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## Efficacy Of Ayurveda in The Management of Asatmyaja Vataj Pratishyaya (Allergic Rhinitis)

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### Abstract:

Allergic rhinitis is a prevalent respiratory condition affecting individuals of all ages. In Ayurveda, Vataj Pratishyaya, a Nasagat roga under Asatmyaja Vyadhi, presents similar symptoms like sneezing, watery nasal discharge, and nasal congestion. Globally, allergic rhinitis affects millions, with a rise in cases due to urbanization and lifestyle changes, particularly in India. Modern treatments provide quick relief but often neglect the underlying causes. This case study highlights Ayurveda's potential in effectively managing allergic rhinitis through holistic methods, emphasizing long-term relief and improved overall health. **Background:** Allergic rhinitis significantly impacts daily life and work performance due to its debilitating symptoms. While modern treatments provide quick relief, they often fail to address root causes. **Case Report:** A patient with classical symptoms of Vataja Pratishyaya underwent a one-month Ayurvedic treatment, including Nasya Karma and a herbo-mineral regimen. The treatment aimed to balance Vata and Kapha Dosha, resulting in notable symptomatic relief and enhanced immune function. **Conclusion:** Ayurveda offers a promising approach to managing allergic rhinitis, focusing on long-term relief, potential in providing a sustainable solution for allergic rhinitis.

**Keywords:** Allergic Rhinitis, Nasya Karma, Vataj Pratishyaya, Ayurveda, Asatmyaja Vyadhi.

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**INTRODUCTION:**

Rhinitis is the inflammation of the nasal mucous membrane, and allergic rhinitis is a type 1 hypersensitivity inflammatory illness mediated by immunoglobulin E. Allergic rhinitis is an acute, recurrent, and episodic disease affecting over 20-30% of the global population, particularly prevalent among individuals in their twenties. In Ayurveda, *Pratishyaya*, described in the *Uttaratantra* by Acharya Sushruta, corresponds to allergic rhinitis. The signs, symptoms, and etiological factors of *Vataja Pratishyaya* are similar to allergic rhinitis, characterized by *Nasasrava*, *Nasavarodha*, *Kshavathu*, *Shirashoola*, and *Swasavarodha*. In Ayurveda, treatment strategies for *Pratishyaya* vary depending on the disease stage, including *Snehapana*, *Swedana*, and *Shodhana*. Nearly all Acharyas advocate *Shirovirechana* for *Pratishyaya*, except in *Nava Pratishyaya*. Treatment must consider the patient's physical condition, long-term medication use, and dietary restrictions.

This case report provides rational and scientific reasons to highlight the potential of Ayurveda, particularly *Nasya Karma*, in managing allergic rhinitis.

**Methodology****Patient Profile**

A 42-year-old female presented with a chief complaint of *Nasavarodha* (Nasal obstruction), *Nasa srava* (Nasal discharge), *Kshavatu* (Sneezing), *Shira shoola* (Headache), *Kasa* (coughing), *Kandu* (Itching in throat) and recurrent attack for last 13 years. Patient has *Swarabheda*, *Jwara*, *Pandu*, *Aruchi*, *Mukhashosha*, *Shirogaurava* as associated symptoms.

**Physical examination with investigation reports:****A. Complaints:**

**1. Nasal obstruction:** Unilateral (Right side), Aggravates at night

**2. Nasal discharge:**

- a) Nature: Thick & Mucoid
- b) Color: Transparent & White
- c) Quantity: Mild
- d) Smell: Foul smell

**3. Sneezing:** 5-6 times a day

- a) Number of sneezing at a time: 16-20
- b) Nature of sneezing: Early morning & evening
- c) Season: Annual
- d) Atmosphere: Cool, Moist & Smoky

**4. Headache:**

- a) Site: Frontal & temporal region
- b) Nature: Moderate
- c) Rhythm: Continuous

**6. Itching:** Eyes/Nose & Throat

**7. Frequency:** Sudden onset relieved with medication

**8. Coughing:** Continuous (aggravates at night time)

**B. Vitals:**

- a) Respiratory rate: 22/min, Regular
- b) Temperature: 102° F
- c) Blood pressure: 120/90 mm of Hg
- d). Pulse: 98/min

A vegetarian, with regular menstrual period, having *Madhur rasa* in dominance, moderate appetite, *Madhyam Kostha*, regular bowel habits. Patient had disturbed sleep due to coughing and nasal blockage. She was doing house hold jobs with farming too.



**C. Laboratory & Radiological Investigation:**

- Hb% - 11.8gm%
- TLC – 5600/cu mm
- DLC- Neutrophils - 62%, Lymphocytes - 28%, Monocytes - 3 %, Eosinophil - 4, Basophils - 0
- Platelet count – 170 k/uL
- ESR – 20 mm/hour
- Absolute Eosinophil count – 670 /cu.mm
- BS (Random) - 140 mg/dl.
- IgE- 156 IU/ml
- X-ray PNS (Water's view) – Haziness in paranasal sinuses (bilateral maxillary sinus). Nasal cavity appears obliterated.

**Local examination:****A. Examination of Nose:**

- Inspection: Swelling and congestion of the nasal mucosa, thin secretions.
- Anterior Rhinoscopy – Lower and anterior part of septum, middle turbinate appears red, floor of the nose becomes red, mucosa red, septum normal.

**B. Examination of sinus:** Facial (maxillary area) tenderness on palpation of the sinuses

**C. Examination of throat:** Posterior oropharynx is moist, mucous accumulation in the back of the nose and throat, no sign of inflammation.

**Treatment protocol:****Oral medication (for 30 days)**

- Laxmivilas Rasa*- 125 mg/ tablet, 1 tablet twice daily with honey.
- Haridra Khanda*-5 gm twice daily with warm milk.
- Chitrak Haritaki avaleha*-5 gm twice daily with luke warm milk after food.

**Therapeutic procedure (for 7 days)**

*Nasya Karma*

- Snehana* – *Mridu abhyanga* with *Ksheerbala Taila*
- Swedana* – *Vashpa Swedan* for 3 minutes.
- Pradhana karma* -*Nasya* with *Shadbindu Taila*

**Diagnostic and grading criteria for rhinitis:****Table No-1****Table 1: Grading criteria of Rhinitis.**

Symptom	Score	Symptom	Score
<b>Nasavarodha (Nasal Obstruction)</b>		<b>Tanu Srava (Watery discharge)</b>	
No Obstruction	0	No discharge	0
Partially Occasional & Unilateral	1	Negligible discharge	1
Partially Occasional & Bilateral	2	Intermittent discharge	2
Complete, Frequently & Unilateral	3	Continuous discharge	3
Always Complete & Bilateral	4	Profuse discharge	4
<b>Kshavathu (Sneezing)</b>		<b>Swarbhedha (Hoarseness of voice)</b>	
No	0	No change of voice	0
1-5 bouts per day	1	Occasional hoarseness of voice	1
6-10 bouts per day	2	Frequent hoarseness of voice in morning Hours	2
11-20 bouts per day	3	Frequent hoarseness of voice throughout the day	3

More than 21 bouts per day	4	Cannot speak due to hoarseness of voice	4
<b>Shirashoola (Headache)</b>		<b>Post Nasal Discharge</b>	
No	0	Not Present	0
Occasional	1	Occasional Present	1
Intermittent	2	Frequent Discharge	2
Continuous	3	Continuous Discharge	3
Intolerable	4	Continuous Heavy Discharge	4
<b>Spatula Test</b>		<b>Anterior Rhinoscopic Findings (Color of mucosa)</b>	
Patent (RT & LT, Bilateral)	0	Pink (Normal)	0
Partial Block	1	Red (Inflamed)	1
Complete Block	2	Cherry Red / Blue (Blood stained)	2
Patent (RT & LT, Bilateral)	0	Pink (Normal)	0
<b>B. Vital</b>	Before -		After
<b>C. Investigation</b>	Before -		After
<b>D. X ray PNS</b>	Before -		After
<b>E. Spatula Test</b>	Before -		After

**Follow-up and Outcomes:**

i. Intervention modification, interruption or discontinuation and the reasons: NIL

ii. Adherence to the intervention and how this was assessed: After completion of one-

month treatment and follow up for 2 months clinical assessments were made from the interrogation with patient and assessment of objective parameters. as Table no. 2

**Table No 2: Assessment of subjective outcomes**

A. Symptoms	Score				
	BT	AT (after 15 days)	AT (30 days)	First Follow Up (at 45 <sup>th</sup> day)	Second Follow Up (at 60 <sup>th</sup> day)
Nasavarodha (Nasal Obstruction)	2	1	0	0	0
Tanu Srava (Watery discharge)	3	1	1	1	1
Kshavathu (Sneezing)	3	1	0	1	0
Swarbhedha (Hoarseness of voice)	2	1	1	1	1
Shirashoola (Headache)	3	2	1	1	1
Post Nasal Discharge	2	1	1	1	1
Spatula Test	2	1	0	0	0
Anterior Rhinoscopic Findings (Color of mucosa)	1	0	0	0	0
Nasavarodha (Nasal Obstruction)	2	1	0	0	0

<i>Tanu Srava (Watery discharge)</i>	3	1	1	1	1
<b>B. Vital</b>					
a) Respiratory rate:	22/min, Regular	20/m	19/m	17/m	18/m
b) Temperature:	102° F	99° F	97° F	99° F	98° F
c) Blood pressure:	120/90 mm Hg	120/82 mm Hg	120/86 mm Hg	120/84 mm Hg	120/84 mm Hg
d). Pulse:	98/min	88/min	86/min	86/min	84/min
<b>C. Investigation</b>					
a) Hb%	11.8gm%	11.8	11.9	11.9	11.9
b) TLC	5600/cu mm	5500	5400	5400	5400
c) DLC-	N 62, L 28, M 3, E 4, B 0	N 63, L 26, M 1, E 1, B 0	N 62, L 26, M 1, E 1, B 0	N 60, L 24, M 1, E 0, B 0	N 62, L 26, M 1, E 0, B 0
d) Platelet count	170 k/uL	158 k/uL	140 k/uL	150 k/uL	150 k/uL
e) ESR	20 mm/hour	12 mm/hr	10 mm/hr	10 mm/hr	10 mm/hr
g) AEC	670/cu.mm	550/cu.mm	450/cu.mm	400/cu.mm	348/cu.mm
h) BS (Random) - 140 mg/dl.	140 mg/dl.	136 mg/dl.	138 mg/dl.	140 mg/dl.	138 mg/dl.
i) IgE-	156 IU/ml	144 IU/ml	120 IU/ml	110 IU/ml	100 IU/ml
<b>D. X ray</b>					
a) X-ray PNS (Water's view) (Images 1 and 2)	Haziness in paranasal sinuses (bilateral maxillary sinus). Nasal cavity appears obliterated.	-	Normal	-	-
b) X-ray chest (PA view)	Normal study.	-	Normal	-	-
<b>E. Spatula Test</b>	Eosinophil +++	Eosinophil +	Eosinophil -ve	NIL	NIL

**Patient reported outcomes:**

Headache reduced suddenly.

Dry coughing has stopped second day even.

Patients revealed the irritation due to itching, running nose and sneezing had stopped completely by 7<sup>th</sup> day of these treatments.

**DISCUSSION:**

Allergic rhinitis significantly hampers quality of life and daily activities, with its incidence rising due to environmental pollution, stress, and reduced immunity. In Ayurvedic classics, *Vataja Pratishyaya*, a

*Nasagata roga*, is extensively described, marked by the vitiation of *Vata* and *Kapha doshas*, leading to symptoms like *Kshawathu* (sneezing), *Nasaavarodha* (nasal obstruction), *Jalaja Nasa srava* (watery nasal discharge), and *Gala Talu Shushkata* (dry throat). *Nasya* the administration of medicine through the nose, acts as *Sravahara* (removes secretions), *Shothahara* (reduces swelling), and *Srothoshodana* (cleanses channels). *Purva karma* practices like *Snehana* (oleation) and *Swedana* (sudation) help pacify *Vata dosha*. The use of *Tila Taila* (sesame oil) in *Nasya*, combined

with *Shadbindu taila* components, forms a protective layer on the nasal mucosa, preventing allergen entry and strengthening nasal stamina. *Shunti* and *Vidang*, with their *Tikshna* (sharp) properties, act as *Kaphanissaraka* (expels Kapha) and *Srotoshodaka* (cleanses channels), while *Tagara* and *Erand's Ushna Veerya* (hot potency) pacifies *Vata* and *Kapha doshas*. *Bringaraja*, *Madhuyashti*, and *Aja Ksheer*, with their *Rasayana* (rejuvenate) properties, revitalize nasal tissues, providing anti-inflammatory and antimicrobial benefits, preventing infections and relieving headaches. Oral medications enhance immune response, with anti-histamine properties suppressing symptoms and antioxidant activity of *Haridra* boosting immunity. *Laxmivilas Rasa's* antibacterial quality prevents secondary infections, effective against pathogens like *Streptococcus* and *Staphylococcus*. Most treatment drugs, possessing *Katu rasa* (pungent taste), *Ushna veerya*, and *Teeksha guna*, facilitate liquefaction and expulsion of vitiated *doshas*, alleviating nasal obstruction and discharge. Absolute Eosinophil Count (AEC) is a more specific marker for allergic diseases, including allergic rhinitis. Elevated AEC reflects ongoing eosinophilic inflammation, a hallmark of allergic responses. A decrease in AEC after Ayurvedic treatment suggest a reduction in allergic inflammation, highlighting the efficacy of the therapeutic approach.

Immunoglobulin E (IgE) plays a central role in allergic reactions, with elevated serum IgE levels being indicative of allergic sensitization. Measuring IgE levels before and after treatment directly assess the impact of Ayurvedic drugs on allergic sensitization and the severity of allergic rhinitis. X-ray of the Paranasal Sinuses (PNS)

reveal structural changes and the extent of sinus involvement in allergic rhinitis. Chronic inflammation can lead to mucosal thickening, sinus opacification, and other radiographic abnormalities. Evaluating PNS X-rays can provide objective evidence of the anatomical and functional improvements resulting from Ayurvedic treatments.

This case highlights Ayurveda's comprehensive approach in managing allergic rhinitis, focusing on long-term relief and overall health improvement, underscoring the need for integrating traditional and modern treatment methodologies in future research.

#### CONCLUSION:

Allergic rhinitis is a prevalent condition that significantly affects quality of life. Its rising incidence is linked to environmental pollution, stress, and diminished immunity. Conventional treatments offer symptomatic relief but often do not address underlying causes. This case study illustrates the potential of *Ayurvedic* treatments, particularly *Nasya Karma* and herbo-mineral combinations, in providing comprehensive management by addressing root causes and enhancing immunity. Systematic assessment of these markers before and after Ayurvedic intervention can substantiate the therapeutic benefits and establish evidence-based support for the use of traditional medicine in managing allergic rhinitis.

The comprehensive evaluation of Total Leukocyte Count (TLC), Differential Leukocyte Count (DLC), Erythrocyte Sedimentation Rate (ESR), Platelet count, Absolute Eosinophil Count (AEC), Immunoglobulin E (IgE) levels, and X-ray of the Paranasal Sinuses (PNS) offers a robust framework for assessing the efficacy of

Ayurvedic drugs in allergic rhinitis. These parameters provide critical insights into the immune response, inflammatory status, allergic sensitization, and anatomical changes associated with the condition. Systematic monitoring of these markers before and after Ayurvedic treatment can substantiate therapeutic benefits, thereby supporting the evidence-based integration of traditional medicine in managing allergic rhinitis. Future research should focus on further validating these treatments through rigorous clinical trials. Additionally, understanding the molecular mechanisms behind *Ayurvedic* remedies could provide insights into their efficacy and potential integration into conventional treatment protocols. Recommendations include adopting a holistic approach that considers lifestyle and dietary modifications alongside traditional treatments. Healthcare providers should be trained in recognizing the benefits of *Ayurvedic* practices to offer a more integrative approach to managing allergic rhinitis. These steps could lead to improved patient outcomes and a reduction in disease recurrence.

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**Images:**

1. X ray (PNS) Pre
2. X ray (PNS) Post

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