by sneezing, nasal itching, rhinorrhoea and nasal obstruction caused by IgE-mediated inflammation of the nasal mucosa after allergen exposure^[1]. It is one of the most common chronic diseases worldwide, affecting a large proportion of children and adults, and its prevalence has increased in many countries^[2]. AR impairs sleep, school and work performance and quality of life, and is a major risk factor for asthma^[1,3].

Ayurveda describes Pratishyaya as a disease of the nose in which Doshas, especially Vata and Kapha, flow towards the nose and cause sneezing, discharge and obstruction^[4,5]. Untreated, Pratishyaya is said to progress to Dushta Pratishyaya and to cause complications including cough, deafness, loss of smell and eye disease. Ayurvedic treatment emphasises Nasya, herbal preparations and diet and lifestyle.

Many patients with AR seek Ayurvedic treatment, often because of concerns about long-term medication or incomplete relief. This review summarises the evidence for Ayurvedic

Principles of management

management of AR alongside current conventional guidance.

METHODS

Classical sources were Charaka Samhita Chikitsa Sthana 26, Sushruta Samhita Uttara Tantra 24 and Ashtanga Hridaya Uttara Sthana 19 and 20^[4-6]. Modern literature included international guidelines, systematic reviews and clinical trials identified through PubMed, Cochrane Library, Google Scholar and Ayurveda journals using the terms Pratishyaya, allergic rhinitis, Nasya, Anu Taila, Guduchi, Haridra and Ayurveda. This is a narrative review.

CLASSICAL DESCRIPTION OF PRATISHYAYA

Causes

Classical causes include exposure to cold, wind, dust and smoke, suppression of natural urges, excessive sleep or waking, excessive talking, cold water and change of season^[4-6]. These overlap with allergen and irritant exposures and seasonal triggers in AR.

Types and features

Vataja and Kaphaja Pratishyaya, with sneezing, watery discharge, obstruction and itching, are most often correlated with AR^[7,8].

Table 1: Types of Pratishyaya, classical features and possible modern correlations

Type	Classical features	Possible modern correlation
Vataja	Nasal obstruction, thin watery discharge, sneezing, dryness of throat and lips, headache, change in voice	Allergic rhinitis (intermittent), vasomotor rhinitis
Pittaja	Hot, yellowish discharge, burning, fever, thirst	Infective rhinitis or rhinosinusitis
Kaphaja	Thick white discharge, heaviness of head, itching of palate, cough	Persistent allergic rhinitis, chronic rhinitis
Raktaja	Blood-stained discharge, foul smell of breath	Rhinitis with epistaxis or infection
Sannipataja	Mixed features, recurrent episodes	Chronic or complicated rhinitis
Dushta	Chronic, recurrent, with complications	Chronic rhinosinusitis, complications

Classical management includes^[4-6]:

1. **Nidana Parivarjana:** avoiding causes, including cold, dust and suppression of urges.
2. **Ghritapana:** oral medicated ghee for Vataja Pratishyaya.
3. **Swedana:** steam inhalation and fomentation.
4. **Nasya:** nasal administration of medicated oils, juices or powders, according to Dosha.
5. **Dhumapana:** medicated smoke inhalation.
6. **Kavala and Gandusha:** gargling.
7. **Shamana:** oral herbal preparations.
8. **Rasayana:** rejuvenative therapy to prevent recurrence.

Table 2: Conventional evidence-based management of allergic rhinitis

Measure	Evidence
Allergen and irritant avoidance	Recommended, though single measures have limited effect
Intranasal corticosteroids	Most effective single treatment for persistent symptoms
Oral or intranasal antihistamines	Effective for sneezing, itching and rhinorrhoea
Combined intranasal corticosteroid and antihistamine	Effective in moderate to severe AR
Leukotriene receptor antagonists	Less effective; used in selected patients
Saline irrigation	Improves symptoms; safe adjunct ^[9]
Allergen immunotherapy	Disease-modifying in selected patients

International guidelines recommend^[1-3]:

NASYA IN PRATISHYAYA

Procedure

Nasya involves administering medicated oil or other preparations into the nostrils after facial massage

and steam, with the patient lying supine and head slightly extended^[6]. Anu Taila, a sesame oil preparation processed with many herbs, is the most commonly used oil and is also recommended for daily use (Pratimarsha Nasya) as part of Dinacharya.

Table 3: Types of Nasya and their use in Pratishyaya

Type	Description	Use in Pratishyaya
Marsha Nasya	Larger dose (around 6 to 10 drops per nostril)	Therapeutic courses
Pratimarsha Nasya	Small dose (2 drops per nostril)	Daily or long-term use
Navana Nasya	Medicated oil or decoction	Vataja and Kaphaja types
Avapida Nasya	Juice of fresh herbs	Kaphaja type, obstruction
Pradhamana Nasya	Fine powder blown into the nose	Kaphaja type, heaviness

Proposed mechanisms

Possible mechanisms include lubrication and protection of the nasal mucosa, mechanical clearance of allergens, effects of herbal constituents on inflammation and mucociliary clearance, and the effect of preceding steam and massage. These have not been studied directly. Oil drops in the nose may theoretically be aspirated, and lipoid pneumonia has been reported with long-term use of oily nasal drops in other settings; this should be considered with long-term high-dose use, especially in elderly patients or those with swallowing difficulties.

CLINICAL EVIDENCE

Guduchi (*Tinospora cordifolia*)

In a randomised, double-blind, placebo-controlled trial of 75 patients with AR, eight weeks of *T. cordifolia* extract produced relief of sneezing, nasal discharge, obstruction and itching in most patients, whereas most placebo patients reported no relief^[10]. Nasal smear eosinophils and neutrophils decreased with treatment. The trial was small and conducted at

a single centre, but it is one of the few placebo-controlled trials of an Ayurvedic herb in AR.

Curcumin (Haridra)

In a randomised, placebo-controlled trial in perennial AR, curcumin for two months improved nasal symptoms and nasal airflow resistance compared with placebo, with effects on cytokine levels^[11]. Haridra (turmeric) is the main ingredient of Haridra Khanda, a classical formulation for allergic conditions.

Ayurvedic formulations and Nasya

A clinical study evaluated Haridra Khanda orally and Pippalyadi Taila Nasya in Pratishyaya corresponding to AR^[7]. In a single-group study of 40 patients with Vataja Pratishyaya, Anu Taila Nasya with oral Shatyadi Vati for 35 days was associated with symptom relief of 76% to 85% across sneezing, rhinorrhoea, obstruction and itching, and reductions in absolute eosinophil count and IgE; no adverse effects were reported^[8]. Without a control group, these findings cannot distinguish treatment effects from natural fluctuation, seasonal change and placebo

effects, which are substantial in AR.

Ongoing randomised trial

A randomised controlled trial is comparing an Ayurvedic regimen of Anu Taila Nasya, Naradiya Laxmivilas Rasa and Shirishadi Kwatha with fluticasone propionate nasal spray, using the

validated Control of Allergic Rhinitis and Asthma Test as the primary outcome, nasal endoscopy and IgE as secondary outcomes, and follow-up to 135 days^[12]. This design, with a standard comparator and validated outcomes, is an important step forward

Summary of evidence

Table 4: Summary of evidence for Ayurvedic interventions in allergic rhinitis

Intervention	Design	Main finding	Certainty
<i>T. cordifolia</i> extract ^[10]	RCT vs placebo, n = 75	Symptom relief, reduced nasal eosinophils	Low to moderate
Curcumin ^[11]	RCT vs placebo	Improved symptoms and airflow	Low to moderate
Haridra Khanda with Pippalyadi Taila Nasya ^[7]	Clinical study	Improvement reported	Very low
Anu Taila Nasya with Shatyadi Vati ^[8]	Single group, n = 40	Symptom relief, reduced eosinophils and IgE	Very low
Ayurvedic regimen vs fluticasone ^[12]	RCT (ongoing)	Not yet reported	Not applicable

A systematic review of herbal medicines for AR identified randomised trials of several herbs, some with positive results, but noted small samples and methodological weaknesses that limited conclusions^[13].

SAFETY

- **Nasya:** generally safe; transient irritation, sneezing or headache can occur. Contraindications include acute fever, immediately after meals, bathing or drinking, pregnancy (for strong Nasya) and children under seven (for strong Nasya). Long-term high-dose oily nasal drops carry a theoretical risk of lipid pneumonia.
- **Rasa Shastra preparations:** formulations containing metals or minerals, such as Laxmivilas Rasa, should come from manufacturers with heavy metal testing^[14].
- **Guduchi:** generally well tolerated; cases of liver injury associated with Guduchi-containing products have been reported^[15], so liver function should be monitored with prolonged use and in patients with liver disease.

- **Asthma:** patients with AR and asthma must continue asthma treatment; Ayurvedic treatment should not replace inhaled corticosteroids.
- **Red flags:** unilateral symptoms, blood-stained discharge, facial swelling, persistent obstruction or loss of smell need ENT evaluation to exclude polyps, tumours or sinus disease.

PREVENTION THROUGH DINACHARYA AND RITUCHARYA

Ayurveda places great emphasis on preventing recurrence of Pratishyaya through daily and seasonal regimens^[6]. Several of these measures are practical, inexpensive and consistent with modern advice: Seasonal planning is particularly relevant: many patients with seasonal AR benefit from starting intranasal corticosteroids before the pollen season, and Ayurvedic Ritucharya similarly recommends preventive measures, including Vamana in some traditions, at the start of spring. Combining these approaches, with Ayurvedic preventive measures and early conventional treatment, is a reasonable strategy for patients with predictable seasonal symptoms.

Table 5: Preventive measures from Dinacharya and Ritucharya and modern parallels

Ayurvedic measure	Description	Modern parallel
Pratimarsha Nasya	Two drops of Anu Taila in each nostril	Nasal emollients; barrier protection

Ayurvedic measure	Description	Modern parallel
	daily	(untested)
Gandusha	Holding warm water or oil in the mouth	Oral and pharyngeal hygiene
Steam inhalation (Nadi Sweda)	Inhaling steam, sometimes with herbs	Steam for symptomatic relief of congestion
Avoiding cold, wind and dust	Covering the head and face, avoiding cold drinks	Allergen and irritant avoidance
Ritucharya	Adjusting diet and routine with the seasons, especially spring (Vasanta), when Kapha accumulates	Anticipating pollen seasons and starting treatment early
Warm, light diet	Avoiding heavy, cold and Kapha-increasing foods such as curd at night	No clear modern evidence; harmless for most
Vyayama and Pranayama	Regular exercise and breathing practices	Exercise and breathing training may help some patients with coexisting asthma

Children

AR is common in children and often coexists with asthma and eczema. Strong Nasya procedures are not recommended for young children in classical texts, and Rasa Shastra preparations should be avoided. Saline irrigation, allergen avoidance and, where needed, age-appropriate conventional treatment are the mainstays, with gentle Ayurvedic measures such as diet and steam as adjuncts.

INTEGRATED APPROACH

A practical integrated approach could combine:

1. Diagnosis confirmed clinically and, where appropriate, with skin prick or specific IgE testing.
2. Allergen and irritant avoidance, consistent with Nidana Parivarjana.
3. Saline irrigation and steam inhalation.
4. Pratimarsha Nasya with Anu Taila for those who wish, as a low-dose daily measure.
5. Oral herbal preparations with the best evidence, such as Guduchi or turmeric-based formulations, from quality-assured manufacturers.
6. Intranasal corticosteroids or antihistamines for moderate to severe or persistent symptoms.
7. Assessment and treatment of coexisting asthma.
8. Outcome monitoring with a validated tool such as the Control of Allergic Rhinitis and Asthma Test.

DISCUSSION

Pratishyaya, particularly its Vataja and Kaphaja

types, corresponds well to AR, and its classical causes overlap with allergen, irritant and seasonal triggers. Ayurvedic management, with its emphasis on Nasya, herbal preparations and lifestyle, is popular with patients.

The best evidence comes from placebo-controlled trials of individual herbs, Guduchi and curcumin, rather than from studies of classical Nasya regimens, which are mostly uncontrolled. AR has a high placebo response and fluctuates with season, so uncontrolled studies are especially prone to overestimating benefit. The ongoing comparison with fluticasone, using validated outcomes, will help define the place of Ayurvedic treatment.

CONCLUSION

Pratishyaya, particularly its Vataja and Kaphaja forms, closely resembles allergic rhinitis. Guduchi and curcumin have placebo-controlled evidence of benefit, while Nasya with Anu Taila and classical formulations such as Haridra Khanda are supported mainly by uncontrolled studies. Ayurvedic treatment can complement conventional care, particularly for patients seeking alternatives to long-term medication, but rigorous trials with validated outcomes are needed.

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