



GREENTREE GROUP PUBLISHERS

IJAPC

Volume 10 Issue 3

10 May 2019

WWW.IJAPC.COM
E ISSN 2350 0204



Effective Management of Chronic Allergic Rhinitis through Ayurveda

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ABSTRACT

A Male patient, with known case of Chronic Allergic Rhinitis came to OPD of Panchkarma department with the complaints of sneezing and coughing since 15 years with association of heaviness of head and breathlessness on and off. He was treated on the line of *general* and *Sannipatik Pratishyaya* management considering it under *Sannipatika Pratihasyaya*. Treatment was given in the form of therapy (*PratimarshaNasya*, *Gajakarni*) and *Shaman Chikitsa as Abharaka shatputi bhasma* (100mg), *Lakshmvilas rasa* (200mg), *Sitopladi churn* (2g) twice a day with honey, *Chitrak Haritaki Awaleha 5g BD* with lukewarm water and *Kaishore Gugglu 2TDS PratimarshaNasya* was administered with *Sarshapa Tail* for first 15 days and with *Shadbindu Tail* for next sitting. *Gajakarni* was administered twice weekly in first 15 days and once weekly for next. He was followed up fortnightly for 2 months. The symptoms were assessed by Ayurvedic parameters – severity of symptoms assessment according to Ayurveda and total nasal symptom score. On last follow up the patient was quite satisfied since he had got rid of his ailing condition almost completely. With the help of Ayurvedic treatments, improvement in condition of allergic rhinitis can be carried out within a short period of time.

KEYWORDS

Chronic Allergic Rhinitis, Sannipatika Pratihasyaya, Gajakarni, Nasya, Shaman



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Received 26/09/19 Accepted 04/05/19 Published 10/05/19



INTRODUCTION

Rhinitis is, a very common condition in present era, estimated to affect around 120 million Indians with at least one time occurrence of sinusitis each year¹ and beyond 37 million in other territories such as America. It is caused by environmental contaminants and pollutants. If this condition of rhinitis is not controlled properly, it transform to sinusitis, which may later lead to chronic sinusitis². The burden of allergic rhinitis is enormous, constituting about 55% of all allergies. Approximately 20-30% of Indian population distresses from at least one allergic disease. Studies have shown that extensiveness of allergic rhinitis has been increasing in India over past few years³.

Chronic sinusitis can't managed easily. It can lead to infection in connected structures such as tonsils, ear, pharynx, larynx⁴ with complications ranging from otitis media, cellulitis, osteomyelitis, etc⁵. Initial management begins from antibiotics and decongestants. If condition doesn't settle after antibiotics and conservative management than collected pus in sinus is evacuated surgically by operative procedures like Caldwell-Luc, Howarth's operation⁶. These procedures can also lead to complications such as bleeding, neuralgia, tingling etc. No proper

pharmacologic treatment is available in modern medical science for complete management of chronic sinusitis.

Sannipatika Pratishyaya and its distant manifestations in the *Ayurvedic* Classics are very much analogous to the disease chronic Allergic Rhinitis. *Katu* and *Tikta* drugs and medications are the treatment option for *Sannipataja Pratishyaya* described by *Acharya Sushruta*. In general treatment of *Pratishyaya* different types of *Swedana*, *Vaman* followed by *Avapida nasya* is prescribed⁷. To check out the role of *Ayurvedic* medications in case of *Pratishyaya* is the intention of this study.

MATERIALS AND METHODS:

CASE

A male patient came with the ailments of sneezing and coughing since 15 years. Associated complains were heaviness of head (more in temporal and frontal region) and breathlessness. Onset of Complains was gradual. Exaggerations of symptoms was in morning hours, on exposure of dust particles and when take excess food. Past history of dry coughing was present.

Patient was on Levocetirizine-5 mg once daily with temporary relief.

Intervention & Results

The patient was given treatment on the basis of general and *Sannipatik Pratishyaya*



management as therapy such as *Pratimarsha Nasya* and *Gajakarni* along with *Shaman Chikitsa*(Table1). **Table1:** Showing the therapy given to patient.

Table 1 The therapy given to patient.

Therapy	1 st sitting (after 15 days)	2 nd sitting
<i>PratimarshaNasya</i>	<i>Sarshapa tail</i>	<i>Shadbindu tail</i>
<i>Gajakarni</i>	Twice in a week	Once in a week

(Material used in *Gajkarni* for once: Water, lemon, salt)

Shaman treatment (oral medications with their dosage) given to the patient is as follows:

1. *Abharaka shatputi bhasma*(100mg) + *Lakshmi vilas rasa*(200mg)+*Sitopladi churn*(2g)
2. *Chitrak Haritaki Awaleha* 5g twice a day
3. *Kaishore gugglu* 2 thrice a day

Table 2 Grading of symptoms based on severity⁶

Grading of symptoms			
<i>Galashosha</i> (dehydration of throat)		<i>Shirashoola</i> (continuous pain in head)	
Absent	0	Absent	0
At the time of assault only	1	Present only during vulnerability	1
Present in between attacks	2	Present only for few hours	2
Present all round the day	3	Present all over the day	3
<i>Nistodashanka</i> (Piercing pain in temporal region)		<i>Kshavathu</i> (Sneezing)	
Absent	0	Absent	0
Present at the time of attack only	1	Present only during vulnerability	1
Present in between attack	2	Present only in the morning and evening	2
Present all over the day	3	Present all over the day	3
<i>Swarabheda</i> (roughness of voice)		Rhinorrhoea/ Nasal tingle/Nasal obstruction/Sneezing	
Absent	0	No symptom	0
Present at the time of attack only	1	Acknowledged but not bothered	1
Present for few hours	2	Annoying but not inhibiting normal daily activities	2
Present throughout the day	3	Restricting normal daily activities or sleep	3

After 1 month of treatment, Tablet *Immunocin*(1 tablet twice a day) was added to this treatment.

He was followed up fortnightly for 2 months along with advise for daily *Pranayam* and avoidance of etiological factors.

Assessment criteria

The study was assessed by various parameters such as rhinorrhoea, nasal itching, nasal obstruction, and sneezing. Evaluation of symptoms according to severity⁸ is done by patient shown in Table 2. The improvements in symptoms are in Table 3.

On her last follow up the patient was quite satisfied since he had got rid of his ailing condition almost completely.



Table 3 The treatment effect by before and after treatment

Symptoms	Before treatment	After treatment
Kshavathu	2	1
Shirashoola	3	1
Galashosha	1	0
Nistodashanka	3	0
Swarabheda	3	1
Rhinorrhoea	1	0
Sneezing	2	1
Nasal itching	1	0
Nasal obstruction	1	0

RESULTS

The patient started feeling improvement in all his complaints from 5th day of treatment. The improvement went on increasing subsequently and at the end of 2 month intervention, he was free from coughing, nasal discharge, nasal itching, and obstruction (as shown in above table).

DISCUSSION

Post inflammatory symptoms like redness of nose, conjunctiva of eye, nasal obstruction, pharyngeal congestion and allergic shiners in chronic rhinitis can be clarified under the title of 'Shotha' where *Rasa*, *Rakta* participation is cardinal. Vitiating of *Pitta*, *Kapha* and *Rakta* in *Bahya Sira* by *Dushita Vayu* takes place which causes *Avarana* of *Vayu* advanced to obstacle in its *Gati* (*Unmarga* of *Vayu*), hence proceeding in *Utsedhayukta* 'Shotha'. *Chakrapani* has explained 'Bahya' as skin and 'Sira' as *Srotas*. *Acharya Vagbhata* has also unfolded the pathogenesis of *Shotha*, with

the variance of course i.e. *Vata* vitiates *Rakta*, *Pitta* and *Kapha*. Obstruction in blood vessels leads to congestion, redness and swelling. As *Nasya* is one of the best treatment for *Urdhwajatrugata vikara*, it is indicated in *Shotha* of *Urdhwajatrugata pradasha*⁹.

As we know that inflammation is the response of blood vessel and cells to injurious stimulus.

Vascular changes includes vasoconstriction (seen immediately after injury) followed by vasodilatation (leads to increased blood flow and redness with a sensation of warmth) and increased permeability resulting in movement of fluid, cells and protein out of blood vessels (protein rich exudate). This exudation is caused due to a variety of vasoactive mediators like histamine, leukotrienes, bradykinin, and is responsible for swelling associated with inflammation. While cellular changes are series of events (Margination, Rolling via a variety of selectin E, L, P, Adhesion by integrin



ICAM-1, Transmigration (chemotaxis, Opsonisation and Phagocytosis) leading extravasations of neutrophils from vessel lumen to interstitial tissue. Various steps/mechanisms and mediators may open up scope for medication or therapy that can act on steps and improvement of health of individuals suffering from inflammatory disease.

Ayurvedic treatment given judiciously can certainly relieve the patient from the problem of Allergic rhinitis. Increased sensitivity of upper respiratory tract mucosa is diminished by daily application of *Nasya* (nasal oleation therapy) with *taila.Gajakarni* is a kind of *Mridu Vaman* which helps in purification and elimination of toxins responsible for pathogenesis of disease. Drugs used in combination are described in disease of respiratory tract. *Kaishore Gugglu* reduces the inflammation. *Abhrak bhasma* modifies the immune system as well as decrease the eosinophils. Oral medicines like *Chitraka Haritaki Awaleha* played a positive effect on digestive and metabolic process because of *katu, Tikta* properties as described by *Acharya Sushrut* in its treatment thereby improving the system biology.

CONCLUSION

Ayurvedic line of treatment minutely gives effective and satisfactory impact in Chronic

Allergic rhinitis. It can collaborate for the prime experimentation needs in the ground of allergy to give as key direction for succeeding research. Ayurveda confirmed to be finer address in curing allergic rhinitis in a short time period. Thus opening further scopes for research and decreasing morbidity due to chronic rhinitis in future.



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