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Case Study

AYURVEDIC APPROACH TO THE MANAGEMENT OF ALLERGIC RHINITIS

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ABSTRACT

Allergic rhinitis is a chronic IgE-mediated inflammatory disorder characterized by recurrent sneezing, rhinorrhea, nasal obstruction, nasal itching, and associated ocular symptoms that significantly impair quality of life. In Ayurveda, its chronic recurrent presentation can be correlated with *Sannipataja Pratishyaya*, wherein *Tridosha* vitiation, impaired *Agni, Ama* formation, and diminished *Vyadhikshamatva* contribute to disease persistence. This case report describes the Ayurvedic management of a 44-year-old female with a six-year history of recurrent sneezing, watery nasal discharge, nasal obstruction, ocular itching, and occasional cough aggravated by dust and cold exposure. Previous treatment with antihistamines, intranasal corticosteroids, and homeopathic medicines provided only temporary symptomatic relief. Clinical examination revealed pale, oedematous nasal mucosa with watery discharge. Laboratory investigations showed elevated total white blood cell count (12,500 cells/mm^3), Absolute Eosinophil Count (1,157 cells/mm^3), serum Immunoglobulin E (245.6 IU/mL), and positive skin prick tests to multiple inhalant allergens, confirming allergic rhinitis. The patient underwent *Vicharana Snehapana* with *Indukantham Ghrtam*, followed by *Virecana Karma, Nasya Karma* with *Shunthyadi Taila* and *Anu Taila*, along with *Shamana* and *Rasayana* therapies. Following treatment, the Total Nasal Symptom Score reduced from 6 to 0, while serum IgE, Absolute Eosinophil Count, and total WBC count showed marked reductions, indicating attenuation of the allergic inflammatory response. This case suggests that a comprehensive *Tridosha*-based Ayurvedic approach may provide sustained clinical improvement in recurrent allergic rhinitis.

INTRODUCTION

Allergic rhinitis (AR) is a chronic IgE-mediated inflammatory disorder of the nasal mucosa characterized by recurrent sneezing, rhinorrhoea, nasal obstruction, nasal itching, and associated ocular symptoms triggered by exposure to environmental allergens such as dust, pollen, animal dander, and smoke [1]. The global prevalence of AR has increased considerably over recent decades owing to rapid urbanization, environmental pollution, changing climatic conditions, and lifestyle modifications. Although not life-threatening, the disease imposes a substantial burden on patients by impairing quality of life, sleep, work productivity, and daily functioning.

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Conventional management includes allergen avoidance, antihistamines, intranasal corticosteroids, and allergen-specific immunotherapy. Despite these therapeutic options, many patients experience recurrence of symptoms after discontinuation of treatment, emphasizing the need for treatment modalities that provide sustained symptomatic relief while addressing the underlying disease process [2].

In Ayurveda, diseases of the nose are described under *Nasaroga.* While isolated bouts of excessive sneezing may resemble *Kshavathu*, recurrent conditions associated with rhinorrhoea, nasal obstruction, itching, and chronic exacerbations indicate a more complex pathology involving all three *Doshas*. Such presentations can be better understood as *Sannipataja Pratishyaya*, in which *Vata, Pitta*, and *Kapha* are simultaneously vitiated. Repeated exposure to etiological factors such as dust, smoke, cold environment, and other irritants, along with impaired *Agni*, accumulation of *Ama*, and diminished

Vyadhikshamatva, contributes to the chronicity and recurrence of the disease [3,4].

Therefore, the recurrent nature of allergic rhinitis and its multisystem clinical manifestations justify its correlation with *Sannipataja Pratishyaya* rather than *Kshavathu* alone.

Management of *Sannipataja Pratishyaya* requires a comprehensive therapeutic approach aimed at restoring *Dosha* equilibrium rather than merely controlling symptoms. Sequential administration of therapies targeting the predominant *Doshas* forms the cornerstone of treatment. *Indukantham Ghrtam*, administered as *Vicharana Snehapana*, helps pacify *Vata,* improve *Agni,* digest *Ama,* and prepare the patient for *Shodhana. Virecana Karma* facilitates the elimination of vitiated *Pitta,* thereby reducing inflammatory manifestations and restoring systemic *Dosha* balance. Subsequently, *Nasya Karma* with *Shunthyadi Taila*, followed by *Anu Taila*, acts locally on the *Urdhvajatrugata* region to eliminate vitiated *Kapha*, clear the nasal passages, improve mucosal function, and reduce the tendency for recurrence. Appropriate *Shamana* and *Rasayana* therapies further enhance *Vyadhikshamatva* and help maintain long-term remission.

Although several clinical studies have reported the beneficial effects of Ayurvedic interventions in allergic rhinitis, documentation demonstrating improvements in both subjective symptoms and objective immunological markers such as Total White Blood Cell (WBC) count, Absolute Eosinophil Count (AEC), and serum Immunoglobulin E (IgE) remain limited. The present case report evaluates the effectiveness of a comprehensive Ayurvedic treatment protocol based on the principles of *Sannipataja Pratishyaya*, with assessment of both clinical outcomes and objective laboratory parameters.

Case report

A 44-year-old female patient presented to the Outpatient Department of Shalakya Tantra on 17 April 2026 with complaints of recurrent sneezing, watery nasal discharge, itching of the eyes, and occasional cough, aggravated by exposure to dust and cold weather. The patient had been suffering from these symptoms for the past six years, with marked exacerbation during the previous three months. She also reported continuous exposure to dust and biomass fuel for the last 13 years.

The patient gave a history of severe episodes of continuous sneezing in the year 2020, lasting for nearly one week. She initially sought treatment from a homeopathic physician and continued medication for approximately 1.5 years without significant relief. Following COVID-19 infection, the symptoms recurred and persisted. Thereafter, she underwent treatment at a Homeopathic Medical College for two years, which provided only mild symptomatic relief.

As the symptoms continued to affect her daily activities, she consulted an ENT specialist in 2025. A Skin Prick Allergy Test (Inhalation Panel) conducted through the Department of Pulmonary Medicine revealed sensitivity to specific inhalant allergens. She was prescribed oral antihistamines (Levocetirizine 5 mg) and intranasal corticosteroid sprays (Flomist AQ) for a period of 90 days. Although symptomatic improvement was observed during the course of treatment, the symptoms recurred and gradually worsened after discontinuation of the medications.

At the time of presentation, the patient was not on any oral or topical medication. There was no history of bronchial asthma, chronic respiratory disease, diabetes mellitus, hypertension, thyroid disorders, or dyslipidaemia. The patient had no history of surgical intervention. Family history was not significant for asthma or other allergic disorders. Personal history revealed regular bowel habits and normal sleep, while appetite was reduced.

Clinical Findings

The patient was afebrile with a pulse rate of 76 beats/min, blood pressure of 110/70mmHg, and respiratory rate of 17/min. The patient was conscious, cooperative, and well oriented to time, place, and person. Systemic examination of the respiratory and cardiovascular systems revealed no abnormalities.

On anterior rhinoscopic examination, the nasal septum was intact with no evidence of deviation. Mild hypertrophy of the inferior turbinates was observed bilaterally. The nasal mucosa appeared pale and edematous, with clear watery nasal discharge present in both nostrils. No polyp, mass, bleeding, or other structural abnormality was noted. Posterior rhinoscopy did not reveal adenoidal hypertrophy or any abnormal growth. There was no tenderness over the frontal, ethmoidal, or maxillary sinuses.

Examination of the oral cavity revealed mild congestion of the posterior pharyngeal wall, while the tonsils and uvula were found to be normal**.**

Diagnostic Assessment

The patient was evaluated using both subjective and objective parameters. The subjective assessment was carried out using the Total Nasal Symptom Score (TNSS). TNSS is calculated as the sum of individual scores assigned to four cardinal symptoms of allergic rhinitis, namely rhinorrhea, nasal congestion, nasal itching, and sneezing. Each symptom is graded on a four-point scale: 0 = absent, 1 = mild, 2 = moderate, and 3 = severe[5]. The baseline TNSS of the patient was 6 (rhinorrhoea-1, nasal congestion-1, ithching-2 and sneezing-2).

Objective evaluation was performed using Total White Blood Cell (WBC) count, Absolute Eosinophil Count (AEC), serum Immunoglobulin E (IgE) levels[6]. The total WBC count was found to be 12,300 cells/mm^3, while the AEC was 1,157/µL and the serum IgE level was 245 IU/mL, indicating an underlying allergic response. Skin prick testing demonstrated significant sensitization to house dust mites, particularly *Dermatophagoides farinae* (wheal 6 mm, erythema 10mm), as well as positive reactions to *Parthenium hysterophorus* (4mm, 4mm) and pigeon feather (4mm, 4mm). Mild-to-moderate positive reactions were also observed to mixed feathers, *Penicillium* species, *Cynodo dactylon* (Bermuda grass), *Ricinus communis* (castor pollen), wheat dust, *Dermatophagoides pteronyssinus*, and *Ischaemum* grass pollen. No significant sensitization was detected to cat dander, dog dander, cockroach, rice grain dust, or most tested tree pollens and molds. Considering the patient's clinical presentation, history of allergen exposure, elevated eosinophil and IgE levels, and positive skin prick test findings, a diagnosis of allergic rhinitis was established.

Therapeutic Intervention

Considering the chronic recurrent nature of the disease and its clinical correlation with *Sannipataja Pratishyaya*, the patient was managed with a sequential Ayurvedic treatment protocol aimed at restoring *Tridosha* equilibrium through *Shodhana* and *Shamana* therapies.

Initially, *Vicharana Snehapana* was administered using *Indukantham Ghrtam* at a dose of 25gm twice daily for three consecutive days (17–19 April 2026). This was followed by *Purvakarma*, comprising *Abhyanga* with *Karpooradi Tailam* and *Swedana* on 20 April 2026. On the subsequent day (21 April 2026), *Virecana Karma* was performed using *Avipathi Curna* (25 g) administered with hot water. The patient reported 6 *Vegas.*

Following successful *Virecana, Nasya Karma* was carried out for seven consecutive days (22–28 April 2026). *Shunthyadi Taila* was administered initially in an escalating dose schedule, beginning with 6 drops on the first day, 12 drops on the second day, and 1ml on the third day. Thereafter, *Anu Taila* was administered in increasing doses of 1ml, 2ml, and 3 mL, followed by 3ml on the remaining two days of treatment. Throughout the *Nasya* course, *Gandusha/ Kavala* with *Triphala Kashaya* was advised regularly.

The patient was instructed to avoid exposure to known triggering factors, including dust and cold environments, and to adhere to appropriate dietary and lifestyle modifications throughout the treatment period. Following completion of the inpatient treatment, *Shamana* and *Rasayana* therapies were prescribed during the follow-up period to maintain *Dosha* equilibrium and minimize recurrence. The detailed treatment schedule is presented in [Table 1].

Table 1: Treatment Schedule Administered to the Patient

Date	Treatment/Procedure	Medicine Used	Dose/Details
17-04-2026 to 19-04-2026	*Vicharana Snehapana*	*Indukantham Ghritam*	25gm twice daily
20-04-2026	*Poorvakarma (Abhyanga* followed by *Swedana)*	*Karpooradi Tailam*	As per procedure
21-04-2026	*Virechana Karma*	*Avipathi Choornam*	25gm with hot water
22-04-2026	*Marsha Nasya*	*Shunthyadi Tailam*	6 drops
23-04-2026	*Marsha Nasya*	*Shunthyadi Tailam*	12 drops
24-04-2026	*Marsha Nasya*	*Shunthyadi Tailam*	1 ml
25-04-2026	*Marsha Nasya*	*Anu Tailam*	1 ml
26-04-2026	*Marsha Nasya*	*Anu Tailam*	2 ml
27-04-2026	*Marsha Nasya*	*Anu Tailam*	3 ml
28-04-2026	*Marsha Nasya*	*Anu Tailam*	3 ml
22-04-2026 to 28-04-2026	*Gandusha/Kavala*	*Triphala Kashaya*	Advised regularly throughout the treatment period

RESULTS

Following the treatment and follow-up period, a marked improvement was observed in both the subjective and objective parameters [Table 2]. The patient reported significant reduction in the frequency of sneezing, watery nasal discharge, nasal itching, and ocular symptoms. Improvement in overall tolerance to environmental triggers was also noted during follow-up.

Table 2: Changes in Subjective and Objective Parameters Before and After Treatment

Parameter	Before Treatment	After Treatment	Improvement
Serum IgE (IU/mL)	245.60	124	Reduced
Absolute Eosinophil Count (AEC) (cells/mm^3)	1157	577	Reduced
Total Nasal Symptom Score (TNSS)	5	0	Complete relief
Total WBC Count (cells/mm^3)	12500	9880	Reduced

Abbreviations: TNSS = Total Nasal Symptom Score; AEC = Absolute Eosinophil Count; IgE = Immunoglobulin E.

Follow-up

The patient was advised for regular follow-up after completion of the in-patient treatment. During the first follow-up on 02 May 2026, *Dasamoola katutrayam Kashayam* (90ml twice daily before food) and *Sudarsanam Gulika* (one tablet twice daily along with *Kashayam*) were prescribed. *Gargling* with *Triphala Kashayam* was also advised twice daily.

During the subsequent follow-up on 08 May 2026, the patient was continued on *Dasamoola katutrayam Kashayam* and *Sudarsanam Gulika* in the same dosage. In addition, *Agastya Rasayanam* (1 teaspoon at bedtime) and *Haridrakhanda* (5gm at bedtime) were prescribed. External application of *Rasnadi Choornam* and *Swasanandam* Coconut Oil over the head was advised.

DISCUSSION

Symptoms and Ayurvedic Correlation

Allergic Rhinitis (AR) is a chronic IgE-mediated inflammatory disorder of the nasal mucosa characterized by recurrent sneezing, rhinorrhoea, nasal obstruction, nasal itching, and associated ocular symptoms. Exposure to environmental allergens activates mast cells and eosinophils, leading to the release of histamine, leukotrienes, prostaglandins, and cytokines, which sustain chronic mucosal inflammation and recurrent symptomatology. Although conventional therapies such as antihistamines, intranasal corticosteroids, and allergen immunotherapy effectively control symptoms, recurrence after cessation of treatment remains a significant therapeutic challenge.

From an Ayurvedic perspective, the present case is better understood as *Sannipataja Pratishyaya* rather than *Kshavathu*. While *Kshavathu* primarily denotes excessive sneezing resulting from *Vata-Kapha* aggravation, the patient presented with a six-year history of recurrent episodes of sneezing, rhinorrhoea, nasal obstruction, and ocular itching, with repeated exacerbations following exposure to dust and cold weather. The major symptoms observed reflect the involvement of multiple *Doshas.* Sneezing *(Kshavathu)* and nasal obstruction predominantly indicate *Vata-Kapha* vitiation, wherein aggravated *Vata* initiates forceful expulsion while obstructing *Kapha* causes nasal blockage and excessive secretions. Ocular itching, described among the features of *Pratishyaya* in Ayurvedic classics, suggests the involvement of *Pitta* and *Rakta*, reflecting inflammatory changes affecting the ocular tissues. Thus, the simultaneous presence of *Vata*, *Kapha*, and *Pitta-Rakta*–dominant manifestations indicate *Tridoshaja* involvement rather than isolated *Vata-Kapha* pathology.

Furthermore, the prolonged disease duration, recurrent episodes, multisystem involvement, and repeated aggravation following allergen exposure suggest chronic derangement of all three *Doshas*. Continuous exposure to environmental irritants, *Agnimandya, Ama* accumulation, and diminished *Vyadhikshamatva* likely contributed to disease persistence and repeated exacerbations. These clinical features collectively support the Ayurvedic diagnosis of *Sannipataja Pratishyaya*, which formed the basis for selecting a comprehensive *Tridosha*-oriented treatment approach.

Diagnosis

The diagnosis of allergic rhinitis was established based on clinical presentation and supported by laboratory investigations. Elevated total leukocyte count, Absolute Eosinophil Count (AEC), and serum Immunoglobulin E (IgE) levels reflected an active allergic inflammatory response. Furthermore, positive skin prick test reactions to multiple inhalant allergens, particularly house dust mites, together with the patient's prolonged exposure to dust and biomass fuel, confirmed persistent allergen sensitization and explained the recurrent nature of the disease. These objective findings correlated well with the clinical manifestations and served as useful markers for assessing therapeutic response.

Selection of Management

Considering the *Tridoshaja* involvement and chronic recurrent nature of the disease, a sequential Ayurvedic treatment protocol was planned with the objectives of correcting *Agni*, eliminating vitiated *Doshas*, restoring local nasal physiology, enhancing *Vyadhikshamatva*, and preventing recurrence. The treatment strategy combined *Shodhana, Shamana*, and *Rasayana* therapies to address both the underlying pathogenesis and the local manifestations of the disease.

Initially, *Vicharana Snehapana* with *Indukantham Ghrtam* was administered to pacify aggravated *Vata*, improve *Agni*, facilitate *Ama pacana*, and prepare the body for *Shodhana. Indukantham Ghrtam* is traditionally indicated in conditions associated with *Agnimandya, Vata* predominance, and reduced *Bala*, and its *Deepana, Pacana*, and *Vatahara* properties help restore systemic homeostasis before purification.

Following adequate *Snehana, Purvakarma* comprising *Abhyanga* and *Swedana* facilitated the movement of vitiated *Doshas* from peripheral tissues to the *Koshtha*, thereby enhancing the efficacy of *Virecana Karma*. Since inflammatory manifestations are predominantly associated with aggravated *Pitta*, *Virechana* was selected as the principal *Shodhana* procedure to eliminate vitiated *Pitta* along with associated *Doshas,* reduce *Ama,* improve *Agni,* and interrupt the inflammatory cascade responsible for recurrent allergic episodes.

After systemic purification, *Nasya Karma* was instituted as the principal local therapy because classical Ayurvedic texts describe the nose as the gateway to the head (*Nasa hi Shiraso Dvaram*). As *Kapha* predominance at the disease site contributes to rhinorrhea, nasal obstruction, and mucosal congestion, *Shunthyadi Taila* was selected over *Ghritha* preparation owing to its *Ushna, Tīkshna, Kapha-hara*, and *Srotoshodhaka* properties. Experimental studies have also demonstrated anti-inflammatory, anti-histaminic, antioxidant, and immunomodulatory activities of several ingredients of *Shunthyadi Taila,* which may contribute to its therapeutic effects.

Discussion on Treatment

Following *Kapha* elimination, *Anu Taila Nasya* was administered to restore normal nasal physiology and general immunity. Traditionally indicated for disorders of the *Urdhvajatrugata* region, *Anu Taila* possesses *Balya* and *Rasayana* properties that strengthen the nasal mucosa, improve local tissue resilience, and enhance resistance against environmental allergens, thereby reducing the likelihood of recurrence and can be practiced on a regular basis. *Gandusha/Kavala* with *Triphala Kashaya* served as an adjunctive therapy to maintain oral and upper respiratory tract hygiene while reducing local inflammation.

The follow-up regimen comprising *Dashamula-Katutrayam Kashayam, Sudarshanam Gulika*, *Agastya Rasayanam*, and *Haridrakhaṇḍa* was prescribed to sustain the benefits of *Shodhana* and prevent relapse. These formulations possess *Deepana, Kapha-Vatahara*, anti-inflammatory, immunomodulatory, and *Rasayana* properties that support respiratory health, improve *Vyadhikshamatva*, and help maintain *Dosha* equilibrium. *Haridrakhaṇḍa,* in particular, has demonstrated antihistaminic and anti-inflammatory activities, supporting its use in allergic disorders.

Following completion of the treatment protocol, substantial improvement was observed in both subjective and objective parameters. The Total Nasal Symptom Score (TNSS) reduced from 5 to 0, indicating complete symptomatic relief. Objective inflammatory markers also showed marked improvement, with serum IgE decreasing from 245.6 to 124 IU/mL, Absolute Eosinophil Count from 1,157 to 577 cells/mm^3, and total WBC count from 12,500 to 9,880 cells/mm^3. Since elevated IgE and eosinophilia are established indicators of type I hypersensitivity and leukocytosis reflects ongoing inflammation, the reduction in these markers suggests attenuation of the underlying allergic inflammatory response rather than mere symptomatic relief.

The favourable clinical outcome may therefore be attributed to the integrated effects of sequential *Tridosha*-based management. *Indukantham Ghrtam* corrected *Agni* and pacified *Vata, Virecana Karma* eliminated vitiated *Pitta* and reduced systemic inflammation, *Shunthyadi Taila Nasya* relieved *Kapha* predominance at the primary site of pathology, while subsequent *Shamana* and *Rasayana* therapies enhanced *Vyadhikshamatva* and contributed to sustained remission. Although conclusions cannot be generalized from a single case, the concurrent improvement in clinical symptoms and objective inflammatory markers suggests that a comprehensive Ayurvedic approach based on the principles of *Sannipataja Pratishyaya* may offer an effective strategy for the management of recurrent allergic rhinitis.

CONCLUSION

The present case demonstrates that a comprehensive Ayurvedic treatment protocol based on the principles of *Sannipataja Pratishyaya*, comprising *Vicharana Snehapana* with *Indukantham Ghrtam*, *Virecana Karma, Nasya Karma* with *Shunthyadi Taila* and *Anu Taila*, followed by appropriate *Shamana* and *Rasayana* therapies, resulted in complete symptomatic relief and significant improvement in objective laboratory parameters in a patient with allergic rhinitis. The observed reductions in serum IgE levels, Absolute Eosinophil Count, and total WBC count suggest attenuation of the underlying allergic inflammatory response in addition to clinical improvement.

The favourable outcome may be attributed to the sequential restoration of *Tridosha* equilibrium, with *Indukantham Ghrtam* addressing *Vata* and improving *Agni, Virecana Karma* eliminating vitiated *Pitta*, and *Nasya Karma* with *Shunthyadi Taila* alleviating *Kapha* at the primary site of pathology, while subsequent *Shamana* and *Rasayana* therapies enhanced *Vyadhikshamatva* and supported long-term

disease control. Although conclusions cannot be generalized from a single case, this report suggests that an Ayurvedic approach based on the principles of *Sannipataja Pratishyaya* may offer an effective and holistic strategy for the management of recurrent allergic rhinitis. Further well-designed controlled clinical studies with larger sample sizes are warranted to validate these findings and elucidate the underlying therapeutic mechanisms.

Declaration of Patient Consent

The authors certify that appropriate patient consent was obtained for publication of this case report. The patient has given consent for the reporting of clinical information and related images in the journal. The patient understands that his/her name and initials will not be published, and due efforts will be made to conceal identity; however, anonymity cannot be guaranteed.

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