

**MANAGEMENT OF ALLERGIC RHINITIS (VATA- KAPHAJA PRATISHYAYA)  
THROUGH AYURVEDA- A CASE STUDY**

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**ABSTRACT**

Allergic Rhinitis is an immunological inflammatory response of the nasal mucosa to airborne allergens. Although Allergic Rhinitis is not a life-threatening disease, the symptoms of Allergic Rhinitis can be particularly bothersome and disruptive to a patient's sleep and overall quality of life. The coexistence of other allergic conditions like Asthma is very common. No satisfactory treatment is available in modern medicine for this disease. There is a need to search for satisfactory treatment available in another medical system. Present paper deals with a case of Allergic Rhinitis that was successfully treated with Ayurvedic medicines. Allergic Rhinitis is characterized by watery nasal discharge, nasal obstruction, nasal mucosal pallor, sneezing and itching in the eyes, palate and pharynx. Here a case study of allergic rhinitis of Ayurvedic management.

**KEYWORDS:** Allergic Rhinitis, *Vata-Kaphaj Pratishyay*, *Nasya*, *Haridra Khanda*

**INTRODUCTION**

Allergic Rhinitis (AR) (ICD-10-CM J30.9) is an IgE-mediated response of nasal mucosa. It is a type of nasal mucosal inflammation occurring due to the hyper response to the allergen by the immune system. Allergic Rhinitis is triggered by breathing in tiny particles of allergens. The most common airborne allergens that cause rhinitis are dust mites, pollen and spores, and animal skin, urine, and saliva. Signs and symptoms include nasal obstruction, rhinorrhea, sneezing, nasal pruritus, and other ocular symptoms. Clear fluid is usually seen from the nose<sup>1</sup> life like improper sleep, work productivity, and study two clinical types of Allergic Rhinitis have been recognized. (a) Seasonal AR: Symptoms appear in or around a particular season when pollens of a particular plant, to which the patient is hypersensitive, are present in the air. The most common allergens in seasonal allergies are pollens from trees, grasses, or

weeds. (b) Perennial AR: - symptoms are present throughout the year. The most common cause of perennial allergies is dust mites, animal dander, cockroaches, or mold. (c) Occupational AR- It is caused by an allergic reaction to a substance present in the workplace, such as grain, wood dust, chemicals or lab animals, etc.<sup>2</sup>

Ayurveda is a science of life and it gives rational solutions for chronic ailments. The medicine described in the classical text are having diversity in mode of action and acts on various systems as per *Dosha-Dushya* vitiation. *Pratishyay* is a broad term mentioned in Ayurveda in which many types of rhinitis are covered. Characteristically *Pratishyay* is the disease, in which *Kapha* and other *Dosha* get dragged towards *Vayu* and are expelled out through nostrils, is called *Pratishyay*. AR can be comparable with *Vata-Kapha Dosha* predominant *Pratishyay* according to

Ayurveda. The signs and symptoms of AR typically indicate the vitiated Vata- Kapha Dosh .<sup>3</sup>

### CASE STUDY

A 17-year-old Male patient presented with complaints of sneezing 25-30/day), rhinorrhea (watery discharge from nose), heaviness in the head region, head ache, wheezing at night, weakness, and loss of concentration hampering daily life activity for one year and patient use to take antihistamine daily at night time.

The patient's clinical findings and symptoms were suggestive of Allergic Rhinitis, which is of perennial type. According to Ayurveda diagnosis was done as Vata-Kaphaj Pratishyay. The present case is of Allergic Rhinitis and treated with classical shodhana Nasya and polyherbal preparation of *haridra khanda Churna Abraka bhasma* and *pushakarmoolasava* for 1 month. A good improvement was seen in symptoms were reduced and patients felt relief from the disease and stopped antihistamine after one week.

#### 1.2. Diet history

Dietary history of the patient reveals intake of curd regularly in lunch and twice to thrice intake of milkshakes in a week in the morning.

#### 1.3. Drug history

The patient had no history of any major medical illness. Patient use to take antihistamine since 5 years.

#### 1.4. Family history

The patient's mother is a known case of asthma and was on an inhaler.

#### 2.1. General examination

The patient had no history of any major illness. His pulse was 84/minute and blood pressure was 110/70 mmHg. And was not having any addictions like alcohol, smoking or tobacco chewing, etc. Due to multiple sneezing episodes, his quality of life was

affected as he is a student his concentration on study was significantly affected due to the symptoms of AR.

#### 2.2. Local examination

The patient had a mild S-shaped deviated nasal septum to the left side. Mild inferior turbinate hypertrophy in both nostrils. The nasal mucosa pallor and mild oedematous. A clear watery nasal discharge was noted in both nostrils. No other significant anatomical structural deformity was noted. A throat examination revealed no posterior pharyngeal wall congestion, both tonsils were normal, and the uvula is pink in colour and rounded.

#### 2.3. Systemic examination

The patient was conscious and oriented about the date, time, and place. His respiratory and cardiovascular system examinations were normal. Respiratory rate was 18/minute at rest.

The eightfold examination was done and the findings were;

*Nadi* (~pulse) *Vata*

*Pradhan* and *Pittanubandhi*,

*Mutra* (~urination) and *Mala* (~bowel habit) was normal,

*Jivha* (tongue) coated, *Shabda* (~speech) was normal,

*Drik* (~vision) was normal (6/6 both eyes) and

*Akriti* (~built) was medium.\

#### Therapeutic interventions

The patient's clinical findings and symptoms were suggestive of Allergic Rhinitis, which is of perennial type. According to Ayurveda diagnosis was done as Vata-Kaphaj Pratishyay. The present case is of Allergic Rhinitis and treated with following interventions.

Shodhana Nasya –Shunti guda 6 drops each nostril for 7 days .

Date	2/6/2023	3/6/2023	4/6/2023	5/6/2023	6/6/2023	7/6/2023	8/6/2023
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Mukhabhynaga With manjistadi taila	✓	✓	✓	✓	✓	✓	✓
Nasya Shunti+guda swarasa 6 drops each nostrils	✓	✓	✓	✓	✓	✓	✓
Ushnodaka kavala and Haridra dhuma	✓	✓	✓	✓	✓	✓	✓

Shodhana Nasya was carried out in kapha kala i.e 7.30- 8 Am Shunti + guda swarasa 6 drops each side for 7 days . and parihara vishyas are advised.

From 8<sup>th</sup> day as shamanoushadi Haaridra khanda + Abraka bhasma 1 tsp with honey before food twice a day Pushakarmoolasava 10ml with 10ml warm water twice a day. For 1 month

### DISCUSSION

Allergic rhinitis is most common and effecting daily activities of many patients. Main cause of this condition is environmental pollution and life style modification and food habits. By observing symptoms allergic rhinitis can be correlated to vata – kaphaja pratishyaya.in Ayurveda chikitsa pratishyaya come under urdvajatrugata rogas.<sup>4</sup> In this case kapha dosha along vata dosha in prakopa avasta, for kapha vilayana and vata shaman ushna, Tikshna pradhana drugsare used for chikitsa. For urdvajatrugata rogas Nasya karma best line of treatment mainly shodhana nasya plays important role for clearing sroto avarodha. In this case shunti guda avapidana shodhana nasya done for 8 days Shunti is ushna , tikshna, and ushna virya drugs and its kapha vilayana and Guda is ushna kapha hara. Both shunti and guda acts kapha and vata doshahelps for samprapti vighatana. As

shamanoushadi Haridra khanda , Abraka bhasma, with honeys 1tsp before food twice a day and pushakarmoolasava 10 ml BD after food advised for 1 month. As Haridra khanda indicated in pratishyaya, kasa swasa, sheetapitta, and Abraka bhasma is best rasayan balya .pushakarmoolasava is indicated in kasa swas, etc along with shamoushadi pathya like ushana , ahara, apathys like diva swapna, ratri jagarana, sheeta ahara,etc<sup>5</sup>.

### CONCLUSION

Allergic Rhinitis, if untreated can lead to bronchial asthma, recurrent middle ear infections, sinusitis and chronic cough. The case study has revealed a remarkable efficacy in Allergic Rhinitis with a significant result in most of the assessment criteria. The symptoms score did not worsen and was maintained. This was pilot study to evaluate the efficacy of Nasya karma and some oral medication in the management of Allergic Rhinitis and the result produced was encouraging enough not only on the assessment parameters, but also helped to gain resistance against allergens, repeated attacks and promoted immunity, physical and mental health of the patient. It is advisable to conduct this particular study on a larger number of samples for a greater span of time to draw more concrete conclusions.

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Source of support: Nil

Conflict of interest: None Declared

## Cite this article as

Dr Asha: Management of Allergic Rhinitis (Vata- Kaphaja Pratishyaya) Through Ayurveda- A Case Study; VIII(5): 2377-2380