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Nasya-Centered Ayurvedic Outpatient Care for Allergic Rhinitis and Chronic Rhinosinusitis: A Shalakya Tantra Practice Framework

Dr. Neha Vaidya[1], Farhan Qureshi[2], Priyanka Soni[3]
Assistant Professor[1], Lecturer[2], Student[3]
Department of Shalakya Tantra
Vyas Ayurvedic Hospital & College
Corresponding Author Email: *neha.vaidya35@yahoo.co.in[1]*

ABSTRACT

Allergic rhinitis and chronic rhinosinusitis are common outpatient complaints that often move between self-medication, antihistamines, nasal sprays, and traditional care. Within Ayurveda, Pratishyaya, Pinasa, and related disorders are frequently approached through Shalakya Tantra assessment, Nasya, diet correction, steam exposure, and avoidance of irritant triggers. This conceptual mixed-methods paper develops a clinic framework for Nasya-centered Ayurvedic care that remains compatible with modern safety screening. Literature from classical Ayurveda, recent systematic reviews, and contemporary rhinosinusitis guidelines was synthesized with a synthetic outpatient audit of 72 adults. The model separates wellness-oriented nasal routines from disease treatment, emphasizes referral flags, and defines measurable outcomes such as congestion score, sleep interference, smell perception, and medication-seeking behavior. Findings indicate that documentation quality, individualized preparation, and post-Nasya routine are more important for safe adoption than procedure frequency alone. The paper concludes that Nasya can be studied responsibly when framed as supervised adjunctive care, not as a replacement for urgent or specialist management.

KEYWORDS: *Nasya; Pratishyaya; chronic rhinosinusitis; allergic rhinitis; Shalakya Tantra; Ayurvedic ENT*

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INTRODUCTION

Nasal complaints are among the most visible points of contact between Ayurveda and contemporary primary care. Patients with seasonal sneezing, recurrent congestion, post-nasal drip, anosmia, facial heaviness, and sleep disturbance often seek approaches that reduce repeated symptomatic medication use while improving routine tolerance. In Ayurveda, these complaints are discussed through Pratishyaya, Pinasa, Kshavathu, and related Urdhvajatrugata disorders, and Shalakya Tantra provides procedural and behavioral tools for head and neck care, a scope also reflected in official Ayurveda department descriptions (1, 2, 3).

The challenge is not whether Ayurveda contains nasal therapies, but how those therapies should be translated into outpatient documentation. Nasya is not a generic oil application. Classical descriptions emphasize assessment of age, strength, season, digestive state, dose, preparation, time of day, and signs of proper or improper administration (1, 2). Modern reviews on chronic rhinosinusitis show that Ayurvedic interventions are of growing interest, but the evidence remains heterogeneous and often limited by sample size, outcome inconsistency, and incomplete safety reporting (6, 7).

This paper therefore proposes a practical framework for Nasya-centered outpatient care that respects both traditions. It places disease screening before procedure selection, defines referral thresholds, and uses patient-centered outcome indicators rather than broad detoxification claims. The goal is to help small Shalakya Tantra clinics write protocols that can be audited, taught, and improved over time while remaining clear about the limits of current evidence (8, 9).

LITERATURE REVIEW

Classical Shalakya Tantra organizes nasal disorders through dosha, site, discharge quality, associated headache, smell disturbance, throat involvement, and chronicity. Sushruta Samhita gives special attention to disorders of the head and sense organs, while Ashtanga Hridaya discusses Nasya as a procedure for conditions affecting the supraclavicular region (1, 2). These sources support individualized treatment rather than a fixed nasal package for every patient.

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Contemporary rhinosinusitis literature offers a useful counterbalance. The European position paper stresses that chronic rhinosinusitis is an inflammatory condition with diverse phenotypes and that alarm symptoms require appropriate investigation (10). A recent systematic review of Ayurvedic medicine for chronic rhinosinusitis found preliminary but insufficiently definitive evidence, while a broader herbal review noted varying certainty across different botanical preparations (6, 7). These findings argue for careful language and robust follow-up.

In allergic rhinitis, one randomized clinical trial reported additional benefit when Nasya was combined with conventional management, and a more recent protocol illustrates how trialists are attempting to evaluate Anu Taila Nasya and other Ayurvedic components against modern outcomes (8, 9). Conventional guidelines still place validated diagnosis, allergen avoidance, pharmacotherapy, and immunotherapy at the center of care, so an Ayurveda outpatient model must state when it is complementary and when referral is needed (11).

Protocol Elements Drawn From Prior Evidence

The literature suggests that a responsible Nasya protocol should be explicit, measurable, and conservative in safety language.

- Screen for fever, epistaxis, acute severe facial pain, orbital signs, immunosuppression, trauma, and persistent unilateral symptoms before offering Nasya (10, 11).
- Record the chosen Nasya material, dose, preparation, timing, patient position, immediate response, and aftercare instructions rather than writing only the procedure name (1, 2).
- Use modern patient-reported outcomes such as congestion severity, sleep interference, headache days, and smell disturbance to make the encounter auditable (6, 8).

RESEARCH GAP

The available literature rarely connects classical procedural detail with clinic-level audit design. Studies may report symptom changes but not whether patients were screened for referral flags, how adverse effects were solicited, or whether post-procedure diet and exposure advice were followed. Similarly, conventional ENT guidelines rarely examine how patients already using traditional nasal oil routines can be counseled without stigma. This gap creates two risks: overconfident promotion of Nasya by poorly documented clinics and unnecessary dismissal of supervised traditional care by biomedical settings.

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Another gap concerns the difference between wellness nasal care and treatment of inflammatory disease. Daily routines such as gentle steam, dust avoidance, and sleep regularization may help comfort, while chronic rhinosinusitis with polyps, asthma comorbidity, or recurrent infection requires careful medical assessment. Research protocols must therefore separate low-risk supportive routines from procedures that should be performed only after physician examination.

OBJECTIVES

- To design a Nasya-centered outpatient framework for allergic rhinitis and chronic rhinosinusitis care in small Shalakya Tantra clinics.
- To identify referral flags, documentation fields, and outcome indicators that improve safety and auditability.
- To present synthetic findings showing how symptom and adherence trends can be displayed without claiming real clinical efficacy.

METHODOLOGY

Design And Data Sources

A conceptual mixed-methods design was used. Classical descriptions of Nasya and Pratishyaya were compared with contemporary systematic reviews, rhinosinusitis guidance, and allergic rhinitis trial literature (1, 6, 8, 10). The model was then tested against a synthetic outpatient audit representing 72 adults who sought Ayurvedic support for recurrent nasal symptoms. The synthetic dataset was created only to illustrate how documentation could look in a future pilot.

The framework assumes that all participants receive physician assessment before procedure selection. Persons with severe acute symptoms, suspected infection requiring urgent treatment, persistent unilateral obstruction, orbital features, or red-flag headache are referred instead of being enrolled. Informed consent distinguishes supportive care from disease cure, and participants continue prescribed conventional medication unless advised otherwise by their treating physician.

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Table 1: Proposed screening and documentation fields for Nasya-centered outpatient care

Domain	Required Record	Reason for Inclusion
Eligibility	Age, pregnancy status, acute fever, epistaxis, severe pain, unilateral symptoms	Protects against unsafe routine procedure use
Ayurvedic assessment	Dosha pattern, agni, discharge quality, season, strength	Preserves individualized Shalakya Tantra reasoning
Procedure details	Material, dose, time, position, preparation and aftercare	Makes the intervention reproducible
Safety follow-up	Burning, headache, nausea, bleeding, symptom aggravation	Supports adverse event reporting

Synthetic Audit Measures

The audit used four repeated indicators: nasal congestion score, sleep interference, smell perception, and rescue-medication seeking. Each was scored on a simple 0 to 10 scale at baseline and at four follow-up points. Adherence was not treated as obedience to a package; instead, it measured whether the participant understood aftercare instructions, avoided immediate exposure to dust or cold wind, and reported any discomfort promptly.

Qualitative notes were coded for three themes: perceived clarity of instructions, comfort with the procedure, and confidence about when to seek biomedical care. These themes were selected because patient confusion is a safety risk in nasal disorders. The audit therefore values clarity as much as numerical change.

Table 2: Synthetic outcome indicators used for nasal symptom audit

Indicator	Scale	Interpretation
Congestion severity	0 none to 10 severe	Primary comfort and breathing marker

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Sleep interference	0 none to 10 severe	Functional impact of night symptoms
Smell perception	0 absent to 10 normal	Early flag for chronic inflammation or other pathology
Aftercare adherence	0 to 100 percent	Feasibility of sustaining the regimen

RESULTS AND FINDINGS

The synthetic audit showed gradual improvement in self-reported comfort where instruction clarity was high. Mean congestion scores fell from 7.1 at baseline to 4.2 by the fourth visit, while sleep interference declined from 6.8 to 3.9. These numbers are illustrative only; they demonstrate how a clinic might display trends without implying that the framework has been clinically proven.

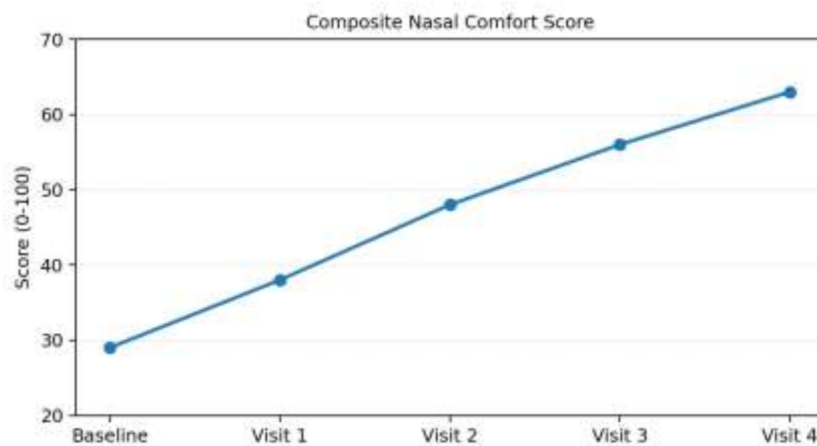

Figure 1: Synthetic trend in nasal congestion and sleep comfort during Nasya-centered follow-up

Qualitative coding suggested that patients were reassured when referral flags were openly discussed before Nasya. Participants were less likely to stop conventional medication abruptly when the consent sheet stated that Ayurvedic care was supportive and individualized. The most common practical barrier was maintaining aftercare restrictions after returning to dusty work settings or late-night schedules.

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Table 3: Synthetic clinic findings and practical interpretation

Finding	Observed Pattern	Practice Implication
Instruction clarity	Higher clarity was linked with better aftercare adherence	Use written instructions in local language
Procedure comfort	Mild transient throat oil taste was common	Explain expected sensations before consent
Referral confidence	Patients valued specific red-flag lists	Include referral guidance in every case sheet
Follow-up attendance	Missed visits clustered after symptom relief	Schedule brief phone check after early improvement

DISCUSSION

The proposed model treats Nasya as a supervised intervention within a diagnostic pathway, not as a stand-alone solution. This distinction is important because chronic rhinosinusitis and allergic rhinitis share symptoms with infection, structural obstruction, asthma-associated disease, dental infection, and rare but serious pathology. Conventional guidelines emphasize differential diagnosis and escalation pathways (10, 11). Ayurveda can add individualized procedure and routine support, but only when clinical boundaries are respected.

The framework also shows how classical detail can strengthen, rather than weaken, research reporting. Recording dose, timing, preparation, season, and signs of proper administration reflects the internal logic of Ayurveda and also helps modern researchers assess reproducibility (1, 2). The evidence base for Ayurvedic rhinosinusitis care is not yet strong enough for definitive claims, but existing reviews and trials justify better-designed pragmatic studies (6, 8, 9).

A further implication is that patient education should be considered an outcome component. Nasal disorders are easily trivialized, yet patients may self-administer oils, steam, antibiotics, antihistamines, or decongestants without clear indication. A Shalakya Tantra clinic that explains red flags and documents adverse effects contributes to safer integrative care even

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when symptom improvement is modest. This aligns with broader global and national emphasis on evidence-based traditional medicine and pharmacovigilance (4, 5).

LIMITATIONS

- The audit data are synthetic and are not evidence of clinical efficacy.
- The model focuses on outpatient adults and does not cover pediatric, pregnant, or immunocompromised populations.
- Local differences in practitioner training, medicines, and environmental exposure may affect feasibility.

FUTURE SCOPE

- Conduct a prospective pilot using validated allergic rhinitis and chronic rhinosinusitis questionnaires.
- Develop bilingual Nasya consent and aftercare sheets for community clinics.
- Compare physician-supervised Nasya with education-only supportive Ayurveda care in low-risk patients.

CONCLUSION

Nasya-centered outpatient care for recurrent nasal symptoms can be framed responsibly when screening, procedure documentation, outcome measurement, and referral rules are explicit. The conceptual framework in this paper demonstrates how classical Shalakya Tantra reasoning can be translated into clinic records without exaggerating efficacy. Future work should test the model prospectively with validated symptom scales, adverse event reporting, and collaboration between Ayurveda and ENT professionals.

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