



PRATISHYAYA WITH SPECIAL REFERENCE TO RHINITIS: A REVIEW ARTICLE

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ABSTRACT

Pratishyaya is an important disease among the *Nasagata Rogas* described in *Ayurveda* and is characterised by symptoms such as nasal discharge, sneezing, nasal obstruction, heaviness of the head and disturbances in olfaction. These manifestations show considerable clinical overlap with rhinitis, a common disorder of the nasal mucosa in modern medicine.

KEYWORDS: *Pratishyaya*, *Rhinitis*, *Ayurveda*, *Nasagata Roga*, *Vata*, *Kapha*, *Nidana*, *Samprapti*, *Nasya*, *Allergic Rhinitis*.

1. INTRODUCTION

Pratishyaya is described in *Ayurvedic* literature among the *Nasagata Rogas* and is an important condition encountered in *Shalaky Tantra*. It is associated with nasal discharge, sneezing, obstruction, heaviness of the head and other symptoms involving the nose and adjacent structures. Classical descriptions emphasise the role of etiological factors, *Dosha* vitiation, disease progression and individualised treatment.

Rhinitis is defined in modern medicine as inflammation of the nasal mucosa. Its clinical manifestations commonly include rhinorrhoea, nasal congestion, sneezing and nasal itching. Depending on its cause, rhinitis may be classified into allergic, infectious and non-allergic forms. Recurrent symptoms can interfere with sleep, daily activities, concentration and quality of life.

Environmental pollution, exposure to dust and smoke, allergens, climatic changes and individual susceptibility are important considerations in the assessment of nasal disorders. The *Ayurvedic* description of *Pratishyaya* also recognises environmental, dietary and lifestyle-related factors that may contribute to disease manifestation.

The similarities between the clinical features of

Pratishyaya and rhinitis provide a basis for comparative study. However, *Pratishyaya* is a traditional *Ayurvedic* disease concept, whereas rhinitis is a modern clinical diagnosis based on nasal inflammation and its underlying cause. Therefore, their relationship should be understood as a clinical correlation rather than an exact equivalence.

2. AIM AND OBJECTIVES**Aim**

To review *Pratishyaya* in *Ayurveda* with special reference to rhinitis and discuss its clinical correlation, classification, etiological factors and management.

Objectives

1. To describe the classical *Ayurvedic* concept and definition of *Pratishyaya*.
2. To review its *Nidana*, *Samprapti*, *Purvarupa*, *Rupa* and *Bheda*.
3. To correlate the clinical manifestations of *Pratishyaya* with different types of rhinitis.
4. To discuss *Ayurvedic* and modern approaches to management.
5. To identify research gaps and the scope for evidence-based integrative care.

3. MATERIALS AND METHODS

This article is a narrative literature review based on three supplied publications:

1. Khatavakar Mamata Yallappa and Hiremath V. R., *Understanding of Pratishyaya with Special Reference to Rhinitis*, AYUSHDHARA, 2016.
2. Bishnu Prabhat Kumar and Ruby Kumar, *Pratishyaya and Rhinitis: Bridging Ayurveda with Modern Medicine*, Journal of Advanced Research in Ayurveda, Yoga, Unani, Siddha and Homeopathy, 2025.
3. Pratik Kumbhar and colleagues, *Pratishyaya in Ayurveda and Its Correlation with Rhinitis and Sinusitis: A Review Article*, Indian Journal of Applied Research, 2025.

The review compares the concepts presented in these publications with classical *Ayurvedic* descriptions attributed to *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*. It summarises clinical correlations and management principles without claiming to be a systematic review or meta-analysis.

4. AYURVEDIC CONCEPT OF PRATISHYAYA

4.1 Nirukti and Definition

Pratishyaya is traditionally explained in relation to the movement and expulsion of vitiated *Doshas* through the nasal passages. The classical description associates the condition with the continuous discharge of *Doshas*, particularly *Kapha*, under the influence of *Vata*.

The term is therefore understood in relation to nasal secretion and the manifestation of disease in the nasal region.

Pratishyaya is discussed in classical *Ayurvedic* literature as a disorder requiring attention because persistent or inadequately managed nasal symptoms may become chronic and may be associated with other respiratory or sensory complaints.

4.2 Nidana (Etiological Factors)

The etiological factors described in the supplied literature can be grouped as follows.

A. Environmental factors

- Exposure to dust and smoke.
- Exposure to cold wind and sudden climatic changes.
- Rain, cold weather and excessive humidity.
- Contact with irritants and potentially allergenic substances.

B. Dietary factors

- Excessive consumption of cold, heavy or oily foods.
- Intake of incompatible food combinations, described as *Viruddha Ahara*.
- Dietary habits considered to aggravate *Vata* or *Kapha*.

C. Lifestyle factors

- *Ratri Jagarana* (staying awake at night).
- Excessive physical exertion.
- Suppression of natural urges.
- Irregular daily routines and inadequate recovery.

D. Psychological factors

Anger, fear, grief, anxiety and emotional stress are included among the factors discussed in the reviewed *Ayurvedic* literature.

In modern medicine, clinically relevant triggers include allergens, viral infections, tobacco smoke, air pollution, occupational irritants and certain medications. Structural abnormalities, such as a deviated nasal septum or nasal polyps, may also contribute to persistent nasal symptoms.

The similarities between these factors are useful for history-taking; however, traditional *Nidana* should not automatically be equated with established modern mechanisms of disease.

4.3 Samprapti (Pathogenesis)

According to the *Ayurvedic* explanation, exposure to *Nidana* leads to vitiation of the *Doshas*, particularly *Vata* and *Kapha*. These *Doshas* accumulate and manifest in the region of the head and nose, resulting in symptoms such as nasal obstruction, excessive secretion, sneezing and heaviness of the head. The reviewed literature also discusses *Ama*, disturbance of *Agni* and involvement of *Pranavaha Srotas* in the development and progression of the disease. The proposed sequence can be summarised as:

Nidana Sevana → *Dosha Prakopa* → *Dosha Sanchaya and Prasara* → Localisation in the nasal region → *Nasasrava*, *Kshavathu* and *Nasavarodha*.

In modern pathophysiology, rhinitis involves inflammation of the nasal mucosa. In allergic rhinitis, exposure to an allergen produces an IgE-mediated inflammatory response, involving mast cells and inflammatory mediators. Infectious rhinitis is commonly associated with viral infection, while non-allergic rhinitis may result from irritants, medications or other non-allergic mechanisms.

Both explanations address the development of nasal symptoms, but they describe pathogenesis through different conceptual systems.

4.4 Purvarupa

The reviewed *Ayurvedic* articles describe the following possible prodromal features:

- *Shirogurutva* — heaviness of the head.
- *Kshavathu* — sneezing.
- *Angamarda* — body ache.
- *Aruchi* — reduced appetite.
- *Romanchana* — horripilation.
- Mild fever or a general feeling of discomfort.

The presence and intensity of prodromal symptoms vary between patients. They should be interpreted in the context of the clinical history rather than considered obligatory features of every case.

4.5 Rupa (Clinical Features)

The major manifestations of *Pratishyaya* described in the reviewed literature include:

- *Nasasrava* — nasal discharge.
- *Kshavathu* — repeated sneezing.
- *Nasavarodha* — nasal obstruction.
- *Nasa Kandu* — itching in the nasal region.

- *Shirogurutva* — heaviness of the head.
- *Shirashoola* — headache.
- *Netrasrava* — watering of the eyes.
- *Dourbalya* — weakness.
- Reduced olfactory perception in persistent cases.

These manifestations overlap with those of modern rhinitis. Nevertheless, fever, purulent discharge, marked facial pain or persistent loss of smell may require assessment for infection, rhinosinusitis or another underlying disorder.

Type	Features described in Ayurveda	Possible modern clinical comparison
<i>Vataja</i>	Nasal obstruction, scanty or thin discharge, dryness, pricking pain and headache	Some features overlap with non-allergic or vasomotor rhinitis
<i>Pittaja</i>	Hot or yellowish discharge, burning sensation, thirst and fever	May overlap symptomatically with inflammatory or infectious nasal conditions
<i>Kaphaja</i>	Thick, whitish discharge, congestion, itching and heaviness	May overlap with allergic rhinitis or mucus-predominant nasal symptoms
<i>Sannipataja</i>	Mixed manifestations involving multiple Doshas	Complex or mixed nasal symptom presentations
<i>Raktaja</i>	Blood-stained discharge and associated features of Rakta involvement	Nasal bleeding requires a separate clinical assessment
<i>Dushta Pratishyaya</i>	Chronicity, foul discharge, persistent obstruction and reduced smell	Some features may occur in chronic rhinosinusitis or other chronic nasal disorders

5. Classification of *Pratishyaya*

The supplied articles describe the principal *Ayurvedic* varieties as *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja* and *Raktaja Pratishyaya*. *Dushta Pratishyaya* is also discussed in relation to chronic or difficult-to-treat disease.

6. Rhinitis: Modern Clinical Perspective

6.1 Definition

Rhinitis is inflammation of the nasal mucosa, typically presenting with sneezing, rhinorrhoea, congestion and nasal itching. Ocular symptoms may accompany allergic rhinitis.

6.2 Classification

A. Allergic rhinitis: Allergic rhinitis occurs in sensitised individuals following exposure to relevant allergens. It may be seasonal or perennial and commonly presents with sneezing, watery nasal discharge, itching and congestion. It may coexist with allergic conjunctivitis and asthma.

B. Infectious rhinitis: Infectious rhinitis is commonly caused by respiratory viruses. Symptoms may include rhinorrhoea, congestion, sneezing, sore throat and malaise. Antibiotics are not routinely indicated for uncomplicated viral rhinitis.

C. Non-allergic rhinitis: Non-allergic rhinitis may be

triggered by temperature changes, strong odours, smoke, pollution, occupational exposures or medications. The clinical presentation varies with the underlying cause.

D. Rhinitis associated with chronic rhinosinusitis:

Persistent nasal obstruction and discharge accompanied by reduced smell and other compatible symptoms may suggest chronic rhinosinusitis. This is a distinct clinical condition involving the nasal cavity and paranasal sinuses and should not be diagnosed from nasal discharge alone.

6.3 Pathophysiology: The nasal mucosa warms, humidifies and filters inspired air. In rhinitis, inflammation and changes in vascular permeability, glandular secretion and neural responses contribute to congestion and excessive secretion.

In allergic rhinitis, allergen-specific IgE and inflammatory mediators play important roles. In non-allergic rhinitis, neural, vascular and irritant-related mechanisms may predominate. Infectious rhinitis follows a different disease process, often involving viral infection.

These mechanisms help explain why patients with similar symptoms may require different diagnostic investigations and treatments.

7. Correlation Between *Pratishyaya* and Rhinitis: The correlation is primarily based on shared symptoms,

certain overlapping triggers and the importance of assessing the patient's individual presentation.

Ayurvedic concept	Modern clinical observation	Interpretation
<i>Nidana Parivarjana</i>	Avoidance of relevant allergens and irritants	Both approaches recognise the importance of reducing exposure to aggravating factors
<i>Nasavrata</i>	Rhinorrhoea	A common clinical manifestation
<i>Kshavathu</i>	Sneezing	A shared symptom
<i>Nasavarodha</i>	Nasal congestion	May result from mucosal swelling and secretion
<i>Nasa Kandu</i>	Nasal itching	Particularly characteristic of allergic rhinitis
<i>Shirogurutva</i>	Heaviness of the head	A nonspecific symptom that may accompany nasal disorders
<i>Dushta Pratishyaya</i>	Some chronic nasal presentations	Chronicity may warrant assessment for rhinosinusitis, polyps or other causes

The comparison suggests that classical *Ayurvedic* descriptions provide a useful framework for documenting symptoms and considering lifestyle factors. Modern diagnosis, however, is required to identify the precise disease mechanism, determine the presence of allergy or infection, and exclude structural pathology where indicated.

8. Chikitsa (Management of *Pratishyaya*)

Ayurvedic management is traditionally individualised according to *Dosha* predominance, disease stage, strength of the patient and associated manifestations. The following discussion describes approaches reported in the reviewed literature; it does not constitute a prescription for individual patients.

8.1 *Nidana Parivarjana*

Nidana Parivarjana involves identifying and reducing exposure to factors believed to aggravate the condition. Relevant measures may include:

- Reducing exposure to dust, smoke and known irritants.
- Maintaining regular sleep and daily routines.
- Identifying dietary factors associated with symptom aggravation.
- Avoiding unnecessary exposure to cold or other personally recognised triggers.

In modern rhinitis care, allergen avoidance is most useful when a relevant allergen has been identified. Avoidance measures should be tailored to the individual rather than applied indiscriminately.

8.2 *Shodhana Chikitsa*

Classical literature discusses *Shodhana* procedures such as *Vamana*, *Nasya* and selected other *Panchakarma* interventions according to the type and stage of *Pratishyaya*.

Nasya involves the administration of medicinal preparations through the nasal route in *Ayurvedic* practice. The supplied articles discuss preparations such as *Anu Taila*, *Shadbindu Taila* and other formulations.

These procedures should be distinguished from standard

modern nasal treatments. Their efficacy and safety for rhinitis require condition-specific evaluation, and they should be considered only after appropriate assessment by a qualified practitioner. Therapeutic emesis, medicated smoke inhalation and nasal administration of oils are not routine self-care measures and may pose risks in some patients.

8.3 *Shamana Chikitsa*

The reviewed articles describe several formulations traditionally used in the management of *Pratishyaya*, including:

- *Trikatu Churna*.
- *Sitopaladi Churna*.
- *Vyaghri Haritaki Avaleha*.
- *Haridra*-based formulations.
- Selected medicated oils and decoctions.

Their selection is traditionally based on the clinical presentation and *Ayurvedic* assessment.

Although the supplied literature reports clinical observations involving certain formulations, the evidence presented in these narrative reviews is insufficient to establish that every preparation is effective for every form of rhinitis. Formulation quality, dosage, contraindications, interactions and adverse effects require consideration before clinical use.

8.4 *Pathya and Apathya*

Pathya and *Apathya* refer to dietary and lifestyle practices considered supportive or aggravating, respectively, in the *Ayurvedic* framework.

The reviewed publications emphasise suitable dietary habits, regular routines and avoidance of recognised triggers. In practical modern care, adequate hydration, avoidance of tobacco smoke, appropriate allergen control and sleep hygiene may also support symptom management. Dietary restrictions should be individualised, and foods should not be eliminated without a reasonable clinical indication.

8.5 *Rasayana Therapy*

Rasayana is discussed in *Ayurveda* in relation to

nourishment, restoration and maintenance of health. The supplied reviews mention preparations such as *Chyavanaprasha* and selected herbal agents. However, the traditional *Rasayana* concept should not be assumed to demonstrate a specific immunological benefit in allergic rhinitis. Claims concerning immune modulation, prevention of recurrence and long-term disease modification require direct clinical evidence.

9. Modern Management of Rhinitis: Modern treatment depends on the cause, severity, duration and predominant symptoms.

9.1 Allergen and Irritant Avoidance: Identification of relevant allergens and irritants can help guide avoidance measures. Environmental control should be selected according to the patient's actual exposures and clinical history.

9.2 Saline Nasal Irrigation: Saline nasal irrigation may help remove mucus and environmental particles and improve nasal symptoms in selected patients. Irrigation should be performed with sterile, distilled or previously boiled and cooled water, using appropriate equipment and hygiene.

9.3 Antihistamines: Antihistamines, particularly newer-generation oral agents and appropriate intranasal antihistamines, may reduce sneezing, itching and rhinorrhoea associated with allergic rhinitis.

9.4 Intranasal Corticosteroids: Intranasal corticosteroids are an important treatment option for persistent or moderate-to-severe allergic rhinitis, particularly when congestion is prominent. Correct administration technique and regular use as directed are important.

9.5 Decongestants: Decongestants may provide short-term relief in selected patients. Prolonged use of topical nasal decongestants can cause rebound congestion; therefore, they should be used only for the duration recommended by a healthcare professional.

9.6 Antibiotics and Surgery: Antibiotics are reserved for appropriate bacterial infections rather than uncomplicated viral rhinitis or allergic disease. Surgery may be considered when a relevant structural abnormality or medically refractory sinonasal disease is present. Persistent unilateral obstruction, recurrent significant nasal bleeding, severe facial pain, eye swelling, visual disturbance or other concerning symptoms warrant prompt medical assessment.

10. DISCUSSION

Pratishyaya and rhinitis share a number of clinically recognisable features, particularly sneezing, nasal discharge, obstruction and heaviness of the head. The three supplied articles describe these similarities while presenting the *Ayurvedic* framework of *Dosha*

predominance and the modern framework of inflammatory nasal disease. A key contribution of the *Ayurvedic* approach is its emphasis on the patient's overall presentation, daily routine, dietary habits, environmental exposures and the progression of symptoms. These aspects can complement a detailed clinical history and patient education.

Nevertheless, differences between the two frameworks must be acknowledged. Allergic rhinitis is an immunologically defined condition, while *Pratishyaya* is classified through traditional *Ayurvedic* principles. Similar symptoms do not prove that the underlying mechanisms are identical.

The supplied articles also describe clinical studies involving *Nasya*, *Haridra*-based preparations and other *Ayurvedic* interventions. Such reports provide a rationale for further investigation but should not be interpreted as definitive evidence of efficacy. Differences in sample size, study design, treatment duration, outcome measurement and formulation standardisation limit the conclusions that can be drawn from a narrative review.

Modern pharmacological treatment and *Ayurvedic* interventions should not be assumed to be interchangeable. Where patients wish to use *Ayurvedic* preparations alongside standard care, the potential benefits, safety, product quality and possible interactions should be reviewed with qualified healthcare professionals. Established treatment should not be discontinued on the basis of traditional classification alone.

11. Limitations and Future Scope

This review has several limitations:

1. It is a narrative review based on three supplied publications rather than an exhaustive systematic search.
2. The included articles differ in their scope, level of detail and discussion of clinical evidence.
3. The correlation between *Ayurvedic* disease subtypes and modern rhinitis categories is conceptual and does not establish diagnostic equivalence.
4. The review does not independently verify every clinical trial or treatment claim reported in the supplied articles.
5. No formal assessment of study quality, risk of bias or pooled treatment effect was undertaken.

Future research should prioritise adequately powered, randomised controlled trials with standardised formulations, appropriate comparator groups and clearly defined diagnostic criteria. Studies should measure validated nasal symptom scores, quality of life, rescue medication use, adverse events and long-term recurrence. Research on combined *Ayurvedic* and modern care should also evaluate whether the combination offers additional benefit without compromising safety.

12. CONCLUSION

Pratishyaya is an important *Ayurvedic* concept of nasal disease whose clinical manifestations overlap substantially with those of rhinitis. The classical descriptions of *Nidana*, *Samprapti*, *Purvarupa*, *Rupa* and *Bheda* provide a traditional framework for understanding nasal symptoms and individualising *Ayurvedic* management.

Modern rhinitis classification distinguishes allergic, infectious and non-allergic conditions, each of which may require a different approach to diagnosis and treatment. Consequently, *Pratishyaya* and rhinitis should be correlated cautiously rather than considered identical entities. An informed clinical approach can incorporate attention to environmental triggers, lifestyle factors and patient preferences while maintaining appropriate modern diagnostic evaluation and evidence-based treatment. Further rigorous research is needed to determine the efficacy, safety and role of *Ayurvedic* interventions in the management of rhinitis.

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