



Research Article

ROLE OF NASYA KARMA IN THE MANAGEMENT OF PRATISHYAYA (ALLERGIC RHINITIS)

Dharmendra Chauhan¹, Lokesh Singh Bhati^{2*}, Murari Sreenivasulu³

¹Associate Professor, Dept. of Panchkarma, ²Associate Professor, Dept. of Agadtantra evum Vidhivaidyaka,

³Professor & HOD, Dept. of Shalakya, VCAS & H, Bijnor, U.P., India.

Article info

Article History:

Received: 19-08-2022

Revised: 03-09-2022

Accepted: 17-09-2022

KEYWORDS:

Nasya, Pratishyaya,
Allergic rhinitis.

ABSTRACT

Ayurveda is eternal and continuous flow of ancient medicine, Now a day, *Pratishyaya* (Allergic rhinitis) is one of the most prevalent and common ailments. It is an atopic disease. Atopic is defined as familial tendency to sensitization to environment allergens (pollen, dust etc). It is a benign but chronic disease of upper airways and over all prevalence in round about 18% in general population. In Ayurveda, concept of allergy is scientifically explained under the *Asatmayaj Vyadhi* while its effects are explained in hereditary, *Virudhahara*, *Dushivish* and *Ritusandhi*. It is recurrent frequently and attending *Jeerna avastha*, *Nasya* is the line of treatment. In present time medical fraternity is attracted towards *Nasya*. It is a part of *Panchakarma* and is believed to be all round. The Present study tested efficacy of *Pathaadi taila Nasya* in the management of *Pratishyaya* w.s.r allergic rhinitis. The study was conducted on 15 patients, duration of 60 days. Total four sitting of *Nasya Karma* had done after having 7 days interval. After 14 days follow up the effect of *Pathaadi tail Nasya* assessed statistically based on the assessment criteria. It was observed that 14 days of *Nasya karma* decrease *Pratishyaya*, In this study we found that *Pathaadi taila Nasya* was effective in *Pratishyaya*.

INTRODUCTION

Allergic rhinitis is one of the most prevalent ailment, familiar to all with an equal distribution, more or less throughout the world, rather without any exception to the developed and under developed countries, and affect worldwide 18% to 40% of the general population. It is difficult to treat and is seldom cured, but it may improve and is never a fatal illness. According modern medicine the lines of treatment for allergic rhinitis are:

- Avoidance of allergen
- Treatments with drugs
- Immunotherapy

Once the person finds out that he or she is having allergy with some certain substances, it should be avoid from the contact. Avoidance of allergen is one of the best methods in treating allergic rhinitis.

Using of anti-histaminic, sympathomimetic drugs and corticosteroid are very much helpful in reducing the symptoms, but chances of recurrence are high. Immunotherapy or hyposensitisation is used when drugs treatment fails. Here comes the role of Ayurveda for its holistic approach to cure the affected part without harming the healthy one. In *Pratishyaya Vyadhi Vata* is the principal *Dosha* then *Pitta*, *Kapha*, and *Rakta* are associated with it. Incomplete and irregular treatment of *Pratishyaya* leads to a complication like *Dushta Prathishyaya*, *Badhirya* (deafness), *Andhatva* (blindness), *Ghrananaasa* (anosmia), etc.

In Ayurveda, three types of treatment are described for each & every disease they are: ^[1]

- *Shamshodhana*
- *Shanshamana*
- *Nidana Parivarjana*

Here prime importance is given to *Shodhana* followed by other treatments. *Pratishyaya* is well known for its recurrence and chronicity. Recurrence of the disease occurs. When the vitiated *Doshas* have not been eliminated completely, such *Doshas* reside in their latent stage (predisposing stage) and give rise to the same disease when they come in contact of

Access this article online

Quick Response Code



<https://doi.org/10.47070/ijapr.v10iSuppl2.2553>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative
Commons Attribution-NonCommercial-
ShareAlike 4.0 International (CC BY-NC-SA 4.0)

aggravating factors.^[2] Allergic rhinitis is recurring frequently & attending the *Jeerna Avastha* & as per the Charaka^[3], *Nasya* is the line of treatment.

AIMS AND OBJECTIVE

To evaluate clinical efficacy of *Pathaadi taila Nasya* in the management of *Pratishyaya* w.s.r of allergic rhinitis.

Clinical Study- Total 15 Patients were selected from O.P.D/I.P.D of Dept. of Panchakarma, Rishikul Campus, Uttrakhand Ayurved University, Haridwar.

Inclusion Criteria

- Patients having chronicity > 4 month.
- Age 15-70 yrs.
- Classical sign and symptoms of *Pratishyaya* as per Ayurveda and modern science.

Exclusion Criteria

- Patients having chronicity <5 year.
- Age group- <15 and >70.
- having nasal polyp
- Bronchial asthma
- Serous otitis media
- Diagnosed sinusitis.
- Patients having other allergic disorders.

Period of Study: 60days

Follow Up- 14 day after completion of trial treatment.

Investigations

- Hb%

- TLC, DLC
- ESR
- AEC (Absolute Eosinophilic count)

Criteria of Assessment

To assess the effect of therapy objectively all the sign and symptoms will be giving scoring depending upon their severity.

- Complete remission- 100%
- Marked Improvement- >76%
- Moderate Improvement- 51% to 75%
- Mild improvement- 26% to 50%
- No improvement- 0% to 25%

Study Methodology

First of all before *Nasya karma Deepan, Pachana* with *Trikatu churn* 3-5gm orally once in a day with lukewarm water for 3-5 days. Then after administered *Pathaadi Taila Nasya* for 7 days in a dose of 4-8 drops in each nostril after having local *Abhyanga* and *Swedana* in morning at about 8 to 9am. Total four sitting of aforesaid *Nasya Karma* had done after having 7 days interval.

Assessment Criteria

The improvement in the patients was assessed on the basis of relief in symptoms of the disease. All symptoms were given scoring depending upon their severity to assess the effect.

Kshavathu (Sneezing)		Nasavarodha (Nasal Obstruction)	
Normal	0	No obstruction	0
Mild	1	Only in morning	1
Moderate	2	At a time day or night	2
Severe	3	Through (day/night)	3
Kandu (Itching)		Shirshshool (Headache)	
Normal	0	Normal	0
Mild	1	Mild	1
Moderate	2	Moderate	2
Severe	3	Severe	3

Kasa (Cough)		Bhutwa-Bhutwa (Recurrence)	
Normal	0	Normal	0
Mild	1	Mild (Recurrence within 30days)	1
Moderate	2	Moderate (Recurrence within 15 days)	2
Severe	3	Severe (Recurrence within 7 days)	3

Statistical Analysis

To obtain the efficacy of the therapy on objective parameters, proper statistical analysis was carried out by applying Student's paired 't' test for comparison within group and unpaired 't' test for inter-group comparison. Significance of P value for statistical analysis.

S. No.	P value	Significance
1.	>0.05	Not Significant
2.	<0.05	Significant
3.	<0.01	Highly Significant
4.	<0.001	Extremely Significant

RESULTS**Effect on Cardinal Symptoms**

Symptoms	N	B.T	A.T	X	% Relief	S.D	S.E	T	P
<i>Kshavathu</i>	12	2.000	1.000	1.000	50	0.4264	.1231	8.124	<.001
<i>Nasavarodha</i>	12	1.833	.4167	1.417	77.31	.6686	.1930	7.340	<.001
<i>Nasa srava</i>	11	1.727	0.4545	1.273	73.71	.6467	.1950	6.528	<.001
<i>Kasa</i>	12	1.167	.2500	.9167	78.55	.2887	.0833	11.000	<.001
<i>Shirh Shool</i>	10	1.300	.1000	1.200	92.30	.4216	.1333	9.000	<.001
<i>Kandu</i>	12	1.500	.1667	1.333	88.86	.4921	.1421	9.381	<.001
<i>Bhutwa-Bhutwa</i>	13	2.000	1.077	.9231	46.15	.2774	.07692	12.000	<.001

Important results were gained in the symptoms i.e., $p < 0.001$. *Kshavathu* was relieved by 50%. *Nasavarodha* was relieved by 77.33%, *Nasasrava* was relieved by 73.71%. *Kasa* relieved by 78.55% and *Shiroshool* relieved by 92.30%. *Kandu* was relieved by 88.86%, *Bhutwa-Bhutwa* was relieved by 50%.

Effect on A.E.C

Investigation	N	B.T	A.T	X	% Relief	S.D	S.E	t	P
A.E.C	13	536.1	504.8	31.30	5.85	12.20	3.38	9.24	<.001

Highly significant results were obtained in the A.E.C i.e., $p < 0.001$ and relieved by 5.85%.

DISCUSSION**Discussion on Disease**

Allergic rhinitis is an atopic disease. Atopic is defined as familial tendency to sensitization to environmental allergens. Atopic allergy is a type 1 hypersensitivity reaction to allergens in genetically susceptible individuals who produce IgE antibodies to allergens viz., pollen, dust, etc. In Ayurveda concept of allergy is scientifically explained under 'Asatmyaja Vaydhi' while its effects are explained in hereditary, *Viruddhahara*, *Dushivisha* & *Ritu sandhi*. *Sushruta* has mentioned hereditary diseases^[6] explaining that qualitative & quantitative proportion of *Vata*, *Pitta* & *Kapha* is fixed at the time of fertilization only. Accordingly one's immunity is also formed in that proportion. Hence probability of formation of IgE antibodies among some people can be explained. Similarly concept of *Viruddhahara* is indicated^[5,6] which can be related with food allergens. *Viruddhahara* may give rise to many chemical reactions in our body. They may also interfere with the normal metabolism of our body. Another important concept is of *Dushivisha*. *Acharya Charaka* has clearly mentioned that *Dushivisha* leads to blood vitiating disorders like *Kitibha*, *Kotha*, etc^[7] which can be compared with allergic reactions. Concept of environmental allergy is scientifically explained under the heading of 'Ritu Sandhi'. *Vagbhata* has mentioned that if *Ritu Charya* of *Ritu Sandhi* is not observed it gives rise to *Astamyaja Roga*, *Tridosha Prakopa*, vitiating of *Dhatu*^[8]. *Samprapti* of the disease *Pratishyaya* is explained in 3 way:

1. In which there is *Sam Kapha/Pitta/Rakta* but vitiating of *Vayu* is present. Here the causative factors are mainly *Vata Vardhaka* like *Vega-Dharana*, *Dhum* and *Raja-Sevana*, *Manasika*, etc.

2. *Kapha/Pitta/Rakta Pradhana* causative factors leads to its vitiating, whereas *Vata* is in *Sam Pramana*.
3. *Vata & Kapha/Pitta/Rakta* are individually vitiating by their etiological factors.
4. In all the 3 types of *Samprapti Gati* of *Vata (Udana)* is obstructed by *Kapha/Pitta/Rakta* causing its *Avarana*.

Discussion on Nasya Karma

Nasya is the main line of treatment for *Urdhvajatrugata vikara* as told by *Acharya Vagbhata* as nose is considered to be the entry to the brain.

"Urdhwajatruvikareshu Visheshaatrasyamishayate
Nasa Hi shiraso Dwaram Tean Tadvyaapya Hanti Taan"
(A.H.S-20/1)

The absorption of the drugs is carried out in three media they are by,

- a) Absorption through mucous membrane.
- b) General blood circulation, the direct pooling into venous sinus of brain via inferior ophthalmic veins.
- c) Absorption directly in to the cerebral spinal fluid.

Apart from the small emissary veins entering cavernous sinuses of the brain, a pair of venous branch emerging from alliance will drain into facial vein. Just almost in the opposite direction inferior ophthalmic in other hand also drain into cavernous sinus of the meninges. And in addition neither the facial veins nor the ophthalmic veins have any venial values so there are more chances of blood draining from facial vein into the cavernous sinus in the lowered head position. The nasal cavity directly opens with the frontal maxillary and sphenoidal air sinus epithelial layer is also continuous throughout then the momentary retention of drug in naso-pharynx. Oozing occurs as drug material enters into air sinus, which are rich

with blood vessels entering the brain and remaining through the existing foramina in the bones there are better chances of drug transportation in this path. The drug administered enters the para nasal sinus especially frontal and sphenoid sinus i.e., *Shringataka* where the ophthalmic veins and the other veins spread the sphenoid sinus are in close relation with intra-cranial structures. Thus there may be a so far undetected route between air sinuses and cavernous sinuses enabling the transudation of fluids. As a whole, the mentioning of the *Shringataka* in this context seems to be more reasonable.

According to *Vridha Vagbhata*

Drug administered through nose -the way to *shira*

↓
Reaches the *Shringataka marma* of head (*Shira*), which is a *Sira marma* and formed by the *Siras* of nose, eyes, *Kantha* and *Shrotra*

↓
The drug spreads by the same route scratches the morbid *Doshas* of *Urdhwajatru* and extracts them from the *Uttamanga*^[9]

In this context *Sushruta* has clarified that *Shringataka marma* is a *Sira marma* formed by the union of *Siras* (blood vessels) supplying to nose, ear, eye and tongue. Thus we can say that drug administered through *Nasya* may enter the above *Sira* and purifies them. Under the complications of *Nasya karma*, *Sushruta* has mentioned.^[10]

Probable Mode of Action of *Nasya*

Drug is given through nasal route

↓
Gets in circulation through nasal venous blood

↓
Get pooled in facial vein and ophthalmic vein

↓
Communicates with (especially in head lowered position due to gravity) Cavernous sinus

↓
Active principle of drug gets absorbed and controls neurological and circulatory functions

↓
Showing systemic effect

We can explain the mode of action *Pathaadi Taila Nasya* in the following way:

1. Due to *Laghu* and *Pathaadi Taila* possess a good spreading capacity through minute channels.
2. *Avarana bhedana* probably takes place due to *Tikshnata* & *Ushnata* of *Pathaadi Taila*.
3. *Tikta katu rasa*, *Laghu Tikshna guna*, *Ushna veerya* and *Katu vipaka* make *Srothoshodan*

4. Majority of ingredients possess anti-inflammatory activity, which also prevent the inflammatory process.
5. Relieving of symptoms take place due to *Kapha-Vata doshghnata* of the *Taila*.
6. Anti-bacterial, antiviral etc properties of ingredients will arrest the secondary infection.
7. *Taila* is the best drug for *Vata dosha*, here the chronicity of the disease indicates aggravation of *Vata dosha*, so oil preparation may be the best form for conditions like allergic rhinitis.
8. *Madhura rasa*, *Sheeta virya*, *Snigdha guna* and *Tridosha shamaka* properties promote the nourishment of *Dhatus*, which ultimately increases the general and local immunity.

Pathaadi Taila has anti-inflammatory effect on the nasal mucosa by inhibiting the release of inflammatory mediators from the mast cells and basophils and by blocking the inflammatory effect of leucocytes in the nose.

Haridra has already *Rakta Shodhaka* & *Vishaghna* property which acts on *Dushya Rasa* & *Rakta*. It also has antihistaminic property. It directly acts on H1 & H2 receptors which are mainly involved in the histaminic reactions. Supporting these researches were quoted while writing probable mode of action. *Haridra* prevents the release of a number of inflammatory mediators & inhibit the action of the released mediators on their target cells.^[11]

Taila alleviates *Vata*, at the same time doesn't aggravate *Kapha*. It has *Ushna*, *Thikshna* and *Vyavayi gunas*. So it has good capacity to penetrate through small channels in the body so that it will open the obstructed path like sinus ostia and facilitate the drainage of collected discharge.

CONCLUSION

Pratishyaya can be correlated with Allergic Rhinitis based on the resemblance in sign and symptoms. This study conducted has shown significant result in all over of the assessment criteria so it is concluded that *Sashtriya* Ayurvedic drug like *Pathaadi taila* for *Nasya* is more effective in the management of *Pratishyaya*.

REFERENCES

1. Agnivesha. Charaksamhita- Vidyotanitika edited by Kasinath sastri & Gorakhanatha chaturvedi (chikitsasthan 7/39-42), Varanasi, Chaukhambha Bharti Academy, Edition reprinted 2009, Page no-308.
2. Agnivesha. Charaksamhita- Vidyotanitika edited by Kasinath sastri & Gorakhanatha chaturvedi (chikitsasthan-3/333), Varanasi, Chaukhambha Bharti Academy, Edition reprinted 2009, Page no-216.

3. Agnivesha. Charaksamhita- Vidyotanitika edited by Kasinath sastri & Gorakhanatha chaturvedi (chikitsasthan- 30/294), Varanasi, Chaukhambha Bharti Academy, Edition reprinted 2009, Page no-1058.
4. Sushruta, Sushruta Samhita- Niandhasangraha Commentary of Shri Dalhan Acharya, Edited by yadavaji Trikamji Acharya (sutra sthana- 20/4), Varanasi, Chaukhamba Orientalia Seventh Edition 2002 Page no-287.
5. Agnivesha, Charaksamhita - Vidyotani tika edited by Kasinathsastri & Gorakhanatha chaturvedi (sutrasthan-26/86), Varanasi, Chaukhambha Bharti Academy, Edition reprinted 2009, Page no. 496
6. Agnivesha, Charaksamhita - Vidyotani tika edited by Kasinathsastri & Gorakhanatha chaturvedi (chikitsasthan- 26/86) Varanasi, Chaukhambha Bharti Academy, Edition reprinted 2009, Page no-496.
7. Agnivesha, Charaksamhita -Vidyotani tika edited by Kasinathsastri & Gorakhanatha chaturvedi (chikitsasthan- 23/31) Varanasi, Chaukhambha Bharti Academy, Edition reprinted 2009, Page no-753.
8. Vagbhata, Ashtasnga Hridaya with the commentaries Sarvangasundara of Arundatta and Ayurveda Rasayana of Hemadri, edited by Pandit Hari Sadasiva Sastri (Sutrasthan 3/59) Varanasi, Chaukhamba Orientalia, Reprint -2000. Page no-51.
9. Vagbhata, Ashtasnga Sangraha with the commentaries Sarvangasundara of Arundatta and Ayurveda Rasayana of Hemadri, edited by Pandit Hari Sadasiva Sastri (S.Su.20/1); Varanasi, Chaukhamba Orientalia, Reprint -2000, Page no-287.
10. Sushruta, Sushruta Samhita- Niandhasangraha Commentary of Shri Dalhan Acharya, Edited by yadavaji Trikamji Acharya (chikitsasthana-40/30), Varanasi, Chaukhamba Orientalia Seventh Edition 2002 Page no-397.

Cite this article as:

Dharmendra Chauhan, Lokesh Singh Bhati, Murari Sreenivasulu. Role of Nasya Karma in the Management of Pratishyaya (Allergic Rhinitis). International Journal of Ayurveda and Pharma Research. 2022;10(Suppl 2):60-64.

<https://doi.org/10.47070/ijapr.v10iSuppl2.2553>

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

***Address for correspondence**

Dr. Lokesh Singh Bhati

Associate Professor,
Dept. of Agadtantra evum
Vidhivaidyaka, VCAS & H,
Bijnor, U.P.

Email: bhatisingh27@gmail.com

Mob: 7976637887

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.