

Ayurvedic Management of Chronic *Vataj Pratishyaya* (Allergic Rhinitis) Using a Combined Regimen of *Nidigdhika Avaleha* and *Shadbindu Taila Nasya*: A Case Study



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I. Abstract

Background: Allergic Rhinitis (AR) is a pervasive global disorder of the upper respiratory tract, characterized by IgE-mediated hypersensitivity reactions. In Ayurveda, this condition aligns symptomatically and pathogenically with *Vataj Pratishyaya*, involving the vitiation of *Vata* and *Kapha* and localization of pathology in the *Pranavaha Srotas* (respiratory channels). Chronic forms of the disease necessitate a comprehensive, multimodal approach that targets both localized nasal symptoms and systemic root causes, such as compromised digestive fire (*Agni*) and toxin accumulation (*Ama*).^{i,ii}

Case Presentation: A 22-year-old female patient presented with chronic *Vataj Pratishyaya*, manifesting as severe sneezing, rhinorrhoea, nasal congestion, and nasal itching persisting for 2–3 years. Initial clinical assessment yielded a Total Nasal Symptom Score (TNSS) of 11 out of 12. Objective laboratory markers indicated an inflammatory and allergic state, with an Absolute Eosinophil Count (AEC) of $1.08 \times 10^3/\mu\text{L}$ and an Erythrocyte Sedimentation Rate (ESR) of 32 mm/Hr.

Intervention: The subject was enrolled in a 30-day single-arm exploratory study. The patient received a combined therapeutic regimen consisting of *Nidigdhika Avaleha* (6g, orally, twice daily) and *Shadbindu Taila Nasya* (2 drops bilaterally, twice daily).

Results: The intervention resulted in significant clinical remission. The subjective Total Nasal Symptom Score (TNSS) decreased substantially, moving from a baseline of 11 to a post-treatment score of 4, reflecting 63.6% symptomatic relief. Concurrently, objective anti-allergic and anti-inflammatory effects were recorded: the Absolute Eosinophil Count (AEC) decreased by 16.67% (from $1.08 \times 10^3/\mu\text{L}$ to $0.90 \times 10^3/\mu\text{L}$), and the Erythrocyte Sedimentation Rate (ESR) decreased by 21.87% (from 32 mm/Hr to 25 mm/Hr).

Conclusion: The synergistic application of systemic *Nidigdhika Avaleha* and local *Shadbindu Taila Nasya* provides a highly effective therapeutic approach for chronic *Vataj Pratishyaya*. The regimen not only alleviates cardinal symptoms but also demonstrably modulates underlying allergic inflammation, confirming its potential for holistic management.

Keywords *Vataj Pratishyaya*, Allergic Rhinitis, *Nidigdhika Avaleha*, *Shadbindu Taila Nasya Karma*, Absolute Eosinophil Count, *Samprapti Vighatana*.

II. Introduction

2.1. Allergic Rhinitis: Pathophysiology and Epidemiology

Allergic Rhinitis (AR) is globally recognized as a symptomatic disorder afflicting the upper respiratory tract, triggered by exposure to specific allergens leading to an IgE-mediated

hypersensitivity cascade. The resultant inflammation manifests through four cardinal symptoms: watery rhinorrhoea, nasal congestion, sneezing, and nasal itching. Etiological factors in modern life often extend beyond traditional allergens (pollen, dust mites, pet hair) to include lifestyle choices and environmental exposures, such

as exposure to cold weather or air conditioning, and dietary habits involving junk foods, cold drinks, ice creams, curd, and sour items.ⁱⁱⁱ

The pervasive nature of AR and its impact on quality of life underscore the need for effective, root-cause targeted management, particularly since conventional antihistamines and corticosteroids often provide only temporary relief and do not address the underlying systemic susceptibility.

2.2. Correlation with Vataj Pratishyaya

In Ayurvedic literature, *Pratishyaya* is classified among the 31 *Nasagata Roga* (diseases localized to the nose), as enumerated by *Acharya Sushruta*. The term *Pratishyaya* itself implies continuous secretion from the nose ("*pratikshanam shyayate it's Pratishyaya*"). *Vataj Pratishyaya*, specifically, is described with symptoms that closely mirror those of AR. *Acharya Sushruta* characterizes it by nasal congestion (*ānaddhā pihitā nāsā*), watery discharge (*tanu strāva pravarttini*), dryness of the throat and lips, and pain in the temporal region (*śankhayo*), often associated with hoarseness of voice (*svaropaghātaśca*). *Acharya Charaka* adds symptoms like nasal pain (*ghrāṇārtitodau*), sneezing (*kṣavathu*), watery discharge (*jalābhaḥ strāvo*), and headache (*mūrdharogah*).^{iv}

The pathogenesis involves the vitiation and accumulation of *Tridoṣas* (Vata, Pitta, Kapha) along with *Rakta* in the head region, driven by various aggravating factors. Untreated or improperly managed *Pratiśyāya* is noted to progress to severe and complicated conditions such as *Duṣṭa Pratiśyāya*, which can lead to complications including hearing loss (*Badhīrya*), blindness (*Andhata*), and loss of smell (*Ghrānanasha*). Therefore, early and specific management targeting the *Vata-Kapha* predominance seen in AR is crucial.^{v, vi}

2.3. Rationale for Combined Ayurvedic Intervention

Chronic *Vataj Pratishyaya* involves dual pathology: a systemic generation of reactive factors (*Ama* due to *Mandagni* and *Viruddha Ahara*), and a localized manifestation (*Sanga* in the *Pranavaha Srotas*). Therapeutic success requires an integrated approach utilizing systemic *Shamana* (pacification) and local *Shodhana* (cleansing) therapies.

- **Systemic Approach (*Nidigdhika Avaleha*):** This formulation is classically indicated for *Pratishyaya* and chronic respiratory complaints like *Kasa* (cough) and *Shwasa* (asthma). Key ingredients, such as *Kantakari* (*Solanum surattense*), *Pippali mula*, and *Chitraka*, are known for their *Vata-Kapha Shamaka*, *Deepana* (appetizer), and *Pachana* (digestive) properties. This corrects the *Agni* disturbance at the root of *Ama* formation,

promoting systemic purification and anti-inflammatory activity. *Kantakari* specifically helps liquefy thick mucus and may act as a mast cell stabilizer, aiding in reducing sneezing episodes.^{vii}

- **Local Approach (*Shadbindu Taila Nasya*):** *Nasya* (nasal insufflation) is considered the supreme therapy for disorders above the clavicle (*Urdhvajatrugata Roga*), as the nose is the entry point (*Dwara*) to the head (*Shirah*). *Shadbindu Taila*, referenced in *Siddha Yoga Sangraha*, is a polyherbal formulation known for its *Vata-Kapha Shamaka* and *Siroroga* (head diseases) indications. It acts locally to clear the *Sanga* (obstruction) in the *Pranavaha Srotas*, providing prompt symptomatic relief and promoting the oleation and strengthening (*Brumhana*) of the nasal passages.^{viii} The objective of this case study is to demonstrate the quantifiable efficacy of this combined regimen in controlling symptoms and normalizing immunological and inflammatory markers (AEC and ESR), adhering strictly to the methodology defined in the parent research proposal.

III. Materials and Methods

3.1. Case Selection and Ethical Considerations

The subject was a 22-year-old female patient named Ganga, presenting with chronic symptoms of Allergic Rhinitis, clinically diagnosed as *Vataj Pratishyaya*. The patient was registered from the Outpatient Department (OPD) of the Sanjeevani Ayurveda Hospital, Post Graduate Institute of Ayurveda, Jodhpur, Rajasthan, and met all inclusion criteria: age above 18 years, diagnosis of Allergic Rhinitis, and willingness to participate. Exclusion criteria were confirmed, ensuring no history of severe systemic disorders such as Bronchial Asthma, Hypertension, or Diabetes Mellitus, and no evidence of nasal structural diseases requiring surgical intervention (e.g., nasal polyp). Informed written consent was secured prior to the commencement of the trial.

3.2. Intervention Drugs and Preparation

3.2.1. *Nidigdhika Avaleha*

The formulation *Nidigdhika Avaleha* is derived from the *Bhava Prakāśa Svarbheda Cikitsā Adhyāya*. The preparation involves specific quantities of 13 *Kwātha Dravyas* (decoction materials) and 6 *Prakṣēpa Dravyas* (additive powders).

The *Kwātha* components include *Kantakari* (*Solanum surattense*, 1 part), *Pippali mula* (1/2 part), and *Chitraka* (1/4 part), alongside the *Daśamūla* herbs (*Bilwa*, *Agnimath*, *Shyonak*, *Gambhari*, *Patla*, *Shalparni*, *Prishnparni*, *Brihati*, *Gokshura*). The method requires boiling the *Kwātha Dravyas* in 2 *Drona* of water until the

volume is reduced to one-eighth. Purified old *Guḍa* (jaggery) is added and cooked to *Avaleha* consistency. Upon cooling, finely powdered *Prakṣēpa Dravyas* (*Pippali*, *Maricha*, *Tvaka*, *Ela*, *Tejpatra*) are incorporated, followed by *Madhu* (Honey), ensuring the final product is stored in airtight containers.

3.2.2. Shadbindu Taila

The reference for *Shadbindu Taila* is taken from *Siddha Yoga Sangraha*. This medicated oil comprises 11 *Kalka Dravyas* (paste ingredients), including *Eranda* (*Ricinus communis*), *Tagara* (*Valeriana wallichii*), *Rasna* (*Pluchea lanceolata*), *Agaru* (*Aquillaria agallocha*), and *Saindhava*

Lavana (Rock salt). The base oil is *Kriṣṇa Tila Taila* (Black Sesame oil, 4 parts), processed with *Ajaksira* (Goat's milk, 4 parts) and *Bhringraj Svarasa* (*Eclipta alba* juice, 16 parts). The preparation follows the traditional *Taila Pāka Vidhi*, where the *Kalka* is processed with the *Sneha Dravya* and *Drava Dravyas* over a mild flame until the desired *Sneha Siddhi Lakṣaṇas* (oil perfection signs) are achieved, ensuring maximum absorption of active principles.^{ix, x}

3.3. Posology and Follow-up Schedule

The treatment was administered for a continuous period of 30 days. The dosage, route, and timing were adhered to as per the institutional protocol:

Table 1

Drug	Kalpāna (Formulation)	Dose	Route of Administration	Time of Administration	Anupana
<i>Nidigdhika Avaleha</i>	<i>Avaleha</i>	6 gram	Oral	Twice a day (After meal)	Lukewarm water
<i>Shadbindu Taila</i>	<i>Taila</i>	2 drops bilaterally	Nasal (<i>Nasya</i>)	Morning and evening (empty stomach)	N/A

Clinical assessments were conducted at baseline (Day 1) and during follow-up visits on Day 10, Day 20, and Day 30.

3.4. Assessment Criteria

The patient's condition was monitored using both subjective and objective parameters, as defined in the research synopsis.

3.4.1. Primary Outcome (Subjective)

The efficacy of the treatment was quantified using the Total Nasal Symptom Score (TNSS). This score aggregates the severity of four cardinal symptoms: Sneezing, Nasal Congestion, Rhinorrhea, and Nasal Itching. Each symptom was graded on a scale of 0 (None) to 3 (Severe—interferes with activities), yielding a maximum possible score of 12.

3.4.2. Secondary Outcomes (Objective)

Objective assessment focused on laboratory investigations relevant to allergic inflammation:

1. Absolute Eosinophil Count (AEC): Eosinophilia is a key indicator of IgE-mediated allergic reactions.
2. Erythrocyte Sedimentation Rate (ESR): A non-specific marker reflecting systemic inflammation.

IV. Case Narrative and Clinical Data

4.1. Patient Presentation and Historical Data

Patient XX 22 year old Female, Housewife, Jodhpur presented on August 20, 2025, reporting complaints of sneezing, dust allergy, itchy nose, and itchy eyes spanning 2 to 3 years. The initial presentation was marked by high symptom severity, characterized by

severe sneezing, severe rhinorrhoea, and severe nasal itching.

Physical and general examinations indicated no major systemic findings. Vital signs were stable (BP 110/70 mm/Hg, Pulse 68/min). A mild wheezing was noted in the respiratory system examination.

4.2. Dashavidha Pariksha and Samprapti Ghataka

Ayurvedic examination revealed a *Prakriti* (constitution) dominated by *Vata-Kapha* (VK). Significant etiological factors (*Hetu*) were identified in the personal history: a pattern of incompatible dietary practices (*Viruddhaashana*) and irregular digestive fire (*Vishama Agni*). The patient also reported a sedentary lifestyle ("No *Vyayama*", "Sitting" nature of work).

The pathogenesis (*Samprapti*) was characterized by the involvement of *Vata* and *Kapha Doshas*. The tissues (*Dushya*) involved included *Rakta* (Blood tissue) and *Shira* (Head/Nerves), with the primary site (*Adhiṣṭhāna*) being the *Nāsa* (Nose). The pathological outcome (*Srotodusti*) was noted as *Sanga* (obstruction) in the *Pranavaha Srotas* (respiratory channels), often with *Atipravritti* (excessive flow/secretion). The combination of *Vishama Agni* and *Viruddhaashana* generates *Ama* (undigested metabolic residue), which then travels to the susceptible nasal channel under the mobility of aggravated *Vata*, causing inflammation and obstruction characteristic of *Vataj Pratishyaya*.

4.3. Progression of Subjective Symptoms (TNSS)

The efficacy of the 30-day intervention was documented through the sequential reduction in the

Total Nasal Symptom Score (TNSS) across four observation points:

Table 2: Total Nasal Symptom Score (TNSS) Progression

Clinical Feature	Day 1 (Score)	Day 10 (Score)	Day 20 (Score)	Day 30 (Score)
Sneezing	3 (Severe)	2 (Moderate)	2 (Moderate)	1 (Mild)
Nasal Congestion	2 (Moderate)	1 (Mild)	1 (Mild)	1 (Mild)
Rhinorrhea	3 (Severe)	2 (Moderate)	1 (Mild)	1 (Mild)
Nasal Itching	3 (Severe)	2 (Moderate)	1 (Mild)	1 (Mild)
Total TNSS	11	7	5	4
Percentage Relief	N/A	36.4%	54.5%	63.6%

The TNSS demonstrated a marked reduction immediately following the initiation of therapy, dropping by over one-third within the first 10 days (11 to 7). The improvement continued steadily, culminating in a highly tolerable mild presentation of symptoms by Day 30 (score 4). The symptoms that exhibited the most significant reversal were Sneezing and Rhinorrhea, moving from severe

interference (Score 3) to easily tolerable presence (Score 1).

4.4. Progression of Objective Parameters

Laboratory assessments conducted before and after the 30-day treatment period revealed favorable changes in markers of allergy and inflammation:

Table 3: Pre- and Post-Treatment Laboratory Parameters

Test	Parameter	Day 1 (Pre-treatment)	Day 30 (Post-treatment)	Reduction (%)
CBC	TLC 103/ μ L	8.53	8.0	6.21%
CBC	Absolute Eosinophil Count 103/μL	1.08	0.90	16.67%
ESR	ESR (mm/Hr)	32	25	21.87%

The baseline AEC of $1.08 \times 103/\mu\text{L}$ confirmed clinical eosinophilia, often observed in allergic diseases. This marker decreased to $0.90 \times 103/\mu\text{L}$ post-treatment. The ESR also reduced significantly from 32 mm/Hr to 25 mm/Hr. Other hematological parameters, such as Hb (11.9 to 12.1 gm%), TLC, Neutrophils, Lymphocytes, and Monocytes, remained within acceptable clinical limits or showed minor shifts toward normalization.

The sustained clinical improvement recorded between Day 10 and Day 30 is indicative of the systemic influence of the oral *Nidigdika Avaleha*. This formulation operates on the deeper etiological factors, ensuring that the relief is not merely localized. This systemic *Shamana* complements the localized *Nasya*, preventing the immediate re-accumulation of *Doshas* in the nasal cavity and providing a more lasting therapeutic effect.

V. Discussion

5.1. Analysis of Clinical Efficacy and Symptomatic Relief

The overall 63.6% reduction in the Total Nasal Symptom Score provides robust evidence of the therapeutic efficacy of the combined regimen in managing chronic *Vataj Pratishyaya*. The therapeutic action is highly differentiated between the local and systemic modalities. The swift initial drop in the TNSS observed by Day 10 (from 11 to 7) is primarily attributed to the direct *Shodhana* (cleansing) and *Vata-Kapha Shamaka* action of *Shadbindu Taila Nasya*. As *Nasya* is directed immediately to the site of disease (*Nāsa Adhiṣṭhāna*), the decongestant, anti-inflammatory, and *Vata* pacifying properties of the medicated oil components, such as *Eranda* and *Rasna*, quickly relieve local *Sanga* (obstruction) and hypersecretion, thereby easing acute symptoms like rhinorrhoea and sneezing.

5.2. Objective Validation of Immunomodulation

The success of the treatment is objectively corroborated by the favorable changes observed in secondary outcome markers. The baseline elevation of the Absolute Eosinophil Count (AEC) is a definitive indicator of the allergic inflammatory component of the disease. The 16.67% reduction in AEC following the 30-day course demonstrates that the combined therapy possesses genuine anti-allergic properties that extend beyond symptomatic relief. The modulation of eosinophil levels links the observed clinical improvement to an actual biological dampening of the Type 1 hypersensitivity reaction. This is consistent with the traditional use of respiratory herbs like *Kantakari*, which are scientifically reviewed for potential mast cell stabilizing and anti-inflammatory attributes. The *Shadbindu Taila* components also contribute to this anti-inflammatory action through

improved nasal environment and potentially germicidal and vasodilatory effects. Furthermore, the 21.87% decrease in Erythrocyte Sedimentation Rate (ESR) (32 to 25 mm/Hr) is significant. Elevated ESR is a non-specific indicator of systemic inflammation. The substantial reduction confirms that the systemic drug (*Nidigdhika Avaleha*) effectively reduced the chronic inflammatory load associated with the persistent allergic state, validating its utility in addressing the *Dushya* (Rakta) and systemic components of the *Samprapti*.

5.3. *Samprapti* *Vighatana* through Dual Therapeutic Action

The therapeutic efficacy is a direct result of simultaneously addressing the systemic imbalance (*Hetu* and *Agni*) and the localized pathology (*Srotodusti* and *Adhiṣṭhāna*).

1. **Avaleha for Systemic Correction:** *Nidigdhika Avaleha* functions as a *Deepana-Pachana* and *Kapha-Vata Shamaka* medicine. Key ingredients like *Chitraka* and *Pippali* are potent stimulants of *Jatharāgni* (digestive fire). By correcting the *Vishama Agni* reported by the patient and clearing *Ama* generated through *Viruddha Ahara*, the *Avaleha* successfully interrupts the systemic production of the pathogenic substance responsible for driving the allergy and inflammation. This constitutes the fundamental intervention necessary to prevent the recurrence that characterizes chronic AR.

2. **Nasya for Local Purification:** *Shadbindu Taila Nasya* specifically targets the *Nāsa*, which is the

initiation site of the *Pranavaha Srotas*. The oil, being *Vata-Kapha Shamaka* and *Snehana* (oleating), penetrates the small channels of the head (*Shira*) via the nose, directly removing accumulated *Doshas* (*Kapha*) and relieving *Sanga*. This action restores the proper function of *Prana Vata* and alleviates the physical obstruction and excessive secretion (*Atipravritti*) observed in the nasal passages.

This dual strategic approach ensures that while the systemic cause of allergy is eliminated, the local channel obstruction, which causes immediate suffering, is simultaneously alleviated.

VI. Conclusion

The management of chronic *Vataj Pratishyaya* (Allergic Rhinitis) using the combined therapy of *Nidigdhika Avaleha* and *Shadbindu Taila Nasya* demonstrated profound clinical efficacy in this case study. The regimen successfully achieved a high level of symptomatic relief (63.6% reduction in TNSS) while providing objective evidence of anti-allergic and anti-inflammatory activity through the reduction of Absolute Eosinophil Count (AEC) and Erythrocyte Sedimentation Rate (ESR). This strategic application, which addresses both the systemic metabolic root cause (*Ama* and *Agni*) and the local nasal pathology (*Sanga* in *Pranavaha Srotas*), stands as a comprehensive and holistic model for treating recurrent and chronic allergic respiratory diseases

VII. References

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