AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Research Article

A COMPARATIVE STUDY TO EVALUATE THE EFFECT OF *SHIGRU TAILA NAVANA NASYA* AND *VIDANGADI DHUMA NASYA* IN THE MANAGEMENT OF *VATAJA PRATISHYAYA* W.S.R. TO ALLERGIC RHINITIS

Rajgour Ritika[1]*, Bhardwaj Anil[2]
*[1]PG Scholar, [2]Professor and HOD, PG Dept. of Panchkarma, RGGPG Ayurvedic College & Hospital, Paprola, Dist. Kangra, HP, India.

Article info
Article History:
Received: 09-02-2026
Accepted: 11-03-2026
Published: 06-05-2026
KEYWORDS:
Vataja Pratishyaya, Urdhavajatrugata vikara, Panchkarma, Nasya karma, Shigru taila navana nasya, Vidangadi dhuma nasya.

ABSTRACT

Vataja Pratishyaya, a disease pertaining to *Nasa* is correlated with allergic rhinitis in modern parlance. Vitiation of *Vata* and *Kapha dosha* leads to the manifestation of disease. The disease is characterized by *Khshavathu* (sneezing), *Tanusrava* (thin nasal discharge), *Nasavrodha* (nasal obstruction), *Shankha pradesha vedna* (pain in the temples), *Gal talushosha* (dryness of the throat and palate), *Swarabheda* (hoarseness of voice). In *Panchkarma,* for *Urdhavajatrugata* (supraclavicular region) *Vikara, Nasya* is considered as best line of treatment. Therefore, for the present study *Nasya karma* is selected as treatment modality. **Aim:** To evaluate the comparative effect of *Shigru taila navana nasya* and *Vidangadi dhuma nasya* in the management of *Vataja Pratishyaya* w.s.r. to allergic rhinitis. **Materials and Methods:** The present study was carried out in 40 patients diagnosed with *Vataja pratishyaya* where in the patients were randomly assigned into 2 groups. **Intervention:** In group1, *Shigru taila navana nasya* was given with *Lavanadi ghrita* as *Shamana aushadha* and in group 2, *Vidangadi dhuma nasya* was given with *Lavanadi ghrita* as *Shamana aushadha*. **Result:** The statistical analysis of the data showed that both the groups showed good results but group 1 yielded slightly better result than group 2. **Conclusion:** From the study it can be concluded that both *Shigru taila navana nasya* and *Vidangadi dhuma nasya* proved effective in the management of *Vataja Pratishyaya*. However, group 1 showed slightly better response.

INTRODUCTION

Vataja Pratishyaya may not be a life-threatening condition but can be increasingly annoying to an individual in their routine activities. Persistent symptoms can disrupt daily routines, cause discomfort and lead to low confidence, emotional stress. Neglecting these conditions can lead to complications over the time. Therefore, proper management and complete detoxification are crucial in preventing the recurrence and complications associated with *Pratishyaya.*

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v13i2.2384

When *Doshas* (bodily humors: *Vata, Pitta*, and *Kapha*) are increased from their normal range, are not in balanced state and not completely pacified or expelled from the body, they persist in a latent form[1]. Upon exposure to triggers such as allergens, infections or environmental changes these latent *Doshas* may aggravate, leading to the disease or causing the recurrence of symptoms. Hence, timely intervention and holistic treatment approaches, as prescribed in Ayurveda, are important to manage and prevent the recurrence of *Pratishyaya*. *Panchkarma* the cornerstone in Ayurvedic management of diseases is believed to impart radical elimination of diseases causing factors and maintain the equilibrium of *Doshas*.

Although many treatment protocols have been mentioned in *Samhitas* for management of *Vataja Pratishyaya*, out of them *Nasya karma* is most common in all texts. *Nasya* is considered as the best line of treatment for *Urdhavajatrugata vikara* and *Nasa* is

considered as gateway of head[2]. Hence it acts as inlet for the drug used in *Nasya karma*. Drug given through nose reaches the *Shringataka marma* through *Strotasa* and extract vitiated *Doshas*[3]. *Acharya Sharangdhara* has also mentioned *Vairechnika Nasya* as a line of treatment for this ailment.[4]

Therefore, *Shodhana* or *Vairechnika* type of *Navana nasya*[5] and *Vairechnika* type of *Dhuma nasya*[6] have been selected as the treatment modality for present study.

Because of the similarity in symptomatology, the disease is compared to allergic rhinitis in modern parlance. It is an IgE mediated inflammatory disease. It is an immediate hypersensitive reaction to seasonal or perennial allergen. Inhaled allergen produces specific IgE antibodies in the genetically predisposed individuals. These antibodies get fixed to blood basophils or tissue mast cell. On subsequent exposure, antigen binds with antibody which causes degranulation of mast cell and release of chemical mediator responsible for production of symptoms.

Allergic Rhinitis affect 10-30% of the population worldwide as per WHO[7] reports. Several studies showed that the prevalence has increased due to several risk factors including global urbanization, increased pollution and climate changes causing prolonged pollen season in Europe over the last three decades as reported[8]. The incidence rate of developing allergic rhinitis is 80% before age of 20 years and peak at 20-40 years. As per ISSAC 0.8-14.9% of children develop AR between 6-7 years and 1.4-39.7% between 13-14 years worldwide[9]. Meta-analysis of some studies showed gender switch from childhood to adulthood. The strong male predominance in childhood changed towards a slight female predominance at around puberty that persisted into adulthood[10]. Tendency of developing AR is also genetic and hereditary. A number of genomic studied reported that different chromosomal association was most repeated at chromosome 2, 3, 4 and 9[11]. Children born to parents with allergies are at a higher risk of developing AR. Researches have shown that AR from maternal side has a higher risk than paternal side under 6 years and after that both allergic parents generate same risk[12]. Chances of Children developing allergy are 20% and 47%, respectively, if one or both the parents are suffering from AR[13]. AR does not exhibit a Mendelian hereditary pattern still the disease does have a hereditary component which has been demonstrated by studies in twins. In the case of monozygous twins, a 45-60% concordance for AR is observed, while this concordance drops to 25% in the case of dizygous twins. Based on such studies, it has been estimated that AR exhibits an inheritability of 0.33-0.75[14].

MATERIALS AND METHODS

It was an open randomized study. 40 patients selected for study were randomly divided into 2 groups of 20 patients each with simple random method.

Source of data

Literary source: A comprehensive review of all the relevant Ayurvedic and modern text related to the disease was conducted along with available papers and online material.

Sample source: 40 Patient having the *Lakshanas* of *Vataja Pratishyaya*, who reported to OPD/IPD of R.G.G.P.G. Ayurvedic Hospital, Paprola, were enrolled on the basis of inclusion and exclusion criteria.

Drug source: The raw drugs required for the preparation of *Shigru taila*, *Vidangadi dhuma* and *Lavanadi ghrita* were procured from vendors. The formulations were prepared in *Rasa shala* of R.G.G.P.G. Ayurvedic college and Hospital, Paprola. The testing of final formulations was carried out by Drug Testing Laboratory, RIISM, Jogindernagar and was received under dispatch no. DTL/PP/15/22-13782 – *Shigru taila*, dispatch no. DTL/PP/15/22-13781- *Vidangadi dhuma*, dispatch no.- DTL/PP/15/22-13783- *Lavandi ghrita*.

IEC Approval: Approval from Institutional Ethical Committee was obtained before the commencement of trial vide certificate no. Ayu/IEC/2022/1331.

CTRI Registration: The study had also been registered in Clinical Trial Registry of India vide CTRI Reg. No. CTRI/2024/01/061972.

Study design

- Study type: Interventional
- Allocation: Randomized
- Duration of trial: 15 days
- Follow up: on the completion of trial.

Diagnostic criteria

Clinical feature

Kshavathu (paroxysmal sneezing), *Aanadha aphita nasa* (nasal obstruction on and off), *Tanusrava* (watery nasal discharge), *Shirashoola* (headache), *Gal talushosha* (dryness of throat and palate), *Nistodshankha* (pricking pain in temporal region), *Swarbheda* (hoarseness of voice), itching in nose and may involve eyes, palate, pharynx.

1. Anterior and posterior rhinoscopy
2. investigations

Inclusion criteria

1. Age group between 12 to 80 years.
2. Presence of 2 or more nasal symptoms mentioned in clinical feature of diagnostic criteria.

Exclusion criteria

1. Patients below 12 and above 80 years.
2. Those who were unfit for *Nasya karma.*
3. Patients with adenoids.
4. Patients with dyslipidemia, hypertension, fatty liver disease, unstable cardiovascular and cerebro-vascular condition.
5. Currently or previously treated for any malignancy.
6. Patient currently on antihistamines or steroid therapy.

Investigations

For the purpose of assessing the general condition of patients and exclusion of other pathogenesis, following investigations were performed in patients:

1.Haematological- CBC, AEC, ESR

2.Nasal smear- Eosinophilic count

3. X Ray- PNS water's view

4. serum IgE

Interventions

40 patients who fulfilled the inclusion criteria were selected and randomly assigned into 2 groups of 20 patients each.

Group 1: Patients of this group were treated with *Shigru taila navana nasya* and *Lavanadi ghrita.*

Group 2: Patients of this group were treated with *Vidangadi dhuma nasya* and *Lavanadi ghrita.*

Drug Schedule

Group 1

Dose: *Shigru taila* - 8drops/nostril

Lavanadi ghrita - 8gm BD

Group 2

Dose: *Vidangadi dhuma* - 3 puffs/nostril

Lavanadi ghrita - 8gm BD

Duration: Duration of treatment was of 15 days in both groups.

Follow up: On the completion of trial

Clinical assessment

The assessment was conducted based on the following subjective and objective parameters:

Subjective Criteria

***Kshavathu* (Sneezing)**

Severity of symptom	Grading
Absent	0
Present only during exposure	1
Present only in morning and evening	2
Present throughout the day	3

***Tanusrava* (running nose)**

Severity of symptom	Grading
Absent	0
Present only during exposure	1
Present only in morning and evening	2
Present throughout the day	3

***Aanadha-apihitanasa* (Nasal blockage on and off)**

Severity of symptom	Grading
Absent	0
Present only during exposure	1
Present only in morning and evening	2
Present throughout the day	3

***Shirahshoola* (Headache)**

Severity of symptom	Grading
Absent	0
Present only during exposure	1
Present only for few hours	2
Present throughout the day	3

***Gal talushosha* (dryness of throat and palate)**

Severity of symptom	Grading
Absent	0
Present at the time of attack only	1
Present in between attacks	2
Present throughout the day	3

***Nistodashankha* (pricking pain in temporal region)**

Severity of symptom	Grading
Absent	0
Present at the time of attack only	1
Present in between attacks	2
Present throughout the day	3

***Swarbheda* (Hoarseness of voice)**

Severity of symptom	Grading
Absent	0
Present at the time of attack only	1
Present for few hours	2
Present throughout the days	3

Objective Criteria

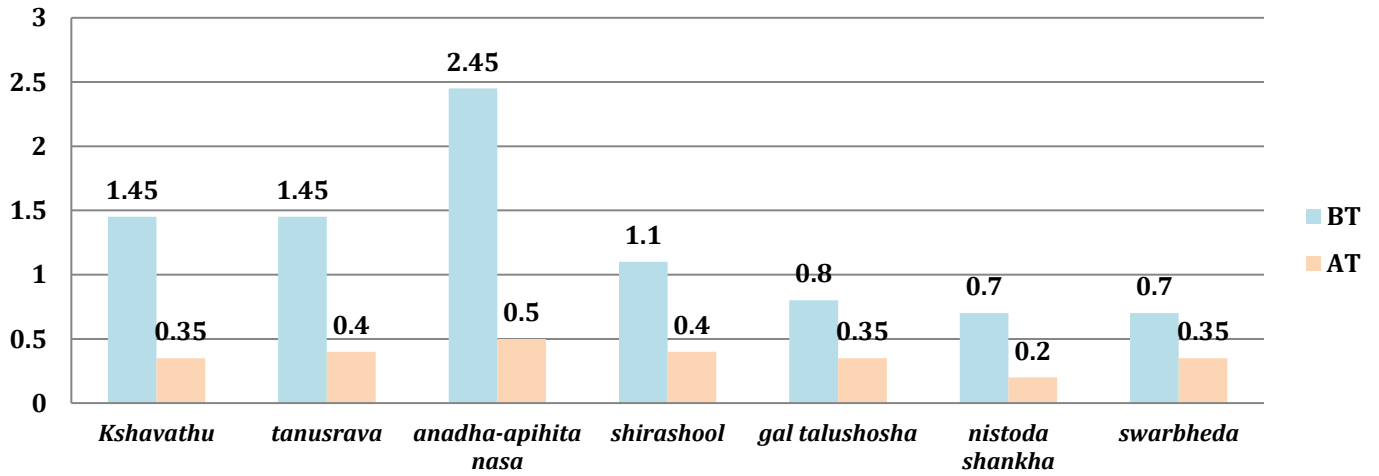
- Eosinophil %
- ESR
- AEC
- IgE

RESULT

Table 1: Effect of therapy in group 1 (Wilcoxon Signed Rank test)

S.No.	Symptoms	N	Mean score		X (d)	% relief	S.D.±	S.E.±	z	p	Significance
			BT	AT							
1.	*Khshavathu*	20	1.45	0.35	1.1	75.8	0.71	0.16	3.82	<0.001	HS
2.	*Tanusrava*	20	1.45	0.4	1.05	72.4	0.68	0.15	3.87	<0.001	HS
3.	*Anadha-apihitanasa*	20	2.45	0.5	1.95	79.6	0.99	0.22	3.77	<0.001	HS
4.	*Shirashoola*	20	1.1	0.4	0.7	63.6	1.08	0.24	2.29	<0.05	S
5.	*Gal talushosha*	20	0.85	0.35	0.5	58.8	0.88	0.19	2.32	<0.05	S
6.	*Nistodashankha*	20	0.7	0.2	0.5	71.4	0.68	0.15	2.64	<0.05	S
7.	*Swarbheda*	20	0.7	0.35	0.35	50	0.58	0.13	2.33	<0.05	S

Graph 1: Effect of therapy in group 1

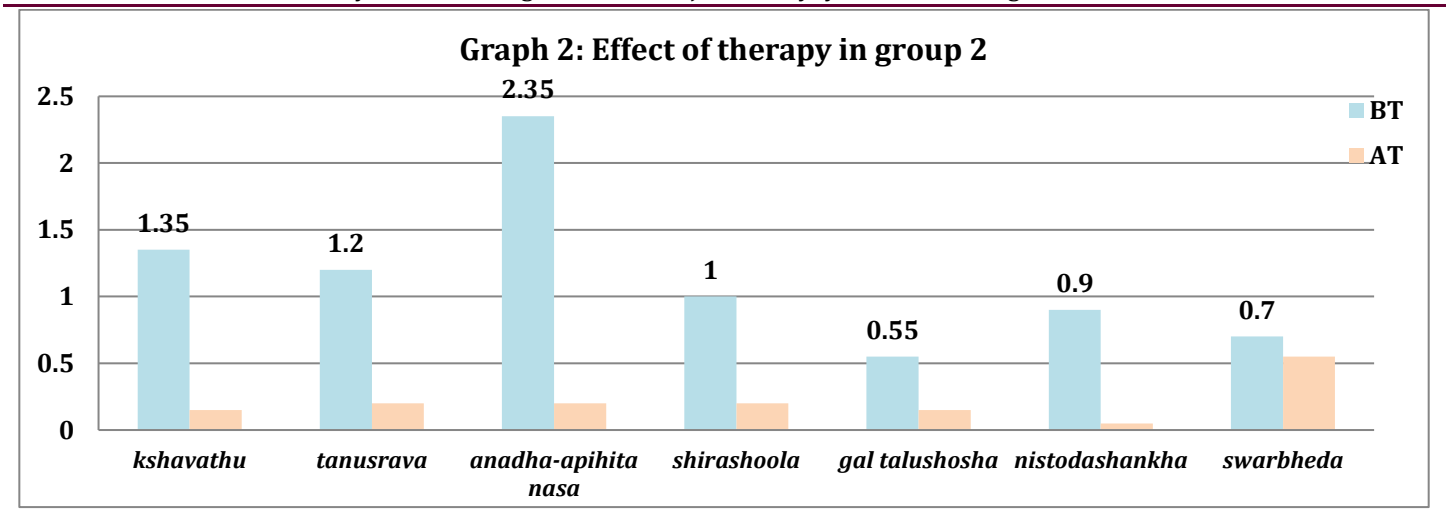


Summary of therapeutic effect in group 1

Results were statistically highly significant for *Kshavathu* (% relief 75.8%), *Tanusrava* (% relief 72.4%), *Anadha apihita nasa* (% relief 79.6%), and statistically significant for *Shirashoola* (% relief 63.6%), *Gal talushosha* (% relief 58.8%), *Nistodashankha* (% relief 71.4%), *Swarabheda* (% relief 50%).

Table 2: Effect of therapy in group 2 (Wilcoxon Signed Rank test)

S.No.	Symptoms	N	Mean score		X(d)	% relief	S.D.±	S.E.±	z	p	Significance
			BT	AT							
1.	*Khshavathu*	20	1.35	0.15	1.2	88.8	0.61	0.13	3.87	<0.001	HS
2.	*Tanusrava*	20	1.2	0.2	1	83.3	0.72	0.16	3.54	<0.001	HS
3.	*Anadha-apihitanasa*	20	2.35	0.2	2.15	91.4	0.93	0.2	3.8	<0.001	HS
4.	*Shirashoola*	20	1	0.2	0.8	80	0.76	0.16	3.17	<0.001	HS
5.	*Gal talushosh*	20	0.55	0.15	0.4	72.7	0.88	0.19	1.78	<0.05	S
6.	*Nistodashankha*	20	0.9	0.05	0.85	94.4	0.61	0.13	2.55	<0.05	S
7.	*Swara bheda*	20	0.7	0.55	0.15	21.42	2.32	0.5	1.63	>0.05	NS

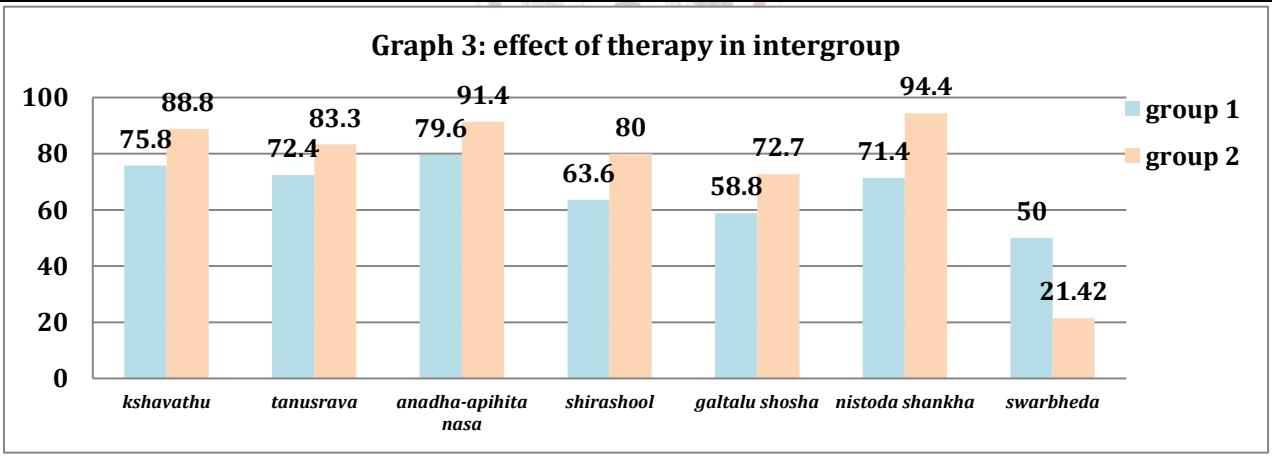


Summary of therapeutic effect in group 2

Results were statistically highly significant for *Kshavathu* (% relief 88.8%), *Tanusrava* (% relief 83.3%), *Anadha apihita nasa* (% relief 91.4%), *Shirashoola* (% relief 80%), statistically significant for *Gal talushosha* (% relief 72.7%), *Nistodashankha* (% relief 94.4%) and insignificant for *Swarabheda* (% relief 21.42%).

Table 3: Intergroup comparison of subjective criteria (Mann Whitney u test)

Criteria	% relief		% relief difference	z	p	Significance
	Group 1	Group 2				
Kshavathu	75.8	88.8	13	0.69	>0.05	NS
Tanusrava	72.4	83.3	10.9	0.07	>0.05	NS
Anadhaapihitanasa	79.6	91.4	11.8	0.67	>0.05	NS
Shirashool	63.6	80	16.4	0.23	>0.05	NS
Gal talushosha	58.8	72.7	13.9	0.18	>0.05	NS
Nistodashankha	71.4	94.4	23	0.34	>0.05	NS
Swara bheda	50	21.42	28.58	0.58	>0.05	NS

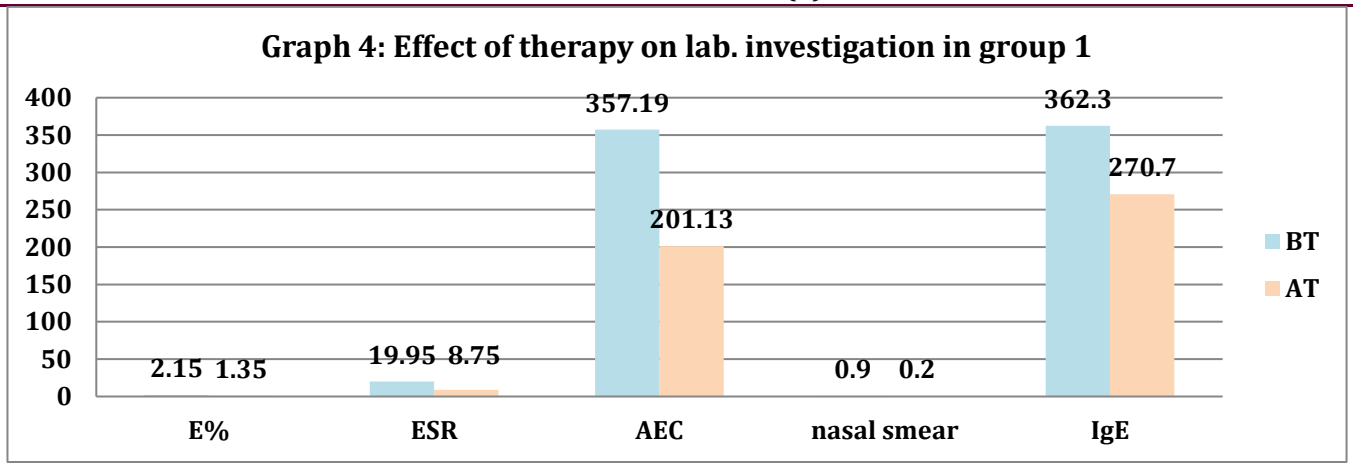


Summary of intergroup comparison

Statistically insignificant for all the subjective criteria on comparing group 1 and group 2.

Table 4: Effect of therapy on lab investigations in group 1 (Paired t test)

Criteria	N	Mean score		X(d)	% relief	S.D.±	S.E.±	t	p	significance
		BT	AT							
E %	20	2.15	1.35	0.8	37.2	0.95	0.21	3.8	<0.05	S
ESR	20	19.95	8.75	11.2	56.1	11.8	2.6	4.3	<0.001	HS
AEC	20	357.19	201.13	156.06	43.6	214.6	47.6	3.2	<0.05	S
Nasal smear	20	0.9	0.2	0.7	77.7	0.73	0.16	4.3	<0.001	HS
IgE	13	362.3	270.7	91.6	0.25	125.6	34.6	2.6	<0.05	S

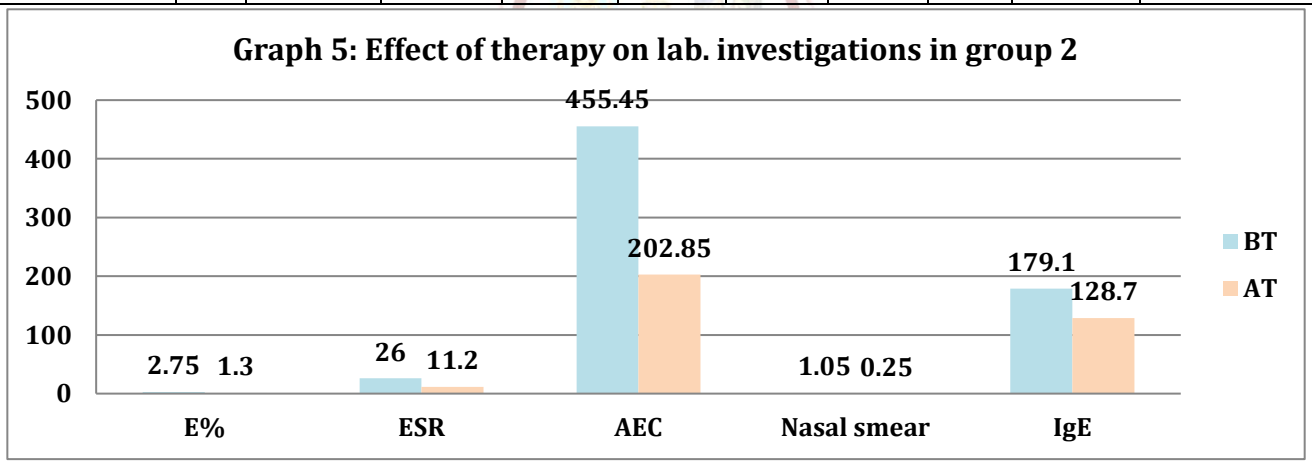


Summary of effect of therapy on lab investigation in group 1

Results were statistically highly significant for ESR (% relief 56.1%), nasal smear (% relief 77.7%) and statistically significant for eosinophil % (% relief 37.2%), AEC (% relief 43.6%), IgE (% relief 0.25%).

Table 5: Effect of therapy on lab investigations in group 2 (Paired t test)

Criteria	N	Mean score		X(d)	% relief	S.D.±	S.E.±	t	p	significance
		BT	AT							
E%	20	2.75	1.3	1.45	52.7	0.82	0.18	8	<0.001	HS
ESR	20	26	11.2	14.8	56.9	13.4	2.9	5.1	<0.001	HS
AEC	20	455.45	202.85	252.6	55.4	120.6	26.8	9.4	<0.001	HS
Nasal smear	20	1.05	0.25	0.8	76.1	1.1	0.24	3.3	<0.05	S
IgE	7	179.1	128.7	50.4	.28	47.8	126.6	0.39	>0.05	NS

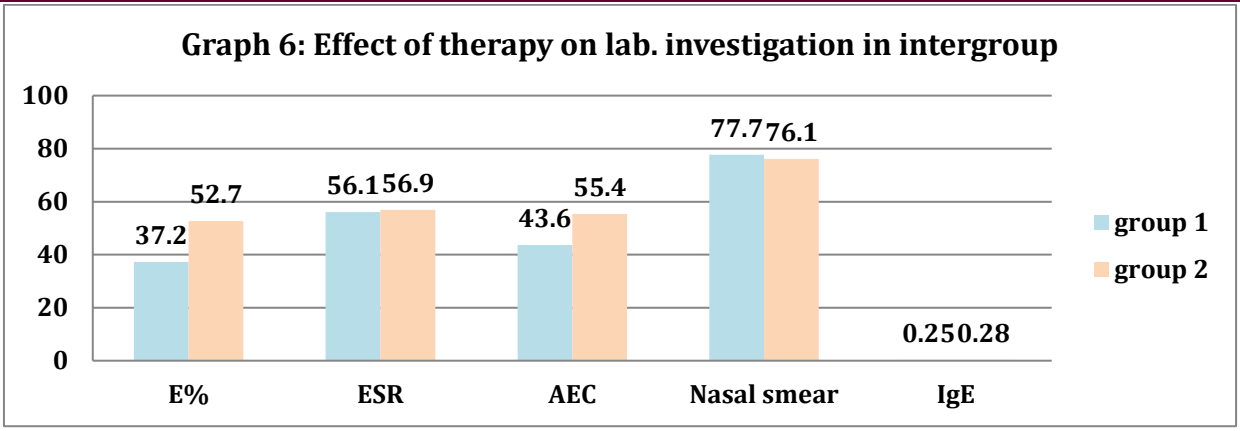


Summary of effect of therapy on lab investigation in group 2

Results were statistically highly significant for ESR (% relief 56.9%), eosinophil % (% relief 52.7%), AEC (% relief 55.4%), statistically significant for nasal smear (% relief 76.1%) and insignificant for IgE (% relief 0.28%).

Table 6: Intergroup comparison of objective criteria (Unpaired t test)

Criteria	% relief		relief in diff%	t	P	Significance
	Group 1	Group 2				
E%	37.2	52.7	15.5	2.3	<0.05	S
ESR	56.1	56.9	0.8	0.89	>0.05	NS
AEC	43.6	55.4	11.8	1.75	>0.05	NS
Nasal smear	77.7	76.1	1.6	0.17	>0.05	NS
IgE	0.5	.28	0.03	1.04	>0.05	NS

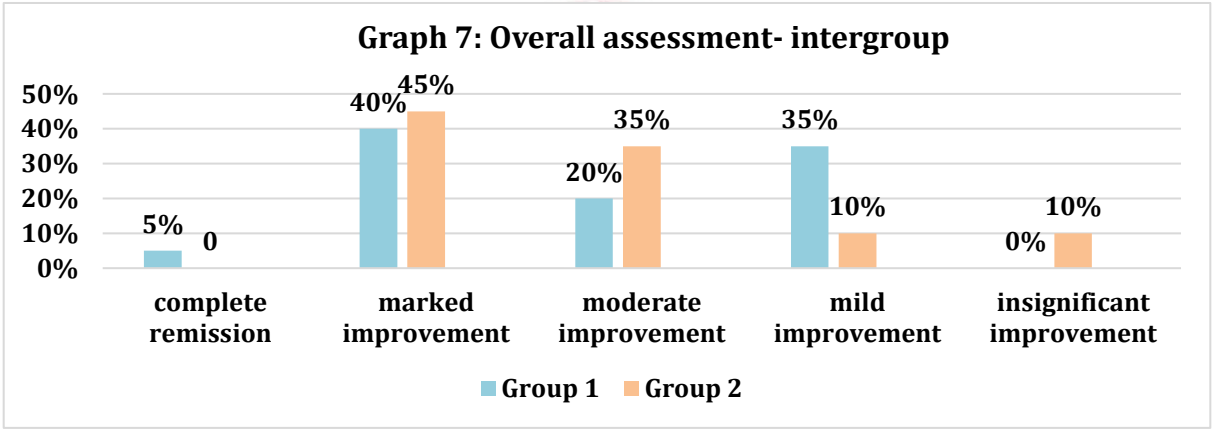


Summary of effect of therapy on lab investigation in intergroup

Statistically insignificant for all the objective criteria except Eosinophil %, on comparing group 1 and group 2.

Table 7: Overall assessment

Assessment	Group 1	%	Group 2	%
Complete remission (100%)	1	5%	0	0
Marked improvement (76-99%)	8	40%	9	45%
Moderate improvement (51-75%)	4	20%	7	35%
Mild improvement (26-50%)	7	35%	2	10%
No/ Insignificant improvement (< 25%)	0	0%	2	10%



Summary of overall result

The overall therapeutic outcome of both the groups revealed significant clinical improvement in majority of the patients. In group 1, out of 20 patients, 1 was cured (5%), 8 markedly improved (40%), 4 moderately improved (20%), 7 mildly improved (35%). In group 2, out of 20 patients, 9 markedly improved (45%), 7 moderately improved (35%), 2 mildly improved (10%) and insignificant improvement in 2 (10%).

DISCUSSION

In Ayurveda, the mode of action of a drug is determined by its dominant pharmacodynamic factors which include *Rasa, Guna, Virya, Vipaka*, and *Prabhava.* These drugs work by counteracting the affected *Doshas* and disrupting the disease process i.e., *Samprapti vighatana*.

As per the *Samprapti* of *Vataja Pratishyaya*, engaging in *Nidana sevana* leads to an increase in *Kapha dosha*, particularly in the head region. This accumulation of *Kapha* can obstruct the normal functioning of *Vatadosha*, preventing it from performing its natural functions. As a result, *Vata dosha* becomes vitiated, ultimately leading to the manifestation of *Pratishyaya roga*.

Shigru taila

The dominant *Rasas* in *Shigru taila* are *Katu* (38.9%) and *Tikta* (33.3%). *Katu rasa* is having properties like *Ghranamasravyati, Sfutikarotiindriyani, Malanuphanti, Marganvivrinoti, Shleshmanam-shamayati*[17]. These properties of *Katu rasa* helps in dilatation of *Strotasa* (channels), *Rechana* (expulsion) of vitiated *Kapha dosha* and pacifying the remaining *Kapha dosha* if any. Hence relieving the condition and

also improving the sensory functions. *Tikta rasa* is having properties like *Lekhana, Sleshmaupshosha*[18]. These properties of *Tikta rasa* helps in elimination of vitiated *Kapha dosha* and drying up or desiccation of *Kapha dosha.*

The dominant *Guna* of the formulation is *Laghu guna* (36.8%) which opposes the *Guru guna* of *Kapha* and hence helps in relieving symptoms like heaviness.

Pratishyaya is often aggravated or triggered by cold food habits and cold environmental conditions. To counteract this, substances with a predominance of *Ushana virya* are effective and almost all the content of *Shigru taila* are having *Ushna Virya* (75%). This *Ushna virya* helps in reducing *Kapha* by decreasing excessive secretions and balancing *Kapha* and *Vata*, thus addressing the *Vata-Kaphaja* nature of *Vataja Pratishyaya*. Additionally, *Katu vipaka* which is the predominant *Vipaka* (62.5%), serves a similar purpose as *Katu rasa* in these actions[19].

Therefore, based on above discussion it can be concluded that drugs of *Shigru taila* are having *Doshghnata* as *Vata -Kaphara*. Drugs like *Shigru, Vacha, Shunthi, Pippali, Marich, Sursa* are having properties of *Deepana - Pachana.* Allergic Rhinitis has some relation with immune system, so there must be some relation with *Aama Dosha.* Hence these properties help in *Amapachna* thus indirectly alleviating the condition. In addition, *Shigru* and *Renuka* are *Shothahara* thus reducing the edema of nasal mucosa, *Renuka* and *Shunti* having *Anulomana* property helps in restoring the normal *Anulomana gati* of *Vata dosha*. *Pippali* is having *Rasayana* properties which indirectly increases the *Vyadhi kshamatva*. *Marich* has *Chedana* property which helps in the elimination of vitiated *Kapha dosha.*

Vidangadi dhuma

The content of *Vidangadi dhuma* include *Vidang, Hingu, Guggulu, Vacha*, *Manashila* and *Saindhav lavana*. The drug has got the predominance of *Katu* (45.5%) and *Tikta* (36.3%) *Rasa, Laghu* (25%) and *Tikshana* (18.75%) *Guna, Ushnavirya* (83.3%) and *Katuvipaka* (83.3%). All the drugs except *Saindhava lavana* are having the properties like *Katu- Tikta rasa* which act on *Kapha* and *Ushna virya* acts on both *Vata* and *Kapha.* These properties have similar counteraction on the *Samprapti* of *Vataja Pratishyaya* as mentioned above. *Saindhava lavana* might have used for the properties like *Sransana*, *Sukshama* and *Anilapahama.*

Due to the properties of *Teekshna* and *Sukshma guna*, the medicine will penetrate the minute channels and perform *Srotoshodhana.* Based on above discussion, it can be concluded that the ingredients of *Vidangadi dhuma* possess the properties of balancing *Kapha* and *Vata dosha*.

Vidang and *Hingu* have *Deepana, Pachana*, and *Anulomana* properties, having similar action as explained above. *Guggulu* and *Manashila* acts as *Rasayana* modulating the immune system. In addition, *Guggulu* act on *Shopha* helping in reducing edema of nasal mucosa and *Manashila* has *Lekhana* properties helping in elimination (*Rechana*) of vitiated *Kapha.*

Panchalavanaghrita

The predominant *Rasa* in *Panchlavana ghrita* is *Lavana rasa* (83.3%) which is supposed to pacify the vitiated *Vata dosha* as per fundamental principles of Ayurveda. Out of these five *Lavana, Saindhava lavana* is *Tridosha shamaka.* Rest of the *Lavana* are *Vatahara* (60%), having *Ushna virya* (50%), again opposing the *Sheeta guna* of *Vata* and *Kapha*. Due to predominant *Laghu* (19.04%) and *Vyavayi* properties, the medicine penetrates and spread through the *Srotasa*. The predominant *Madhura vipaka* (66.6%) also helps in pacifying *Vata dosha*. In addition to this the base of medicine is *Ghrita* which is a *Sneha,* that also pacify the *Vatadosha* to some extent as its *Snigdha guna* opposes the *Ruksha guna* of *Vata.*

CONCLUSION

Modern medicine offers various treatments for allergic rhinitis. However, it often provides only symptomatic relief rather than addressing the underlying cause, which is why chronic cases may persist. After applying statistical tests to the collected observations, it was found that both the formulations were statistically significant in the management of *Vataja Pratishyaya.* Assessment of individual symptoms showed that both formulations were effective in providing symptomatic relief. Based on the observation it appeared that the trial drugs used for managing *Vataja Pratishyaya* were well-tolerated by the patients and no adverse reactions or complications were observed. As a result, these trial drugs can be considered a safe, effective, and reliable remedy for this condition. They not only reduce symptoms but also enhance the overall feeling of wellbeing and provide significant symptomatic relief.

REFERENCES

1. Pt. Kashinathshastri and Dr. Gorakhanath Chaturvedi, Charaka Samhita of charaka with Vidyotini Hindi Commentary, Varanasi: Chaukhambha bharati academy, Chikitsasthana, Reprint edition; 2013 chapter 3 versus 333, Pg.174.
2. Ashtang Hridyam by Prof. Ravidatt Tripathi with Saroj Hindi commentary, Chaukhamba Sanskrit Pratishthana, Reprint edition 2015, Sutrasthana 20 versus 1, Pg. 295.
3. Ashtang Sangraha by Pandit Lalchandra Shastri Vaidya with Sarvangsundri commentary, Shree

Baidyanath Ayurveda Bhavan Ltd., Nagpur, Edition 1981, Sutrasthana, Chapter 29 versus 3, Pg. 808.

4. Sharandhar Samhita by Acharya Shree Radhakrishan Prashar with Krishna hindi commentary, Shree Baidyanath Ayurveda Bhavan Ltd., Edition 1984, Uttarkhanda, Chapter 8 versus 14-15, Pg. 514.
5. Pt. Kashinathshastri and Dr. Gorakhanath Chaturvedi, Charaka Samhita of charaka with Vidyotini Hindi Commentary, Sidhisthana, Reprint edition; 2016, Chapter 9 versus 90, Pg. 1070.
6. Pt.Kashinathshastri and Dr.Gorakhanath Chaturvedi, Charaka Samhita of charaka with Vidyotini Hindi Commentary, Sidhisthana, Reprint edition; 2016, Chapter 9 versus 91, Pg. 1070.
7. World Health Organization. White Book on Allergy 2011-2012 Executive Summary. By Prof. Ruby Pawankar, MD, PhD, Prof. Giorgio Walkter Canonica, MD, Prof. Stephen T. Holgate, BSc, MD, DSc, FMedSci and Prof. Richard F. Lockey, MD.
8. Nur Husna SM, Tan H-TT, Md Shukri N, Mohd Ashari NS and Wong KK (2022) Allergic Rhinitis: A Clinical and Pathophysiological Overview. Front. Med. 9:874114. doi: 10.3389/fmed.2022.874114
9. Sher Ney Chong, Fook Tim Chew. Epidemiology of allergic rhinitis and associated risk factors in Asia. Chong and Chew World Allergy Organization Journal (2018) 11:17. https://doi.org/10.1186/ s40413- 018-0198-z
10. Pinart M, Keller T, Reich A, Fröhlich M, Cabieses B, Hohmann C, Postma DS, Bousquet J, Antó JM, Keil T. Sex-Related Allergic Rhinitis Prevalence Switch from Childhood to Adulthood: A Systematic Review and Meta-Analysis. Int Arch Allergy Immunol. 2017;172(4):224-235. doi: 10.1159/000464324. Epub 2017 Apr 29. PMID: 28456795.
11. Dávila I, Mullol J, Ferrer M, Bartra J, del Cuvillo A, Montoro J, Jáuregui I, Sastre J, Valero A. Genetic aspects of allergic rhinitis. J Investig Allergol Clin Immunol. 2009;19 Suppl 1: 25-31. PMID: 19476051
12. Juhi Modi, medically reviewed by Andres Maldonado, M.D
13. Diseases of Ear, Nose and Throat by - P.L. Dhingra Assisted by Deeksha Dhingra 6th Edition Chapter 35 Pg. 187.
14. Dávila I, Mullol J, Ferrer M, Bartra J, del Cuvillo A, Montoro J, Jáuregui I, Sastre J, Valero A. Genetic aspects of allergic rhinitis. J Investig Allergol Clin Immunol. 2009;19 Suppl 1:25-31. PMID: 19476051.
15. Vangsen Samhita (Chikitsasara Samgraha) by Dr. Rajeev Kumar Rai, Edition; 2010, Prachya Prakashan Varanasi, Chapter Nasarogadhikara versus 102, Pg. 598
16. Yogratnakara by Vaidya lakshmipati Shastri with Vidyotini Hindi Commentary, Reprint edition; 2013: Chaukhambha Prakashan, Varanasi, Chapter Nasarognidana versus 1 page 328.
17. Pt. Kashinathshastri and Dr. Gorakhanath Chaturvedi, Charaka Samhita of Charaka with Vidyotini Hindi Commentary, Varanasi: Chaukhambha bharati academy, Sutrasthanastha Reprint edition; 2016 chapter 26 versus 42-4, Pg.506.
18. Pt. Kashinathshastri and Dr. Gorakhanath chaturvedi, Charaka Samhita of charaka with Vidyotini Hindi Commentary, Varanasi: Chaukhambha bharati academy, Sutrasthanastha Reprint edition; 2016 chapter 26 versus 42-5, Pg.506.
19. Ashtang Sangraha of Vagbhata translated by Prof. K.R. Srikantha Murthy Chaukhambha Orientalia Varanasi, Edition 2005, Sutrasthana, Chapter 17 versus 24, Pg. 325

Cite this article as:
Rajgour Ritika, Bhardwaj Anil. A Comparative Study to Evaluate the Effect of Shigru Taila Navana Nasya and Vidangadi Dhuma Nasya in the Management of Vataja Pratishyaya w.s.r. to Allergic Rhinitis. AYUSHDHARA, 2026;13(2):1-9.
https://doi.org/10.47070/ayushdhara.v13i2.2384
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Rajgour Ritika
PG Scholar,
Dept. of Panchkarma,
RGGPG Ayurvedic College & Hospital
Paprola, Dist. Kangra, HP.
Email: ritikarajgour70@gmail.com