



EFFICACY OF COMBINED NIDIGDHIKA AVALEHA AND SHADBINDU TAILA NASYA IN THE MANAGEMENT OF VATAJA PRATISHYAYA (ALLERGIC RHINITIS): AN EXPLORATORY SINGLE-ARM CLINICAL STUDY

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Abstract

Background: *Vataja Pratishyaya* is a complex, chronic, and recurrent inflammatory disorder characterized by cardinal symptoms such as sneezing, rhinorrhea, and nasal congestion, bearing a striking clinical resemblance to Allergic Rhinitis (AR). The etiology is intrinsically linked to *Viruddha Ahara* (incompatible diet) leading to *Agnimandya* (impaired digestion), resulting in the formation of *Ama Visha* (metabolic toxin). This *Ama Visha* exhibits the latent and hyper-reactive characteristics of *Dushi Visha* (latent poison), fueling chronic allergic sensitization. While conventional AR management offers symptomatic relief, it is often associated with recurrence and side effects.

Objective: To evaluate the clinical and objective efficacy of a combined therapy involving systemic *Nidigdhika Avaleha* and local *Shadbindu Taila Nasya* in the management of *Vataja Pratishyaya* (AR).

Methods: This was a single-arm, prospective interventional study involving 40 patients diagnosed with *Vataja Pratishyaya* (AR). Subjects received *Nidigdhika Avaleha* (6 g orally twice daily) and *Shadbindu Taila Nasya* (2 drops nasally twice daily) for a duration of 30 days. Efficacy was assessed using the Total Nasal Symptom Score (TNSS) for subjective parameters and objective laboratory markers: Absolute Eosinophil Count (AEC) and Erythrocyte Sedimentation Rate (ESR). **Results:** The combined therapy demonstrated highly significant clinical and objective efficacy ($P < 0.0001$). The Total Nasal Symptom Score (TNSS) showed an overall improvement of 63.75%. Maximum symptomatic relief was observed for Nasal Itching (66.33%) and Rhinorrhea (65.45%). Objective markers of allergic inflammation confirmed systemic action, with a 50.94% reduction in the Absolute Eosinophil Count (AEC) and a 49.59% reduction in the Erythrocyte Sedimentation Rate (ESR).

Conclusion: The integrated administration of *Nidigdhika Avaleha* and *Shadbindu Taila Nasya* is significantly effective in managing *Vataja Pratishyaya* (Allergic Rhinitis), achieving substantial symptomatic relief and objective immunomodulation. Consequently, the null hypothesis, which states the therapy is ineffective, is rejected.

1. Introduction

1. The Ayurvedic Understanding of Pratishyaya

1.1. Pathogenesis of Pratishyaya and the Role of Ama Visha

Pratishyaya is a complex disease categorized among the *Urdhvajatrugata Rogas* (diseases of the head and neck region). The term itself is derived from *Prati* (Abhimukha) and *Shyaya* (Gamanam), indicating a vitiation of *Doshas* (Vata, Kapha, Pitta, and Rakta) that generates a nasal discharge characterized by its abnormal flow (*Pratiloma Gati*), expelled downward against the inhaled air. Acharya Sushruta details that the accumulation and vitiation of *Doshas* in the head region, triggered by specific factors, lead to *Pratishyaya*.

The causative factors (*Nidana*) are intricately linked to incompatible dietary habits (*Viruddha Ahara*), inappropriate lifestyle practices (*Viruddha Vihara*), and exposure to triggers such as dust (*Rajah*) or cold wind (*Sheeta Vayu*). The core pathological cascade begins with the continuous consumption of *Viruddha Ahara*, which acts as a slow-acting poison (*Gara Visha*). This persistently suppresses *Agni*, leading to systemic metabolic insufficiency and the inevitable formation of *Ama Visha* (undigested toxic material). This newly formed *Ama Visha* settles deep within the tissues, remaining dormant for extended periods and subsequently flaring up due to environmental or dietary stimuli. This latent and recurrent behavior is indicative of *Dushi Visha* (latent poison) pathology, establishing *Ama Visha* as the key internal toxic agent responsible for the chronic, relapsing, and hypersensitive nature of *Pratishyaya*. This complex pathogenesis model is crucial for developing a definitive, root-cause therapeutic strategy.

1.2. Vataja Pratishyaya and Correlation with Allergic Rhinitis

The disease is classified into five types, including *Vataj*, *Pittaj*, *Kaphaj*, *Raktaj*, and *Sannipataj*. The symptomatic profile of *Vataja Pratishyaya* exhibits a close and clinically relevant resemblance to Allergic Rhinitis (AR). *Vataja Pratishyaya* is characterized by Vata Dosha predominance along with Kapha involvement. Symptoms described by Acharya Sushruta include nasal congestion (*Anaddha Pidihita Nasa*), watery discharge (*Tanu Srava*), pain in the temporal region (*Nistodah Shankayostathā*), and voice disorders (*Svaropaghāta*). Acharya Charaka similarly lists pain in the nasal region, sneezing (*Kshavathu*), watery discharge, hoarseness of voice, and headache (*Murdharoga*).

Allergic Rhinitis, from a contemporary perspective, is defined as an immunoglobulin E (IgE)-mediated inflammatory disorder of the nasal mucosa triggered by inhaled allergens (e.g., pollens, dust mites). Its cardinal symptoms watery rhinorrhoea, nasal itching, sneezing, and nasal congestion are virtually identical to the *Rupa* (manifest symptoms) of *Vataja Pratishyaya*. The high prevalence of AR, reported at 53.7% in patients presenting with nasal symptoms in a recent Indian study, highlights the growing public health concern, exacerbated by industrialization and environmental pollution.

1.3. Limitations of Current Management and Rationale for Study

Modern management relies on antihistamines, corticosteroids, and immunotherapy, which typically offer only symptomatic relief. These conventional agents are often associated with recurrence, dependency, and potential side effects, failing to address the underlying constitutional predisposition. Ayurveda, operating on the principle of treating the root cause (*Nidana Parivarjana*) and maintaining *Doshic* balance, offers a holistic alternative through therapies such as *Nasya* and *Rasayana*. This approach aims not only at symptomatic palliation but also at preventing recurrence and improving overall quality of life. Therefore, a study evaluating a combined Ayurvedic intervention is essential to scientifically validate its efficacy and safety in managing *Vataja Pratishyaya* by bridging the gap between classical wisdom and contemporary evidence-based medicine.

Research Question: Whether the combination of *Nidigdhika Avaleha* along with *Shadbindu Taila Nasya* decreases the signs and symptoms of *Vataja Pratishyaya* (Allergic Rhinitis) within a period of 30 days.

Aim and Hypothesis:

The primary aim was to study the role of *Nidigdhika Avaleha* and *Shadbindu Taila Nasya* in the management of *Vataja Pratishyaya* (AR).

- **Null Hypothesis (H0):** *Nidigdhika Avaleha* along with *Shadbindu Taila Nasya* was not effective in *Vataja Pratishyaya* (Allergic Rhinitis).
- **Alternative Hypothesis (H1):** *Nidigdhika Avaleha* along with *Shadbindu Taila Nasya* was effective in *Vataja Pratishyaya* (Allergic Rhinitis).

2. Materials and Methods (Study Protocol)

2.1. Study Design, Setting, and Ethical Compliance

The study utilized an interventional, prospective, single-arm design intended to assess treatment efficacy. The trial was conducted over 30 days, with regular clinical follow-up assessments scheduled every 10 days. Patient recruitment was carried out through the Outpatient Department (OPD) and Inpatient Department (IPD) of the Agad Tantra department at Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University (DSRRAU), Jodhpur.

Ethical approval was secured from the Institutional Ethics Committee (IEC No.-DSRRAU/PGIA/IEC/22-23/648), and the research work was formally registered in the Clinical Trials Registry-India (CTRI/2024/08/072252). A total of 44 patients were initially registered, with 40 completing the 30-day trial. Four patients withdrew due to irregular follow-up or personal choice.

2.2. Sample Recruitment and Selection Criteria

2.2.1. Inclusion Criteria

Subjects were eligible if they were diagnosed patients of Allergic Rhinitis, were willing to participate, were above 18 years of age, and presented with the corresponding signs and symptoms of *Vataja Pratishyaya* as described in Ayurvedic classics.

2.2.2. Exclusion Criteria

Exclusion criteria strictly screened out patients below 18 years, those unwilling to participate, or those with comorbidities that could confound the results, such as Bronchial Asthma, Hypertension, or Diabetes Mellitus. Patients with *Pratishyaya* secondary to systemic disorders (e.g., T.B., Syphilis), inflammatory diseases, or those requiring surgical intervention for nasal pathology (e.g., Nasal Polyp) were also excluded. Exclusion of systemic disorders and structural nasal issues was critical to ensure that the findings were specific to uncomplicated *Vataja Pratishyaya* pathology, minimizing noise from generalized inflammation or mechanical confounders.

2.3. Study Drugs, Preparation, and Standardization

Raw materials underwent pharmacognostical evaluation to confirm authenticity, including analysis of organoleptic characteristics (color, taste, odor, texture).

2.3.1. Nidigdhika Avaleha

This systemic oral formulation was prepared according to the classical text *Bhav Prakash Svarbheda chikitsa adhyaya*. The primary components were divided into *kwath Dravya* (decoction material) and *Prakshepa Dravya* (powdered additives).

The *Kwath Dravyas*, including *Kantkari*, *Pippali Mula*, *Chitraka*, and various Dashamoola roots (*Bilwa*, *Agnimath*, *Shyonak*, *Gambhari*, *Patla*, *Shalparni*, *Prishnparni*, *Brihati*, *Gokshura*), were boiled in 8 parts water until reduced to one-eighth of the original volume. Purana Guda was added and cooked until the desired *Avaleha* consistency was achieved. The fine powders (*Prakshepa*

Dravya) of *Trikatu* (*Pippali*, *Maricha*), *Trijata* (*Tvaka*, *Ela*, *Tejpatra*), and *Madhu* (Honey) were incorporated after cooling.

2.3.2. Shadbindu Taila Nasya

This local application was prepared as per the reference from *Siddha Yoga Sangrah* (Si. Yo. Sa. 46). It comprises *Kalka Dravyas* (paste ingredients: *Eranda*, *Tagara*, *Shatavha*, *Jeevanti*, *Rasna*, *Agaru*, *Saindhav Lavana*, *Tvaka*, *Vidanga*, *Yashtimadhu*, *Shunthi*), *Sneha Dravya* (base oil: Krishna Tila Taila), and *Drava Dravya* (liquid medium: Ajaksira and Bhringraj Swarasa). The base oil was processed with the *Kalka* and *Drava Dravyas* through the standard *Taila Paka Vidhi* (oil processing method). The final preparation ensured the transfer of therapeutically active principles into the base oil, resulting in a polyherbo-mineral formulation widely prescribed for *Siroroga* (diseases of the head).

2.4. Posology and Administration Schedule

The therapeutic regimen was administered for a continuous period of 30 days.

Table 1: Posology and Administration Schedule

Drug	Kalpana	Dose	Route of Administration	Time of Administration
<i>Nidigdhika Avaleha</i>	<i>Avaleha</i> (Semisolid)	6 gram	Oral	Twice a day (After meal) with Luke warm water
<i>Shadbindu Taila</i>	Taila (Oil)	2 drops	Nasal (<i>Nasya</i>)	Morning and evening (Empty stomach)

2.5. Subjective and Objective Assessment Criteria

2.5.1. Primary Endpoint (Subjective Assessment)

The primary efficacy endpoint was the reduction in the total signs and symptoms of *Vataja Pratishyaya* (AR). This was assessed using the Total Nasal Symptom Score (TNSS). The TNSS evaluated four cardinal symptoms: Sneezing, Nasal Congestion, Rhinorrhea, and Nasal Itching, each rated on a 4-point severity scale

- 0 = None
- 1 = Mild (clearly present but easily tolerable)
- 2 = Moderate (bothersome but tolerable)
- 3 = Severe (difficult to tolerate, interferes with activities)

2.5.2. Secondary Endpoints (Objective Assessment)

Secondary objectives focused on quantifying the reduction in inflammatory markers: Absolute Eosinophil Count (AEC) and Erythrocyte Sedimentation Rate (ESR). These laboratory investigations were performed before treatment (BT) and after treatment (AT), using statistical evaluation to determine the percentage of relief.

3. Therapeutic Agents: Composition and Pharmacological Rationale

The selection of *Nidigdhika Avaleha* and *Shadbindu Taila* was based on the mandate to address the systemic root cause (*Ama Visha*) and the local manifestation (*Vata-Kapha* vitiation in the nasal *Srotas*) of *Vataja Pratishyaya*.

3.1. Nidigdhika Avaleha: Systemic Deepana and Vata-Kapha Shamana

The *Avaleha* formulation is designed for systemic action, combining potent *Deepana-Pachana* (digestive fire kindling and toxin digestion) and *Vata-Kapha Shamaka* (pacifying) properties. The cornerstone of the formulation, Kantkari (*Solanum surattense*), is celebrated for its *Katu* (pungent) and *Tikta* (bitter) *Rasa* and *Ushna Virya* (hot potency), providing specific *Shwasahara* and

Kasahara effects. This nature is instrumental in liquefying and expelling accumulated *Kapha* from the respiratory passages.

Crucially, the presence of *Pippali Mula*, *Chitraka*, and *Maricha* ensures powerful *Deepana* and *Pachana* actions. This systematic enhancement of *Agni* facilitates the digestion of *Ama Visha*. By correcting this metabolic impairment, the *Avaleha* effectively breaks the first critical stage of the *Samprapti Vighatana* (pathogenesis breakdown), thereby neutralizing the internal source of the chronic *Dushi Visha* (allergic potential) that drives recurrence. The properties of *Pippali*, for instance, are known to enhance absorption and assimilation, demonstrating a *Rasayana* effect alongside its *Deepana* role, which optimizes the body's metabolic processes.

Furthermore, the components of *Dashamoola* (including *Bilwa*, *Agnimath*, and *Shyonak*) and *Gokshura* contribute to strong *Vata Shamana* and *Shothahara* (anti-inflammatory) effects. This mitigates the pain and body ache (*Angamarda*) associated with *Vata* aggravation while supporting tissue health, aligning the therapy with both symptomatic relief and anabolic restoration (*Rasayana*).

3.2. Shadbindu Taila Nasya: Local Shirovirechana and Vata Stabilization

Nasya Karma (nasal administration) is the most emphasized therapy for *Urdhwajatrugata Roga*. The medicine is believed to reach the *Shringataka Marma*, a vital point connecting the vessels of the nose, eyes, and ears, thereby directly influencing the *Uttamanga* (head region) and promoting *Shirovirechana* (purification). *Shadbindu Taila* is explicitly selected for its capacity to pacify vitiated *Vata* and *Kapha Dosha*. It executes a delicate balance between *Shodhana* (cleansing) and *Snehana* (oleation).

The *Tikshna* (sharp) and *Ushna* (hot) ingredients, such as *Agaru*, *Shunthi*, and *Saindhava Lavana*, perform the necessary *Shirovirechana* by liquefying and drying up the accumulated, sticky *Kapha* and *Ama* causing nasal congestion (*Nasa Avarodha*) and excessive secretion (*Srava*). This ensures *Srotoshodhana* (clearing of micro-channels) within the sinuses.

Critically, the preparation uses *Krishna Tila Taila* as the base and incorporates *Ajaksira* (Goat's Milk) and *Jeevanti*, which are inherently *Snigdha* (unctuous) and *Madhura* (sweet). These qualities are essential to pacify the aggravated *Vata Dosha*, which is responsible for the characteristic hyper-reactivity (sneezing and itching) in allergic patients. The co-administration of nourishing and stabilizing substances with the *Tikshna* cleansing agents minimizes the risk of *Vata* aggravation, which is a key consideration for nasal administration in *Vata*-dominant pathologies. This careful formulation maximizes local efficacy while preserving the integrity of the nasal *Sleshmadhara Kala* (mucous membrane).

4. Results

A total of 40 patients completed the 30-day clinical intervention. The statistical analysis of the obtained data utilized the Wilcoxon signed-rank test and Paired t-test, with results deemed highly significant if the value was < 0.0001 .

4.1. Demographic and Constitutional Profile

The demographic assessment revealed that the cohort primarily comprised young adults, with 67.50% falling between 19 and 30 years. Males constituted 60.00% of the population, and 57.50% were residents of urban areas.

Analysis of the Ayurvedic constitutional profile yielded significant findings that supported the disease classification. The dominant *Sharirika Prakriti* was *Vata-Kapha* (VK) at 47.50%, directly correlating with the pathological description of *Vataja Pratishyaya*. Furthermore, the *Agni* status was primarily distributed between *Sama* (32.50%) and *Vishama* (30.00%), with 40.00% exhibiting *Krura Koshtha*. This confluence of *Vata-Kapha* predominance, irregular digestive fire (*Vishama Agni*), and *Vata*-dominant bowel habit (*Krura Koshtha*) confirms the inherent constitutional vulnerability of the patient population to *Ama* formation and *Vata*-mediated hypersensitivity, validating the study's focus on these *Doshic* pathways.

4.2. Efficacy on Subjective Parameters (Total Nasal Symptom Score - TNSS)

The therapeutic intervention resulted in a highly significant reduction in all subjective symptoms, with the overall Total Nasal Symptom Score (TNSS) showing a substantial mean improvement of 63.75%.

Table 2: Efficacy on Total Nasal Symptom Score (TNSS) Components

Symptoms	BT (Mean±SD)	AT (Mean±SD)	Mean difference	SD	SE	% of improvement	P value	Result
Sneezing	2.62±0.49	1.02±0.57	1.600	0.49	0.074	61.07	<0.0001	Sig
Nasal congestion	2.65±0.48	1.00±0.55	1.650	0.48	0.076	62.26	<0.0001	Sig
Rhinorrohea	2.75±0.43	0.95±0.50	1.800	0.46	0.073	65.45	<0.0001	Sig
Nasal itching	2.45±0.71	0.82±0.59	1.625	0.58	0.092	66.33	<0.0001	Sig
Total TNSS	10.47±1.28	3.80±1.28	6.675	1.22	0.194	63.75	<0.0001	Sig

Graphical Representation of Subjective Improvements:

Figure 1: Comparison of Mean TNSS Sub-scores Before and After Treatment

Symptom	Before Treatment (Mean)	After Treatment (Mean)
Sneezing	2.62	1.02
Nasal Congestion	2.65	1.00
Rhinorrhea	2.75	0.95
Nasal Itching	2.45	0.82

Individual symptom analysis revealed that Nasal Itching, the primary indicator of Vata-mediated hypersensitivity, demonstrated the highest percentage relief at 66.33% Rhinorrhea, the primary manifestation of vitiated Kapha causing excessive secretion, was also significantly reduced by 65.45 All subjective improvements were validated by P values of < 0.0001, confirming the highly statistically significant efficacy of the regimen.

4.3. Efficacy on Objective Parameters

The secondary objectives assessed the anti-inflammatory and anti-allergic effects of the therapy using laboratory parameters, confirming systemic physiological changes.¹

Table 3: Efficacy on Objective Parameters (AEC and ESR)

Parameter	Mean Value (BT ± SD)	Mean Value (AT ± SD)	Mean Difference	% Reduction	P Value
Absolute Eosinophil Count	0.85 ± 0.15	0.41 ± 0.16	0.433	50.94	<0.0001
ESR (mm/hr)	32.67 ± 11.83	16.47 ± 6.17	16.20	49.59	<0.0001

Graphical Representation of Objective Improvements:

Figure 2: Comparison of Absolute Eosinophil Count and ESR Before and After Treatment

Parameter	Before Treatment (Mean)	After Treatment (Mean)
Absolute Eosinophil Count	0.85	0.41
ESR (mm/hr)	32.67	16.47

The Absolute Eosinophil Count (AEC), a definitive modern marker for allergic and atopic disorders, demonstrated a substantial reduction of 50.94% This objective data corroborates the subjective reduction in hypersensitivity symptoms. The Erythrocyte Sedimentation Rate (ESR), a non-specific

marker of systemic inflammation, was reduced by 49.59% Both objective markers showed changes that were statistically highly significant ($P < 0.0001$), thereby providing biological validation for the clinical findings.

5. Discussion

5.1. Interpretation of Clinical and Statistical Significance

The combined therapy of *Nidigdhika Avaleha* and *Shadbindu Taila Nasya* produced statistically overwhelming results across all measured endpoints, leading to the definitive rejection of the null hypothesis. The clinical response, marked by a 63.75% reduction in the TNSS, confirms that this integrated Ayurvedic approach offers meaningful relief for the symptomatic burden of Allergic Rhinitis.

The successful clinical outcome is primarily attributed to the systematic dismantling of the *Vataja Pratishyaya Samprapti* at both its systemic and local pathological sites, a strategy dictated by the classical texts.¹ The most significant components of this pathogenesis include the systemic presence of *Ama Visha* (the latent toxin), the hypersensitivity mediated by *Vata* vitiation, and the obstruction and secretion mediated by *Kapha* involvement.

5.2. Pathogenesis Breakdown (*Samprapti Vighatana*) through Therapeutic Action

5.2.1. Systemic Detoxification: Deepana-Pachana and Ama Visha Clearance

The foundation of chronic *Vataja Pratishyaya* lies in the weakened *Agni* and the subsequent generation of *Ama Visha*, which acts as a *Dushi Visha* (latent poison).¹ The primary role of *Nidigdhika Avaleha* is to reverse this pathology.

The inclusion of powerful *Deepana-Pachana* agents, such as Pippali, Maricha, and Chitraka, effectively rekindles the impaired digestive fire and digests the accumulated *Ama*. This systemic detoxification strategy breaks the chronicity and recurrence cycle, which is fundamental to managing *Dushi Visha* pathology.

The objective results strongly validate this mechanism: the significant reduction in ESR (49.59%) provides modern evidence of reduced systemic inflammation, directly reflecting the successful clearance of circulating *Ama*. Simultaneously, the sharp reduction in the Absolute Eosinophil Count (50.94%) serves as a specific biomarker validation of the therapy's anti-allergic and immunomodulatory effect, demonstrating that resolving the metabolic root cause (*Ama Visha*) directly leads to quantifiable immunological normalization.

5.2.2. Local Management: Vata-Kapha Shamana and Srotoshodhana

The local application of *Shadbindu Taila Nasya* complements the systemic detoxification by providing targeted relief in the *Pranavaha Srotas* (respiratory channels).

- **Kapha Clearance and Obstruction Relief:** The *Tikshna* and *Ushna* properties of the Taila's ingredients (e.g., Shunthi, Agar) execute *Shirovirechana*, liquefying and eliminating the viscous *Kapha* that causes nasal congestion and rhinorrhea. The high relief observed in Rhinorrhea (65.45%) and Nasal Congestion (62.26%) confirms the efficacy of this local *Kapha Shoshana* (Kapha drying) action.

- **Vata Stabilization and Hypersensitivity Control:** The *Vataja* component of the disease drives the paroxysmal symptoms of sneezing and nasal itching. *Shadbindu Taila* is formulated with a *Sneha* base (*Tila Taila* and *Ajaksira*) that contributes *Snigdha Guna*, directly pacifying the aggravated *Vata*.¹ The exceptional relief in Nasal Itching (66.33%) and Sneezing (61.07%) demonstrates that this *Snehana* effect successfully raised the threshold for allergic hyper-reactivity, stabilizing local *Vata*. The simultaneous application of local *Snehana* (oleation) and *Shodhana* (cleansing) prevents the typical complication of *Vata* aggravation that can occur with harsh cleansing procedures, affirming the advanced therapeutic design rooted in classical Ayurvedic pharmacology.

5.3. Constitutional Corroboration

The study's observation that the majority of patients presented with Vata-Kapha *Prakriti* (47.50%), accompanied by *Vishama Agni* (30.00%) and *Krura Koshtha* (40.00%), validates the selection of a combined *Vata-Kapha Shamaka* and *Deepana-Pachana* regimen. This data confirms that the observed constitutional profile represents a population most susceptible to the dual pathological forces that manifest as *Vataja Pratishyaya*, lending robust support to the principle of *Prakriti-Chikitsa* (constitutionally tailored treatment).

5.4. Safety Profile and Conclusion

The current trial reported zero incidence of Adverse Drug Reactions (ADR) during the 30-day intervention. This excellent safety profile is paramount for a therapy intended for chronic, recurrent conditions like Allergic Rhinitis, particularly when compared to potential long-term risks associated with conventional systemic medications.¹ The dual action of systemic metabolic correction and targeted nasal cleansing provides an evidence-based, integrative model for treating chronic allergic disorders.

6. Conclusion and Recommendations

6.1. Conclusion

This exploratory single-arm clinical study conclusively demonstrated that the integrated administration of systemic *Nidigdhika Avaleha* and local *Shadbindu Taila Nasya* is significantly effective in the management of *Vataja Pratishyaya* (Allergic Rhinitis).¹ The therapy resulted in high subjective relief (63.75% TNSS reduction) and profound objective immunological and anti-inflammatory changes (50.94% AEC reduction and 49.59% ESR reduction, with $P < 0.0001$ for all primary and secondary endpoints). These findings validate the classical Ayurvedic strategy of systemic *Ama Visha* clearance and *Vata-Kapha* balance as a potent, safe, and root-cause solution for chronic allergic hypersensitivity.

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