



Review Article

REVIEW ON *NASA ROGA* (NASAL DISEASES) IN AYURVEDA MEDICINE WITH SPECIAL REFERENCE TO THE *PINASA* (CATARRH) IN SRI LANKAN TRADITIONAL MEDICINE

Nanayakkara Vidanagamage Yasangi Diloopa^{1*}, E.D. Thanuja Priyangani Gunarathna²

¹Temporary Demonstrator, Department of Kayachikithsa, Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka.

²Senior lecturer, Department of Kayachikithsa, Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka.

ABSTRACT

Pinasa (Catarrh) is an inflammatory disease of respiratory mucosa accompanied by sneezing, cough, headache, rhinorrhea, itching in throat and eyes. This cascade challenges the management of the disease and ultimately leads to negative impact to quality of life of the patient. At present, intervention strategies have been implemented in the management based on the herbal formulae with the light of Sri Lankan traditional medicine (SLTM). The study is focused to compile this scattered indigenous knowledge on *Pinasa* and compare them with the findings of Ayurveda medicine to explore the diagnosis and management gaps in both Ayurveda and SLTM. Data collection was done through documentary surveys, interviews and observations. The study revealed that the *Pinasa* has been considered as collective phenomena of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* in Ayurveda medicine. A similarity has been found in etiology, clinical features and treatments strategies in SLTM and Ayurveda medicine but types of the disease are varying. *Pinasa* was classified into 12 and 19 sub types in SLTM while 05 sub types of *Pratishyaya* have been described in Ayurveda medicine. *Snehana* (oleation), *Swedana* (fomentation) and *Nasya* (inhalation) were mentioned as external treatment modalities in Ayurveda medicine while same regimn are mentioned in SLTM but in different medical terminologies. Decoctions, pills, *Kalka*, *Choorna* and porridge were administered as internal remedies in both the medical system with different formulae while *Nidana Parivarjana* and *Patyapatya Sewana* considered as preventive measures. It can be concluded that the knowledge on *Pinasa* in SLTM is crucial important to conduct further research studies to find effective management along with novel preparation for *Pinasa*.

KEYWORDS: *Pinasa*, Catarrh, Sri Lankan traditional medical system.

INTRODUCTION

The inherited proud history more than the three millenniums of Sri Lanka is endowed theories including the indigenous knowledge on health preservation which is commonly found as Sri Lankan traditional medicine (SLTM) or *Hela Wedakama*. There are several descends of traditional practitioners in SLTM who were specialized for the treatments in specific spectrums of diseases known as *Weda Parampara*. These *Weda Parampara* were enrolled as significant servers to the society in health management.

Pinasa (Catarrh) refers as a heterogeneous group of nasal disorder characterized by nasal blockage, heating sensation as in fumes emitting from the nostrils, rhinorrhea, sensation loss of taste and smell which are also similar to the clinical features of *Pratishyaya* (common cold) such as *Kshawathu* (sneezing), *Gala*, *Talu*, *Ousthta Shosha* (dryness of

throat, palate and lips), *Nasa Shrava* (runny nose), *Kasa* (persistent cough) and *Shirah Shula* (headache). Chronicity and remission are common to this disease and it may develop *Shwasa* (bronchial asthma), *Nasa Arshas* (nasal polyps) and *Mhurtha Roga* (establishment of the various diseases in the head) which may decrease quality of life, aggravate comorbid conditions and require significant medical attention.

Research studies have been recorded that there were 21.4% of prevalence for rhinitis among school children in Western province of Sri Lanka and 44.4% of them were suffered from asthma. It has been revealed the minimal satisfactory on parental recognition of these conditions.^[1] The comprehensive knowledge of *Pinasa Weda Parampara* (generations of traditional practitioners owned descended knowledge on disease *Pinasa* and other traditional

practices in SLTM are still benefited to acquire the needs of the society, as *Pinasa* has been identified as a highly prevailing disease at present.

Etiological factors, classifications, signs and symptoms, management principles and treatments of *Pinasa* have been elaborately described in SLTM but the pathogenesis does not clearly elicit. There are distinct between the classifications and management principles of *Pinasa* within the *Weda Parampara* (generations of Sri Lankan Traditional medical practitioners) specialized in specific spectrums of diseases.

Ayurveda medical system, which has been developed with the scope of maintaining the health of healthy individual and cures the diseased, is identified as a major medical profession practice in Sri Lanka. Ayurveda medical system and SLTM are administered treatment protocols coherently for various diseases for advanced outcomes in prognosis. Some scholar opines that among 31 of nasal diseases (*Nasa Roga*) mentioned in Ayurveda, the clinical features of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* are mostly resembled with *Pinasa*. Moreover, the relative understanding of the concepts on *Pinasa* in SLTM and Ayurveda medicine is important to expand the diligent clinical service to the society. Therefore, this literature study is conducted to compile the scattered references of different Sri Lankan traditional scriptures in relevance to *Pinasa* (Catarrh) as mentioned in different traditional texts and experienced in hand on skills by the traditional practitioners and the perspectives of Ayurveda medicine on *Pinasa*.

OBJECTIVES

1. To compile the theories and concepts on *Pinasa Roga* and compare them with the findings of Ayurveda medicine.
2. To explore the diagnosis and management strategies of *Pinasa Roga* in Ayurveda and SLTM.

MATERIALS AND METHODS

Data were collected from the documentary survey of Ola leaves manuscripts, Sri Lankan traditional texts, published articles, journals, interviews and observations.

OBSERVATIONS AND RESULTS

Disease Review

Ayurveda concepts on *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa*

Etiological factors of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* according to the Ayurveda concepts

Ayurveda medicine has been given a detailed description in *Nidana* of *Pratishyaya* (etiological factors of common cold) can be account as common causative factors for all the nasal diseases such as *Sandharanath* (suppression of the natural urges), *Ajeerna* (indigestion), *Rajah* (exposure to dust), *Athi Bhashya* (excessive speaking), *Krodha* (anger), *Rithu Vaishmya* (seasonal variations), *Shirah Abhithapa* (exposure of head to the heat), *Prajagara* (awaking at nights), *Athi Swapna* (excessive day sleeping), *Ambu Shithair Awashyaya* (exposure to cold water and frost), *Maithuna* (excessive sexual intercourse), *Bashpa* (weeping), *Dhuma* (smoky environment).^[2]

Pathogenesis of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* in Ayurveda medicine

Indulgences with the etiological factors cause to imbalance the *Vata Dosha* separately or collectively with other *Dosha* leading to manifestation of the *Pratishyaya* disease. During the pathogenesis of *Pratishyaya*, the morbid *Dosha* ultimately combined with vitiated *Rakta Dhatu* and get lodged in the head.^[3]

Caraka Samhita has been explored that the aggravated *Dosha* obstruct *Vata Gati* (movements of *Vata Dosha*) influence further aggravation of *Vata Dosha* resulting to expulsion of vitiated *Dosha* from the route of nose as the pathogenesis of *Prathishya*.^[2]

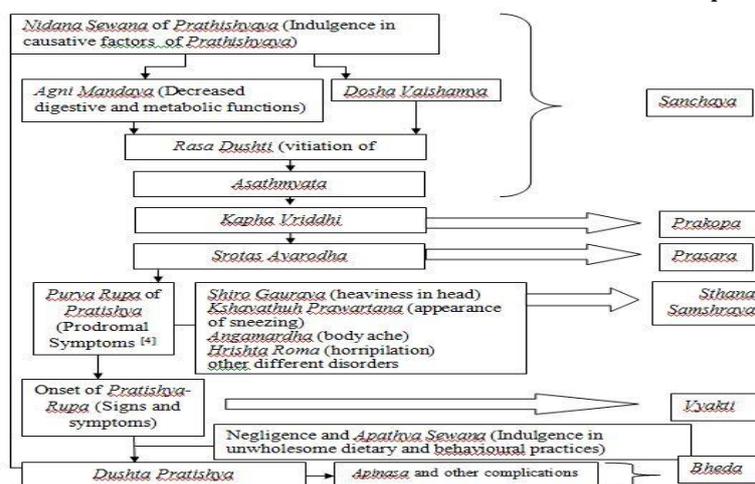


Figure1: Probable Pathogenesis of Sequel of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* according to the Ayurveda View Point [2,3,4]

Figure 01 shows the etiopathogenesis of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* in accordance to the concepts in Ayurveda medicine. As per the Ayurveda concepts causative factors in *Pratishyaya* are responsible to vitiate the *Agni status* in the human body. Thus, formation of *Ama Rasa* cause to *Kapha Vriddhi* and resulted for *Srotas Avarodhata* (obstruction of channels) in *Prasara* stage of *Shad Kriya Kayla*. As a result, *Vata Dosha* get aggravated and clinical features of *Pratishyaya* pronounced in *Vyakti Avastha*. If the condition is neglected and indulge in *Apatya Ahara Viharana*; *Dushta Pratishyaya* and *Apinasa* can be resulted and this stage was considered as *Bheda Avastha*.

iii. Classification of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* in Ayurveda texts

Clinical features of different types of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* as mentioned in *Caraka Samhita* and *Susrutha Samhita* have been mentioned below in the Table 1.

Table 1: Classification of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* in Ayurveda Medicine

Name of the disease	<i>Susruta Samhita</i> ^[5]	<i>Caraka Samhita</i> ^[6]
<i>Vataja Pratishyaya</i>	<i>Anaddha Pihitha Nasa</i> (Blown and obstructed nose), <i>Thanu Srawa Prawartana</i> (thin nasal discharge), <i>Galatalwosta shosha</i> (Dryness of throat, palate and lips), <i>Shankha Nistoda</i> (pricking pain in temples), <i>Swara Upaghatha</i> (hoarseness in voice)	<i>Ghranarthihoda</i> (distress and piercing pain in nostrils), <i>Kshawathu</i> (sneezing), <i>Jalabha Shrava</i> (watery nasal discharge), <i>Swara Roga</i> (hoarseness of the voice), <i>Murdha Roga</i> (establishment of the various diseases in the head)
<i>Pittaja Pratishyaya</i>	<i>Ushna Sapitaka Srava</i> (nasal discharge is hot and yellowish), <i>Krusha</i> (emaciated), <i>Athi Pandu</i> (severely pale), <i>Santaptha</i> (fever), <i>Trishna</i> (thirst), <i>Sadhuma</i> (expels suddenly as if fire with fumes from nose)	<i>Nasa Prapaka</i> (inflammation in the tip of nose), <i>Jwara</i> (fever), <i>Vaktra Shosha</i> (dryness of mouth), <i>Thrishna</i> (thirst), <i>Ushna Pita Shrava</i> (hot and yellowish nasal discharge)
<i>Kaphaja Pratishyaya</i>	<i>Kaphakruta Shukla Ghranashcha Shitah Srawen Muhuh</i> (white and cold nasal discharge repeatedly from nose), <i>Shuklawabhasa</i> (patient looks white), <i>Shunakshi</i> (swollen eyes), <i>Guru Shiro Mukha</i> (heavy head and face), <i>Shirogaloshta talunan Kandu</i> (severe itching in head, throat, lips and palate)	<i>Kasa</i> (cough), <i>Aruchi</i> (anorexia), <i>Shrava Ghana</i> (viscous nasal discharge), <i>Praseka</i> (excessive salivation), <i>Guru Shrithasi Chapi Kandu</i> (heaviness and itching in the nasal passage)
<i>Sannipatja Pratishyaya</i>	features of all types of <i>Pratishyaya</i>	<i>Sarvani Rupani</i> (all the signs and symptoms of <i>Vataja</i> , <i>Pittaja</i> and <i>Kaphaja</i> types of <i>Pratishyaya</i>), <i>Tivra Ruja</i> (pain) and <i>Athi Dukkha</i> (distress of the nose)
<i>Raktaja Pratishyaya</i>	<i>Rakta Shrava</i> (bleeding from nose), <i>Thamraksha</i> (coppery eyes), <i>Uroghatha</i> (suffers severely from chest disorders), <i>Dhurgandhocchwasawadana</i> (foul smell in breath and mouth), <i>Gandhan Na Veththi</i> (anosmia), <i>Krumayah Shwethah Snigdha</i> (grow white, glossy, minute organisms thus resembles), <i>Krumi Murdha Vikara Samana Lakshana</i> (in features <i>Krimija Shiro Roga</i>)	Not mentioned
<i>Dushta Pratishyaya</i>	<i>Praklidyathi Punar Nasa Punashcha Parishushyathi</i> (Nose get moistened and again dries up), <i>Muhuranahyathe Muhur Vivarthayathe</i> (it gets blocked and again opened), <i>Shwasa Uchwasa Dhaurgandhyan</i> (there is foul smell in breath) and also	<i>Kshawathu</i> (sneezing), <i>Nasa Shosha</i> (dryness of the nasal mucosa), <i>Prathinaha</i> (nasal obstruction), <i>Parishrava</i> (excessive nasal discharge), <i>Ghranasya Puthithva</i> (ozena), <i>Apinasa</i> (chronic rhinitis), <i>Sapaka Shopha</i>

	<i>Gandha Na Veththi</i> (Anosmia) with advanced in condition: <i>Badhirya</i> (deafness), <i>Andhya</i> (blindness), <i>Aghrana</i> (Anosmia), <i>Ghorashcha Nayanamayan</i> (severe eye diseases), <i>Kasa</i> (cough), <i>Agni Sada</i> (diminution of digestive fire) and <i>Shopha</i> (oedema) can be manifested and is difficult to cure [7]	(inflammatory oedema), <i>Nasarbudha</i> (edematous), <i>Puya Raktha</i> (purulent and sanguineous rhinitis), <i>Arunkshi</i> (furunculosis), <i>Shirshashravanakshi Roga</i> (disorders of head, ear and eye), <i>Khalithya</i> (baldness), <i>Haryarjuna</i> (loma graying of body hair), <i>Thrut</i> (thirst), <i>Shvasa</i> (dyspnoea), <i>Kasa</i> (cough), <i>Jvara</i> (fever), <i>Raktha Pitta</i> (internal haemorrhage), <i>Vaiswarya</i> (hoarseness of voice), <i>Shosha</i> (consumption) are arise as the consequences of <i>Dushta Pratishyaya</i> . When the nostrils are affected with <i>Rodha</i> (obstruction), <i>Abhighatha</i> (injury), <i>Shrava</i> (discharge), <i>Shosha</i> (drying) and <i>Paka</i> (inflammation), <i>Na Veththi Gandham</i> (the person does not perceive (smell), <i>Dhurgandha Asya</i> (mouth emits foul smell) and the <i>Bahushah Prakopi</i> (disorder aggravates frequently) is known as <i>Dushta Pratishyaya</i> (vicious coryza).[8]
Apinasa	<i>Anahyathe</i> (blocked), <i>Vidhupyathe</i> (as if smoked), <i>Praklidhyathe</i> (moistened) and <i>Shushyathi</i> (dried) nose and <i>Na Weththi Yo Gandha Rasanshcha</i> (the patient does not perceive smell and taste), is resulted by vitiation of <i>Vata</i> and <i>Kapha</i> , is attributed with the signs and symptoms of <i>Pratishyaya</i> . [8, 9]	

The term “*Pinasa*” has been used as a synonym for *Pratishyaya* in both *Caraka Samhita* and *Susruta Samhita*.

Pinasa in Sri Lankan traditional medicine

i. Nasa Roga (nasal diseases) described in Sri Lankan traditional medical system

Sinhala *Yogarathnakara* has been described fourteen types of nasal diseases such as; *Pinasa*, *Pratishyaya*, *Putikanasa*, *Nasa vataya*, *Shonithapittaya*, *Puyaraktaya*, *Kshawathu*, *Nasarosaya*, *Nasa Arisas*, *Nasa Shopa*, *Naasaarbuda*, *Parishrava*, *Bhrashta* and *Nasadaha*. [10]

ii. Synonyms for Pinasa (Catarrh) in Sri Lankan traditional medical system

Pinas Vayuwa

Pinas Vrana

Pinas Gedi

Pinas Radaya

Pinas Kassa

Pinas Rudawa[11]

iii. Aetiology of Pinasa in Sri Lankan traditional medicine

There are similarities of causative factors of *Pratishyaya* in Ayurveda medicine and etiological factors of *Pinasa* in SLTM.

iv. Pathogenesis of Pinasa in Sri Lankan traditional medicine

Although, it is rare to find written scriptures on *Samprapti* (pathogenesis) of *Pinasa* in SLTM, concept of *Ama* is highly considered during the treatment for *Pinasa* in SLTM. Impaired digestive and metabolic processes cause to produce *Rasa Ama* which leads to the establishment of *Asathmyata*. This *Ama* condition influence to aggravate the *Kapha Dosha* and resulted in *Srotorodha* (obstruction of channels) leading to manifestation of different types of *Pinasa*.

v. Classification of Pinasa according to Sri Lankan traditional medicinal books

It can be observed that 12, 18, 20 and 24 types of *Pinasa* are mentioned in different traditions of Sri Lankan traditional medical systems.[11] Although, it has been mentioned the numerical count of the subtypes of *Pinasa*, clarifications based on these nomenclature is hard find among the scriptures.

Classifications of *Pinasa* in *Vaidya Chinthamani Bhaishajya Sangrahava*, *Talpatate Piliyam*, *Sinhala Yogaratnakara* and by some of the traditional practitioners are mentioned in Table 2.

Table 2: Classifications of Pinasa in Sri Lankan Traditional Medicine

	<i>Vaidya Chintamani Bhasajya Sangrahava</i> ^[12]	<i>Talpate Piliyam</i> ^[11]	<i>Sinhala Yogaratnakaraya</i> ^[13]	Traditional practitioners
1.	<i>Karappundi Pinasa</i>	<i>Shulakanda Pinasa</i>	<i>Vata</i>	<i>Gal Pinasa</i>
2.	<i>Kina vayu Pinasa</i>	<i>Sen Pinasa</i>	<i>Pitta</i>	<i>Diya Pinasa</i>
3.	<i>Putikenda Pinasa</i>	<i>Vata Pinasa</i>	<i>Kapha</i>	<i>Le Pinasa</i>
4.	<i>Nirakta Pinasa</i>	<i>Hotu Pinasa</i>	<i>Sannipatha</i>	<i>Laya Pinasa</i>
5.	<i>Puratissa Pinasa</i>	<i>Pit Pinasa</i>		
6.	<i>Shula Pinasa</i>	<i>Gal Pinasa</i>		
7.	<i>Arbuda Pinasa</i>	<i>Sanni Pinasa</i>		
8.	<i>Hotu Pinasa</i>	<i>Grahani Pinasa</i>		
9.	<i>Naga Pinasa</i>	<i>Le Pinasa</i>		
10.	<i>Kandamala Pinasa</i>	<i>Laya Pinasa</i>		
11.	<i>Jwara Pinasa</i>	<i>Naga Pinasa</i>		
12.	<i>Mandala Pinasa</i> ^[8]	<i>Kandamala Pinasa</i>		
13.		<i>Jwara Pinasa</i>		
14.		<i>Aramana Pinasa</i>		
15.		<i>Pandu Pinasa</i>		
16.		<i>Gulma Pinasa</i>		
17.		<i>Molakanda Pinasa</i>		
18.		<i>Panu Pinasa</i>		
19.		<i>Sulakada Pinasa</i> ^[9]		

vi. Common signs and symptoms of Pinasa in Sri Lankan traditional medicinal books

Common signs and symptoms of *Pinasa* has been observed in traditional scriptures are mentioned in the table 3.

Table 3: Common Signs and Symptoms of Pinasa in Sri Lankan Traditional Medicine

<i>Warasara Sangrahaya</i> ^[14]	<i>Thalpate Piliyam</i> ^[11]
Rhinorrhea	Dryness of the nasal cavity
Anosmia	Tearing
Sneezing	Phlegmatic nasal discharges
Nasal congestion	Burning sensation around forehead and facial region
	Phlegmatic expectoration
	Bad odour emits from the nose

vii. Specific Signs and symptoms of Pinasa according to Sri Lankan traditional medicine

Table 4: Specific Signs and Symptoms of Pinasa According to Vaidya Chinthamani Bhasajya Sangrahava and Thalpathe Piliyam

	Type of Pinasa	Signs and symptoms
1	<i>Karappundi Pinasa</i>	Nasal polyps as in the appearance of a bulb of red onion, nasal voice ^[12]
2	<i>Kina vayu Pinasa</i>	Tingling sensation of nasal cavity, dryness of nasal cavities, bad smelling from mouth and nose ^[12]
3	<i>Putikenda Pinasa</i>	Burning sensation of the nostrils, bad smelling from nose, throbbing pain of nose, nasal voice, dryness of the nose, headache, nasal discharging appeared as sesame oil, pain in nostrils, aggravation of headache when expose to rain and mist ^[12]
4	<i>Nirakta Pinasa</i>	Continuous rhinorrhea, coughing, flank pain, feeling tiredness in the body ^[12]
5	<i>Puratissa Pinasa</i>	Phlegmatic nasal discharges, pain in nostrils, redness of the eyes, pain over the top of the head, itching of the throat, pimples over the nasal area, nasal obstructions, breathing from mouth, discomfort in hearing ^[12]

6	<i>Shula Pinasa</i>	Sneezing aggravate during nights and sneezing not present at day time, Phlegm comes in to the mouth from nose, continuous rhinorrhea ^[12]
7	<i>Arbuda Pinasa</i>	Plegmatic nasal discharge with bleeding, pain in head and throat, aggravation of <i>Pitta</i> , sour taste in mouth, anosmia ^[12]
8	<i>Hotu Pinasa</i>	Coughing, sneezing, bad smelling from nose ^[12] Burning sensation of the head, coughing, sneezing, whitish phlegm discharges from nose, bad nasal smelling ^[11]
9	<i>Naga Pinasa</i>	Burning sensation of the head, earache, nasal discharges, sneezing, rhinorrhea, fever, wheezing ^[12] Burning sensation of the head, earache, purulent nasal discharges, puffiness of the face ^[11]
10	<i>Kandamala Pinasa</i>	Redness of eyes, heaviness of the head, pain over cheeks, phlegmatic nasal discharges, aggravation of <i>Pitta</i> and excessive perspiration ^[12] Redness of the eyes ^[11]
11	<i>Jwara Pinasa</i>	Fever, itching of head region, hearing discomforts, pain of nose, continuous phlegmatic conditions, sneezing, redness of the eyes ^[12]
12	<i>Mandala Pinasa</i>	Not specifically mentioned
13	<i>Shula kanda Pinasa</i>	Vomiting, excessive salivation and phlegmatic conditions ^[11]
14	<i>Sen Pinasa</i>	Feeling of coldness, excessive phlegmatic conditions, heating sensation of body, sneezing, bad nasal smelling, deafness, nasal pain, heaviness of the facial region ^[11]
15	<i>Vata Pinasa</i>	Not specifically mentioned ^[11] , Continuous rhinorrhea ^[13]
16	<i>Aramana Pinasa</i>	Nasal inflammation, phlegmatic discharges from nose, inflammation of cheeks, pain over the frontal regions ^[11]
17	<i>Pit Pinasa</i>	Fever, heating sensation of head, deafness ^[11] yellowish nasal discharges ^[13]
18	<i>Gal Pinasa</i>	pain over the frontal regions, heating sensation of head, deafness, dryness of nostrils ^[11]
19	<i>Sanni Pinasa</i>	Headache, phlegmatic purulent nasal discharges with blood, dizziness, redness of the eyes, fever, earache ^[11]
20	<i>Grahani Pinasa</i>	Nasal obstructions, bleeding from nose, flank pain, headache ^[11]
21	<i>Le Pinasa</i>	Heating sensation over the head, frontal headache, deafness, dryness of the nasal cavities ^[11] Other than these traditional practitioners are experienced with the symptoms of bleeding from nose and taste of blood over throat also.
22	<i>Laya Pinasa</i>	Inflammation over the chest region, purulent phlegmatic nasal discharges, bad smelling from mouth, wheezing, emaciation ^[11]
23	<i>Pandu Pinasa</i>	Abdominal discomfort, excessive salivation, nausea, taste of blood over the throat, abdominal pains, excessive nasal and oral salivation and phlegm discharge ^[11]
24	<i>Gulma Pinasa</i>	Vomiting, body pains, excessive salivation, anorexia, heamoptysis, excessive nasal phlegm discharge, desire for sweet taste and flesh ^[11]
25	<i>Molakanda Pinasa</i>	Nasal inflammation, phlegm discharge from nose, bad nasal smelling ^[11]
26	<i>Kapha Pinasa</i>	thick nasal discharges ^[13]
27	<i>Sannipata Pinasa</i>	Affected with all the signs and symptoms of of <i>Vata</i> , <i>Pitta</i> and <i>Kapha Pinasa</i> ^[13]
28	<i>Panu Pinasa</i>	Abdominal discomfort, excessive salivation, vomiting, purulent nasal discharges with blood ^[11]
29	<i>Sulakada Pinasa</i>	Vomiting, nausea, nasal pain, excessive salivation, aggravated phlegmatic conditions ^[11]
30	<i>Diya Pinasa</i>	Burning sensation of the head, coughing, sneezing, phlegm discharges from nose, bad nasal smelling

Treatment principles

Treatment principles for *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* in Ayurveda medicine

i. Common treatment principles mentioned in Ayurveda authentic texts for *Pratishyaya*

Nidana Parivarjana (avoiding the causative factors) and *Langhana* are recommended during the management of *Pratishyaya*. *Grita Pana* (intake of ghee), *Swedana* (sudation), *Vamana* (emesis), *Avapida Nasya* (Pressed snuff) are the general treatment principle in *Pratishyaya* with exception for *Nava Pratishyaya* (*Pratishyaya* in acute stage).^[15]

Treatment principles have been based on the *Ama* (immature) and *Pakva* (mature) *Avasta* (Stage) of the *Pratishyaya*. *Swedana* (fomentation), *Amlairhithan ca Bhojanam* (consuming warm substances with sour), *Nishevyanaman Payasaardhrakan* (milk along with fresh Ginger) or *Ikshu Vikara Yoga* (sugarcane products) are recommended for the treatment in *Amaja Pratishyaya*. *Shirovirechana* (evacuation of morbid *Dosha* through nose) *Virechana* (purgation), *Asthapana Vasti* (non unctuous enema), *Dhumapana* (smoking) and *Kawala* (gargling) are recommended during the *Pakva* (mature) stage of *Pratishyaya* while nasal discharge is appeared.^[15]

ii. Specific treatment principles for the subtypes of *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* in Ayurveda texts

Table 6: Specific Line of Treatment for *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa*

Name of the disease	Clinical features					
<i>Vataja Pratishyaya</i> ^[16]	<i>Grita Pana</i>	<i>Nasya</i> (nasal snuff)	<i>Ardhita Chikitsa</i> (treatments used for <i>Ardita Roga</i>)			
<i>Pittaja Pratishyaya</i> ^[16]	<i>Grita Pana</i>	<i>Parisheka</i> (cold bath)	<i>Pradeha</i> (cold paste)	<i>Virechana</i>	<i>Nasya</i>	<i>Kavala</i>
<i>Kaphaja Pratishyaya</i> ^[16]	<i>Grita Pana</i>	<i>Yawagu</i>	<i>Vamana</i>	<i>Nasya</i>	<i>Kaphaghna Karma</i> (<i>Kapha</i> alleviating measures)	<i>Dhuma Pana</i>
<i>Sannipathaja Pratishyaya</i> ^[16]	<i>Grita Pana</i>	<i>Dhuma Pana</i>	Treatments prescribed for other varieties of <i>Pratishyaya</i>	<i>Nasya</i>	<i>Kavala</i>	<i>Shiro Virechana</i>
<i>Rakthaja Pratishyaya</i> ^[16]	As mentioned for <i>Pittaja Pratishyaya</i>					
<i>Dushta Pratishyaya</i>	<i>Tridosha Nashana Chikithsa</i> with suitable treatments for accompanied complications. ^[17]					
<i>Apinasa</i>	unction and sudation followed by emesis and purgation. Diet processed with pungents should be taken light and in small quantity. Water should be taken warm and also smoking in proper time. Other than these <i>Avapida Nasya</i> is recommended for <i>Apinasa</i> . ^[18]					

Treatment principles for *Pinasa* in Sri

Lankan traditional medicine

i. Treatment principles for *Pinasa* in Sinhala Yogaratnakaraya

Sneha Karma (oleation therapy) and *Sweda Karma* (Sudation therapy) are recommended at the initial stage of *Pinasa Roga*. *Vamana Karma* (Emetic therapy) and *Virechana Karma* (Purgation therapy) should be performed accordingly.^[13]

ii. Management of *Pinasa* in Sri Lankan traditional physicians

Nidana Parivarjana, *Ama Pachana* and *Agni Dipana* have been mentioned to administrate as the

first line of treatment in *Pinasa* by SLTM. Then, numerous decoctions, pills, *Kalka* (oral administration of medicinal pastes), *Nasaya* (errhine), *Vamana Karma* (emesis therapy), *Hisagalwum* (Keeping medicinal preparation on the scalp in an hour for 3-7 consecutive days in the morning), *Swedana* (fomentations), *Dum Pandu* (fumigation), *Snehana* (oleation) are applied in accordance to the diagnosed subtypes of *Pinasa*.

Pathyapathya (Wholesome and unwholesome dietary and behavioral patterns)

Pathyapathya for Pratishtyaya in Ayurveda medicine

Susruta Samhita recommended that sleeping, sitting and moving about in windless places, wearing warm and heavy turban on the head, consuming rough edibles prepared by *Harithaki* (*Terminalia chebula*) and barley as wholesome for *Pratishtyaya*. It has been advised to avoid the use of cold water, dipping in cold water, excessive thinking, excessive consumption of rough food, grief, suppression of natural urges and fresh wines for the sufferers from *Pratishtyaya*.^[16]

Pathyapathya for Pinasa in Sri Lankan traditional medicine

According to the *Sinhala Yogarathnakaraya* rice prepared from *Al Sahal* (a variety of rice), meat of Indian pangolian, Meat of *Agulu* (a variety of fish), *Alukehelmuwa* (Ash Banana blossoms), flesh of deer, flesh of Pea cock, *Thibbatu* (*Solanum torvum*), *Ealabatu* (*Solanum melongena*), *Kaadi*, Ghee, *Moru* prepared from Cow's milk are wholesome for *Pinasa*.^[13]

Varieties of porridge namely *Lunu Keda*, porridge prepared by *Laja*, porridge prepared by using leaves of *Ealabatu* (*Solanum melongena*) specially in high phlegmatic conditions are used by SLTM as a wholesome dietary practice for *Pinasa*. Consuming hot potent foods, food and beverages in cold nature, oily foods, *Guru Bhojana* (food types which are hard to digest), avoiding causative factors and other restrictions for the daily food consumption behavior and routine practices were strictly followed by the traditional physicians.

DISCUSSION

Sri Lankan Traditional Medicine is an ancient indigenous medical knowledge based on theories and series of prescriptions prevailed through generation to generation over a period of 3,000 years.

Pinasa (Rhinitis/ Catarrh) is disease involving in upper respiratory tract; enriched with innumerable scattered indigenous knowledge. There is a controversy of direct correlation of *Pinasa Roga* in SLTM and its Ayurveda concepts. Different scholars in Ayurveda community have been made different controversial opinion on *Pinasa Roga*. The *Pratishtya* and *Apinasa* are an inflammatory condition in mucosal membrane of nasal passage and sinuses in the head has been described in Ayurveda authentic texts. Some expertise in the field of Ayurveda opined that *Apinasa* can be resembled with its clinical features to the *Pinasa Roga* described in SLTM. Some scholars opined that *Pinasa Roga* implies as an

association between *Pratishtyaya* and *Apinasa* or may co-exist with *Pratishtyaya* due to its multiple distinct clinical conditions and the management principle.

The term "*Pinasa*" is observed as synonym for *Pratishtyaya* in *Caraka Samhita* and *Susruta Samhita*, but in SLTM considered the *Pinasa* as a separate disease entity. Furthermore, *Pinasa Roga* has been identified as a disease beyond the extent of *Pratishtyaya* mentioned in Ayurveda. Basically, *Pratishtyaya* considered as the *Kapha Vatajanya Vyadhi* in the textual references and in accordance to the traditional physicians. Although, the concepts in Ayurveda medicine and SLTM were differ to each other while concepts in etiology, common clinical features and line of treatment were identified with equal characteristics. Pathogenesis of *Pinasa* has been elaborately described as a systemic disease (*Sarwa Daihika Roga*) rather than a respiratory disease in SLTM. Hypotheses on the pathogenesis might be due to imbalance of body humors viz *Vata*, *Pitta*, *Kapha* and *Rakta Dhatu* (body tissues) by the influence of *Apatya Ahara Viharana* (unwholesome dietary behavioral practices) due to impairment of digestion and metabolism. *Apinasa* is the disease depicted in Ayurveda medicine par with the similar *Doshic* involvement and clinical features of the *Pinasa* in SLTM. But there were no further classifications of *Apinasa*, in comparison to the varied classifications of *Pinasa* in SLTM. The broad illustrations on subtypes of *Pinasa* in SLTM support to understand different clinical patterns. Even though, collective phenominae on *Pratishtyaya*, *Dushta Pinasa* and *Apinasa* in Ayurveda under *Nasa Roga* Classification hypothesis the clinical features of *Pinasa*. *Ama Pachana* and *Agni Dipana* identified as the first line of treatment to reestablish the impaired digestive and metabolic functions. *Nidana Parivarjana* (removal of causative factors) and implementation of *Patyapatya* (Dietary and behavioral advices) mentioned in both the medical systems shows easy management principle to discontinue the pathogenesis of the disease without introducing the medicine. Although, some traditional textual references are providing the description on *Pinasa Roga* without management principles while some texts and Ola leaves showed elaborative treatment protocols. Administration of decoctions, *Kalka*, pills, *Hisagalwum*, *Nasya*, *Vamana* (emesis), *Dhuma Pana* (medicinal fume inhalation), *Choorna* (medicinal powders), *Sneha* (oleation therapy) and *Sweda Karma* (sudation therapy) have been recorded as the major therapeutic measures in all source of references in SLTM.

Amayukta Rasa leads to *Srotas Avarodha* (obstruction of the body channels) which ultimately support to manifestation of *Pinasa*. Similarity of this

hypothesis has been identified in comparison to Ayurveda view point. The data revealed that knowledge on *Pratishyaya*, *Dushta Pratishyaya* and *Apinasa* are reliable to understand the concepts on *Pinasa* in SLTM in comparison to the Ayurveda medicine.

The hidden knowledge of SLTM plays as an iceberg phenomenon with its effective clinical applications. Thus, influencing on the bringing this hidden knowledge in to the wide practice will be benefited to overcome unnecessary health and economic burden arise as a consequence of *Pinasa Roga*.

CONCLUSION

The knowledge based on the pathogenesis, classification and the treatment protocols of *Pinasa Roga* are differently described in various textual and expert opinions in relation to SLTM within a wide range. This scattered knowledge is differently applying in various conditions of the *Pinasa Roga* with effective and efficient outcomes. There is a timely need of preserving and sharing this kind of knowledge for the betterment of the health and wellness of the future population.

ACKNOWLEDGEMENTS

Manaranjana Rajasekara Watthage, Traditional practitioner, Wadduwa Malagama Weda Paramparawa, Malagama, Wadduwa, Sri Lanka.

REFERENCES

1. Amarasekera NDDM, Gunawardena NK, De Silva NR, Weerasinghe A, Prevalence of childhood atopic diseases in the Western province of Sri Lanka, Ceylon Med Journal, 2010, (cited on 22.02.2021), Available from: <https://pubmed.ncbi.nlm.nih.gov/20446533/>
2. Sharma P. Caraka Samhita Vol II, Chaukhambha Orientalia, Varanasi, India, 2014, Chikithsa Sthana, 26 Chapter, 99- 100, pp 434.
3. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 24 Chapter, 4, pp256.
4. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 24 Chapter, 6, pp257.
5. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 24 Chapter, 7- 13, pp257- 258.
6. Sharma P. Caraka Samhita Vol II, Chaukhambha Orientalia, Varanasi, India, 2014, Chikithsa Sthana, 26 Chapter, 97- 98, pp 434.
7. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 24 Chapter, 14- 17, pp258- 259.
8. Sharma P. Caraka Samhita Vol II, Chaukhambha Orientalia, Varanasi, India, 2014, Chikithsa Sthana, 26 Chapter, 101- 103, pp 434- 435.
9. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 24 Chapter, 22, pp258- 248.
10. Sinhala Yogarathnakaraya, Department of Ayurveda, Nawinna, Maharagama, Sri Lanka, 1997, 9 Chapter, pp 113.
11. Thalpathe Piliyam- 16, Department of ayurveda, nawinna, Maharagama, 1986, 104, 105, 114.
12. Jayasinghe B, Vaidhya Chinthamani Bhaishajya Sangrahava, Shasthradhara Yanthralaya, Kelaniya, Sri Lanka, 1909.
13. Sinhala Yogarathnakaraya, Department of Ayurveda, Nawinna, Maharagama, Sri Lanka, 1997, 9 Chapter, pp 114.
14. Anonymous, Warasara Samgrahaya, Colombo, Sri Lanka
15. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 24 Chapter, 18- 19, pp 259.
16. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 24 Chapter, 24- 30, pp261- 262.
17. Sharma P. Caraka Samhita Vol II, Chaukhambha Orientalia, Varanasi, India, 2014, Chikithsa Sthana, 26 Chapter, 149, pp 441.
18. Sharma P.V, Susruta Samhita Vol III, Chaukhambha Vishvabharati, Varanasi, India, 2010, Uttara Sthana, 23 Chapter, 3- 5, pp 253.

Cite this article as:

Nanayakkara Vidanagama Yasangi Diloopa, E.D. Thanuja Priyangani Gunarathna. Review on Nasa Roga (Nasal Diseases) in Ayurveda Medicine with Special Reference to the Pinasa (Catarrh) in Sri Lankan Traditional Medicine. International Journal of Ayurveda and Pharma Research. 2021;9(3):1-9.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. NVY Diloopa

151 C, Doowa Road, Kolamediriya, Bandaragama, Sri Lanka
Email: nanayakkara.yd@gmail.com
Phone number: 0714046290

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.