

## ALLERGIC RHINITIS IN AYURVEDIC PERSPECTIVES

Dr. Shrawan Kumar Sahu<sup>1\*</sup>, Prof. K.S. Dhiman<sup>2</sup>, Dr.D.B.Vaghela<sup>3</sup>, Dr Shweta.Mata<sup>4</sup>

<sup>1</sup>Assistant Professor, Patanjali Ayurveda College, Uttarakhand.

<sup>2</sup>Director General, CCRAS, New Delhi

<sup>3</sup>Assistant Professor, I.P.G.T. & R.A., G.A.U., Jamnagar.

<sup>4</sup>M.S. Scholar, (final year), I.P.G.T. & R.A., G.A.U., Jamnagar.

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**\*Correspondence for**

**Author**

**Dr.Shrawan Kumar  
Sahu**

Assistant Professor,  
Patanjali Ayurveda  
College, Uttarakhand

### ABSTRACT

Everyone in this globe wants to become successful in several walks of life. But one of the factors/ailments which bring out a halt in such type of journey has been recognized as an Allergic rhinitis(AR). It impairs patient's quality of life and productivity very badly. Till date, there is no curative treatment for this annoying disorder in mainstream treatment system. Therefore, it is the need of hour to present an effective measure for the same. In Ayurveda, AR well correlates with Vataja Pratishyaya in view of etiology, clinical features and patients get considerable relief from the medicines prescribed on Vataja Pratishyaya line of treatment. To establish the correlation of Allergic Rhinitis to that of Vataja Pratishyaya in Ayurvedic perspective this

literary research work is undertaken. The classical literature in Ayurveda as well as modern medicine on these clinical condition are studied at fundamental level, interpreted & analyzed logically and presented in this detail research article. Both the conditions are similar, the pathogenesis of Vataja Pratishyaya of allergic type is deferent from that of nonallergic type. The former pathogenesis is similar to traumatic type of insult/injury in nasal cavity.

**KEY WORDS:** Allergic rhinitis, Ayurveda, Pratishyaya, Vataja Pratishyaya.

### INTRODUCTION

Attitude, behaviour, concentration and dedication are very much necessary for the continuation and successful completion of any work .But one of the factors which poses a hindrance in smooth functioning of an individual goes by the name of Allergic rhinitis. It significantly impairs patient's quality of life and productivity by imposing sneezing, nasal

discharge, nasal blockage, headache, heaviness in head, itching in eyes, throat, palate etc. Details of the etiology, prodromal symptoms, symptoms, diagnosis, prognosis, prevention and treatment of diseases that are located above the neck region, incorporating Eye, E.N.T., Head & Neck and orodental disorders are the purview of *SHALAKYA TANTRA*, one of the eight branches of Ayurveda, an ancient healing science<sup>[1]</sup>. Here the disease with symptoms similar to those of Allergic rhinitis has been delineated in the name of *Vataja Pratishyaya*.<sup>[2]</sup> Instant onset and repeated episodes of these nasal symptoms also indicate the *Vata Dosha* dominance in its pathogenesis.<sup>[3]</sup>

As per the American College of Allergy, Asthma and Immunology (ACAAI), allergic rhinitis has increased 100 percent in each of the last three decades. According to World Allergy Organisation (WAO), 400 million persons worldwide have Allergic rhinitis.<sup>[4]</sup> According to one another study, worldwide Allergic Rhinitis affects between 10% and 30 % of population.<sup>[5]</sup> AR has become the most common allergic/immunologic disorder in the U.S. population, and now affects an estimated one in seven Americans.<sup>[6]</sup> In India, 26% of population suffers from Allergic rhinitis.<sup>[7]</sup> The prevalence of allergic rhinitis may vary within and among countries. This may be due to geographic differences in the types and potency of different allergens and the overall aeroallergen burden. Allergic rhinitis itself is not lifethreatening (unless accompanied by severe asthma or anaphylaxis), but morbidity from the condition can be significant. Allergic rhinitis is also associated with otitis media, Eustachian tube dysfunction, sinusitis, nasal polyps, allergic conjunctivitis, and atopic dermatitis. In children also, physical, social, psychological wellbeing and academic performance is adversely affected by the illness.

Current therapeutic modalities for the management of allergic rhinitis include; H1 receptor antagonists (antihistamines), decongestants, mast cell stabilizers, leukotriene receptor antagonists, corticosteroids and anticholinergic agents in oral or topical nasal formulations<sup>8</sup>. But all these drugs give only symptomatic relief and none of these are free from adverse effects. In too, modern medical system assumes that AR is a condition which can't be completely treated. Rather, it needs to be maintained effectively, allowing the person who suffers from it a life without the symptoms of this disease.

### **Aims & objectives**

Worldwide increasing prevalence, bad impact on quality and productivity of life and insufficient outcome of available Allopathic treatment modalities is necessitating the other

health systems to provide a remedial treatment. The aims and objectives of the present article are:

- i) To justify the correlation of Allergic Rhinitis with Vataja Pratishyaya.
- ii) To establish the concept of *Tridosha* in relation to Allergic Rhinitis for its curative management.
- iii) To propound the *Samprapti of Vataja Pratishyaya*

## MATERIALS AND METHODS

Various books, journals, theses etc. available on Allergic Rhinitis plus those on Pratishyaya were searched and referred along with internet to bring about the article in present form under able guidance. The classical literature in Ayurveda & modern medicine on these clinical condition are studied at fundamental level, interpreted & analysed logically and presented in this detail research article.

### Allergic Rhinitis vis-a-vis Vataja Pratishyaya

As stated above, Allergic Rhinitis can be well correlated with Vataja Pratishyaya of Ayurvedic Science and the base/reasoning behind it may be presented as follows; I)

## ETIOLOGY WISE SIMILARITY

Both the disease entities share common etiological factors for their manifestation as evident from table-1:

**Table-1 showing the similarities of etiological factors**

S.N.	Allergic Rhinitis	Vataja Pratishyaya
1.	Inhalation of airborne particles such as dust mites, pollen etc.	<i>Rajah Sevana</i> (Exposure to dust)
2.	Ingestion of certain foods such as chocolates, citrates, strawberry, eggs;	<i>Vishamashana</i> , Excessive intake of <i>Guru, Sheeta, Madhura</i> substance
3.	Bathing with cold water	<i>Ati jala krida</i>
4.	Climate change	<i>Rituvashamya</i>
5.	Humidity.	<i>Avashyaya</i> (Exposure to dew) <i>Anil</i> (Exposure to cold breeze)
6.	Pollution	<i>Dhooma Sevana</i>

Above stated etiological factors are predisposing factors/provocating/immediate causes. In addition to above causes there are other etiological factors mentioned in Ayurveda as well for Pratishyaya (rhinitis) i.e.

*Atiswapna* (Excessive sleep)

*Atijagaran* (Excessive vigilance)

*AtiNeech Updhana* (Use of pillow of meager height)

*AtiUchcha Updhana*(Use of pillow of too much height)

*Anya VariPaan*(Intake of water from different sources)

*Atyambupaan* (Drinking of more quantity of water)

*Ati Jala Krida* ( Indulging more in water sports )

*Atibhashya* (Too much of speaking)

These etiological factors of rhinitis excite the pathology in a different way through the series of stages of Sanchaya (Stage of accumulation of Dosha) , Prakopa (Stage of provocation), Prasara (Stage of dissemination/transmission), Sthanasanshraya (Stage of localization), Vyakta (Stage of manifestation), Bheda (Stage of complication) and result into a chronic phase of disease/condition. II) Comparative clinical features of Allergic Rhinitis& *Vataja Pratishyaya* The clinical features of Allergic Rhinitis (AR) are also very much similar to those of *Vataja Pratishyaya* as evident from following table 2.

**Table2: Comparative clinical features of Allergic Rhinitis& *Vataja Pratishyaya***

S.N.	Allergic Rhinitis	<i>Vataja Pratishyaya</i>
1.	Nasal obstruction	<i>Anaddha Nasa</i> (Nasal obstruction)
2.	Itching in the nose	<i>Pihita Nasa</i>
3.	Watery nasal discharge	<i>Tanu Sravapravartan</i> (Watery discharge)
4.	Paroxysmal sneezing	<i>Kshavathu</i>
5.	Vacuum headache	<i>Shankh Nistoda</i> (Headache)
6.	Hoarseness of voice	<i>Swaropghat</i>
7.	Dryness of oropharynx	<i>GalaTaluOshtha Shosha</i>

**Pathogenesis** It is the entity which differentiates one treatment system from another. Therefore, it is imperative to discuss it here. Although the pathogenesis of *Vataja Pratishyaya* has not been described elaborately, it may be presented in following manner: The manifestation of a disease may take place following the path beginning with accumulation of vitiated *Dosha* (*Chayajanya Samprapti*) or it may occur via pathogenesis without accumulation of *Dosha* (*Achaya Prakopa Janya Samprapti*). There occurs the process of *Shad Kriyakala* in the former whereas in latter case there is sudden onset and self remission of the symptoms with the withdrawal/washing away of provoking factor. In *Vataja Pratishyaya*, although there occurs both types of pathogenesis (*Chayajanya* & *Achayajanya*), it is the *AchayaSamprapti* (i.e. Pathogenesis without *Dosha* accumulation/without changes in system biology) which takes place mostly. Here, whatever *Pratyanga* (organ), *Bahya Avarana* (covering membrane), *Dhatu* (tissue), *Srotasa* (body channel) comes

in contact with the *Sadyojanaka Hetu* (exciting etiological factor), it produces local symptoms mainly. These etiological factors may be considered alike *Abhighataja/Bahyaja/Abhishangaja/Aupsargika* in Ayurvedic terms and the intensity of *Abhighata* (insult) will decide the degree of vitiation/involvement of local tissue (*Dhatu*). Mainly here involvement of *Vata* can be considered due to its quality of *Ashukari* (swift) and *Muhushchhari* (repetitive attribute of *Vayu*)[9] which leads to *AchayaSamprapti*. In such a case, the etiological factors like dust, cold breeze etc. manifest the symptoms of the disease by producing morbidity (*Abhighata*) in *Nasa* part of *Pranavaha Srotasa* and subsequent vitiation of *Vata, Rasa, Rakta Dhatu*. Prolonged and continuous exposure to *Achayaprakopa Hetu/Sadhyojanaka Hetu* also leads to systemic manifestations after long duration due to deeper *Dushya Mansa,Meda* etc. vitiation leading to the diseases like bronchitis, bronchial asthma, nasal polyps etc. The knowledge of disease is of prime relevance before intervention in medicine<sup>10</sup>. Considering the breakdown of *Abhighataja Samprapti* (traumatic pathogenesis) for the management of *Vataja Pratishyaya*, it is essential to prescribe *Nasya* for the alleviation of local *Vata Dosha* along with medicines to enhance the systemic strength (*Bala*) and to produce *Vyadhikshamatva* followed by those for the purification of *Rasa-Rakta*. In *Chayajanya* type of pathogenesis, the various *Nidana sevana* leads to *Dosha-Dushya Dushti, Agnimandhya* causes *Apachana* formation of *Annavisha* i.e. *Ama* in *Amashaya*. Simultaneously *Rasa-Raktavaha Sroto Dushti* also takes place then the process of *Shadkriyakala* come to process and finally disease condition happens.

## DISCUSSION

*Nidana-Parivarjana* (Abstinence from etiological factors) has been assumed as the foremost strategy to conquer over any disease. But inclination towards this can only be attained by persuading its howabouts to the masses. Hence it is obligatory to have a discussion on it. *Avashyaya* leads to *Vataja Pratishyaya* with the vitiation of *Vata* by virtue of its *Sheeta Guna* whereas *Rajah Sevana* i.e. excessive exposure to dust does so by mainly its *Sukshma and Chala Guna*. Exposure to cold breeze brings about the disease by its *Sheeta and Chala Guna* whereas *Ati Jagarana* (excessive awakening) is responsible for the presentation of the ailment by the vitiation of *Vata* with enhanced *Chala* and *Ruksha Guna*. So far as *Anya Varipaan* i.e. intake of water from different sources is concerned, it brings about vitiation of *Vata and Kapha* because of *Asatmyata* (unsuitability). On the other hand, *Atyambupaana* i.e. drinking of more quantity of water leads to improper *Rasa and Rakta Samvahan* and brings about the disease. Indulging more in water sports is also responsible for the vitiation of *Vata*

by its *Sheeta Guna* enhanced owing to excessive contact with water. Apart from all these factors *Ati Neech Upadhana* (i.e. use of pillow of meager height) or *Ati -Uchcha Upadhana* (use of pillow of too much height) poses hindrance in the proper movement of *Vata* thereby leading to *Pratishyaya*. When *Vata* gets provoked by virtue of all its attributes it attains *Ashukari* and *Muhushchhari* actions. The roles of remaining etiological factors can be understood accordingly. Most of the symptoms of Allergic Rhinitis correspond to *Vataja Pratishyaya*. But the frequent attacks of symptoms and unexpected disappearance of these either mature or immature hints its inclusion in *Sannipaataja Pratishyaya* which is also the case with Allergic Rhinitis. So this nasal disorder may be taken equivalent to *Vatolvana SannipaatajaPratishyaya*[11] . But once again, as per *Vyapadeshen Tu Bhuyasa Nyaya* and for the sake of convenience of treatment, it is appropriate to correlate Allergic Rhinitis with *Vataja Pratishyaya*.

## CONCLUSION

Though, Allergic Rhinitis is not a lifethreatening disease, it can significantly impair patient's quality of life and productivity. Allergic rhinitis often coexists with asthma and may be associated with otitis media, Eustachian tube dysfunction, sinusitis, nasal polyps, allergic conjunctivitis, and atopic dermatitis. It may also contribute to learning difficulties, sleep disorders etc. The Allopathic treatment is not free from side effects even after the availability of newer and newer drugs. The lack of curative treatment is necessitating the other health systems to provide a remedial treatment. The world has many expectations from Ayurvedic science in the treatment of AR. On the basis of similarities in etiological factors and clinical features, Allergic Rhinitis may be correlated with *Vataja Pratishyaya* and should be treated accordingly considering breakdown of the pathogenesis on top priority. Such treatment should incorporate holistic approach i.e. three tier treatment approach viz. 1. Introduction of local treatment as *Snehana Nasya*.

2. Use of blood-purifying agent (preferably as decoction) and 3. Use of immunity enhancing agents (preferably in powder form).

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