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Review Article

DEVELOPMENT OF THE PAAM MODEL FOR PERSONALIZED AYURVEDIC ALLERGY ASSESSMENT AND MANAGEMENT

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ABSTRACT

Ayurveda considers allergic disorders as manifestations of disturbed internal homeostasis involving *Prakriti, Dosha, Agni, Ama, Ojas, Satmya*, and environmental interactions. Despite these principles, a standardized personalized Ayurvedic model integrating constitutional assessment with structured clinical decision-making has not been adequately described. **Objective**: To develop the PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model, a structured personalized Ayurvedic model for allergy assessment and management, integrating classical Ayurvedic principles with a digital assessment platform to support individualized clinical decision-making. **Methods**: The PAAM Model was developed through a systematic synthesis of classical Ayurvedic concepts, contemporary allergy management principles, and clinical observations from Ayurvedic allergy practice. The model incorporates constitutional assessment, disease profiling, digestive and immune evaluation, individualized therapeutic planning, gradual tolerance restoration, and long-term maintenance. A digital application was designed to facilitate standardized patient assessment, scoring, documentation, and clinical reporting. **Results**: The PAAM Model consists of four sequential clinical phases: (1) comprehensive constitutional and functional assessment, (2) individualized corrective management, (3) structured reintroduction of previously reactive foods or environmental exposures using Ayurvedic principles, and (4) long-term maintenance. The accompanying digital application enables systematic data collection, standardized assessment, and generation of individualized clinical reports, supporting consistency in personalized Ayurvedic practice. **Conclusion**: The PAAM Model provides a structured approach for personalized Ayurvedic allergy assessment and management by integrating classical Ayurvedic concepts with digital clinical support. It offers a standardized methodology that may facilitate individualized care, improve documentation, and serve as a foundation for future validation studies and clinical research.

INTRODUCTION

Allergic diseases are among the fastest-growing chronic health problems worldwide and affect people of all ages. Conditions such as allergic rhinitis, bronchial asthma, food allergy, atopic dermatitis, urticaria, allergic conjunctivitis, and drug allergy have increased considerably over the past few decades. These disorders often reduce quality of life, affect daily activities, increase healthcare costs, and place a significant physical and emotional burden on patients and their families. [1-3]

Current evidence suggests that allergy is influenced by a complex interaction of genetic factors, immune responses, environmental exposures, dietary habits, and individual biological characteristics. As a result, people exposed to the same allergen may develop different symptoms, disease severity, and treatment responses. This variation has increased interest in personalized medicine, where treatment is planned according to the characteristics of each individual rather than using a single approach for all patients. [4-6]

Conventional allergy management mainly focuses on allergen avoidance, pharmacological

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treatment, and allergen-specific immunotherapy in selected patients. Although these approaches are effective in controlling symptoms, many patients continue to experience recurrent episodes, long-term dependence on medication, and permanent dietary or lifestyle restrictions. These challenges indicate the need for management strategies that not only control symptoms but also support long-term health and individual patient needs. [7]

Ayurveda has always followed a personalized approach to healthcare. It considers every individual unique and emphasizes comprehensive assessment of *Prakriti* (constitutional phenotype), *Vikriti* (current pathological state), *Agni* (digestive and metabolic capacity), *Ama* (metabolic dysfunction), *Ojas* (physiological resilience), *Satmya* (adaptability), *Ahara* (diet), *Vihara* (lifestyle), and seasonal influences before planning treatment. From the Ayurvedic perspective, allergic disorders are not explained only by exposure to external allergens but also by disturbances in the body's internal balance. Therefore, restoring this balance forms an important part of personalized management. [8-10]

Despite its strong theoretical foundation, personalized allergy assessment in Ayurveda is still largely based on individual clinical experience. A standardized approach that systematically combines constitutional assessment, digestive health, lifestyle, environmental factors, and clinical findings into a single structured model is not well described. In addition, digital tools that can support standardized documentation while maintaining individualized clinical decision-making remain limited.

To address this need, IAFA (Institute of Applied Food Allergy) developed the PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model, a structured approach for personalized Ayurvedic allergy assessment and management. The model integrates classical Ayurvedic principles with a systematic clinical workflow that includes comprehensive patient assessment, individualized treatment planning, gradual restoration of tolerance, and long-term follow-up. A dedicated digital application was also developed to support standardized patient assessment, documentation, and clinical reporting while keeping the physician at the center of all clinical decisions. [11,12]

To the best of our knowledge, no published model has systematically integrated Prakriti assessment, digestive and metabolic evaluation, lifestyle factors, individualized Ayurvedic management, and digital clinical documentation into a single structured approach for allergy care. The PAAM Model was developed to address this gap by providing a standardized yet personalized workflow that can support clinical practice and future research.

The PAAM Model is founded on the principle that effective allergy management should extend beyond identification of external triggers and symptomatic control. Instead, it seeks to understand the individual's constitutional susceptibility, identify modifiable physiological contributors to hypersensitivity, and support personalized interventions aimed at restoring digestive function, constitutional balance, adaptive capacity, and long-term physiological resilience. By providing a structured yet individualized clinical approach, the PAAM Model is intended to serve as a foundation for standardized Ayurvedic allergy care and future clinical validation studies.

This paper presents the development of the PAAM Model for personalized Ayurvedic allergy assessment and management and describes its conceptual basis, clinical workflow, and supporting digital application.

AIM AND OBJECTIVES

Aim

The present study aimed to describe the development of the PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model, a structured personalized Ayurvedic approach for allergy assessment and management, and its supporting digital application designed to facilitate standardized patient assessment, clinical documentation, and individualized clinical decision-making.

Objectives

The specific objectives of the study were:

- To describe the conceptual development of the PAAM Model for personalized Ayurvedic allergy assessment and management.
- To establish a structured approach for comprehensive allergy assessment by integrating *Prakriti, Vikriti, Agni, Ama, Ojas, Satmya*, dietary habits *(Ahara),* lifestyle *(Vihara),* environmental factors, and clinical history into a unified assessment model.
- To develop a systematic clinical workflow that guides physicians from comprehensive patient assessment to individualized treatment planning, follow-up, and long-term maintenance.
- To standardize personalized Ayurvedic clinical assessment while preserving physician-led clinical decision-making.
- To develop a digital application that supports standardized patient assessment, clinical documentation, report generation, and longitudinal follow-up.
- To provide a structured model that may facilitate future clinical validation, outcome evaluation, and research in personalized Ayurvedic allergy care.

Rationale for Developing the PAAM Model

Although Ayurveda has always focused on individualized treatment, the practical application of this principle in allergy care remains challenging. In routine clinical practice, patient assessment often depends on the physician's individual experience, resulting in differences in constitutional evaluation, interpretation of clinical findings, treatment planning, documentation, and follow-up. Consequently, similar patients may receive different approaches despite sharing comparable clinical characteristics. [11,13]

Another important challenge is that allergy assessment is frequently centered on identifying external triggers, whereas patient-specific factors that influence hypersensitivity, including *Prakriti, Agni, Ama, Ojas, Satmya*, dietary habits, lifestyle, and environmental influences, are not always evaluated in a structured and integrated manner.[8-10] The absence of a standardized clinical workflow makes comprehensive assessment time-consuming and limits consistency in documentation and long-term patient monitoring.

In addition, the growing adoption of digital healthcare has increased the need for standardized electronic documentation systems that can organize complex clinical information without compromising individualized clinical judgment. However, few digital tools have been specifically designed to support a comprehensive Ayurvedic assessment for allergy management.[14-15]

Recognizing these challenges, the PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model was conceived as a structured clinical model that translates the individualized philosophy of Ayurveda into a practical, reproducible, and clinically applicable workflow. Rather than replacing physician expertise, the model is intended to assist physicians by organizing essential assessment domains into a logical sequence that supports systematic evaluation, individualized treatment planning, structured follow-up, and consistent clinical documentation.

The accompanying digital application operationalizes the PAAM Model by providing a standardized platform for patient assessment, report generation, and longitudinal documentation. It functions as a clinical support system that improves workflow efficiency while preserving physician-led interpretation and decision-making.

Core Principle of the PAAM Model

"The PAAM Model was developed on the principle that effective allergy management should not be guided solely by the identification of external allergens, but by understanding the individual's constitutional characteristics, physiological balance, and adaptive capacity to provide truly personalized Ayurvedic care."

The PAAM Model was therefore developed to bridge the gap between classical Ayurvedic principles and contemporary clinical practice by providing a structured, standardized, and digitally supported approach to personalized allergy assessment and management. It is intended to facilitate consistent clinical practice, improve documentation, support future validation studies, and contribute to evidence generation in personalized Ayurvedic allergy care.

Table 1: Clinical Challenges Addressed by the PAAM Model

Challenge in Routine Practice	How the PAAM Model Addresses It
Variable patient assessment	Structured constitutional and clinical evaluation
Non-uniform documentation	Standardized digital documentation
Different treatment approaches among physicians	Organized clinical workflow while preserving physician judgment
Limited long-term monitoring	Structured follow-up and longitudinal records
Difficulty in generating clinical evidence	Standardized data collection to support future research
Fragmented assessment of Ayurvedic parameters	Integrated evaluation of *Prakriti, Vikriti, Agni, Ama*, *Ojas*, *Satmya, Ahara, Vihara*, and environmental factors

MATERIALS AND METHODS

Study Design

This study presents the development of the PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model, a structured personalized Ayurvedic model for allergy assessment and management, together with its supporting digital application. The study focuses on the conceptual development of the model, organization of its clinical workflow, and digital implementation. It does not evaluate diagnostic accuracy, therapeutic effectiveness, or clinical outcomes, which are intended to be investigated in future validation studies.

Conceptual Development of the PAAM Model

The PAAM Model was developed by systematically integrating fundamental Ayurvedic concepts relevant to personalized healthcare and allergy management into a structured clinical workflow. The model was designed to translate classical Ayurvedic principles into a practical approach

that could be applied consistently during routine clinical practice.

The conceptual development was guided by the assessment of patient-specific factors considered essential for individualized Ayurvedic management, including constitutional characteristics (*Prakriti*), current pathological status (*Vikriti*), digestive and metabolic status (*Agni* and *Ama*), physiological resilience (*Ojas*), adaptability (*Satmya*), dietary habits (*Ahara*), lifestyle practices (*Vihara*), gut and mucosal health, allergy history, environmental exposures, and symptom-trigger relationships.[8-10] These parameters were organized into a logical sequence to support comprehensive patient assessment and individualized therapeutic planning.

Development Process

The PAAM Model was developed through the following sequential stages:

Stage I: Identification of Clinical Need

Current challenges in personalized Ayurvedic allergy assessment, including variability in patient evaluation, documentation, treatment planning, and follow-up, were identified. These observations established the need for a structured clinical model capable of standardizing assessment while preserving individualized clinical decision-making.

Stage II: Selection of Clinical Assessment Domains

Core assessment domains were identified based on Ayurvedic principles and clinical relevance. These domains formed the foundation of the PAAM assessment process.

Stage III: Development of the PAAM Assessment Questionnaire

A structured digital questionnaire was developed to capture demographic information, constitutional assessment, clinical history, digestive status, dietary habits, lifestyle factors, allergy profile, environmental exposures, and other patient-specific parameters required for comprehensive evaluation.

Stage IV: Development of the Clinical Workflow

The assessment domains were organized into a four-phase clinical workflow comprising:

- Comprehensive personalized assessment
- Individualized corrective management
- Guided restoration of tolerance
- Long-term maintenance

This workflow serves as the operational structure of the PAAM Model.

Stage V: Digital Implementation

The PAAM Model was implemented as a digital application comprising patient registration, structured questionnaire administration, clinical scoring, automated report generation, physician review, and longitudinal documentation.

Stage VI: Integration into Clinical Practice

The digital application was integrated with the overall PAAM workflow to facilitate standardized patient assessment, documentation, follow-up, and clinical decision support during routine Ayurvedic practice.

Table 2: Sequential Development Process of the PAAM Model

Stage	Activity	Outcome
I	Identification of clinical need	Definition of objectives for the PAAM Model
II	Selection of assessment domains	Core Ayurvedic clinical parameters identified
III	Development of digital questionnaire	Standardized patient assessment
IV	Design of four-phase workflow	Structured clinical pathway
V	Digital implementation	Automated assessment and report generation
VI	Clinical integration	Standardized workflow for routine practice

Components of the PAAM Assessment

The PAAM assessment is designed as a comprehensive, patient-centered evaluation rather than a fixed questionnaire. While the core assessment domains remain common for all patients, additional clinical information is obtained according to the patient's age, sex, presenting complaints, medical history, and individual clinical needs. This flexible approach ensures that the assessment remains personalized while maintaining a standardized clinical workflow.[16,17]

The assessment includes the following major domains:

General Patient Information

- Demographic details
- Age and sex
- Occupation
- Anthropometric measurements
- Socioeconomic background
- Family history
- Past medical and surgical history

Constitutional and Functional Assessment

- *Prakriti*
- *Vikriti*

- *Agni*
- *Ama*
- *Ojas*
- *Satmya*
- *Strotas*
- *Sara*
- *Bala*
- *Ahara*
- *Vihara*
- Sleep and bowel habits

Allergy-Specific Assessment

- Presenting allergic condition
- Age at onset
- Frequency and duration of symptoms
- Trigger factors
- Seasonal variation
- Organ systems involved
- Severity of reactions
- Previous treatments and response
- Family history of allergic diseases

Gastrointestinal and Mucosal Health Assessment

- Digestive symptoms
- Appetite
- Bowel habits
- Food tolerance
- Gut-related complaints
- Clinical features suggestive of impaired mucosal health

Lifestyle and Environmental Assessment

- Dietary habits
- Occupational exposure
- Indoor and outdoor environmental factors
- Stress
- Physical activity
- Sleep pattern
- Tobacco or alcohol exposure (where applicable)

Patient-Specific Assessment

Depending on the clinical profile, additional information is collected whenever relevant. Examples include:

- **Pediatric patients:** Birth history, breastfeeding history, complementary feeding practices, immunization status, recurrent childhood infections, growth and developmental history, school environment, and family history of atopy, etc.
- **Adolescent patients:** Pubertal history, dietary habits, lifestyle changes, academic stress, and environmental exposures.
- **Adult patients:** Occupational history, work-related allergen exposure, dietary practices, sleep pattern, stress, and comorbid conditions.
- **Women:** Menarche history, menstrual history, pregnancy and lactation history (where applicable), menopausal status, hormonal influences on symptoms, and gynecological history relevant to clinical assessment.
- **Older adults:** Age-related comorbidities, polypharmacy, nutritional status, immune status, and functional capacity.

Clinical Interpretation

All assessment domains are interpreted collectively rather than independently. The integrated evaluation generates an individualized clinical profile that forms the basis for physician-led treatment planning and follow-up within the PAAM Model.

Table 3: Patient-Specific Components of the PAAM Assessment

Patient Category	Additional Assessment Components
Pediatric	Birth history, breastfeeding, complementary feeding, immunization, growth and development, recurrent infections, school environment.
Adolescents	Pubertal history, diet, lifestyle, academic stress.
Adult males	Occupational exposure, lifestyle, stress, dietary habits, comorbidities.
Adult females	Menstrual history, pregnancy/lactation history, menopausal status, hormonal influences.
Older adults	Comorbidities, medications, nutritional status, functional capacity.

Digital Implementation

To facilitate standardized clinical practice, the PAAM Model was implemented as a dedicated digital application. Based on the uploaded application, the digital platform includes modules for patient registration, structured questionnaire administration, assessment scoring, storage of patient records in a relational database, automated report generation, and physician review. The application supports systematic data collection and standardized documentation while preserving individualized physician-led interpretation. It functions as a clinical support tool rather than an autonomous diagnostic system, and all clinical

decisions remain the responsibility of the treating Ayurvedic physician.

Ethical Considerations

The present manuscript describes the conceptual development and digital implementation of the PAAM Model. As no human participants were recruited, no identifiable patient data were analyzed as part of this developmental work. Therefore, formal ethical approval was not required for the present study.

Development of the PAAM Model

The PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model was developed to translate the personalized philosophy of Ayurveda into a structured and clinically applicable approach for allergy assessment and management. The model was conceived from the observation that patients with similar allergic disorders frequently exhibit considerable differences in disease susceptibility, symptom severity, trigger sensitivity, recurrence, and response to treatment. Such variability suggests that allergy cannot be understood solely based on exposure to external allergens but must also be interpreted in the context of the individual's internal physiological state.

The PAAM Model is founded on the Ayurvedic principle that every individual possesses a unique constitutional profile, and therefore assessment and management should be individualized rather than disease-centered.[11,12] Instead of asking only, "What is the allergen?", the PAAM assessment expands the clinical evaluation to include "Why has this individual become hypersensitive?" and "Which constitutional and physiological factors are contributing to the allergic response?" This shift from trigger-oriented assessment to patient-oriented assessment forms the central philosophy of the PAAM Model.

To achieve this objective, the model integrates multiple dimensions of patient evaluation into a single structured clinical pathway. Constitutional assessment (*Prakriti*), current pathological status (*Vikriti*), digestive and metabolic function (*Agni and Ama*), physiological resilience (*Ojas*), adaptability (*Satmya*), dietary habits (*Ahara*), lifestyle practices (*Vihara*), *Strotas* (microchannels) affected, gut and mucosal health, allergy history, environmental exposures, and symptom–trigger relationships, etc. are evaluated collectively rather than in isolation.[18-21] The integrated interpretation of these parameters provides a comprehensive understanding of the patient's allergic constitution and supports individualized therapeutic planning. Unlike conventional models that often conclude assessment with allergen identification, the PAAM Model extends the clinical process beyond diagnosis. It provides a structured pathway that progresses from comprehensive assessment to personalized corrective management, guided restoration of tolerance, and long-term constitutional maintenance. Thus, the model is intended not only to assess allergic disease but also to provide a systematic roadmap for its personalized Ayurvedic management.

To facilitate consistency in routine practice, the PAAM Model is supported by a dedicated digital application that standardizes patient assessment, clinical documentation, report generation, and follow-up. The application assists physicians by organizing complex clinical information into a structured format while preserving individualized clinical reasoning and professional judgment. It functions as a clinical support tool rather than an autonomous diagnostic system.

The PAAM Model is therefore designed as a dynamic clinical model that adapts to the patient's changing physiological status throughout the course of management. Each stage informs the next, allowing treatment strategies to evolve according to constitutional characteristics, therapeutic response, seasonal influences, and long-term clinical progress.

Defining Philosophy of the PAAM Model

"The PAAM Model shifts the focus of allergy care from asking 'What is the allergen?' to understanding 'Why has this individual become hypersensitive?' By integrating constitutional assessment with individualized clinical management, the model aims to restore physiological balance rather than merely suppress allergic manifestations."

Table 4: Conceptual Shift Introduced by the PAAM Model

Traditional Focus	PAAM Model Focus
What is the allergen?	Why is this individual reacting?
Disease-centered assessment	Patient-centered assessment
Identification of triggers	Identification of constitutional susceptibility
Symptom control	Restoration of physiological balance
Generalized management	Personalized Ayurvedic management
Episodic treatment	Continuous constitutional care

Conceptual Foundation of the PAAM Model

Rather than functioning as a fixed treatment protocol, the PAAM Model is built upon a set of interconnected clinical concepts that guide personalized allergy assessment and management. These concepts provide the scientific and philosophical basis of the model and influence every stage of patient evaluation, treatment planning, follow-up, and long-term care.

Constitution Before Condition

The PAAM Model recognizes that every individual possesses a unique constitutional makeup (*Prakriti*), which influences physiological functions, disease susceptibility, immune responsiveness, digestive capacity, and adaptation to environmental factors.[22] Therefore, clinical assessment begins with understanding the patient rather than the disease alone.

Looking Beyond the Allergen

The model recognizes that allergic manifestations cannot always be explained solely by exposure to external allergens. Individual constitutional characteristics, digestive and metabolic function (*Agni* and *Ama*), physiological resilience (*Ojas*), adaptability (*Satmya*), *Sara*, dietary habits, lifestyle, and environmental influences collectively determine the patient's allergic response. Accordingly, these factors are evaluated together to identify the individual's overall susceptibility.

Restoration Before Restriction

Instead of relying exclusively on symptom control or long-term avoidance strategies, the PAAM Model aims to restore physiological balance through individualized interventions that improve digestion, metabolism, tissue integrity, constitutional harmony, and adaptive capacity. Long-term management focuses on strengthening the body's ability to tolerate environmental challenges whenever clinically appropriate.

Structured Personalization

Although every patient receives individualized management, the process of assessment remains standardized. The PAAM Model organizes clinical evaluation into a structured workflow that enables comprehensive and reproducible patient assessment while preserving physician-led clinical reasoning and decision-making.

Dynamic Clinical Management

The PAAM Model is designed as a dynamic rather than static clinical approach. Patient assessment, treatment planning, dietary recommendations, and follow-up are continuously modified according to constitutional status, disease progression, treatment response, and changing clinical needs.

Digital Support for Clinical Practice [14-23]

The PAAM Model is supported by a dedicated digital application developed to facilitate standardized patient assessment, structured documentation, report generation, and longitudinal follow-up. The application functions as a clinical support tool and is intended to improve consistency and efficiency in routine Ayurvedic practice while preserving physician-led clinical decision-making.

Unlike artificial intelligence-based decision support systems, the PAAM application does not employ machine learning, artificial intelligence, or automated predictive algorithms for clinical assessment. Instead, its assessment workflow, scoring methodology, and clinical interpretation are based on predefined rules and structured calculations developed from classical Ayurvedic principles, systematic clinical reasoning, and practical experience in Ayurvedic allergy management. These calculations were incorporated into the digital platform to ensure standardized implementation of the PAAM Model while maintaining transparency and reproducibility in clinical assessment.

The application assists physicians by organizing and processing clinical information in a structured manner; however, final diagnosis, interpretation, and therapeutic decisions remain the responsibility of the treating Ayurvedic physician.

Digital Implementation of the PAAM Model [14,15,24]

The PAAM Model was digitally implemented to translate its structured clinical methodology into a practical, standardized, and reproducible workflow for routine Ayurvedic allergy care. The objective of the digital platform was not merely to replace paper-based documentation, but to ensure that every patient undergoes a comprehensive, uniform, and individualized assessment while preserving the personalized philosophy of Ayurveda.

Unlike conventional electronic record systems that primarily function as repositories of patient information, the PAAM application integrates clinical assessment, structured documentation, individualized profiling, report generation, image documentation, longitudinal follow-up, and physician review within a single digital environment. The platform therefore serves as the operational implementation of the PAAM Model in routine clinical practice.

The application does not employ artificial intelligence, machine learning, or automated predictive algorithms for patient assessment. Instead, all assessment pathways, scoring methods, and clinical calculations are based on predefined rule-based logic derived from classical Ayurvedic principles, structured clinical reasoning, and cumulative clinical experience in Ayurvedic allergy management. These standardized calculations were digitally implemented to ensure

consistency, transparency, and reproducibility while preserving physician-led interpretation and clinical decision-making.

The software functions exclusively as a clinical support system. It assists physicians by organizing multidimensional patient information into a structured format, performing standardized calculations, generating comprehensive assessment reports, maintaining digital patient records, and facilitating follow-up. Final diagnosis, interpretation of findings, treatment planning, and therapeutic decisions remain entirely under the supervision of the treating Ayurvedic physician.

Digital Architecture of the PAAM Application

The PAAM application is organized into interconnected digital modules that collectively support the complete clinical workflow.

Patient Registration and Clinical Profile

This module captures demographic information, patient identification, medical history, family history, occupational details, and other baseline clinical information required for personalized assessment.

Comprehensive PAAM Assessment Module

The application incorporates a structured digital questionnaire covering constitutional assessment, functional evaluation, allergy-specific history, dietary practices, lifestyle factors, environmental exposures, gut and mucosal health, symptom–trigger relationships, and other patient-specific clinical parameters.

Rule-Based Assessment Engine

Patient responses are processed through predefined clinical rules and standardized calculations embedded within the application. These calculations generate an individualized PAAM clinical profile while maintaining complete transparency of the assessment process.

Clinical Documentation Module

The platform automatically organizes assessment findings into structured clinical records, reducing variability in documentation and facilitating comprehensive patient evaluation.

Digital Image Documentation

Where clinically indicated, the application allows storage of patient images (e.g., tongue, face, nails, skin, eyes, lips, gums, or affected body regions) to support baseline documentation, longitudinal comparison, and clinical follow-up.

Assessment Report Generation

Following completion of the assessment, the application automatically generates comprehensive digital assessment reports summarizing constitutional profile, clinical observations, assessment findings, and relevant patient information for physician review**.**

Physician Review and Clinical Management

The generated assessment reports are reviewed by the treating physician, who interprets the findings, establishes the diagnosis, formulates the individualized management plan, and records subsequent clinical observations.

Longitudinal Follow-up

The application maintains serial patient records, assessment reports, prescriptions, and follow-up documentation, thereby facilitating monitoring of disease progression, treatment response, and long-term constitutional changes.

Table 5: Digital Components of the PAAM Application

Digital Module	Primary Function
Patient Registration	Creation of individualized patient records
Clinical Questionnaire	Comprehensive constitutional and clinical assessment
Rule-Based Assessment Engine	Standardized clinical calculations and individualized profiling
Clinical Documentation	Structured recording of patient information
Digital Image Repository	Clinical image documentation and follow-up comparison
Assessment Report Generator	Automated generation of individualized assessment reports
Physician Review Module	Clinical interpretation and treatment planning
Patient Database	Secure storage and longitudinal clinical records
Follow-up Module	Monitoring of treatment response and constitutional changes

Digital Clinical Workflow

The digital implementation of the PAAM Model follows a structured workflow designed to maintain continuity throughout the patient's therapeutic journey. Information entered during the initial assessment is progressively integrated with subsequent evaluations, allowing longitudinal monitoring rather than isolated consultations.

The workflow begins with patient registration, followed by comprehensive constitutional and clinical assessment using the standardized PAAM questionnaire. Assessment responses are processed

through the rule-based assessment engine to generate an individualized clinical profile. The physician then reviews the generated assessment, correlates it with clinical examination and investigations (where available), and formulates a personalized management plan. Subsequent follow-up visits are digitally linked to the patient's previous records, enabling continuous monitoring of constitutional status, symptom progression, therapeutic response, and long-term outcomes.

Principle of Digital Implementation

The PAAM assessment application digitizes the standardized clinical workflow of the PAAM Model, not the clinical judgment of the physician. Technology is used to improve consistency, documentation, and continuity of care, while individualized Ayurvedic decision-making remains entirely physician-led.

PRISM: The Proposed Therapeutic Concept of the PAAM Model

The PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model is supported by the PRISM (*Prakriti*-Regulated Immune and Systemic Modulation) concept, which represents the proposed therapeutic philosophy underlying personalized Ayurvedic allergy management. PRISM was developed to organize the principal therapeutic objectives of the PAAM Model into a structured and clinically meaningful concept that links individualized assessment with personalized management. Within the PAAM Model, allergy is not viewed solely as a reaction to an external allergen but as the consequence of an altered interaction between constitutional susceptibility, digestive and metabolic disturbances, physiological resilience, lifestyle, environmental influences, and host adaptability. Accordingly, PRISM proposes that long-term improvement requires restoration of internal physiological balance rather than symptomatic suppression alone. It is important to note that PRISM is presented in this manuscript as a conceptual therapeutic model and not as an experimentally validated biological mechanism. The concept is intended to describe the integrated therapeutic direction of the PAAM Model. Future experimental, translational, and clinical studies are required to evaluate its biological and clinical validity.

Therapeutic Domains of the PRISM Mechanism

The PRISM Mechanism (*Prakriti*-Regulated Immune and Systemic Modulation) represents the proposed therapeutic concept that supports the PAAM Model. It describes how personalized Ayurvedic interventions are intended to collectively regulate constitutional balance, digestive physiology, immune responsiveness, and systemic adaptation in individuals with allergic disorders.

Within the PAAM Model, the PRISM Mechanism is not interpreted as a single biological pathway but as an integrated therapeutic concept comprising five interrelated domains. These domains do not function independently; rather, they act synergistically throughout all phases of the PAAM Model to support progressive restoration of physiological balance and long-term constitutional stability.

Table 6: Therapeutic Domains of the PRISM Mechanism

Therapeutic Domain	Role within the PRISM Mechanism	Expected Therapeutic Objective
Physiological Reset (Gut–Immune Axis)	Supports restoration of gastrointestinal physiology, mucosal integrity, and the internal physiological environment.	To establish a healthier physiological foundation that supports appropriate immune regulation and long-term tolerance.
Regulated *Agni*	Optimizes digestive and metabolic function through individualized Ayurvedic interventions.	To improve digestion, reduce *Ama* formation, and maintain physiological homeostasis.
Aligned *Dosha*	Restores Dosha equilibrium according to the individual's *Prakriti* and *Vikriti.*	To achieve constitutional and functional balance through personalized management.
Nourished *Ojas*	Enhances physiological resilience, tissue vitality, and constitutional strength.	To improve adaptive capacity, support recovery, and promote long-term health.
Activated *Satva*	Supports mental clarity, emotional stability, and healthy behavioral adaptation during long-term management.	To improve treatment adherence, encourage healthy lifestyle practices, and support overall well-being.

The therapeutic domains of the PRISM mechanism are closely interconnected. Restoration of gastrointestinal physiology creates a favorable internal environment for regulation of *Agni*, while optimized digestive function supports maintenance of *Dosha* equilibrium. Progressive improvement in constitutional balance contributes to nourishment of *Ojas*, which in turn enhances physiological resilience and adaptive capacity. Simultaneously, strengthening of *Satva* promotes emotional stability, behavioral discipline, and sustains adherence to individualized dietary and lifestyle recommendations. Collectively,

these therapeutic processes are proposed to support long-term constitutional harmony rather than merely suppressing allergic manifestations.

PRANA: The Ultimate Therapeutic Goal

The PAAM Model ultimately aims to support PRANA, which represents the central therapeutic focus of the entire model. While the PRISM Mechanism (*Prakriti*-Regulated Immune and Systemic Modulation) provides the proposed therapeutic direction, PRANA symbolizes the broader state of constitutional harmony that personalized Ayurvedic management seeks to achieve.

According to Ayurvedic philosophy, *Prana* is the fundamental life-sustaining principle responsible for maintaining vitality, physiological coordination, adaptability, and harmonious interaction between the body, mind, and environment. Rather than being confined to a single organ system or biological pathway, *Prana* reflects the integrated functioning of multiple physiological processes that collectively sustain health.

Within the PAAM Model, *Prana* is not interpreted as an isolated measurable parameter or a substitute for any specific biomedical marker. Instead, it represents the overall state that emerges when constitutional equilibrium, digestive efficiency, physiological resilience, behavioral stability, and adaptive capacity are progressively restored through individualized Ayurvedic management. The therapeutic strategy of the PAAM Model therefore extends beyond the control of allergic manifestations. Each stage of the model is intended to address different dimensions of constitutional health, beginning with comprehensive individualized assessment, followed by personalized corrective interventions, gradual restoration of tolerance, and long-term constitutional maintenance. Through this sequential approach, the model seeks to establish a stable internal physiological environment that supports sustained health rather than temporary symptom relief.

Within this therapeutic pathway, the PRISM mechanism provides the conceptual foundation that organizes individualized interventions into five complementary therapeutic domains: Physiological reset, regulated *Agni*, aligned *Dosha*, nourished *Ojas*, and adaptive *Satva*. These domains are not viewed as isolated therapeutic targets but as interdependent processes that collectively contribute to the restoration of constitutional balance. As constitutional balance improves, digestive function becomes more efficient, adaptive resilience is strengthened, and the individual develops greater physiological stability. The PAAM Model proposes that this integrated restoration ultimately supports PRANA, representing the desired expression of balanced health and long-term well-being.

Accordingly, the relationship among the three concepts may be understood as complementary rather than independent. The PAAM Model provides a structured clinical pathway through which patient assessment and management are performed. The PRISM Mechanism explains the proposed therapeutic direction guiding individualized interventions. PRANA represents the broader constitutional state that these interventions collectively seek to support. Together, these three concepts form the conceptual foundation of the PAAM Model and distinguish it as a personalized Ayurvedic approach to allergy assessment and management.

Table 7: Conceptual Relationship within the PAAM Model

Concept	Role in the PAAM Model	Clinical Significance
PAAM Model	Structured personalized clinical pathway	Provides a standardized workflow for individualized allergy assessment and management.
PRISM Mechanism	Proposed therapeutic concept	Organizes the therapeutic objectives of personalized Ayurvedic management into five integrated domains.
Restoration of constitutional balance	Integrative therapeutic outcome	Represents progressive normalization of constitutional and physiological function through coordinated interventions.
PRANA	Central therapeutic focus	Represents the desired state of vitality, adaptive resilience, constitutional harmony, and long-term well-being.

Expected Clinical Applications of the PAAM Model

The PAAM Model was primarily developed to support personalized Ayurvedic assessment and management of allergic disorders through a structured, constitution-based clinical workflow. By integrating comprehensive constitutional evaluation with standardized digital documentation and individualized therapeutic planning, the model is intended to assist Ayurvedic physicians in delivering systematic and patient-centered allergy care.

The present version of the PAAM Model is specifically designed for allergy management and may be applied in patients presenting with:

- Food allergy and food hypersensitivity
- Allergic rhinitis
- Bronchial asthma
- Atopic dermatitis
- Chronic urticaria
- Allergic conjunctivitis
- Contact dermatitis and recurrent skin allergies
- Mixed or multisystem allergic disorders
- Patients requiring individualized dietary and lifestyle counselling related to allergic diseases

Clinical Utility of the PAAM Assessment System

Although the therapeutic workflow described in the present manuscript is focused on allergic disorders, the PAAM assessment system incorporates comprehensive Ayurvedic evaluation of *Prakriti, Vikriti, Dosha, Agni, Ama, Ojas, Satva, Bala, Dhatu, Srotas, Ahara, Vihara*, environmental factors, and individualized clinical history. These assessment domains are fundamental components of Ayurvedic clinical examination and are relevant across a wide spectrum of diseases.

Accordingly, the digital assessment platform has the potential to assist Ayurvedic physicians in the systematic evaluation of patients presenting with non-allergic disorders by providing comprehensive constitutional profiling, standardized clinical documentation, and organized patient records. While disease-specific therapeutic pathways for conditions other than allergy have not been developed within the current version of the PAAM Model, the assessment methodology provides a flexible foundation that may be expanded to support personalized Ayurvedic management in other clinical specialties in future versions.

In addition to individualized patient care, the PAAM Model may contribute to:

- Standardized constitutional assessment in routine Ayurvedic clinical practice.
- Comprehensive digital clinical documentation.
- Longitudinal monitoring of constitutional and disease-related changes.
- Structured follow-up and continuity of patient care.
- Generation of standardized datasets for observational and interventional research.
- Multicentric collaborative studies using a uniform assessment methodology.
- Teaching and training of undergraduate and postgraduate students in structured Ayurvedic clinical assessment.
- Future development of disease-specific personalized Ayurvedic clinical pathways based on the same assessment platform.

Table 8: Present and Potential Applications of the PAAM Model

Application Domain	Current Status	Potential Utility
Personalized allergy assessment	Developed	Comprehensive constitution-based evaluation
Individualized allergy management	Developed	Structured therapeutic planning and follow-up
Digital clinical documentation	Developed	Standardized patient records and reporting
Longitudinal patient monitoring	Developed	Tracking constitutional and clinical changes over time
Non-allergic disease assessment	Potential application	Comprehensive Ayurvedic constitutional profiling using *Prakriti, Agni, Dosha, Dhatu, Srotas, Ojas, Satva, Ahara, Vihara,* and related parameters
Disease-specific PAAM modules	Future scope	Expansion of the PAAM platform to other Ayurvedic specialties

DISCUSSION

The present manuscript describes the conceptual development of the PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model, a structured personalized Ayurvedic approach for allergy assessment and management supported by a dedicated digital application. The model was developed to cover an important gap in contemporary Ayurvedic allergy practice, where individualized patient assessment is considered fundamental but often lacks a standardized and reproducible clinical workflow.

Personalized medicine has become an increasingly important direction in modern healthcare because individuals with the same disease frequently differ in susceptibility, clinical presentation, therapeutic response, and long-term outcomes. Similar variability is commonly observed in allergic disorders, where exposure to an identical allergen may produce markedly different manifestations among different individuals. Although contemporary allergy management has achieved considerable advances in diagnostic techniques and pharmacological treatment, routine management remains largely centered on allergen identification, symptom control, and reduction of allergic reactions. In contrast, the PAAM Model expands the clinical focus beyond external triggers by emphasizing individualized assessment of constitutional and physiological factors that may influence allergic susceptibility and recovery.

The distinguishing feature of the PAAM Model is its systematic integration of multiple Ayurvedic assessment domains into a unified clinical workflow. Rather than evaluating *Prakriti, Vikriti, Agni, Ama, Ojas, Satmya, Ahara, Vihara, Srotas,* and environmental factors independently, the model interprets these parameters collectively to generate an individualized constitutional profile that supports personalized therapeutic planning. This integrated approach attempts to preserve the individualized philosophy of Ayurveda while improving consistency in routine clinical practice.

Another important contribution of the PAAM Model is the incorporation of standardized digital documentation into Ayurvedic clinical assessment. Although electronic medical record systems have become common in many areas of healthcare, relatively few digital platforms have been specifically developed to support comprehensive Ayurvedic constitutional assessment. The digital implementation of the PAAM Model was therefore designed not only to improve documentation but also to organize multidimensional clinical information into a structured format that supports physician-led clinical reasoning, longitudinal follow-up, and standardized record-keeping.

A notable feature of digital implementation is that the application is entirely rule-based and does not utilize artificial intelligence, machine learning, or predictive algorithms for clinical decision-making. All assessment pathways, scoring methods, and clinical calculations were developed using predefined logic derived from classical Ayurvedic principles, structured clinical reasoning, and cumulative clinical experience in Ayurvedic allergy care. Consequently, the application functions as a clinical support system that enhances consistency and efficiency without replacing the diagnostic judgment or therapeutic decisions of the treating physician.

The introduction of the PRISM (*Prakriti*-Regulated Immune and Systemic Modulation) concept further extends the conceptual foundation of the PAAM Model. Rather than describing a proven biological mechanism, PRISM is proposed as a therapeutic concept that organizes the major objectives of personalized Ayurvedic management into five interconnected domains: Physiological reset, regulated *Agni*, aligned *Dosha*, nourished *Ojas*, and adaptive *Satva*. Together, these domains provide a structured explanation of how individualized Ayurvedic interventions may collectively contribute to restoration of constitutional balance. Future experimental and clinical investigations will be required to evaluate this concept scientifically.

Similarly, the concept of PRANA provides the broader therapeutic vision of the PAAM Model. Within this framework, PRANA is interpreted as the desired state of constitutional harmony, adaptive resilience, physiological vitality, and long-term well-being that personalized Ayurvedic care ultimately seeks to support. Rather than representing a measurable biological endpoint, PRANA serves as the integrative clinical objective toward which the individualized therapeutic processes of the PAAM Model are directed.

Although the present manuscript focuses on allergy management, the constitutional assessment methodology incorporated within the PAAM Model has broader potential relevance. Since the assessment includes comprehensive evaluation of *Prakriti, Dosha, Agni, Ama, Ojas, Satva, Bala, Dhatu, Strotas, Ahara, Vihara,* and patient-specific clinical factors, the underlying platform may be adaptable for other areas of Ayurvedic clinical practice after development of appropriate disease-specific management modules. This characteristic provides opportunities for future expansion of the PAAM platform beyond allergic disorders while maintaining a common standardized assessment methodology.

The present work should be interpreted as a conceptual development study rather than a clinical validation study.

Overall, the PAAM Model represents an attempt to bridge classical Ayurvedic principles with contemporary requirements for standardized clinical workflows and digital healthcare. By integrating individualized constitutional assessment, structured documentation, physician-led clinical reasoning, and a dedicated digital implementation within a single model, it provides a foundation for more consistent personalized Ayurvedic allergy care and creates opportunities for future evidence generation in this emerging field.

Strengths of the PAAM Model

The PAAM Model has several potential strengths. It combines the individualized principles of Ayurveda with a structured clinical workflow, allowing comprehensive assessment while preserving physician-led clinical judgment. Its major strengths include integration of multiple Ayurvedic assessment domains, standardized digital documentation, individualized treatment planning, structured follow-up, and longitudinal patient monitoring.

The model is also flexible enough to accommodate patient-specific factors such as age, sex, lifestyle, environmental exposure, and clinical presentation. Its digital implementation may further support standardized data collection, clinical research, education, and future multicenter collaboration.

Table 9: Principal Strengths of the PAAM Model

Strength	Clinical Relevance
Structured personalization	Standardized assessment with individualized interpretation
Comprehensive assessment	Integration of constitutional, functional, lifestyle, and environmental factors.
Physician-led decision-making	Digital support without replacing clinical judgment
Digital documentation	Consistent records and report generation
Longitudinal follow-up	Monitoring of clinical and constitutional changes
Research potential	Standardized data collection for future validation studies
Expandability	Potential adaptation to other disease-specific Ayurvedic modules

CONCLUSION

The PAAM (*Prakriti*-Aligned Ayurveda Medicine) Model provides a structured approach to personalized Ayurvedic allergy assessment and management by integrating constitutional assessment, functional evaluation, individualized therapeutic planning, gradual tolerance restoration, and long-term follow-up.

Its digital application translates this methodology into a standardized clinical workflow while preserving physician-led interpretation and decision-making. The model also provides a foundation for structured documentation, longitudinal monitoring, and future clinical research. PAAM model therefore provides a structured foundation for the further development and scientific evaluation of personalized Ayurvedic allergy care.

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