

INTEGRATIVE AYURVEDIC APPROACH TO RECURRENT PEDIATRIC ALLERGIC
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ABSTRACT

Background: Pinasa, described in Ayurveda under *Pratishyaya*, is a common nasal disorder in children, clinically comparable to allergic rhinitis. Recurrent episodes adversely affect quality of life and may progress to chronic conditions if inadequately managed. Ayurveda offers a holistic approach focusing on *Dosha* balance, correction of *Agni*, and enhancement of immunity. **Case Presentation:** A 7-year-old male child presented with recurrent sneezing, watery nasal discharge, nasal obstruction, and nasal itching for six months. Based on Ayurvedic clinical assessment, the condition was diagnosed as *Vata-Kapha Janya Pinasa*. The patient was managed with Ayurvedic oral medications along with *Anu Taila Nasya* for 21 days. **Results:** Marked improvement was observed in all clinical parameters. Sneezing frequency reduced significantly, nasal discharge and obstruction resolved almost completely, and overall wellbeing improved without any adverse effects. No recurrence was noted during one-month follow-up. **Conclusion:** The present case demonstrates that Ayurvedic interventions can be safe and effective in the management of pediatric Pinasa. Larger clinical studies are warranted to substantiate these findings.

KEYWORDS: Pinasa, Pratishyaya, Pediatric rhinitis, Ayurveda, Nasya.**INTRODUCTION**

Pratishyaya is described extensively in Ayurvedic literature as a common disorder affecting the nasal passages and is included under *Urdhvajatrugata Rogas*, which comprise diseases of the region above the clavicle.^[1-3] *Pinasa* is recognized as a chronic or recurrent clinical state of Pratishyaya, presenting with symptoms such as frequent sneezing, persistent nasal discharge, nasal blockage, itching, and a sensation of heaviness in the head.^[1,2] In children, this condition assumes greater clinical relevance due to the functional immaturity of *Agni* (digestive and metabolic processes), underdeveloped *Dhatu*s, and increased exposure to environmental irritants and recurrent upper respiratory infections. Classical Ayurvedic texts emphasize that insufficient or improper management of Pratishyaya

during childhood may result in chronicity and lead to associated disorders including *Dushta Pratishyaya*, *Pinasa*, *Kasa*, *Shwasa*, and *Karnabadhira*.^[1-3], thereby influencing long-term health and development.

From an Ayurvedic standpoint, the etiopathogenesis of Pratishyaya is predominantly attributed to the derangement of *Vata* and *Kapha Doshas*.^[1,3] Causative factors described in the classics include exposure to cold climate (*Sheeta Vata*), inhalation of dust (*Raja*) and smoke (*Dhuma*), consumption of cold, heavy, or incompatible foods, irregular eating habits, and suppression of natural bodily urges. Foundational texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* classify Pratishyaya into five types—*Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, and *Sannipataja*.^[1-3]

Clinically, *Pinasa* is often regarded as an advanced or chronic manifestation of *Vata-Kaphaja* or *Kaphaja Pratishyaya*^[2,3], characterized by recurrent episodes and persistence of symptoms. The *Samprapti* involves *Dosha Dushti*, impaired digestive and metabolic activity (*Agnimandya*), and obstruction of *Pranavaha Srotas*, leading to continuous nasal involvement.

In contemporary medicine, the clinical features of *Pinasa* closely resemble allergic rhinitis, a chronic inflammatory condition of the nasal mucosa mediated by immunoglobulin E (IgE)-dependent immune responses.^[4-11] Allergic rhinitis is highly prevalent among children and adolescents and poses a substantial public health burden due to its negative effects on sleep quality, academic performance, cognitive function, and overall quality of life.^[4,7-12] Typical clinical manifestations include episodic or persistent sneezing, rhinorrhea, nasal congestion, and nasal itching, commonly triggered by allergens such as pollen, house dust mites, animal dander, and environmental pollutants. If persistent, allergic rhinitis during childhood may predispose individuals to complications such as sinusitis, otitis media, and bronchial asthma.^[6,10,13]

Current conventional management of allergic rhinitis relies on pharmacological interventions including antihistamines, intranasal corticosteroids, leukotriene receptor antagonists, and decongestants. While these modalities are effective in controlling symptoms, prolonged use in pediatric patients may be associated with adverse effects such as sedation, dryness of nasal mucosa, concerns regarding growth and development, development of tolerance, and recurrence of symptoms after cessation of therapy. These concerns underscore the necessity for alternative treatment strategies that are safe, holistic, and suitable for long-term use in children.

Ayurveda advocates an individualized and comprehensive approach to the management of *Pratishyaya* and *Pinasa*, with emphasis on addressing the underlying *Dosha* imbalance rather than solely targeting symptoms. Management principles include *Shamana Chikitsa* through oral herbal formulations, *Nasya Karma* involving intranasal administration of medicated oils, correction of *Agni*, and enhancement of *Vyadhikshamatva* (host immunity). *Nasya* is regarded as a key therapeutic intervention for disorders of the head and neck due to its direct action on the nasal mucosa and related functional pathways. Classical formulations such as *Anu Taila* are traditionally indicated in *Vata-Kaphaja Pratishyaya* owing to their *Tridoshahara*, *Srotoshodhaka*, and *Rasayana* attributes.

Although Ayurvedic literature provides extensive theoretical and therapeutic guidance, systematically documented clinical evidence evaluating Ayurvedic management of pediatric *Pinasa* remains limited in indexed biomedical journals. Carefully documented case reports are therefore valuable in linking traditional

Ayurvedic concepts with contemporary clinical research methodologies. The present case report aims to highlight the clinical outcome of Ayurvedic treatment in a pediatric patient diagnosed with *Vata-Kapha Janya Pinasa*, thereby contributing to the expanding evidence base of integrative and evidence-informed Ayurvedic practice.

CASE PRESENTATION

Patient Information

A 7-year-old male child presented to the outpatient department with a history of recurrent sneezing, watery nasal discharge, nasal obstruction, and nasal itching for the past six months. The symptoms were episodic in nature with frequent exacerbations and were more pronounced during early morning hours and on exposure to dust and cold environment. There was no history suggestive of fever, purulent nasal discharge, epistaxis, facial pain, or lower respiratory tract involvement. The child had no known history of bronchial asthma or other chronic systemic illnesses. Birth and developmental history were unremarkable, and immunization status was appropriate for age. The patient belonged to a middle socioeconomic background. There was no significant family history of atopy or allergic disorders. Prior to presentation, the patient had received intermittent symptomatic treatment with conventional medications, which provided only temporary relief.

Clinical Findings

The child was conscious, alert, and cooperative, with age-appropriate vital signs. Nasal examination revealed mild edema of the mucosa with clear, watery discharge and partial obstruction of both nostrils. Recurrent sneezing episodes were observed during evaluation. Examination of the throat and ears was unremarkable. Respiratory assessment showed normal breath sounds without wheezing or crackles. Cardiac, abdominal, and neurological systems were within normal limits.

systemic examination

On systemic examination, the patient was alert, oriented, and cooperative. Respiratory assessment revealed clear breath sounds without wheezing or added sounds, and no signs of respiratory distress, indicating absence of lower respiratory involvement. Cardiovascular and abdominal examinations were unremarkable, with normal heart sounds, pulses, and soft, non-tender abdomen. Neurological, musculoskeletal, and integumentary assessments were normal, suggesting no systemic or structural abnormalities contributing to nasal symptoms.

Ashtavidha Pariksha (Ayurvedic Examination Findings)

Prakriti: Vata-Kapha; Vikriti: Aggravation of Vata and Kapha; Sara: Samanya (normal); Samhanana: Madhyama; Satva: Samanya; Abhyavaharana Shakti: Mandagni; Jarana Shakti: Alpa; Desha: Sensitive to cold and dust exposure; Satmya: Generally compatible diet; sensitive to cold foods; Vyayama Shakti: Normal for age.

Diagnostic Assessment

The Ayurvedic diagnosis was Vata-Kapha Janya Pinasa, based on recurrent nasal symptoms, Dosha imbalance, and mild Agnimandya. Clinically, the features corresponded with pediatric allergic rhinitis⁽⁴⁻¹¹⁾.

Differential diagnoses of acute infective rhinitis, sinusitis, and adenoid hypertrophy were excluded due to absence of fever, purulent discharge, facial pain, or lower respiratory signs. No laboratory investigations were required as the diagnosis was primarily clinical.

Timeline	Event
Day 0	Presentation with six-month history of nasal symptoms
Day 1	Diagnosis established; treatment initiated
Day 1–21	Oral <i>Shamana Chikitsa: Sitopaladi Churna, Haridra Khanda, Chitrakadi Vati</i>
Day 1–7	<i>Nasya Karma</i> with <i>Anu Taila</i>
Day 7	Notable reduction in sneezing frequency
Day 21	Near-complete resolution of nasal discharge and obstruction
1-Month Follow-Up	No recurrence of symptoms; improved wellbeing

Therapeutic Intervention

Oral Medications

Drug	Dose	Anupana	Duration	Rationale
Sitopaladi Churna	1 g twice daily	Honey	21 days	Reduces Kapha-dominant nasal symptoms
Haridra Khanda	5 g once daily	Warm milk	21 days	Immunomodulatory, anti-inflammatory
Chitrakadi Vati	1 tablet twice daily	Warm water	21 days	Corrects Agnimandya, enhances digestion

Panchakarma Intervention

Therapy	Dose	Frequency	Duration	Rationale
Anu Taila Nasya	2 drops/nostril	OD	7 days	Acts on nasal mucosa; Srotoshodhana; Tridoshahara & Rasayana effects

Dietary and Lifestyle Advice: Avoid cold foods, dust exposure, and Kapha-aggravating activities; maintain sleep hygiene and regular routines and encourage warm, freshly prepared meals.

RESULTS

After completion of 21 days of therapy, significant clinical improvement was noted in all symptoms. Sneezing episodes reduced from 10–15 per day to 1–2 per day. Nasal discharge and obstruction resolved completely. Appetite and sleep quality improved. No adverse drug reactions were observed. At one-month follow-up, the patient remained symptom-free.

DISCUSSION

In Ayurvedic texts, *Pinasa* is described as a persistent or recurrent stage of *Pratishyaya*, commonly arising from derangement of *Vata* and *Kapha Doshas*.^[1,3] Children are more prone to recurrence due to immature *Agni*, unstable *Dosha* homeostasis, and frequent exposure to environmental allergens and respiratory irritants. In the present case, the prolonged presence of symptoms such as repeated sneezing, watery nasal discharge, nasal blockage, and itching supported the diagnosis of *Vata-Kapha Janya Pinasa*. The symptom profile closely corresponds with allergic rhinitis as defined in modern medicine, supporting an integrative clinical correlation.

According to the Ayurvedic understanding of *Samprapti*, aggravated *Vata* leads to irritation and abnormal nasal activity, whereas increased *Kapha* results in excessive secretions and obstruction. Concurrent *Agnimandya*

further sustains the disease process by compromising metabolic and immune functions. Therefore, the therapeutic approach in this case was directed toward pacification of *Vata* and *Kapha*, normalization of *Agni*, removal of *Srotoshodha*, and enhancement of *Vyadhikshamatva*.^[1,3,5]

The intervention consisted of *Shamana Chikitsa* using oral formulations—*Sitopaladi Churna*, *Haridra Khanda*, and *Chitrakadi Vati*—in conjunction with *Nasya Karma* using *Anu Taila*. *Sitopaladi Churna* is traditionally indicated in upper respiratory conditions and assists in reducing *Kapha*-predominant symptoms. *Haridra Khanda* is known for its anti-allergic and immunomodulatory actions, while *Chitrakadi Vati* helps correct *Agnimandya*, thereby addressing a central component of the pathogenesis. The prescribed *Anupana* supported optimal drug assimilation and therapeutic response.

Nasya Karma with *Anu Taila* was selected as a key Panchakarma modality due to its direct action on the nasal mucosa. The oil-based formulation facilitates deeper tissue penetration, promotes *Srotoshodhana*, and nourishes local structures.^[2,3,15] Its *Tridoshahara* and *Rasayana* properties aid in symptom relief and may reduce the likelihood of recurrence.^[3,9,15] The combined systemic and local treatment resulted in notable improvement in nasal symptoms, indicating effective *Dosha Shamana* and restoration of nasal function.

From a biomedical perspective, the clinical response may be explained by the anti-inflammatory, immunomodulatory, antihistaminic, and mucosal-protective effects of the Ayurvedic interventions.^[5,6,9,16-19] Unlike conventional therapies that primarily offer temporary symptom suppression, the Ayurvedic approach targets underlying functional disturbances, which may account for sustained improvement without recurrence. No adverse effects were observed, demonstrating good safety and tolerability in the pediatric setting.

Although based on a single case, these findings are consistent with classical Ayurvedic principles and suggest a potential complementary role of Ayurveda in managing pediatric nasal conditions resembling allergic rhinitis.^[18-20] Nonetheless, limitations such as lack of objective outcome measures and the inherent constraints of a case report must be acknowledged. Further clinical studies with larger cohorts, standardized assessment tools, and extended follow-up are required to substantiate these observations.

CONCLUSION

The present case report demonstrates that an integrative Ayurvedic treatment approach, comprising Shamana Chikitsa with selected oral formulations and Nasya Karma using Anu Taila, was effective in managing Vata-Kapha Janya Pinasa in a pediatric patient. The therapeutic regimen resulted in marked reduction of nasal symptoms, including sneezing, nasal discharge, and obstruction, along with improvement in overall wellbeing, without the occurrence of any adverse effects.

The observed clinical benefits may be attributed to the combined actions of Dosha Shamana, correction of Agnimandya, clearance of obstructed Srotas, and enhancement of local and systemic immunity. Unlike conventional therapies that primarily offer symptomatic relief, the Ayurvedic interventions addressed the underlying pathophysiological factors, which may explain the sustained improvement and absence of symptom recurrence during the follow-up period.

Although the findings are limited to a single case, this report provides supportive clinical evidence for the safe and potential role of Ayurveda as a complementary approach in the management of pediatric nasal disorders resembling allergic rhinitis. Further well-designed clinical studies with larger sample sizes, standardized outcome measures, and longer follow-up are warranted to validate these observations and establish the therapeutic utility of Ayurvedic interventions in pediatric Pinasa.

Ethical Considerations

Written informed consent was obtained from the child's parents prior to treatment and publication of this case report.

Conflict of Interest

None.

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