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A Conceptual Review of its Aetiopathogenesis, Clinical Presentation and Management Pratishyaya in Ayurveda

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ABSTRACT:

Pratishyaya occupies a unique and significant position in classical Ayurveda, being described not only as an independent disease but also as a premonitory symptom (Purvarupa), a complication (Upadrava), and a sequel (Uttararupa) of several systemic disorders. The Ayurvedic Acharyas recognized Pratishyaya as a disease of profound clinical importance because of its close association with the disorders of the Urdhvajatrugata region and its potential to progress into chronic and debilitating conditions when neglected. Owing to its recurrent nature and tendency to affect multiple structures of the upper respiratory tract, it has been regarded as a substratum capable of giving rise to a wide spectrum of diseases. This significance is reflected in the detailed descriptions and repeated references found throughout the **Brihattrayi**—namely the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*—as well as the *Kashyapa Samhita*, where special emphasis is placed on its occurrence and management in children.From an Ayurvedic perspective, Pratishyaya is primarily a Tridoshaja disorder with varying predominance of individual Doshas, resulting in distinct clinical manifestations and therapeutic considerations. The disease develops due to the interaction of etiological factors (Nidana), impairment of Agni, vitiation of Doshas, and involvement of the Pranavaha and Urdhvajatrugata Srotas, ultimately producing characteristic nasal and systemic symptoms. Classical texts provide a systematic account of its etiopathogenesis, beginning with causative factors (Nidana), followed by premonitory signs (Purvarupa), cardinal clinical features and classification (Rupa), pathogenesis (Samprapti), complications (Upadrava), prognosis, and comprehensive principles of management (Chikitsa). Such an organized description highlights the depth of Ayurvedic understanding of this commonly encountered disorder.This article presents a concise conceptual review of the etymology, etiological factors (Nidana), premonitory features (Purvarupa), clinical manifestations and classification (Rupa), pathogenesis (Samprapti), complications (Upadrava), differential diagnosis, and therapeutic principles (Chikitsa) of Pratishyaya.

Keywords: *Pratishyaya*, *Nidana*, *Samprapti*, *Upadrava*, *Vyadhikshamatva*, Recurrent Upper Respiratory Tract Infection.

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Introduction:

Disease and suffering have been fundamental attributes of the human condition since time immemorial. The intellectual flowering of ancient India provided the foundation for the authentic textbooks of Ayurveda, in which the symptomatology of prevalent diseases was analysed in depth to arrive at their probable clinical pictures, aetiological factors, prodromal features and pathogenesis. The prominence given to a disease in these classics, together with the frequency of its citation, corresponds to its prevalence at the time of writing. Judged by this yardstick, *Pratishyaya* was clearly a condition of considerable antiquity and importance described under multiple categories as an independent disease, a *Purvarupa*, an *Upadrava* and a sequel and regarded by ancient scholars as capable of seeding a large number of other disorders.

Etymology and Definition:

The term *Pratishyaya* is derived from the *Shyeng Dhatu*, meaning "to move." Prefixed by *Prati* and suffixed by *Gatav*, it comes to denote a condition of continuous flow — here, of nasal discharge.

The **Amarakosha** defines it as a state in which discharge occurs at every moment (*Pratikshanam syayate iti Pratishyayah*). **Dalhana**, commentator of the *Sushruta Samhita*, describes it as the condition in which *Kapha*, *Pitta* and *Rakta* move together with *Vata* in one direction. **Bhavamishra** interprets it as accumulation of vitiated *Dosha* in the *Shira* (head) at every moment. *Acharya* **Charaka**, while discussing *Rajayakshma*, describes *Pratishyaya* as a severe, debilitating condition arising when *Kapha*, *Rakta* and *Pitta*, forcibly displaced by vitiated *Vata*, migrate from the root of the *Nasapradesha*.

Nidana (Aetiology):

The causative factors of *Pratishyaya* are broadly classified as ***Sadyojanaka Nidana** *(immediate triggering factors) and* **Kalantarajanaka Nidana** *(factors acting over time, such as* Mandagni, Ajirna*, and other diseases in which* Pratishyaya *arises as a complication). The* Sannikrishta Hetus *cause direct* Achaya-Prakopa *of the* Doshas*, whereas the* Viprakrishta Hetus *act more gradually through* Chaya *before* Prakopa*.

These factors are further grouped as *Aharaja* (dietary — e.g. *Ajeerna*, *Vishamashana*, excessive intake of cold water or of *Guru, Shita* and *Madhura* substances), *Viharaja* (behavioural — e.g. excessive coitus, disturbed sleep, suppression of natural urges, exposure to dust and smoke, excessive exposure to sun or cold, excessive speaking) and *Manasika* (psychological — e.g. *Ati Krodha*). Collectively, these factors act by producing *Agnimandya*, *Stanika* and *Sarvadaihika Srotovaigunya*, *Visha Utpadana*, lowered *Vyadhikshamatva*, or aggravation of *Vata* in the reverse direction (*Vata Pratiloma*). *Pratishyaya* is also described as arising secondary to other diseases: in certain types of *Jwara* (especially *Shleshmika*); through *Vegasandharana*-induced *Udavarta*; as a *Lakshana* of incurable and *Kaphaja Gulma*; among the complications of sudden cessation of bleeding in *Raktapitta*; with an independent *Samprapti* in *Rajayakshma*; consequent to *Shiroroga* through vitiation of *Tarpaka Kapha*; and following suppression of *Chhardi* (vomiting).

Purvarupa (Premonitory Features):

Purvarupa represents localisation of vitiated *Doshas* (*Sthana Samsraya*) prior to full clinical manifestation (*Vyaktavastha*); these are typically prominent only in disease arising from *Kalantarajanaka Nidana*. **Sushruta** lists heaviness of the head (*Sirogurutwa*), sneezing (*Ksavathu*), body ache (*Angamarda*), horripilation and other associated *Upadravas* such as *Jwara* and *Arochaka*. The **Videha Samhita** additionally mentions nasal smokiness (*Nasa Dhumayana*), dryness of the palate and throat, and *Manthana*. Collectively these point to a generalised, early *Kapha-Vata* dominant vitiation.

Rupa (Clinical Features) and Classification:

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Charaka, describing *Pratishyaya* in the context of *Rajayakshma*, lists cardinal features including *Sirahsula*, *Sirogurutwa*, *Nasa Viplava*, *Jwara*, *Kasa*, *Kaphotklesha*, *Swarabheda*, *Aruchi* and *Klama*. **Kashyapa** describes a generalised clinical picture in which the face, head and nose appear obstructed, with impairment of olfaction.

Sushruta classifies the disease into five types — *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja* and *Sannipataja* — a scheme also followed by **Vagbhata**; **Charaka** and **Kashyapa**, however, do not recognise *Raktaja Pratishyaya* as a separate entity. The salient distinguishing features of each type are summarised below.

Type	Salient Clinical Features
Vataja	Nasal obstruction (*Nasavarodha*, the cardinal feature), thin discharge, nasal pain, headache, sneezing; mouth-breathing leads to dryness of lips, throat and palate, and disturbed sleep.
Pittaja	Yellowish/reddish, hot, foul-smelling discharge, nasal and oral ulceration, burning, fever, thirst, and — in chronicity — pallor and emaciation.
Kaphaja	Copious, thick, sticky, cold discharge, itching of nose/palate, heaviness of head and body, anorexia, cough; suggestive of longstanding disease with lower-respiratory and sinus involvement.
Raktaja	Blood-tinged, copper-coloured, foul discharge, anosmia, features of chest injury, suggestive of chronic infection or antecedent trauma.
Sannipataja	Combination of all the above features, of sudden onset and remission, with tendency to unexplained recurrence.

Samprapti (Pathogenesis):

Two broad pathogenic pathways are described. In individuals with pre-existing *Agnimandya* and mild (temporary or permanent) *Srotovaigunya*, exposure to *Sadyojanaka Nidana* directly precipitates *Achaya-Prakopa* of the *Doshas*. *Kalantarajanaka Nidana*, in contrast, first produce *Agnimandya* and *Ama*; the resultant toxic, vitiated *Dosha-Dushya* complex circulates and obstructs the *Srotases*. *Prana* and *Udana* (*Vata*), *Bhrajaka* and *Alochaka* (*Pitta*), and *Tarpaka* (*Kapha*) are chiefly implicated, with **Vagbhata** specifically attributing head and neck disease to vitiated *Udana Vata*. **Charaka** describes the resulting obstruction of *Prana* by *Udana* as producing *Pratishyaya*, *Sirograha* and respiratory distress, a state termed *Marutapurna Siras* — the head forcibly overwhelmed by vitiated *Vata*.

Samprapti Ghataka:

- *Dosha — Kapha-Vata Pradhana, Alpa Pitta*
- *Dushya — Rasa, Rakta*
- *Agni — Jatharagni, Rasadhatwagni*
- *Srotas — Pranavaha, Rasavaha, Annavaha, Raktavaha*
- *Srotodushti — Sanga, Vimargagamana, Atipravriti*
- *Udbhavasthana — Amashaya; Adhisthana/Vyaktasthana — Nasa, Shiras*
- *Vyadhiswabhava — Ashukari* (acute/rapid onset)

Stages: *Vriddha Sushruta*, as quoted by *Dalhana*, describes two stages — ***Ama** (anorexia, distaste, watery nasal catarrh, pain, heaviness of head, sneezing, fever) and* **Pakwa** *(relief of nasal/oral/head congestion with thick, yellow discharge). Untreated,* Ama Avastha *(equated with* Nava Pratishyaya*) progresses to* Pakwa/Jirna*, and any type left untreated may become* Dushta Pratishyaya*.

Upadravas (Complications)

Progression of *Samprapti* beyond *Vyaktavastha* produces disturbance across *Dosha*, *Dhatu* and *Mala*, giving rise to complications that **Sushruta** lists as

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deafness (*Badhirya*), blindness (*Andhata*), anosmia (*Aghranam*), disorders of the eye, cough, *Agnimandya* and oedema (*Sopha*). Nearly all *Acharyas* other than *Charaka* describe such *Upadravas*. Because the affected sense organs (hearing, vision, smell) converge with the tongue at the *Sringhataka Marma*, the pattern of complications suggests progression of pathology through this vital point.

Differential Diagnosis:

Because *Pratishyaya* also occurs as a *Hetu* or complication in several other conditions, careful differentiation is emphasised in the classics.

Condition	Key Differentiating Point from *Pratishyaya*
Kaphaja Kasa	Cough persists even after nasal discharge and *Pratishyaya* resolve; *Kapha Nishthivana* is present.
Tamaka Shwasa	Relief on sitting up and after *Kapha* expectoration; aggravated by wind — features absent in isolated *Pratishyaya*.
Vata-Kaphaja Jwara	Generalised body heaviness (*Sarvanga Gaurava*) and *Shirograha* rather than the localised nasal/head features of *Pratishyaya*.
Rajayakshma	Chronic (*Chirakari*) course, predominant pulmonary involvement, and close association with *Dhatukshaya*.

Chikitsa (Principles of Management):

Management is tailored to the stage of the disease. In ***Nava Pratishyaya***, Swedana, *warm food, and* Ardraka *(ginger) with milk or sugarcane preparations are advised, while unctuous therapy (*Ghritapana*) is deliberately withheld. Once past the* Nava *stage, the general protocol includes* Sarpish Pana, *various forms of* Sweda, Vamana *and* Nasya. *In* **Pakwa Pratishyaya**, Nasya, Virechana, Asthapana Basti, Dhumapana *and* Kavala *are employed. Where complications such as* Chhardi, Angasada, Jwara *or* Atisara *coexist,* Langhana, Deepana *and* Pachana *precede the specific measures; in cases of pronounced* Vata-Kapha *vitiation with adequate strength,* Vamana* after liberal fluid intake is indicated, alongside management of individual complications.

Type-specific measures are also detailed — *Vataja* favouring *Ghritapana*, *Shiro-Virechana* (*Nasya*) and *Sneha/Sweda*; *Pittaja* favouring *Ghritapana*, *Parishechana*, cooling *Lepa* and *Virechana*; *Kaphaja* favouring *Vamana*, *Nasya* and *Langhana*; and *Sannipataja* combining several of the above along with *Gutika* and *Avaleha* preparations.

General Do's and Don'ts:

- Remain in a place free of wind; keep the head covered with warm cloth.
- Favour *Laghu*, *Snigdha*, *Amla-Lavana* dominant foods — *Jangala Mamsa*, jaggery, milk, *Yava*, *Godhuma*, *Dadhi*, *Dadima*, *Haritaki* — and warm *Dashamula Paniya*.
- Undertake *Snehana*, *Swedana*, *Vamana*, strong *Nasya*, *Dhumapana* and *Gandusha* as indicated.
- Avoid cold water and cold exposure, anger and emotional stress, sexual intercourse, excessively dry foods, suppression of natural urges, newly prepared wines, and excessive sleep or bathing.

Pratishyaya in Pediatric Practice:

While the general *Acharyas* describe *Pratishyaya* broadly, **Kashyapa** presents it as especially relevant to childhood. Contributory factors specific to children include repeated intake of heavy, sweet, cold or dry foods, sleeping after taking two dissimilar types of milk, bathing after a heavy meal or in cold water, excessive water intake after food, and habitual suppression of natural urges — which, in a

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child with weak *Agni*, aggravate *Vata* and vitiate *Kapha* at the *Nasapradesha*.

Kashyapa classifies pediatric *Pratishyaya* into four types — *Vataja*, *Pittaja*, *Kaphaja* and *Sannipataja* — each with features suited to observation in infants and young children: excessive crying, disturbed sleep and thin discharge in *Vatika*; fever, thirst and suppuration in *Paittika*; chronicity, anorexia and heaviness of head in *Kaphaja*; and foul smell with generalised features in *Sannipatika*. Management includes fasting (*Upavasa*), light warm food, *Nivatasthana*, medicated ghee preparations (*Satpala*, *Panchagavya*), *Dhumapana*, *Kabala* and *Gandusha*.

The heightened susceptibility of children is explained through concepts such as *Dosha-Dushya-Malalpata*, *Soukumaryata*, *Alpakayata*, *Aparipakwa Dhatu* and *Aniyatagni* — all pointing to an immature, low-immune constitutional state. When combined with genetic susceptibility, familial disposition, environmental and residential factors, and the stress of modern routines, this predisposes children to repeated infection — a picture closely paralleling Recurrent Upper Respiratory Tract Infection (RURTI). This underscores the Ayurvedic emphasis on *Vyadhikshamatva* (disease-resisting capacity), which depends on *Bala* (strength — *Sahaja*, *Kalaja* and *Yuktikrita*) and ultimately on *Ojas*, the essence of the seven *Dhatus*; all three remain relatively underdeveloped in the pediatric age group, as reflected in *Chakrapani*'s classical definition of *Vyadhikshamatva* as the capacity to resist the onset or severity of disease.

Conclusion:

Pratishyaya represents a multifaceted and clinically significant disease entity in Ayurveda, being described not only as an independent disease but also as a Purvarupa (premonitory manifestation), Upadrava (complication), and Uttararupa (sequel) of several systemic and Urdhvajatrugata disorders. Classical Ayurvedic literature provides a comprehensive understanding of the disease through a detailed description of its Nidana (aetiological factors), Purvarupa (premonitory signs), Rupa (clinical manifestations), Samprapti (pathogenesis), Upadrava (complications), and Chikitsa (management). The disease is classified into five distinct types based on the predominance of individual Doshas, each exhibiting characteristic symptomatology, prognosis, and therapeutic requirements.The pathogenesis is systematically explained through two principal pathways—direct aggravation of Doshas by etiological factors and Dosha vitiation secondary to Agnimandya and Ama formation—culminating in the manifestation of nasal and systemic features. Classical texts also emphasize the sequential progression of the disease through identifiable stages, highlighting the importance of timely diagnosis and stage-specific intervention to prevent chronicity and complications.The significantly higher prevalence of Pratishyaya in the pediatric population is convincingly explained through the Ayurvedic concepts of Bala, Ojas, and Vyadhikshamatva, which describe the relative immaturity of physiological strength, tissue stability, and disease resistance during childhood. Coupled with Kapha predominance, incomplete development of bodily systems, frequent exposure to environmental allergens and infections, and dietary indiscretions, these factors make children particularly susceptible to recurrent episodes of upper respiratory illness. The classical therapeutic approach therefore advocates individualized, Dosha-specific, and stage-wise management, incorporating Nidana Parivarjana, Shodhana, Shamana, Rasayana therapy, dietary regulation, and lifestyle modifications according to the patient's age, strength, and disease stage. Collectively, these principles offer a rational and holistic Ayurvedic framework for understanding, preventing, and

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managing recurrent upper respiratory infections in pediatric practice. Furthermore, the rich classical descriptions and their relevance to contemporary pediatric respiratory disorders underscore the need for continued clinical validation and interdisciplinary research to strengthen the evidence base for Ayurvedic management of Pratishyaya.

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