



Ayurvedic Management of Chronic Allergic Rhinitis (Pratishyaya): Clinical Case Study

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ABSTRACT: Rhinitis is the medical term for inflammation of the inner lining of the nose. When this nasal inflammation lasts over a long period of time, typically longer than 12 weeks, it becomes chronic in nature, and is better known as Chronic Allergic Rhinitis. It affects a significant number of people in India as well as worldwide.

The Chronic allergic rhinitis is a common nasal condition characterized by persistent inflammation of the nasal membranes triggered by allergens. Allergic rhinitis, as known as called Hay Fever, is characterized by inflammation in nasal mucosa, and discomfort and often accompanied by sinus pain, it significantly impacts the quality of life. The ancient text, Charak Samhita has mentioned the Allergic Rhinitis as disease called Pratishyaya, marked by the main symptoms of sneezing and a watery nose. Ayurvedic literatures lays emphasis on treating Pratishyaya by eliminating the causative factors and adopting appropriate lifestyle and medication otherwise it is observed that it gets converted into Dusht Pratishyaya. The main aim of this study was to explore the Ayurvedic management of chronic rhinitis, with a focus on understanding and treating the five basic types of Pritishyaya, i.e. Vataja, Pittaja, Kaphaja, Rak taja, Sannipataja. The treatment was advised as per principles laid down by ancient texts which led to significant improvements in the patient's symptoms, including reduced nasal congestion and related discharge, it was seen there was decrease in sneezing, and there was enhanced overall quality of life and comfort of the Patient. This personalized approach proved effective in addressing the specific type of Pritishyaya. This study highlights the efficacy of Ayurvedic treatments in managing chronic rhinitis and emphasizes the importance of individualized care.

INTRODUCTION

Allergic Rhinitis (AR) is an Immunoglobulin E (IgE) mediated response of the nasal mucosa of the Body to airborne allergens (seasonal or perennial).

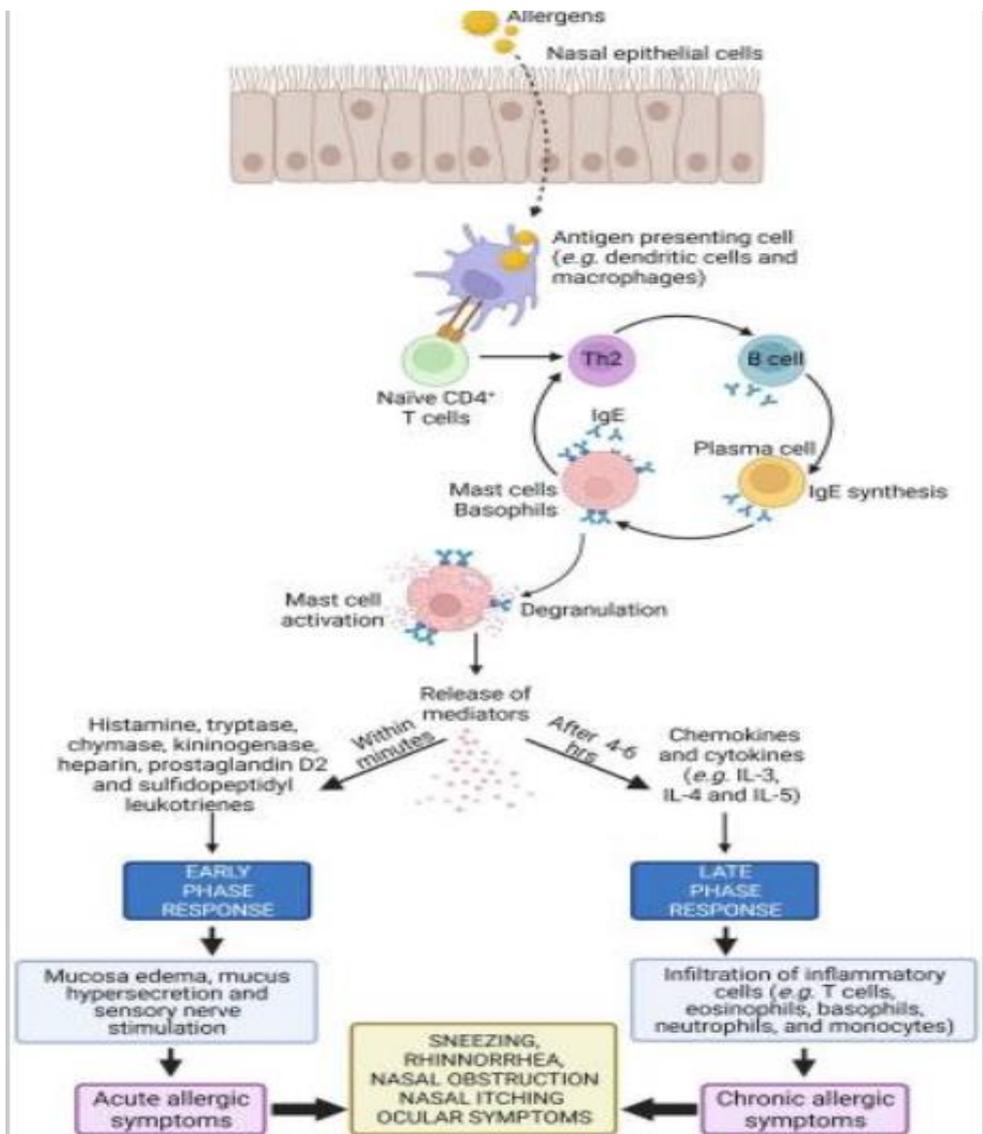


Figure Showing Schematic Presentation of Pathophysiology of Allergic Rhinitis

It is characterized by watery nasal discharge, sneezing, and itching in the nose. Though Allergic Rhinitis is not a life-threatening condition, but when the symptoms of allergic rhinitis remain there for more than 12 weeks, it becomes chronic in nature and is known as Chronic Allergic Rhinitis and thereby complications can occur and the resulting conditions can significantly impair the quality of life, sleep and work performance. The coexistence of Chronic Allergic Rhinitis and Asthma are significantly high. Reported incidence of Chronic allergic rhinitis in India ranges between 20-30%. Various studies have shown that prevalence of Chronic Allergic Rhinitis has been increasing in India over past few years and at some places it has been found to be more than 30% of the population of the area. It has also been found that its prevalence among children is around 40%. The other complications of Chronic Allergic Rhinitis include recurrent sinusitis, formation of nasal polyps, serous otitis media, and orthodontic problems in some cases. As far as Allopathic system is concerned so far there is no satisfactory medical treatment has been developed for this problem. In this system, the treatment is divided into avoidance of allergens, immunotherapy, and pharmacotherapy like antihistamine, corticosteroids, anticholinergics, leukotriene receptor antagonists, and sympathomimetic drugs (oral or topical). Moreover Chronic Allergic rhinitis is largely treated by using antihistamines and nasal sprays, either alone or in combination along with antibiotics and infact usage of steroid and antibiotic is increasing at

alarming rate to treat the Chronic Allergic Rhinitis. However, these measures ease out the symptoms but do not address causative factors, and have their share of side effects and limitations.

Ayurveda lays stress in finding the root cause of the disease. In Ayurveda, the word “Pratishyaya” is derived from “Shyeng Gatau” Dhatu and “Prati” Upsarg, which means continuous movement of doshas. Pratishyaya is a broader concept and many Ancient Acharyas have elaborately described the disease Pratishyaya in various Ayurvedic texts like “Charaka Samhita”, “Sushruta Samhita”, and “Ashtanga Hridayam”. Characteristic features of Pratishyaya are Nasashrava (running nose), Ghranauparodha (nasal obstruction or congestion), Shirashoola (headache), Shirogauravam (heaviness of head), Jwara (fever), Kasa (cough), Kaphotklesh (phlegm), Swarbheda (hoarseness of voice), Aruchi (anorexia), Klama (tiredness), Indri yanamasamarthyam (altered functions of sense or gans). If Pratishyaya is left untreated, it has enough potential to develop many conditions like Kasa (cough), Swasa (dyspnea), Gandhaanjanana (anosmia), Badhira (deafness), and Rajyakshma (a form of the disease with multisystem involvement).

Importance of Pratishyaya –

Pratishyaya is the causative condition for all the other diseases of the nasal cavity, and hence it is explained with priority in the nasarogas.

1. “Pratishyaya bhavet kasha, kasat sanjayate kshyah”. If not treated at the right time, pratishyaya in due course will lead to kasa and eventually to kshyaya vyadhi which are the further complications leading to irreversible conditions.
2. “Janayanti pratishyayam vardhamanam kshyapradam” as the disease progresses it causes atrophy of further structures which then undergo irreversible changes and are difficult to treat.
3. Chronic Allergic Rhinitis is the disease only explained in Shalakyatantra which develops complications even before the signs and symptoms occur. Hence if treated when the poorvaroopas are seen, the further pathology can be stopped.

Considering all these facts, pratishyaya has a special importance and should be treated as soon as detected in its initial stages.

Present study was conducted on a group of 20 patients who had come to the Shalakyatantra outpatient department (OPD) of Harmony Ayurvedic Hospital & Medical College, Firozpur (Punjab) between October 2024 to December 2024. Of the 20 patients selected 11 were Males and 9 were Female in the age group ranging between 25 to 60 years and the patient selection criteria was done as:-

- The Patients suffering from rhinitis medicamentosa, non-allergic rhinitis, major structural nasal blockage, nasal polyps, or any other clinically significant nasal anomaly were also excluded from the study.
- Patients with upper respiratory tract infections including cold and systemic infections within 3 weeks or history of eye surgery or intranasal surgery within 3 months or with severe asthma requiring emergency room treatment within 1 month or hospitalization within 3 months of baseline visit were also excluded.
- Patients having clinically significant impaired hepatic and renal functions were excluded from the study.
- Patients with abnormal ECG (conduction delay, abnormal QTc interval) were also excluded.
- Patients with a history of gastrointestinal, cardiovascular, respiratory, hematological, endocrine, or neurological disorders as well as those receiving immunotherapy within the previous six months were excluded.

- Patients with allergies to any of the medicines or any of the ingredients of the formulation were excluded from the study.

Study procedure

During the study, patients underwent screening at baseline in the OPD, then follow-up after day 14, and end-of-therapy visits (day 28). During the OPD visit on day 1, patient's physical examination was done, vital signs seen, and past medical history enquired, it was enquired if there was any family history of allergic rhinitis, current signs and symptoms of the disease, details of concurrent medications was taken and on follow-up visits patient's response to the treatment was recorded. During the treatment Patient's were advised not to take any other medication for Chronic allergic treatment.

Treatment Regimen

All the patients were treated with-

1. Chitraka haritaki 1 tsf bd,
2. Vyoshadi vati 250 mg tds with luke warm water.
3. Shigru Taila Nasya.

Chitraka Haritaki was first time described by Vrindamadhava in the 9th century for its benefits in the treatment of Pratishyaya. Chitrak Haritaki acts on vata and kapha, mainly reducing kapha. This means that it reduces phlegm production in the lungs and balances secretions in the body. It exerts expectorant, antitussive, and mucolytic action on the respiratory system.

Vyoshadi Vati mainly pacifies vata dosha and kapha dosha. It is also helpful for relieving nasal inflammation, discharge, congestion, irritation, sneezing, and cough.

Shigru Taila Nasya is having Vata Kapha hara property and act by the direct contact with nerve terminals and uptake of the drugs by the nasal mucosa. The drug is administered through the nose as Nasya reaches to mastishka and eliminates only the morbid doshas responsible for producing the disease.

FOLLOW-UP AND OUTCOME

The patients were counseled to follow the drug regime as prescribed. The condition of the patient was assessed physically after two weeks(14 days) then after four weeks (28 days). The patients showed marked relief in symptoms of Allergic Rhinitis after four weeks of treatment.

CONCLUSION

Allergic Rhinitis (AR) manifestations are quite irritative and disturb the quality of life. Modern medicine fails to provide a permanent cure to allergic conditions like AR.

In Ayurvedic classics, Pratishyaya has been mentioned as a separate chapter due to its importance. Most of the Nidanas are acting as trigger factor for Pratishyaya specially Viharja Nidanas like exposure to rajah, dhooma, anila, jala krida are more prone for causing Vataja Pratishyaya. Improper management of this acute stage leads to the disease to a chronic phase i.e. Dusta Pratishyaya which has so many complications and also poor prognosis. The study was aimed at evaluating the efficacy of Ayurvedic approach towards the management of Allergic Rhinitis (Pratishyaya). There were no complications observed during the treatment and in follow up period and the outcome of the treatment was satisfactory with marked relief to the patients, there was symptomatic relief within first 14 days and significantly enhanced the quality of life of Patients.

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