



## Research Article

## COMPARATIVE CLINICAL STUDY OF *NASYA* AND *JALA NETI* IN ALLERGIC RHINITIS

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**KEYWORDS:** *Nasya*, *Jalneti*, Allergic Rhinitis, *Jirna Pratishay*.

### ABSTRACT

Allergic rhinitis is a type of inflammation associated with a group of symptoms affecting the nose. When a person with allergic rhinitis breathes in an allergen such as pollen, animal dander, mold, or dust, the body releases chemicals that cause allergy symptoms. Now-a-days, it is a common inflammation in the population. *Nasya* is very commonly performed in Ayurveda for the same. In the present study another procedure "*Jalaneti*" is also selected, which is a classical procedure of Yoga Therapy. The present study has been done to compare the effect of *nasya* and *jalaneti* in allergic rhinitis. The study was conducted at Panchkarma Department of Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Panchvati, Nashik, Maharashtra. Total number of 20 patients of age 10-70 years having allergic rhinitis or *Jirnapratishyay* as mentioned in Ayurvedic classics were selected. Out of which *Nasya* with *Vacha Tail* was given to 10 patients and *Jalaneti* with *Saindhav Jala* was given to another 10 patients. Comparison was done by subjective assessment. It was observed that *Nasya* done as per the textual methods is highly effective in Allergic Rhinitis and showing a way out to the individual suffering from chronic disease. The study confirmed the effect of *Nasya* in Allergic Rhinitis in improving the quality of life of patients without any untoward effects.

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## INTRODUCTION

Allergic Rhinitis<sup>[1]</sup> is a common problem in today's era. It is a type of inflammation that occurs when the immune system overreacts to allergens in the air. Throughout the world, the prevalence rate of allergic rhinitis has slightly increased. Currently from the overall population approximately 10-30% of adults and 40% of children are affected. In Maharashtra, study reported the prevalence rate 11.3% in children aged 6-7 years, 24.4% in children aged 13-14 years.

Mostly it is caused due to being triggered by breathing in tiny particles of allergens. The most common airborne allergens that cause rhinitis are animal skin, urine and saliva, dust mites, pollens and spores. Most common signs of allergic rhinitis are itchy nose, mouth, throat, skin or any area, problems with smell, runny nose, sneezing and watery eyes. In Ayurvedic texts, it is termed as *Jeerna Pratishyaya*.<sup>[2]</sup> The most common symptoms are *Shwayathu*, *Nasavrodha*, *Nasastrav*, *Karnakandu*, *Shirashula*.<sup>[3]</sup>

The treatment of modern science is anti-histamines, anti-allergic drugs. But these medicines have many adverse reactions and they have temporary benefits. So it is necessary to find an alternative solution for this problem.

Ayurveda and Yoga therapy are the two ancient classical Indian therapies. *Nasya*<sup>[4]</sup> is one of the choices of procedure in Ayurveda for *Urdhwa-jatrugata vyadhi* i.e., upper clavicular diseases. In this procedure, medicated *Taila* are administered through the nasal route by prescribed procedure. "*Jala neti*"<sup>[5]</sup> is another procedure in Yoga therapy useful for nasal diseases. In the process of *Jala Neti*, *Saindhav Jala* (water mixed with the salt) is administered with *Netrapatra* to one nostril and expelled through other nostril. And in the *Nasya* procedure, *Vacha taila* is administered through dropper or *Gokarna* in one nostril firstly and then put into another nostril.

*Nasya* and *Jalaneti* are both the procedure for purification methods in respective sciences. So these two procedures may give alternative solutions for selected diseases. As we know, *Sanshodhana chikitsa* in Ayurveda is primarily dependent upon *Panchakarma* therapies. There are various ways to cleanse the *Urdhwa Bhaga* by *Vaman karma*, *Adhobhaga* by *Virechana* and to an extent *vata* everywhere by *Basti karma*. Even there is still a part of the body left which is not treated completely with these purification therapies which is *Urdhwa-Jatrugata vyadhi* i.e., diseases above the clavicle region. To cure these diseases occurring in the head region medicine is administered through nasal orifices and is known as *Nasya*. *Urdhwajatrugata rogas* and their management have a special importance in Ayurveda. Head being the prime controller of the entire body and prime seat of knowledge and has been termed as *Uttamanga*. ऊर्ध्वजत्रु विकारेषु विशेषान्नस्यमिष्यते । नासा हि शिरसो द्वारम् तेन तद् व्याप्यहन्तितान ॥(अ.ह. सु. २०/२)

In Ayurveda, *Nasya*- a special procedure has been mentioned. The *Acharyas* have also said- “नासा हि शिरसो द्वारम्”, because *Nasa* is indirectly connected with the brain centers in the head. *Nasya Karma* maintains the perfect balance of oxygen levels in the body, and also cleans all the morbid *Doshas*.

In *Jala-Neti*, water is used for *Shodhan* of the nasal path right from nostrils to throat. In *Jala-neti*, a

specific pot is used named as *Jal-neti patra*. The pot used for *Jala-Neti* is a long and small spout on one side, which is inserted gently into one of the nostrils during the procedure.

In this study, *Saindhava-jala* is used for the procedure of *Jala-neti*. Patient was taught to perform *Jala-neti kriya* at home for 7 days.

### AIMS AND OBJECTIVES

#### AIM

To compare the effect of *Nasya* with *Vacha taila*<sup>[6]</sup> and *Jala Neti* with *Saindhava Jala*<sup>[7]</sup> in allergic rhinitis.

#### OBJECTIVES

1. To study the concept of *Nasya* from Ayurvedic literature.
2. To study the concept of *Jala Neti* from *Yoga* literature.
3. To study the disease Allergic rhinitis from modern literature.
4. To study the *Vacha taila* from Ayurvedic literature.

### Material and methods

#### Materials

**For Group A-** Material was used as *Vacha taila*.

Subjected to *Sneha Paka* as per classics. The finally prepared *Taila* should be *Mrudupaka* in nature.

**For Group B-** Material for *Jalaneti* was used as *Sukhoshna jala*<sup>[8]</sup> added with 2 teaspoons of *Saindhava lavana*.

### SOP for Group A (*Nasya Karma*)

<i>Purva karma</i>	<i>Pradhana karma</i>	<i>Pashchat karma</i>
<ul style="list-style-type: none"> <li>• <i>Atursiddhata</i> Patients were duly prepared as per classic texts.</li> <li>• <i>Aushadha Siddhata</i> <i>Vacha taila</i> (passively heated)</li> <li>• <i>Upakarana sidhhata</i> Dropper/ gokarna, bowl, double boiler, <i>Abhyanga</i> table, gas-stove.</li> </ul>	<ul style="list-style-type: none"> <li>• After giving <i>Sthanika abhyanga</i> and <i>Swedana</i>.</li> <li>• Supine position was given with a 45 degree head tilted from the edges of the table.</li> <li>• 4/4 drops of <i>Vacha taila</i> was administered in each nostrils.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Dhumapana</i></li> <li>• <i>Koshna jala Gandusha</i></li> <li>• Rest for 15 minutes.</li> <li>• <i>Hastapada tala mardana</i></li> </ul>

### SOP for group B (*Jala Neti Karma*)

- Stand straight and horizontally forward from the waist.
- Close the right nostril. Tilt the head to the right side and take breath in and out through the left nostril for 5 to 8 times quickly.
- Now pour *Saindhav Jala* in the left nostril and flush out from the other nostril.
- Repeat the same process for another side.
- Complete the procedure by keeping your head in the centre and breathing through both nostrils.

### Inclusion Criteria

1. Patients having age groups 10-70 years of both genders.
2. Patient having classical symptoms of Allergic rhinitis.
3. Patient having written consent.

### Exclusion Criteria

1. Patients having below 10 years and above 70 years.
2. Patients having any recent surgical history.
3. Patients having diseases like asthma, COVID-19, tumours.

**Assessment Criteria**

Symptoms	Grade	Description
Congestion of nostrils ( <i>Nasavrodha</i> )	0	No congestion
	1	Partially, occasionally and unilateral or post
	2	Partially, occasionally and bilateral
	3	Complete, frequently and unilateral
	4	Always, complete and bilateral
Nasal discharge ( <i>Nasastrava</i> )	0	No discharge
	1	Occasional nasal discharge with feeling of running nose without visible fluid
	2	Occasional with visible fluid
	3	Discharge needing moping but comfortable
	4	Severe discharge with copious fluid needing repeated moping
Sneezing ( <i>Kshavathu</i> )	0	No sneezing/ day
	1	1-5 sneezing/ day
	2	5-10 sneezing/ day
	3	10-15 sneezing/ day
	4	>15 sneezing/ day
Cough ( <i>Kasa</i> )	0	No cough
	1	Dry or unproductive
	2	Productive cough with less quantity
	3	Productive cough with moderate sputum
	4	Productive cough with large quantity sputum
Hoarseness of voice ( <i>Swarabheda</i> )	0	No change of voice
	1	Occasional hoarseness of voice
	2	Frequent, more in morning
	3	Frequent, throughout day
	4	Cannot speak due to hoarseness of voice
Headache ( <i>Shirshula</i> )	0	No headache
	1	Mild, does not hamper daily routine, no medications required.
	2	Moderate, interferes with daily routine, analgesics required.
	3	Severe, restlessness, interfere daily routine
	4	Very severe needing rest
Facial edema ( <i>Mukhashotha</i> )	0	No swelling
	1	Mild swelling but no pain
	2	Moderate swelling with mild pain
	3	Moderate swelling with moderate pain, needs analgesics
	4	Generalized
Anorexia ( <i>Aruchi</i> )	0	No anorexia
	1	Occasional loss of appetite
	2	Moderate loss of appetite
	3	Continuous loss of appetite
	4	Loss of appetite with nausea and vomiting

**Observations**

**Demographic Observation**

**Table 1: Age Wise Distribution**

Age group	No. of patients	%
10 to 20 Years	3	15%
20 to 30 Years	3	15%
30 to 40 Years	4	20%
40 to 50 Years	7	35%
50 to 60 Years	3	15%
60 to 70 Years	0	0

Maximum patients i.e., 7 patients (35%) were reported in the age group of 40-50 years followed by 4 patients (20%) reported to age group 30 - 40 years. 3-3 patients (15%) were from the age group 10-20 years, 20-30 years and 3 patients (15%) were from the age group 50-60 years. No patient was from the age group 60-70 years.

**Table 2: Gender Wise Distribution**

Gender	No. of patients	%
Female	7	35%
Male	13	65%

Majority of patients i.e. 13 patients (65%) were male and 7 patients (35%) were female.

**Table 3: Occupation Wise Distribution**

Type of work	No. of patients	%
Sedentary	6	30%
Active	9	45%
Labour	5	25%

Maximum patients i.e. 9 patients (45%) were doing active work followed by 6 patients (30%) were doing sedentary work and another 5 patients (25%) were doing labour work.

**Table 4: Symptoms wise distribution Group A (Use of *Vacha Tail Nasya* in Allergic Rhinitis)**

No. of patients	<i>Nasavrodha</i>		<i>Nasastrav</i>		<i>Kshavathu</i>		<i>Kasa</i>		<i>Swarabhed</i>		<i>Shankha toda</i>		<i>Mukha shotha</i>		<i>Aruchi</i>	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	4	2	3	1	4	1	2	1	3	0	2	1	3	1	3	1
2	3	1	4	2	3	0	3	2	3	2	2	0	2	0	2	0
3	4	2	3	3	3	2	3	2	0	0	3	1	3	1	0	0
4	3	1	2	1	2	1	3	3	2	1	4	2	3	1	0	0
5	3	1	3	2	2	0	3	2	0	0	3	1	2	2	0	0
6	3	1	2	0	1	0	2	1	2	0	2	1	2	1	2	0
7	4	3	2	0	2	1	3	1	2	0	3	1	1	0	2	1
8	4	2	4	1	2	0	2	0	1	1	4	3	1	1	1	1
9	3	0	4	2	2	0	2	1	0	0	4	1	0	0	0	0
10	2	1	1	0	3	1	1	0	1	0	2	0	1	0	0	0
Total	33	14	28	12	24	6	24	13	14	4	29	11	18	7	10	3
X(BT-AT)	19		16		18		11		10		18		09		07	
Percentage of Relief	57.57%		57.14%		75%		48.83%		71.42%		62.06%		50%		70%	

**Table 5: Symptom wise distribution Group B (Use of Saindhav Jala neti in Allergic Rhinitis)**

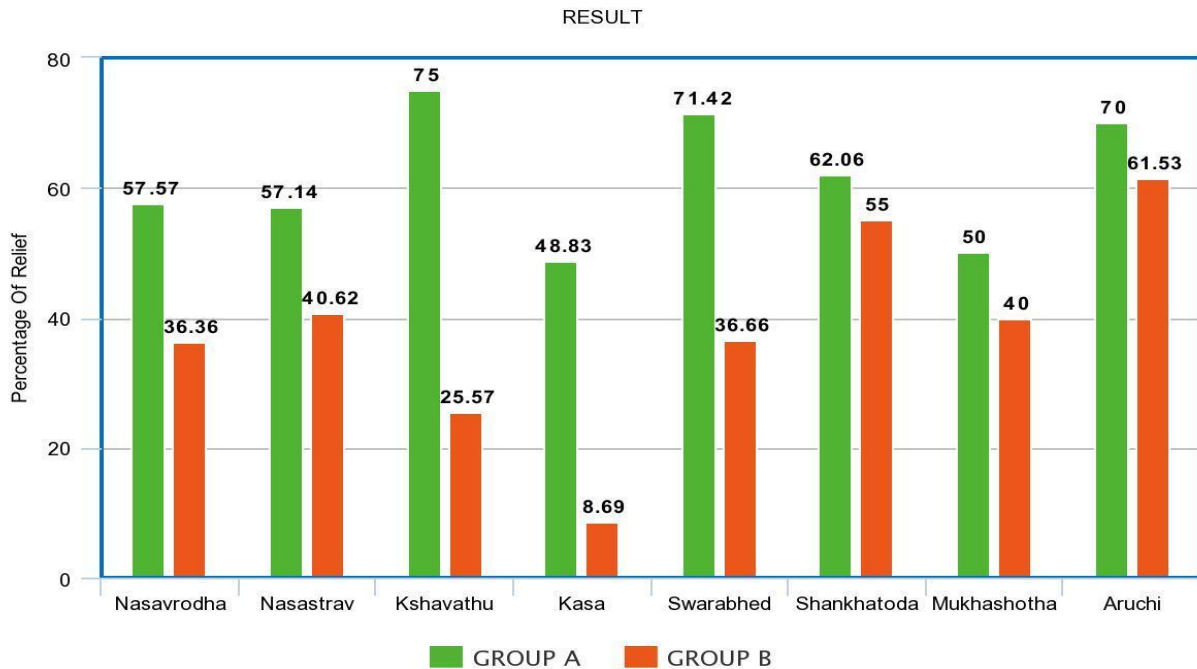
No. of patients	Nasavrodha		Nasastrav		Kshavathu		Kasa		Swarabhed		Shankhatoda		Mukhashotha		Aruchi	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	3	1	3	2	1	1	3	3	3	2	2	1	0	0	0	0
2	3	1	3	1	1	1	2	2	3	0	2	1	2	0	2	1
3	3	2	4	2	2	1	2	2	3	2	0	1	0	0	2	0
4	4	3	3	2	1	1	2	2	3	3	2	1	2	1	0	0
5	3	1	3	2	1	1	3	3	3	2	2	1	0	0	0	0
6	3	2	4	3	1	1	3	2	3	2	4	2	2	1	0	0
7	3	2	3	2	1	0	2	1	3	2	2	0	2	1	2	2
8	4	4	3	1	1	1	2	2	4	2	2	0	2	1	2	1
9	3	2	3	2	1	1	2	2	3	2	2	1	2	3	2	1
10	4	3	3	2	4	2	2	2	2	2	2	1	3	2	3	0
Total	33	21	32	19	14	10	23	21	30	19	20	9	15	9	13	5
X (BT-AT)	12		13		04		02		11		11		06		08	
Percentage of Relief	36.36%		40.62%		25.57%		8.69%		36.66%		55%		40%		61.53%	

**Statistical Observation****Table 6: Percentage of Relief in Subjective Assessment of Group A**

S. No.	Subjective Assessment	BT	AT	BT-AT	Percentage
1	Nasavrodha	3.3	1.4	1.9	57.57%
2	Nasastrav	2.8	1.2	1.6	57.14%
3	Kshavathu	2.4	0.6	1.8	75%
4	Kasa	2.4	1.3	1.1	48.83%
5	Swarabhed	1.4	0.4	1.0	71.42%
6	Shankhatoda	2.9	1.1	1.8	62.06%
7	Mukhashosh	1.8	0.7	0.9	50%
8	Aruchi	1.0	0.3	0.7	70%

**Table 7: Percentage of Relief in Subjective Assessment of Group B**

S. No.	Subjective Assessment	BT	AT	BT-AT	Percentage
1	Nasavrodha	3.3	2.1	1.2	36.36%
2	Nasastrav	3.2	1.9	1.3	40.62%
3	Kshavathu	1.4	1.0	0.4	25.57%
4	Kasa	2.3	2.1	0.2	8.69%
5	Swarabhed	3.0	1.9	1.1	36.66%
6	Shankhatoda	2.0	0.9	1.1	55%
7	Mukhashosh	1.5	0.9	0.6	40%
8	Aruchi	1.3	0.5	0.8	61.53%



**Result**

**Table 8: Comparison between relief of *Nasavrodha Lakshan***

S. No.	Groups	%
1.	Group A	57.57%
2.	Group B	36.36%

In *Nasavrodha*, 57.57% of relief is seen in Group A patients while 36.36% relief in Group B patients.

**Table 9: Comparison between relief of *Nasastrav Lakshan***

S. No.	Groups	%
1.	Group A	57.14%
2.	Group B	40.62%

In *Nasastrav*, 57.14% of relief is seen in Group A patients while 40.62% relief is seen in Group B patients.

**Table 10: Comparison between relief of *Kshavathu Lakshan***

S. No.	Groups	%
1.	Group A	75%
2.	Group B	25.57%

In *Kshavathu*, 75% of relief is seen in Group A patients while 25.57% relief is seen in Group B patients.

**Table 11: Comparison between relief of *Kasa Lakshan***

S. No.	Groups	%
1.	Group A	48.81%
2.	Group B	8.69%

In *kasa*, 48.83% of relief is seen in Group A patients while 8.69% relief is seen in Group B patients.

**Table 12: Comparison between relief of *Swarabhed Lakshan***

S. No.	Groups	%
1.	Group A	71.42%
2.	Group B	36.66%

In *Swarabhed*, 71.42% of relief is seen in Group A patients while 36.66% relief is seen in Group B patients.

**Table 13: Comparison between relief of *Shankhatoda Lakshan***

S. No.	Groups	%
1.	Group A	62.06%
2.	Group B	55%



In *Shankhatoda*, 62.06% of relief is seen in Group A patients while 55% relief is seen in Group B patients.

**Table 14: Comparison between relief of Mukhashotha Lakshan**

S. No.	Groups	%
1.	Group A	50%
2.	Group B	40%

In *Mukhashotha*, 50% of relief is seen in Group A patients while 40% relief is seen in Group B patients.

**Table 15: Comparison between relief of Aruchi Lakshan**

S. No.	Groups	%
1.	Group A	70%
2.	Group B	61.53%

In *Aruchi*, 70% of relief is seen in Group A patients while 61.53% relief is seen in Group B patients.

## DISCUSSION

*Pratishyaya* is the most common problem in today's era. In modern science, it is correlated with Allergic Rhinitis. It is the most common problem as the exposure to dust, pollen, and smoke like particles are exposed in an excessive manner.

According to all *Samhitas*, *Pratishyaya* is due to the vitiation of *Tridoshas* but especially due to the vitiation of *Vata doshas*.<sup>[9]</sup> It is *Urdhwajatrugata vyadhi* that is an upper clavicular disease. And therefore *Nasya* and *Jalaneti* are useful as a treatment.

As we know, *नासा हि शिरसो द्वारम्*, that means *Nasa* is indirectly connected with the brain centers in the head. And hence *Nasya* and *Jalaneti* are the *shodhana* procedure of *Urdhwajatrugata vyadhi* that means upper clavicular diseases.

*Nasya* is explained in all *Bruhatrayis*. This is *Shodhana kriya*, which means it is useful for expelling the vitiated *Doshas* from the head region. *Jala Neti* is also the procedure for expelling the vitiated doshas from the head. It is also *Shodhana karma* from *Yogashastra*. This is explained in *Gheranda Samhita* and *Hatha-pradipika*.

In *Yog shastra*, there are six *Shodhana kriya* that are said as *Shatkarmas* are *Dhauti, Basti, Neti, Tratak, Nauli* and *Kapalbhati*.

These procedures require very few medicines or instruments which are mostly available in house as compared to Ayurveda and modern medicine. If practiced properly and regularly these procedures (*Shatkarmas*) can promote health and treat diseases.

Out of six *Yogik* body purification procedures, in *Shodhan* of *Shira* (head) *Neti Karma* is used. Regular *Neti* procedure improves a vision and destroys *Urdhwajatrugata rog* i.e., diseases of nose, ear.<sup>[10]</sup>

### Probable mode of Action of Nasya

According to *Charakacharya*, *Nasa* is the gateway of *Shira*. Appropriate drugs for particular diseases may also pacify the disease by reaching the

site. It may be used as a potential drug route for treating the systemic drug also.

The drug administered through the nostril reaches the *Shrungatak Marma* and spreads *Murdha, Netra, Shrotra, Kantha, Shiromukha* and snatches the morbid *Doshas* from these regions and expels them from *Uttamnga*.

In the present study, *Vacha taila* was used for *Nasya* which are *Vata-Kapha Ghana* properties.

*Tila taila* is considered as the best *Vata-shamak* and has *Sara, Sukshma, Vyavayi, Vikasi guna*. It is used as the best base of drug and as a result of active principle the drug reaches the nervous system through its *Vyavayi, Vikasi, Sukshma* and *Sara guna* as well as *Ushna veerya*.<sup>[11]</sup>

*Vacha taila* also acts as a *Vata-kaphaghna* by its *Ushna veerya* and *Tikta rasa*.

### Probable mode of action of Jalaneti

As we know that *Pratishyaya* is the disease of *vata dosha*. In *Urdhwajatrugata vyadhi*, *Jalaneti* with *Koshna jala* and *Saindhava* is indicated and showed good results.

All salts are *Vishyandi* (liquefy *Kapha doshas*), *Sukshma* (penetrate the small channels), *Mrudu, Tikshna, Ushna* and *Pachana* in properties. It also brings out the *Mala* and *Mutra* easily and pacifies the *Vata Doshas*. They decrease the *Aruchi*.

*Saindhava* is slightly in *Madhur rasatmak, Vrushya, Hridya* and keeps *Tridoshas* in normal state. It is *Laghu, Anushna*, good for vision, and *Agni deepak*.

*Ushna, Madhur rasa* in *Saindhava* and *Snigdha guna* of *Jala* decrease the *Sheeta, Ruksha* and *Chala guna* of *Vata dosha*. And hence it is beneficial for nasal discharge, dry cough, sneezing, hoarseness of voice and headache.

*Laghu, Chedana guna* of *Saindhava* decreases the congestion, *Mukha shotha*. Repeated irrigation of nasal passage with salt and *Koshna jala* reduced congestion in nasal passage, *Vata dosha* and edema.

The allergens in nasal passage might have been washed out by the *Jalaneti* procedure, which in turn decreases production of antibodies which causes release of inflammatory chemicals like histamines and mast cells.

**Table 16: Comparison between action of *Nasya* and *Jalaneti***

Sr. No.	<i>Nasya</i>	<i>Jalaneti</i>
1.	It is a classical Ayurvedic procedure.	It is a classical <i>Yogashastra</i> procedure.
2.	<i>Nasya</i> is done through <i>Purva-Pradhana</i> and <i>Paschat karma</i> .	No need to do <i>Purva-Pradhana</i> and <i>Paschat karma</i> for <i>Jalaneti</i> .
3.	<i>Nasya dravya</i> may be in the form of <i>Sneha</i> , <i>churna</i> , <i>Swarasa</i> , <i>dhuma</i> etc	<i>Jalaneti dravya</i> is only <i>Sukhoshna jala</i> added with a pinch of <i>Saindhava lavana</i> .
4.	<i>Nasya</i> can be done in <i>Purvanha</i> , <i>Madhyanha</i> , <i>Uttarnha</i> as per dosha predominance.	<i>Jalaneti</i> done only in the morning.
5.	Done in supine position.	Done in <i>Uttakatasana</i> .
6.	Dropper <i>Gokarna</i> are instruments used for it.	<i>Neti-patra</i> is used for it.
7.	Duration of <i>Nasya</i> is for 7 days.	Duration of <i>Jalaneti</i> is once a week.

### CONCLUSION

*Nasya* gives significant results than *Jalaneti* in Allergic Rhinitis.

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#### Cite this article as:

More Manjusha, Bhare Harshala, Rasal prachi. Comparative Clinical Study of *Nasya* and *Jala Neti* in Allergic Rhinitis. AYUSHDHARA, 2021;8(3):3301-3308.

**Source of support: Nil, Conflict of interest: None Declared**

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