

Case study

A Case study on Ayurveda chikitsa in Vataj pratishyaya w.s.r. to Allergic Rhinitis

Dushyant Raorane¹, Pankaj Vishwakarma^{2,*}, Sachin S. Khot³

¹Assistant Professor, Professor², Associate Professor³

¹Department of Shalaky Tantra, Department of Sharir Rachana^{2,3}

^{1,3}Yashwant Ayurvedic Medical College P.G.T & R.C Kodoli, Panhala, Kolhapur, Maharashtra, India-416114

²Late Kedari Redekar Ayurvedic College, Gadhinglaj, Maharashtra, India-416502

* **Corresponding Author:** Dr. Pankaj Vishwakarma, E-mail: drpankajrviswakarma@gmail.com

Article Received on: 22/12/2022 Accepted on: 19/02/2023 Published on: 08/03/2023

ABSTRACT:

Ayurveda is an ancient science which deals with maintaining health of an individual and preventing the occurrence of disease. *Shalaky* is an important branch of *Ayurveda* which deals the diseases manifesting above clavicular region. In *Uttaratantra* section of *Sushruta Samhita* and *Vagbhatta Samhita*, *Acharya* has devoted one separate chapter to *Prathishyaya* after explaining *Nasagataroga* in total. This fact itself shows that *Prathishyaya* has been a major health problem of mankind and a challenge to the physicians since long back. It can be compared with Allergic rhinitis with modern science. *Prathishyaya* by word itself indicates that it is a recurrent attack. It occurs due to vitiation of mainly *Kapha* and *vata Dosha*. It has symptoms like *Kshavathu*, *nasarava*, *nasavarodh*, *Shirashool*. To cure this, *Chitakaharitaki Avaleha* used for *agnideepana* and *AmaPachana*. *Nasya Karma*, which is best remedy for *Shirogat Vyadhis* is used and *Dhoomapana*, recommended to use after *nasyakarma*, is done with *Shatavhadi Churna*. Present study is an attempt to view clinically above *chikitsa* in the patient of *Vataj Pratishyaya*.

KEY WORDS: *Ayurveda, Vataj, Pratishyaya, Nasya*

INTRODUCTION:

A 34 year female patient having complaints of recurrent *tanunasrava*, *Nasavarodh*, *kshavathu* and *shirashool* since 4 years. All these symptoms can be correlated with *vyadhi* *Pratishyaya*. *Acharya Charaka* has described the disease *Pratishyaya* in the chapter of *Rajyakshma Chikitsa* in *ChikitsaSthana*. *Acharya Videha* has explained in detail about the disease *Pratishyaya* in the 24th chapter of *UttaraTantra* of *Sushruta Samhita*. He has elaborately described, *Pratishyaya* with its classification, symptomatology, complications & management. Detail description of disease *Pratishyaya* is also found in *Kashyapa Samhita* (*Ka.Chi.12*), *Madhava Nidana*(*Ma.Ni.Ut. 58/13-27*), *Yogaratanakara* (*Yo.Ra. Ut. NasaRoga Nidana*) and *BhaishyajyaRtnavali* (*Bh.Ra. 65/12-24*).

Allergic rhinitis is one of most common allergic diseases worldwide, affecting about 10-25% of population. It is one of the top ten reasons for visit to primary care physicians.¹ The burden of allergic rhinitis is enormous, constituting about 55% of all allergies.² About 20-30% of Indian population suffers from at least one allergic diseases. Reported incidence of allergic rhinitis in India also ranges between 20% and 30%. 4 Studies have shown that prevalence of

allergic rhinitis has been increasing in India over past few years. According to study of International study of asthma and allergies in childhood (ISSAC) phase 1 (1998), in India nasal symptoms alone were present in 12.5% children in 6-7 years age group and 18.6% in 13- 14 years age group, while allergic rhinoconjunctivitis was observed in 3.3% and 5.6% children, respectively as shown in Figure 1. However in ISSAC phase 3 (2009) study, prevalence of nasal symptoms increased to 12.9% and 23.6% in 6-7 and 13-14 year age groups, respectively, while that of allergic rhinoconjunctivitis increased to 3.9 and 10.4% respectively. Allergic rhinitis can lead to complications in some cases. These include nasal polyps, sinusitis and Middle ear infections. Nasal polyps is an abnormal but non-cancerous (benign) sacs of fluid that grow inside the nasal passages and sinuses. Sinusitis is an infection caused by nasal inflammation and swelling that prevents mucus draining from the sinuses. Middle ear infections – infection of part of the ear located directly behind the eardrum. These problems can often be treated with medication, although surgery is sometimes needed in severe or long-term cases.

Many preparations have been mentioned in the *Ayurvedic* texts for the treatment of *Pratishyaya*. Hence, the criteria of selecting the drug is base on various preparations base on *Pratishyaya Yoga*. In the present study *Chitraka Haritaki Avaleha* administered orally 5gms twice daily for one month, *Shuntyadi Taila Nasya* three sitting of five days each with a gap of five days between one *Nasya Karma* to other. In group B patients, *Dhumapana* is administered after *Nasya Karma*. It is believed that removing of the aggravate *Dosha* in the *Urdhwa Jatrugata* is by *Nasya Karma* and whatever *Doshas* left especially *Kapha Dosha* can be eliminate by *Dhumapana*. Keeping this concept in mind *Nasya Karma* with *Shuntyadi Taila* is selected. To see the total efficacy of the treatment *Dhumapana* with *Shatahvadi Churna* which is having *Snigdha* properties which is good for *Vata Dosha*. *Chitraka* which is one of the main ingredients in the *Avaleha* is believed to be a good *Deepana* and *Pachana* drugs, by its *Karma* it will digest the *Ama* formation elsewhere in the body. *Haritaki*, *Amlaki*, *Guduchi* are the well-known *Rasayana* drugs, together with the other combination it is believed it will bring good *Rasayana* effect and increase the immunity. *Dhumapana* has been advice as a *Paschata Karma* of *Pancha Karma* procedure. So here also *Dhumapana* with *Shatavadi Churna* has been selected.

Aim:

To evaluate the effect of *Chitrak Haritakyadi Avaleha*, *Shuntyadi taila nasya* and *Dhumapana* in *Vataj Pratishyaya* patient.

Objective:

1. To evaluate the effect of *Chitrak Haritakyadi Avaleha*, *Shuntyadi taila nasya* and *Dhumapana* in management of *Vataj Pratishyaya*.
2. Detail study of *Vataj Pratishyaya*.
3. Detail study of Allergic rhinitis.
4. Detail study of *nasya*.

MATERIALS AND METHODS:**Case report –**

Patient name – X.Y.Z., Age – 35year, Gender – female.

Complaints: Since 4 years

1. *Kshavathu*
2. *Nasavrava*
3. *Nasavarodh*
4. *Shirashool*

Table No. 1: Symptoms on the basis of Doshas

Dosha	Symptoms
1)Vata	<i>Shirashool</i>
2)Pitta	-
3)Kapha	<i>Kshavathu, Nasavrava</i>

Table No. 2: On examination

Examination	Observation
Pulse	72/min
B.P.	120/80 mm of Hg
R.S.	Wheezing sound
CVS	S ₁ S ₂ Normal
CNS	Conscious and Oriented
P/A	Soft

Table No. 3: Ashtavidha Parikshan

Examination	Observation
<i>Nadi</i>	<i>VataPradhan Kapha</i>
<i>Jivha</i>	<i>Saam</i>
<i>Mala</i>	<i>Samyak</i>
<i>Mutra</i>	<i>Samyak</i>
<i>Shabda</i>	<i>Prakrut</i>
<i>Sparsha</i>	<i>Anushnasheeta</i>
<i>Druk</i>	<i>Prakrut</i>
<i>Akruti</i>	<i>Madhyama</i>

Table No. 4: Dashavidh Pariksha

Examination	Observation
<i>Dushya</i>	<i>Rasa,</i>
<i>Desha</i>	<i>Sadharan</i>
<i>Bala</i>	<i>Madhyama</i>
<i>Kala</i>	<i>Visarga</i>
<i>Anala</i>	<i>Agnimandya</i>
<i>Prakruti</i>	<i>KaphaPradhanVata</i>
<i>Vaya</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Shadarasatmya</i>
<i>Ahar</i>	<i>Mishra Aahara</i>

Hetu: Diwaswap since last 11 years

Past History: H/O Pulmonary Koch's 6 years back

Received allopathic treatment for Pulmonary Koch's for 1 year.

Investigations:

All routine investigations of blood and urine were done for all the cases. Along with this, few specific investigations were also performed.

A. Blood examinations

- CBC with ESR
- BSL (R)

B. Urine examination :

- Routine and Microscopic

Treatment:

Table No. 5: Treatment

Therapy	Dravya	Duration of study	Period of therapy
Chitraka Haritaki Avaleha	5 gm twice a day.	1 month.	1 month.
Shunthyadi Taila:	6 to 8 to drops in each nostril	3 sittings for 5 days with 5days interval	1 month.
Dhumapana	shatavadichurna	After nasya karma	1 month

A. description of Chitraka Haritaki Avalehya:

The above drug is specifically mentioned in the *Bhaishajya Ratnavali, Chakradatta,*

Yogaratanakara and Yogaratnavali. In Bhaishajya Ratnavali, NasaRoga Chikitsa Prakranam

63/25-28 he has given the method of preparation, indication, dose etc.

Chitraka Haritaki Avalehya:

Ingredients with Quantities

1. Chitraka 2800 gm
2. Amlaki 2800 gm
3. Guduchi 2800 gm
4. Dashamoola 2800 gm

- (a) Bilva-
- (b) Agnimantha-
- (c) Shyonaka-
- (d) Kasmari-
- (e) Patala-
- (f) Shalaparni-
- (g) Goksura-
- (h) Brahati-
- (i) Kantakari-
- (j) PrishanaParni-

5. Haritaki 3584 gm
6. Guda 5600 gm
7. Shunti 56 gm

C. Some specific Investigations

- IgG for tuberculosis
- Montoux test
- Biopsy for fistulous tract on suspected case of tubercular fistula.
- HIV for AIDS

C. Radiological investigations

- X ray chest PA view

Disease History:

Patient was suffering from symptoms *Kshavathu, nasarava, nasavarodh* and *Shirashool* since 4 years. She was first diagnosed as Allergic rhinitis and got allopathic treatment for last 4 years, but had no relief in symptoms. Thus Sypmtoms gradually increased. So patient approached for Ayurvedic treatment and after taking complete history, she diagnosed as *vataj Pratishyaya* Patient.

8. Maricha 56 gm
9. Ippali 56 gm
10. Tvaka 56 gm
11. Ela 56 gm
12. Patra 56 gm
13. YavaKsara 28 gm
14. Madhu 448 gm

Procedure of making the drug:

*Kwathaof Amlaki*2800 gms, *Guduchi*2800 gms, *DashaMoola*2800 gms, *Chitraka*2800 mgs is made, then 5600 gms of *Gudais* added, stir in sufficient fire then *Haritaki*(3584gms) is added till it become semi solid. Then *Trikatu, Trijataka*168 gms each is added, and 28 gms of *YavaKsarais* added on cooling of its own, 448 gms of honey is added.

B. Detail description of Shunthyadi Taila: (Bha. Pra., NasaRoga Chikitsa, 65/ 43)

Method of Preparation of Shunthyadi Taila:

Procedure:

All the *Kalka Dravyas* were made into fine powder form then prepared *Kalka* by adding *Drava Dravya*. *Tila Taila* was taken in a steel vessel and heated over *Madhyama Agni* till complete evaporation of moisture content, at that time temperature was around 160°C. The *Kalka* (balls) was added to the *Taila* after slight cooling, after that *Drava Dravya* was added in *Tila Taila*. Again heat was applied with intermediate stirring. Heating duration is adjusted so as to complete the *Snehapaka* by 5 nights.

Method of Nasya karma:

For *Nasya Karma* patients were advised to follow the following instructions.

- Should take bath with lukewarm water two to three hours before *Nasya Karma*.
- Should have passed their natural urges.
- Light breakfast one hour prior to *Nasya Karma*

1. Poorva Karma:

- The room having sufficient daylight and devoid of direct atmospheric influences likedust, wind etc was selected.
- Drugs and instruments required for *Snehana*, *Swedana* and *Nasya* were collected.
- Patients were asked to lie down on *Nasyatable* comfortably for *Snehana* and *Swedana* purpose.
- *Abhyanga* with lukewarm *Tila Taila* was done over *Urdhwanga*.
- *Mridu Swedana* was given after covering the eyes with cotton swab.
- The *Swedana* procedure continued till *Swedotpatti* on fore head was observed.

2. Pradhana Karma:

- After completion of *Poorvakarma*, patient's head lowered 45 degree angle from edge of the table.
- Patient was advised to relax with closing the eyes.
- The selected dose of *Shuntyadi Taila* is administered in each nostril.

- Patient was asked to inhale in deeply.

3. Paschata Karma:

- After *Pradhana Karma* patient was advised to lie in supine position for 100 *matrakala*.
- Forehead, frontal, maxillary and temporal areas were massaged.
- Patient was advised to spit out the secretion.
- *Pathyapathya* of *Snehanapana Vidhi* was advised to the patient.

Methods of Dhumapana:

After spitting the content which comes to the throat after *Nasya Karma*, *Kavala* with luke warm water is advice. Instruction about the procedure is explain.

- One should be sitting in erect posture with a calm mind.
- Both the eyes should be closed during the procedure
- The *Dhuma Yantra* is introduce close to the nostril
- The right side of the nostril is closed by pressing with the right index finger, the smoke is inhale through the left nostril and expel it out through the mouth.
- The same procedure is applied to the opposite nostril by closing the left nostril with the left index finger, inhale and expel it through the mouth.
- The procedure is repeated for six to eight times

Table No. 6: Observations and Results

Symptoms	Before treatment	At 7 th Day	At 14 th Day	At 21 th Day	After 1 month
<i>Kshavathu (Sneezing)</i>	++++	+++	+	-	-
<i>Nasavrava</i>	++++	+++	+	+	
<i>Nasaavarodh</i>	+++	++	+	+	+
<i>Shirashool</i>	+++	+++	++	-	-

DISCUSSION:

Allergic rhinitis is one of the most common and most prevalent ailment, familiar to all with an equal distribution not only in Jamnagar but throughout the world, rather without any exception to the developed and under developed countries. It is unsolved mystery of medicine and can be traced to the days of Hippocrates – the father of Modern medicine. Repeated attack and improper management of the disease leads to many complications like recurrent sinusitis, Nasal polypi, serous otitis media, orthodontic problems etc.

Nasya is the chief *Shodhana* procedure selected because this is the one and only procedure, which can perform *Uttamanga shuddhi*. *Snehana* and *Swedana*, which are performed during *Nasya* procedure, liquefies the *Doshas* and can be expelled by *Nasya*. *Shuntyadi Taila* was selected (Bha.Pra, *NasaRoga Chikitsa* 65/43) After *Nasya Karma* *Dhumapana* with *Shtahvadi Churna* was done in order to expel the remains of *Kapha Dosh*. It is believed that by doing *Dhumapana* it clear the *Srotain* the *Urdhvagata bhaga* and help in the free movement of *Vata Dosh*.

In the production of the complete aetiopathogenesis of the disease *Pratishyaya* the *Agni*, the *Dhatu*, the *Doshas* and *Vyadhiksamatva Shakti* of the person is involve so the ultimate aim of the treatment is to correct at all the stages. Disturbance of *Agni* lead to the formation of *Amain* turn which impact the process of absorption and assimilation. *Rasayana* concept in *Ayurvedic* system of medicine brought a broad spectrum in human physiology. By putting these into consideration *Chitraka Haritaki Avaleha* had been selected for the treatment protocol. *Chitraka* has the basic property to digest the *Ama*, *Haritaki* is known for *Rasayana* effect are the main ingredients.

CONCLUSION:

Chitrakaharitaki Avaleha, *nasya karma Shuntyadi Taila*, *Dhumapana* with *Shatahvadi Churna* are helpful for *Vataj Pratishyaya*. It is effective against mainly vitiated *Kapha* and *Vatadosha* which is responsible for the formation of *Vataj Pratishyaya*. It also alleviates *Ama* formed due to faulty lifestyle.

REFERENCES:

- [1] Deb A, Mukherjee S, Saha BK, Sarkar BS, Pal J, Pandey, et al. profile of patients with allergic rhinitis: a clinic based cross sectional study from Kolkata, India. J ClinDiagn Resp. 2014;8(1):67-70.
- [2] Prasad R, Kumar R. Allergy situation in India: what is being done? Indian J chest dis allied Sci. 2013;55:7-8.
- [3] Chandrika D. Allergic rhinitis in India: an overview. Int J Otorhinolaryngol Head Neck Surg 2017;3:1-6.
- [4] <https://www.nhsinform.scot/illnesses-and-conditions/ears-nose-and-throat/allergic-rhinitis>.
- [5] Bhaishajya Ratnavali of ShriGovind das (2005), 8th revised edited and enlarged by Bhashagratna Shri Brahmashanka Mishra, 'Vidyotini' Hindi Com-

metary Analysis with Appendixes by ShriKaviraja Ambikadatta Shastri Ayurvedacharya, ed. Shri Rajeshwadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi.

- [6] Bhavaprakasha, Uttarardha, (2003), With „Vidyotini“ Hindi Commentary by Bramha Shankar Mishra, ed by Hariprasadpandey 8th edition, Chaukhambha Sanskrit Sansthan, Varanasi.

Cite this article as:

Dushyant Raorane, Pankaj Vishwakarma, Sachin S. Khot, A case study on Ayurveda chikitsa in Vataj pratishyaya w.s.r. to Allergic Rhinitis, ADJIM 2022: 7 (2), p. 28-32.