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Innovations in Shalakya Tantra for Women and Child Health: A Narrative Evidence-Based Review with Community Implementation Framework.

Dr Omkar D Salokhe [1] **Dr Jayvant V Kharat** [2]

Abstract

The rising prevalence of ophthalmic and ENT disorders among women and children reflects the combined impact of changing lifestyles, prolonged screen exposure, environmental allergens, and physiological vulnerability during growth and hormonal transitions. In children, allergic rhinitis, recurrent tonsillitis, allergic conjunctivitis, and dry eye disease are increasingly reported and significantly affect school attendance, academic performance, and quality of life. Women, particularly during antenatal and postnatal periods, commonly experience rhinitis of pregnancy and hormonally influenced ocular surface disorders, which may compromise maternal comfort and overall well-being. The conventional system offers symptomatic relief; however, recurrence, long-term medication dependence, and limited preventive scope highlight the need for integrative strategies.

Shalakya Tantra, the Ayurvedic speciality dealing with diseases of the eye, ear, nose, and throat, provides preventive, local, and systemic therapeutic modalities aimed at correcting the underlying imbalance of doshas, improving mucosal immunity, and reducing the recurrence. Clinical evidence from randomised and comparative studies demonstrates the therapeutic potential of *Nasya, Ashchyotana, Anjana, Tarpana,* and classical internal formulations in the management of allergic rhinitis, tonsillitis, allergic conjunctivitis, and dry eye syndrome. This narrative evidence-based review synthesises current clinical findings and proposes a structured community-level implementation framework. Integration of standardised *Shalakya* protocols within school health programs and maternal care services may strengthen preventive care and offer a sustainable adjunct to conventional management in Women and Child Health.

Introduction

Women and Child Health (WCH) is a critical pillar of public health, encompassing the physical, developmental, reproductive, and immunological well-being of children from early childhood through adolescence, and of women across the antenatal and postnatal stages. These populations are biologically vulnerable due to developing immunity in children and hormonal–vascular changes in women, especially during pregnancy. Health disturbances during these phases not only affect immediate quality of life but also influence long-term growth, cognitive performance, maternal outcomes, and intergenerational health patterns. Therefore, preventive, safe, and sustainable healthcare strategies are essential for this group.

Among the most common disorders affecting women and children are allergic rhinitis, tonsillitis, allergic conjunctivitis, and dry eye disease. Epidemiological data demonstrate a rising trend of allergic rhinitis among children aged 6–14 years, with increasing prevalence over the past decades.[1] Tonsillitis remains one of the most frequent causes of paediatric outpatient visits and recurrent antibiotic prescriptions. Allergic conjunctivitis significantly affects school performance due to itching, watering, and photophobia, while increasing digital exposure has contributed to growing concerns regarding dry eye disease in children.

In women, rhinitis of pregnancy affects nearly one-fourth of pregnant individuals, largely due to hormonal changes causing nasal mucosal oedema, while postnatal hormonal fluctuations may predispose to ocular surface instability.[2] Conventional management primarily includes antihistamines, corticosteroids, decongestants, antibiotics, and lubricants—therapies that offer symptomatic relief but are associated with recurrence, long-term medication dependence, potential adverse effects, and limited preventive scope. Considering the chronicity, recurrence, and impact on quality of life, there is a growing need for integrative approaches.

Shalakya Tantra, the Ayurvedic branch dealing with diseases of the eye, ear, nose, and throat, offers preventive, local, and systemic therapeutic modalities aimed at correcting underlying *doshic* imbalance, improving immunity, and reducing recurrence. Thus, incorporating evidence-based *Shalakya* interventions into women and child health frameworks at the school and community levels may provide a safer and more sustainable healthcare model.

Epidemiological and clinical landscape of ENT and eye disorders in children and women (Antenatal and Postnatal)

Allergic Rhinitis

Allergic rhinitis (AR) is an IgE-mediated inflammatory condition of the nasal mucosa characterised by sneezing, nasal congestion, nasal itching, and rhinorrhoea. It is triggered by exposure to inhaled allergens and involves an immune response with early and late inflammatory phases mediated by leukotrienes.[3]

Epidemiological data demonstrate a rising burden of allergic rhinitis in Indian children. The prevalence of nasal symptoms increased from 12.5% to 12.9% among children aged 6–7 years and from 18.6% to 23.6% among those aged 13–14 years over 15 years.[1]

In children, AR significantly affects academic performance, sleep, quality of life, and school attendance. Conventional management includes antihistamines, intranasal corticosteroids, decongestants, leukotriene receptor antagonists such as montelukast, mast cell stabilisers, and intranasal anticholinergics. While these provide symptomatic relief, recurrence and long-term dependence remain concerns. Allergic rhinitis is correlated with *Vata Kaphaj Pratishyaya*, where vitiation of Vata along with Kapha leads to nasal obstruction, sneezing, and discharge.

Recurrent Tonsillitis

Tonsillitis is a common childhood illness resulting from pharyngeal infection and is frequently seen in the paediatric age group. Nearly all children experience at least one episode, and approximately 7,455,494 cases occur annually in India.[4] Recurrent tonsillitis may lead to repeated inflammation and enlargement of tonsils, causing airway obstruction, difficulty in swallowing, missed school days, and impaired growth and development

Medical management largely relies on antibiotics, and in recurrent cases, tonsillectomy is often considered. In Ayurveda Tonsillitis closely resembles *Tundikeri*, described under *Mukha Roga* in Ayurveda. Acharya Sushruta describes it as a *Bhedya Roga*, managed along the principles of *Galashundika*, emphasising drugs with *Lekhana*, *Shothahara*, *Ropana*, and *Vedanasthapana* properties.

Allergic Conjunctivitis

Simple allergic conjunctivitis is the most common form of ocular allergy, with a prevalence ranging from 5–22% in the general population. It is a hypersensitivity reaction to airborne antigens and is characterised by itching, redness, watering, foreign body sensation, and mild chemosis. Epidemiological data demonstrate an increase in allergic rhinoconjunctivitis from 3.3% to 3.9% in younger children and from 5.6% to 10.4% in adolescents. Recurrence is common, reported in 41–62% of cases.[1]

Modern drugs act through H1 receptor antagonism, mast cell stabilisation, and inhibition of inflammatory mediators; however, they are expensive, may produce adverse drug reactions, and often require long-term use. Allergic conjunctivitis is correlated with *Vataja Abhishyanda*, characterised by *Toda* (pricking pain), *Sangharsha* (foreign body sensation), *Achchhashruta* (watery discharge), dryness, and congestion.

Dry Eye Disease (DED)

Dry eye disease is a multifactorial disorder of the tear film and ocular surface characterised by tear film instability, ocular discomfort, and visual disturbance. A recent meta-analysis including 48,479 paediatric participants estimated the prevalence of DED in children to be 23.7%, with higher rates reported after the COVID-19 pandemic (44.1%).[5]

Increasing digital device usage and lifestyle changes are considered major contributing factors that significantly affect quality of life. Ayurveda correlates Dry eye syndrome with *Shushkakshipaka*.

Rhinitis of Pregnancy

Rhinitis of pregnancy occurs in approximately 20–30% of pregnant women, usually during the second trimester, due to elevated oestrogen and progesterone levels, leading to increased nasal vascularity and mucosal oedema. It is primarily diagnosed clinically and managed conservatively with saline irrigation and carefully selected medications safe in pregnancy. This condition falls under hormonal-related rhinitis as described in autonomic rhinitis. [2]

Hormonally Influenced Dry Eye

Hormonal variations during antenatal and postnatal periods can influence tear film stability, predisposing women to ocular surface dryness. Considering that DED is already prevalent and multifactorial hormonal shifts may further aggravate susceptibility in women.[6]

Ayurvedic Correlation: Modern Diagnosis	**Ayurvedic Correlation**	**Dosha Involvement**	**Classical Reference**
Allergic Rhinitis	Vata-Kaphaja Pratishyaya	Vata + Kapha	Charaka Samhita
Tonsillitis	Tundikeri	Kapha + Rakta	Sushruta Samhita
Allergic Conjunctivitis	Abhishyanda	Pitta + Kapha	Ashtanga Hridaya
Dry Eye Syndrome	Shushkakshipaka	Vata + Pitta	Sushruta Samhita