



Review Article

UNDERSTANDING OF PRATISHYAYA WITH SPECIAL REFERENCE TO RHINITIS**Khatavakar Mamata Yallappa^{1*}, V. R. Hiremath²**¹2nd Year P. G. Scholar, ²Professor and Head, Department of P. G. Studies in Shalakyatantra, Sri Vijaya Mahantesh Ayurvedic Medical College, Hospital, Postgraduate Studies and Research Centre, Ilkal, Karnataka, India.**KEYWORDS:** Partishyaya, Rhinitis, Vatadosha, Pittadosha, Kaphadosha, Nidana, Cause, Chikitsa, Pathya.**ABSTRACT**

Pratishyaya is most common problem amongst *Nasagata vikara* in most of the condition there may incompatible food articles, allergic history or Seasonal or sometimes it may because of Deviated Nasal Septum or Nasal polyp. Problem with such patients approaching Ayurvedic physicians for permanent solution.

Rhinitis is a most common condition of present era due to increased exposure to environmental pollution and unwholesome diet. Rhinitis patient's experiences irritant and felling exhausted, and fed-up.

Acharyas have dealt different verities of effective treatment in terms of *Shodhana* like *Vamana, Nasya, Basti, Dhumapana, Lepa, Kavala, Swedana, Langhana, Avapeedan Nasya, Shamana chikitsa, Pathya* and *Apathya* which play important role in pacifying the diseases *Pratishyaya*.

In this article Classical literature as well as modern medicine and comparison between the same with interpretation and Research article and previous Dissertation work done has been taken as reference in reviving this article.

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INTRODUCTION

Pratishyaya is one among *Nasaroga* which is first and foremost and important condition. If it is not treated in its early stage it will leads to *Jeerna Pratishyaya, Peenasa, Putinasa* and other related diseases further leads to *Kasa, Swasa, and Kshaya*.

It is now estimated that 20% of the general adult population and almost 40% of the children have the condition of the estimated 60million Americans affected with Rhinitis. Nasal Allergies can make it difficult for the people to take part in both indoor and outdoor activities if their symptoms are not well controlled because of its prevalence and health effects Rhinitis is associated with considerable direct and indirect cause. [31]

Acharyas has been explained *Pratishyaya* is not only diseases of Nose it also one of the causative factor for other diseases. Acharya Sushruta explained the *Nidanas* for *Nasaroga* the similar *Nidana* holds good for *Pratishyaya*. In this article *Pratishyaya Vyutpatti, Nirukti, Paryaya, Nidana, Samprapti, Purvarupa, Rupa, Bedha, Upadrava, Chikitsa Pathya Apathya* with special reference to Rhinitis has been discussed.

Pratishyaya (Origin)*Pum + Pratikshanam shayate iti* [1]**Prati-** *Abhimukha* which means towards and**Syaya-** *Gamana* or *Gati* means movement [2]General meaning of *Pratishyaya* Moving towards**Nirukti (Definition)***"Vatam prati abhimukham syayate iti Pratishyayaha"* [2]The disease in which *Kaphadi doshas* moves towards the direction of *Vata dosha* is called as *Pratishyaya* that isvitiated *Kaphadi doshas* are eliminated through the nose is known as *Pratishyaya*.Acharya Charaka said "*Pratikshnam shayati iti pratishyaya*" which means *Kaphadi doshas* are continuously eliminated out through Nose.**Synonyms:** *Pratishyaya- Peenasa* [1]**Rhinitis**

Rhinitis is defined as the inflammation of nasal mucous membrane owing to infection, allergy and trauma. [3]

Approximately 10% of the population suffers from chronic or recurrent nasal symptoms. The prevalence of non allergic rhinitis in otolaryngology practice is on an average about 40%. [4]

Nidana (Causes/ Aetiology)Intake of cold things, exposure to rain, snowfall, Swimming in water, Taking incompatible food articles, *Mano doshas* vitiating factors like excessive anger, fear.*Abhightaja karanas* like *Shiroabhigata, Nasa abhigata*, irritative factors or allergic factors, exposure to dust, smoke, exposure to cold wind, or sunstroke etc. *Narimaithuna, Atiswapnajarana*. [5-7]Acharya Sushruta enlisted *Sheetambu varjita vyadhi* in which *Pratishyaya* is one among them. [8]**Nidanarthakararoga:** *Pratishyaya- Jeerna Pratishyaya, Peenasa, Putinasa Kasa, Swasa, Kshaya*. [9]**Pratishyaya- Rajayakshma**. [10]

Aetiology

By Air born droplet infection, use of NSAIDs, Hypothyroidism, Deviated Nasal Septum, Septal perforation, Nasal polyp, Oral contraceptives.

Emotional: Anxiety, Tension, Grief,

Temperature- Cold weather, Humidity

Chronic Infections like- Tuberculosis, Leprosy, Syphilis etc.

Debilitative features like- Ill health, weak personality, Low socio economic status, Loss of immunity.

Peripheral lesions like -Pharyngeal, Laryngeal, and Blood born infection.

Use of cosmetics, perfumes, cleaning agents.^[11]

Table 1: Showing comparison of Causative factors of Rhinitis

<i>Pratishyaya Nidana</i>	Rhinitis
<i>Dhumaraja</i> (Dust, smoke)	Infection by means of Airborn droplet
<i>Shiro abhighata, Nasa Abhighata</i> (Injury to head, and nose)	DNS, Septal perforation, Nasal Polyp
<i>Krodha, Bhaya</i> (Anger, Fear)	Anxiety, Tension, Grief
<i>Sheetamati pratapa</i> (Exposure to cold breeze)	Temperature, Cold weather, Humidity
<i>Avashyaya, Jalakrida</i> (Walking in cold climate, Swimming)	Exposure to cold Breez, Swimming

Samprapti (Pathology)

Due to the *Nidana sevana* vitiates *Vatadi dosha* either individually or together accumulates in *Shiras* then propagate to the nose cause *Pratishyaya*. Dalhana commented on Sushruta said the *Pranavayu* circulates in *Mukha Pitta* settled in *Twacha* and *Dhrishti* and *Tarpakakapha* resides in *Shiras* and *Rakta* circulates all over the body these again vitiated by aggravated *Doshas* and causes *Pratishyaya*.^[12]

Patho physiology

Nasal mucosa has rich blood supply which is similar to the erectile tissue that has venous sinusoids surrounded by smooth muscle fibers sympathetic stimulation causes vasoconstriction and shrinkage of mucosa while parasympathetic stimulation causes not only excessive secretion from the nasal gland but also vasodilatation and engorgement.

Atomic nervous system which supplies nasal mucosa is under the control of hypothalamus therefore emotions play a significant role.^[13]

Puravarupa (Predorminal symptoms): Predorminal symptoms rare

- *Shirogurutvam* (heaviness of the Head)

Table 2: showing comparison of clinical features of Rhinitis^[30]

<i>Pratishyaya</i>	Rhinitis
<i>Shirogurutvam</i> (Heaviness of head)	Heaviness in head, Headache
<i>Kshavthu</i> (Sneezing)	Sneezing
<i>Angamarda</i> (Myalgia)	Body pain
<i>Nasa Kandu/ Nasavarodha</i> (Nasal itching/Nasal obstruction)	Itching sensation in Nose & Nasal obstruction
<i>Nasasrava</i> (Nasal Discharge)	Nasal discharge
<i>Jwara</i> (Fever)	Fever

Bedha (Classification): There are 5types of *Pratishyaya* they are

- **Vataja Pratishyaya:** *Nasa avarodha* or *Tanusrava, Gala, Talu, Oshta shosha, Suchivat vedhana* in *Shankha pradesha*, and *Swarabahngha*.
- **Pittaja Pratishyaya:** *Peeta, Ushnasrava* from *Nasa, Krishna, Panduvarna, Trishnapeedita, Sadhuma, Vani vamita pratiti*.

- *Kshavathu* (Sneezing)
- *Anagamarda* (Body pain)
- *Romanchana* (Horripilation)
- *Jwara* (Fever)
- *Aruchi* (Loss of Appetite)^[14]

Acharya *Videha* added *Ghranadhumanayana, Nasasrava, Kantadwansa, Mukha and Nasasrava, Shirogurutva*.

Rupa (Clinical features): There is no direct reference regarding explanation of *Rupas* of *Pratishyaya*. *Acharya Videha* said the following *Rupas*.

- *Sravadhikyta* (Excess secretion)
- *Nasanaha* (Nasal secretion)
- *Netrasrava* (Lacrimation)
- *Teevra Jwara* (Hyper pyrexia)
- *Dourbalya* (Weakness)
- *Teevra Shiroshoola* (Intense Headache)^[15]

Clinical features

Sneezing, Rhinorrhea, Nasal obstruction, Irritation in the Nose, Body ache, Fever, Headache, Yellow or greenish thick nasal discharge.^[16]

- **Kaphaja Pratishyaya:** *Sweta, Sheeta kapha srava* from *Nasa, Sweta shareera, Akshishotha, Shiroguruta, Kandu in Gala, Oshta and Talu*.
- **Sannipataja Pratishyaya:** *Pratishyaya swayam shanti, Pakva or Apakva, Sarva lakshanayukta*.
- **Raktaja Pratishyaya:** *Raktavarna srava* from *Nasa, Tamaravarna akshi, Swasa, Mukha dourgandhya and Gandhagyana, Sweta, Snigdha krimi pravartiti* from *Nasa*.^[17-18]

Classification

There are two types they are and Infective and Non infective.^[20]

Upadrava (Complication)

Peenasa, Indriyavikara, Badhira, Andhatva, Ghranavikara, Darunanetra, Kasa, Shotha.^[21] Acharaya Madhavakara said Pratishyaya if not treated lead to Kasa, and again leads to Kshaya.

Chikitsasutra (Treatment principles)**Niruhabasti- Vataja Pratishyaya**

Nasya- Pathaditaila nasya, Avapeedana, Manasiladi churna nasya, Bhargyaditila, Dhumapana, Acharya Sushruta said for all Pratishyaya Ghratapana, then Swedana, Kalanusara vama and Avapeedana Nasya is administered.^[22]

Five days Langhana has been explained by Acharya Chakradattas as common treatment for Netraroga, Kukshiroga, Pratishyaya Vruna and Jwara. Chakradatta.

Before giving treatment for Pratishyaya it is very important to know whether the disease is in Ama avastha or Pakvavastha. In Nava Patishyaya langhana for 3-5 days, Swedana and administration of Amapachana dravyas and Amla, Ushna, Teekshna guna pradhana ahara sevana. Usage of hot water for drinking and bathing. Oral usage of milk, and Ardraka swarasa. Oral usage of Shunti, Guda, Sharkara.

Dhuanasya with Ghrita saktu^[23]

Jeerna Pratishyaya- Ghratapana, Swedana with Amladravyas, Vamana karma with Yusha prepared with Milk, Tila, Masha, and Vamaka dravyas.

Virechana, Teekshna Dhumapana, Kavala and Gandhusa, Shirovirechana Nasya. Vyoshadichurna and Katphaladichurna used as orally.^[24]

Vagbhata: Nivata vasa, Sneha, Sweda, Vamana, Dhumapana, Gandhusa, Ushnavastradharana, Laghu, Amla, Lavana, Snigdha Ushna Dravarahita Bhojana, Janghalamamsarasa, Yavagodhuma, Dadi dadimasidda rasa sevana, Dhanvamamsa, Guda, Ksheera, Trikatu, Kulattha, Dashamula, Dashamulambu and Varuni madhyapana.^[25]

Dravya: Choraka, Tarkari, Vacha, Jeeraka, Kunchika.

Nasya: With Dhavaditaila, Baladitaila, Rasanjanaditaila, Dashaksheeraprayoga for Nasya.

Katphaladichurna, Bharangyaditaila Nasaya, Katuteekshnaghritanavana nasya,

Dhumapana: Ghritasaktu dhumapana, Devadarvyadivarti dhuma, Dhumavarti prepared from Apamarga, Danti, Devadaru.

Lepa: Swetasarshapa Shirolepa.

Kavala: Mushtheadikavala

Pathya Apathya (Dos and Don'ts)

Charaka: Pathya: Vartaka, Kulaka, Shunti, Pippali, Maricha, Mudga, Kulatha, Yusha and Ushnajalapana.^[26]

Pathya: Ushnajala, Langhana, Nirvata Syana and Asana, Chesta, Guru Ushna vastra dharana, Teekshna

dravyayukta Virechana and Nasya, Dhumapana, Ruksha padartha sevana, Yavanna and Yusha sevana.

Apthya: Sheetajalapana and Snana, Sheetavayu sevana, Exposure to dust, smoke, Adhika vyayama, Vyavaya and Vegadharana. Ghratapana and Snehana nasya is Varjya in Nava pratishyaya, Anupamamsa, Dadi, Masha, Kulattha Arvarjya.^[27]

Vrajya: Shirahasnana, Sheetalajalasnana, Shoka, Krodha, Adhikanidra Sheetala Jalapana.^[28]

Management of Rhinitis: Systematic Management: Analgesic and Antipyretics, Antibiotics controls the secondary infection, decongestants and Antihistamines to reduces the nasal congestion. Warmth and Rest.

Surgical: Correction of septum.^[29]

Table 3: Showing comparison of Treatment of Rhinitis ^[30]

Pratishyaya	Rhinitis
Langhana, Deepana, Panchana	Analgesic, Antipyretic
Rasayogas like Mahalakshmi vilasarasa, Mrityunjayarasa	Antibiotics to prevent secondary infection
Mridu Sweda, Nasya, Dhumapana	Decongestants, Inhalation of Decongestant
Ushnajalapana and Snana	Use of Hot water
Shalyokta	Surgical correction

Dusta Pratishyaya

Group A, Patients were treated with Anu taila Nasya in dose of 8 drops in each nostrils along with Vyaghri Haritaki Avaleha. Nasya was given for 3 sittings, seven days in each, with the interval of seven days between each sitting. In group B only Vyaghri Haritaki Avaleha was given in dose of 5-10gms twice a day for 2 months. Nasya was given for 3 sittings, seven days in each, with the interval of seven days between each sitting. In group B only Vyaghri Haritaki Avaleha was given in dose of 5-10gms twice a day for 2 months. In complaint of Nasasrava 80.77 % relief was observed in group A and 88.24 % in group B. 66.46 % and 84.21% relief was observed in group A and group B respectively in the complaint of Nasaavarodha. ^[32]

Vataja pratishyaya (Allergic rhinitis)

Patients of group A were treated with Shigr Taila Nasya for 7 days & patients of group B were treated with Vidangadya Taila Nasya for 7 days. The dose of Nasya is 6 Bindu. Results: The percentage success rate of Group is A 57.5% & Group-B is 56.8%. There is no significant difference among the results of the treatment of Group-A and Group-B by paired proportion test of significance for i.e. p< 0.001. Patients of group A treated with Shigr Taila Nasya Karma have shown better results clinically compared to group B who were treated with Vidangadya Taila. There were no complications observed during the treatment. ^[33]

Pippalyadi taila for Nasya therapy and Haridra khanda as oral drug was selected. Total 32 patients were registered and randomly divided into two groups. In

group A *Haridra khanda* and in group B *Pippalyadi taila Nasya* along with *Haridra khanda* were given for 2 months. The effect of therapy in both groups was assessed by a specially prepared proforma. In both the groups an apparent difference in all the signs and symptoms was observed. In oral group and combined group maximum number of patients i.e., 45.45% and 53.33% respectively showed marked improvement.^[34]

40 patients of *Pratishyaya* divided in four groups, with 10 patients in each group. Group-V was treated with *Vyoshadi Vati* & Group-R with *Rasanjanadi Taila* in *Nasya* form. Group-VR treated with the combination of *Vyoshadi Vati* orally, *Rasanjanadi Taila* in *Nasya* form. Group-C was a control group treated with placebo therapy. The result of the study indicate that the 'VR' group bestowed highly significant relief in almost all the signs and symptoms of *Pratishyaya*-Rhinitis. 'V' group and 'R' group also exhibited encouraging results.^[35]

Anurjata Janita Pratishyaya (Allergic Rhinitis)

69 patients were selected and randomly divided into 3 groups viz : 1) *Shunthi tail Nasya* for 14 days, followed by internal drug *Sudha Haridra* 2 gms TDS. for 21days; 2) *Pradhamana Nasya* with *Katphal churna* till *samayaka shuddhi lakshana* obtained, followed by internal drug *Shuddha Haridra* 2 gms TDS for 21days; 3) Only oral drug *Sudha Haridra* 2 gms TDS for 21 days. It was observed that symptoms like sneezing, rhinorrhoea, headache, itching were almost completely relieved in all groups.^[36]

Dushta Pratishyaya

37 patients were registered and were randomly divided into three groups: A, B, and C; of the 37 patients, 31 completed the full course of treatment. In group A, *Trayodashanga Kwatha* with *Madhu* was given orally; in group B, *Pradhamana Nasya* with *Trikatu + Triphala Churna* was administered; and in group C (combined group), *Pradhamana Nasya* was administered initially, followed by oral *Trayodashanga Kwatha* with *Madhu*. In group A, complete relief was observed in 10% of the patients; in group B, marked improvement was observed in 81.82% of patients; and in group C, marked relief was observed in 60% of patients. In comparison to other groups (Group A and Group B), Group C showed percentage wise better results in most of the symptoms.^[37]

DISCUSSION

- Based on *Dosha* involvement if selected appropriate *Shodhana* measures, followed by proper *Shamanayoga* along with following *Pathya* cure the disease and can prevent the secondary problems.
- *Pratishyaya* associated with Deviated Nasal Septum and Nasal Polyp may difficult to treat with medication in such condition surgical intervention is ideal choice of treatment.

CONCLUSION

- Prevention is better than cure. Whatever causative factors said for *Pratishyaya* vis-a-vis Rhinitis if avoided may prevent the diseases.

- Early diagnoses followed by early treatment followed by proper *Pathya palana* may helpful in faster recovery.
- If the disease is not treated in its initial stage it may leads to *Rajyakshamadi vikara*.

REFERENCES

1. Raja Radha Kantadeva, Shabdakalpadruma 3rd edition, Varanasi; Chowkambha Samskrita Series, 1967. P.N.264.
2. Kaviraj Ambikadatta Shastri, Sushrutasamhita of Uttaratantra chapter 24th Ayurveda tatvasandipika vyakhyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana Vol- 2, 1997,P.N.118.
3. Dr. Shyamal kumar De, Fundamentals of Ear, Nose, Throat disease and Head-Neck Surgery 6th edition, New Delhi; published by Mahendranath Paul, The newbook stall, 1996, P.N. 215-216.
4. Mohan Bansal Diseases of Ear, Nose, Throat 1st edition context in the Nose and Paranasal sinuses, New Delhi; Published by Jaypee Brothers medical Publishers, 2013, P.N.322.
5. Kashinath shastri, Vaidya Yadavatrikamaji Achara, Agnivesha Charakasamhita Chakrapanidatta virachita Ayurvedadipika vyakhyana hindi Chikitsasthana 26th chapter 104th verse 1st edition Varanasi; Chowkambha Sanskrit samsthana,1970 P.N.104
6. Kaviraj Ambikadatta Shastri, Sushrutasamhita of Uttaratantra chapter 24th 3rd verse Ayurveda tatvasandipika vyakhyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana.Vol- 2. 1997, P.N.118.
7. Brahmanand Tripathi Vagbhata, Asthangahridaya Uttarasthana 19th chapter 1-2 verse, New Delhi; Choukambha Sanskrit Sansthan Reprint 2003. P.N.1013.
8. Kaviraj Ambikadatta Shastri, Sushrutasamhita of Sutrasthana chapter 45th, 29-30th verse Ayurveda tatvasandipika vyakhyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana Vol- 1. 1997, P.N.172.
9. Kaviraj Ambikadatta Shastri, Sushrutasamhita of Uttaratantra chapter 24th, 5th verse Ayurveda tatvasandipika vyakhyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana. Vol- 2. 1997, P.N.118.
10. Brahmanand Tripathi Vagbhata, Asthangahridaya Uttarasthana 19th chapter 1st -2nd verse, New Delh; Choukambha Sanskrit Sansthan Reprint 2003. P.N.1013.
11. Mohan Bansal Diseases of Ear, Nose, Throat 1st edition 2013 context in the Nose and Paranasal sinuses, New Delhi; Published by Jaypee Brothers medical Publishers, P.N.322.
12. Kaviraj Ambikadatta Shastri, Sushrutasamhita of Uttaratantra chapter 24th, 4th verse Ayurveda tatvasandipika vyakhyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana Vol- 2. 1997, P.N.118.
13. Mohan Bansal Diseases of Ear, Nose, Throat 1st edition context in the Nose and Paranasal sinuses, New Delhi; Published by Jaypee Brothers medical Publishers, 2013, P.N.322.

14. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th 5th verse Ayurveda tatvasandipika vyakyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana. Vol- 2. 1997, P.N.118.
15. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th, 5th verse Ayurveda tatvasandipika vyakyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana Vol- 2. 1997, P.N.118.
16. Dr. Shyamal kumar De, Fundamentals of Ear, Nose, Throat disease and Head-Neck Surgery 6th edition New Delhi; published by Mahendranath Paul, The new book stall, 1996, P.N. 215-216.
17. Kashinath shastry, Vaidya Yadavatrikamaji Achar, Agnivesha Charakasamhita Chakrapanidatta virachita Ayurvedadipika vyakhyana hindi Chikitsasthana 26th chapter 105th 106th verse 1st edition Varanasi; Chowkambha Sanskrit samsthana, 1970 P.N.654.
18. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th Ayurveda tatvasandipika vyakyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana. Vol- 2. 1997, P.N.119.
19. Brahmanand Tripathi Vagbhata, Asthangahridaya Uttarasthana 19th chapter 4th-6th verse, New Delhi; Choukambha Sanskrit Sansthan Reprint 2003. P.N.1034.
20. Mohan Bansal Diseases of Ear, Nose, Throat 1st edition context in the Nose and Paranasal sinuses, New Delhi; Published by Jaypee Brothers medical Publishers, 2013, P.N.322.
21. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th 16th -17th verse Ayurveda tatvasandipika vyakyana 11th edition Varanasi; Chowkambha Sanskrit Sansthana. Vol- 2. 1997, P.N.120.
22. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th 18th verse Ayurveda tatvasandipika vyakyana 11th edition, Varanasi; Chowkambha Sanskrit Sansthana Vol- 2. 1997, P.N.120.
23. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th, 18th- 19th verse Ayurveda tatvasandipika vyakyana 11th edition Varanasi; Chowkambha Sanskrit Sansthana Vol- 2. 1997, P.N.120.
24. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th 18th - 19th verse Ayurveda tatvasandipika vyakyana 11th edition Varanasi; Chowkambha Sanskrit Sansthana Vol- 2. 1997, P.N.120.
25. Brahmanand Tripathi Vagbhata, Asthangahridaya Uttarasthana 20th chapter 1th- 4th verse, New Delhi; Choukambha Sanskrit Sansthan, Reprint 2003. P.N.1018.
26. Kashinath shastry, Vaidya Yadavatrikamaji Achar, Agnivesha Charakasamhita Chakrapanidatta virachita Ayurvedadipika vyakhyana hindi Chikitsasthana 26th chapter 156th verse 1st edition Varanasi; Chowkambha Sanskrit samsthana, 1970 P.N. 664.
27. Kaviraj Ambikadatta Shastry, Sushrutasamhita of Uttarantra chapter 24th 22nd verse Ayurveda tatvasandipika vyakyana 11th edition Varanasi; Chowkambha Sanskrit Sansthana Vol- 2. 1997, P.N.120.
28. Brahmanand Tripathi Vagbhata, Asthangahridaya Uttarasthana 20th chapter 8th verse, New Delhi; Choukambha Sanskrit Sansthan, Reprint 2003. P.N.1019.
29. Dr. Shyamal Kumar De, Fundamentals of Ear, Nose, Throat disease and Head-Neck Surgery 6th edition New Delhi; published by Mahendranath Paul, The new book stall 1996, P.N. 215-216.
30. Dr. Shrawankumara. Sahu, Allergic Rhinitis in Ayurvedic Perceptive. World Journal of Pharmaceutical Research. Vol-4, Issue -08, 2015. P.N.1-7.
31. Dr. Verma Swati, Role of Katphaladikwatha and Anutaila Nasya in the management of Vataja Pratishyaya- International Ayurveda Medical Journal (IAMJ), Vol.1, Issue 3rd May-June, 2013. P.N.1.
32. Zala Divya S, Prajapati Dilip D, Thakar Anup B, Bhatt Nilesh N. Nasya-Most Vital Therapeutic Intervention of Panchakarma-A Review. International Journal of Ayurveda and Pharma Research. 2016;4(12):60-63.
33. Vasant Patil, Chennamma Uppin, Sanjay Gupta, Veerayya Hiremath, S.V. Rayanagoudar, D.B. Kendadamath. Clinical Study to Compare the Efficacy of Nasya Karma with Shigru Taila and Vidangadya Taila in Vataja Pratishyaya (Allergic Rhinitis). AYUSHDHARA, 2016;3(4):737-743.
34. Chhaya Bhakti, Manjusha Rajagopala, A. K. Shah, Narayan Bavalatti. A Clinical evaluation of Haridra Khanda & Pippalyadi TailaNasya on Pratishyaya (Allergic Rhinitis). AYU-VOL. 30, NO. 2 (APRIL-JUNE) 2009, pp. 188-193.
35. Dharmendrasinh B Vaghela, Kulwant Singh, KN Pansara, B Narayana, M Gangama. Effect of Vyoshadivati and Rasanjanadi Taila Nasya on Pratishyaya-Rhinitis. Year : 2008, Volume : 29, Issue : 3, Page : 149-153.
36. Neha J Modha (Tank), VD Shukla, MS Baghel. Clinical Study of Anurjata Janita Pratishyaya (Allergic Rhinitis) & Comparative Assessment of Nasya Karma. Year: 2009, Volume : 30, Issue : 1, Page : 47-54.
37. Varsha Chaudhari, Manjusha Rajagopala, Sejal Mistry, D. B. Vaghela. Role of Pradhmana Nasya and Trayodashanga Kwatha in the management of Dushta Pratishyaya with special reference to chronic sinusitis. Ayu. 2010 Jul-Sep; 31(3): 325-331.

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