



## A SYSTEMIC REVIEW OF CONCEPTUAL STUDY ON VATAJA PRATISHYAYA WSR ALLERGIC RHINITIS

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<https://doi.org/10.46607/iamj2111092023>

(Published Online: September 2023)

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Article Received: 08/08/2023 - Peer Reviewed: 25/08/2023 - Accepted for Publication: 10/09/2023.



## ABSTRACT

*Ayurveda* is an ancient medicine science with equal emphasis upon prevention and cure. Due to environmental pollution, global warming, and lifestyle disorders, a very common disease, *Pratishyaya*/Rhinitis occurs much more frequently than before. *Ayurveda* has mentioned air pollutants like *Raja*, *Dhooma* which leads to respiratory illness such as Allergic Bronchitis (*Shwasa*), Allergic Rhinitis (*Pratishyaya*), Cough (*Kasa*) and Hiccough (*Hikka*). In *Ayurveda* *Pratishyaya* is one of the 31 *Nasagata Roga* explained by *Acharya Sushruta*. *Vata* and *Kapha* are said to be the predominant *Doshas* involved in the manifestation of this condition. *Vataja Pratishyaya* is one among 5 types of *Pratishyaya*. It is a common disorder characterized by *Anaddha Pihita Nasa*, *Tanusrava Prasekini*, *Shosha* in *Gala TaaLu* and *oshta*, pain in *shanka pradesha* and *swaropaghatha*. It can be correlated with Allergic Rhinitis. It is a disorder of nasal discharge sneezing and itching with redness in eyes and nose. Allergic Rhinitis is due to an immediate hypersensitivity reaction to nasal mucosa. Various treatments have been mentioned in modern medicine like corticosteroids, antihistamine, inhalers etc. Among these, none of the treatment cures Allergic Rhinitis completely or prevents its recurrence.

**Keywords:** *Pratishyaya*, Allergic Rhinitis, *Nasa Roga*, *Vataja Pratishyaya*, *Ayurveda*.

## INTRODUCTION

Ayurveda describes *Pratishyaya* as one of the most important diseases among *Nasa Roga*. *Pratishyaya* is one among 31 *Nasagata Roga* explained by Acharya Sushruta<sup>1</sup>. In *Uttartantra*, Acharya Sushruta has mentioned one separate Chapter on *Pratishyaya*. *Vata* and *Kapha* are said to be the predominant *Dosha* involved in the manifestation of this condition. *Vataja Pratishyaya* is one among 5 types of *Pratishyaya*. *Vataja Pratishyaya* can be correlated with Allergic Rhinitis due to similarities in the sign and symptoms. Allergic Rhinitis is an inflammation of nasal mucosa, characterized by watery nasal discharge, nasal obstruction, sneezing and nasal itching<sup>2</sup>. It is an acute, recurrent and episodic disease. In World, more than 10-30% of the population is reported to be afflicted with an Allergic Rhinitis<sup>3</sup>. Prevalence of Allergic Rhinitis is approximately 20% of the population in India. In Uttarakhand where the population is scattered due to hilly areas, health facilities in these areas are also remote. The prevalence of Allergic Rhinitis is 24%, which is the commonest cause of nasal obstruction and congestion among the Garhwal population<sup>4</sup>. Many treatment modalities are explained in the modern system of medicine like corticosteroids, antiallergics, inhalers, antihistamines etc. But none of them are totally effective in curing the disease as well as preventing its recurrence.

### AIM AND OBJECTIVES

The aim of the present study is to review a conceptual study on the disease *Vataja Pratishyaya* w.s.r to Allergic Rhinitis.

Acharya	Vataja	Pittaja	Kaphaja	Raktaja	Sannipataja
Charaka	+	+	+	-	+
Sushruta	+	+	+	+	+
Vagbhata	+	+	+	+	+
Madhava	+	+	+	+	+
Kashyapa	+	+	+	-	+
Sharangdhara	+	+	+	+	+
Yogratnakara	+	+	+	+	+
Bhavaprakasha	+	+	+	+	+

### Nidana of *Pratishyaya*

- *Sadyojanak nidan*
- *Kalantarajanak nidan*

### Etymology:

*Prati + Shyeng + Gatav = Pratishyaya*

The word *Pratishyaya* is formed from “*Shyeng*” *Dhatu* which refers to move, when this *Dhatu* is prefixed by “*Gatav*”, the word *Pratishyaya* is form.

**Definition:** The word *Pratishyaya* is formed from two words- “*Prati* and *Shyaya*”.

*Prati* – against the direction

*Shyaya* – moving or flowing.

### Importance of *Pratishyaya*

- *Pratishyaya* is one of the important causes for all the other diseases of nasal cavity, so it is explained with priority in the *Nasagata rogas*.
- *Pratishyaya* is the only disease explained in *Shalakyatantra* which develops complication even before the sign and symptoms occur, hence if treated when the *purvaroopas* are seen, the further pathology can be stopped.

### Classification of *Pratishyaya*:

According to Acharya Sushruta, Vagbhata, Madhavakar, Bhava Mishra, Sharangadhara there are five types of *Pratishyaya*. *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Raktaja*. Acharya Charaka and Kashyapa have not mentioned *Raktaja Pratishyaya*<sup>5</sup>. According to Rasaratna samuchaya, there are six types of *Pratishyaya*, they have also mentioned *Malasanchayajanya Pratishyaya*.

*Aharaja* – *Mandagni*, *Vishmashana*, *Ajeerna*, *Attijalapan* after meal, *Ati guru Madhura Sheeta Ruksha Anna Sevan*, *Atisheetambupaana*.

**Viharaaja** – Vega Sandharana, Rajahdhumarasevan Atisambhasanam Rituvaishmya Shirasoabhitapam Divasyanam Atapa Sevan, Snan in Ajirna.

**Manasik-** Atikrodh

Vataja Pratishyaya	Allergic Rhinitis
Rajah Sevana (Exposure to dust)	Inhalation of airborne particles such as dust mites, pollen etc.
Vishamashan, Excessive intake of Guru, Sheeta, Madhura substance	Ingestion of certain foods such as chocolates, citrates, strawberry, eggs
Ati jala krida	Bathing with cold water
Avashyaya (Exposure to dew) Anil (Exposure to cold breeze)	Humidity
Dhooma sevana	Pollution
Rituvaishmya	Climate change

**Samprapti** –

Samprapti of Vataja pratishyaya is not mentioned in Ayurvedic classics. So, this Samprapti takes place when causative factors are mainly Vata Vitiating that causes Vatavidhi. Here Kapha, Pitta, and Rakta get vitiated with their own etiological factors and they obstruct the Gati of Vata causing Avarana of Vata and leading to Urdhwagamana i.e., Pratiloma Gati of Vata. Doshas get lodged in Shira Pradesha. Thus, giving rise to the disease<sup>6</sup>.

**Purvarupa**

purvarupa of Pratishyaya has been stated by Acharya Sushruta, Madhava nidana and Bhavpraksha have followed Sushruta in describing the Purvarupa<sup>7</sup>.

- Shirogurutvam (heaviness in head)
- Kshvathu Pravatanam (Sneezing)
- Angamarda (bodyache)
- Parihristaromta (generalized horripilation)
- Stambha (Stiffness)

The Purvarupa of disease Pratishyaya has not been mentioned by Astanga Hridaya, Charaka Samhita, and Kashyapa Samhita. But Madhava Nidana, Bhavapraksha, and Yogaratnakara have mentioned the Purvarupa similar to that of Acharya Sushruta. The only difference between them and Sushruta is that they have replaced Shiropoornata instead of Shirogurutva.

**Rupa**

Clinical features according to Acharya Sushruta, Madhava Nidan and Bhav Mishra<sup>8</sup>.

- Anaddha Pihita Nasa (Obstructed nose)

**Etiology wise Similarity**

Both the disease entities share common etiological factors for their manifestation as evident from

- Tanusrava Prasekini (Watery nasal discharge)
- Shosha in Galataalu and Oshta (dryness of the throat and lips)
- Pain in Shankapradesha (Pain in Temporal region)
- Swaropaghatha (Hoarseness of voice)

**Clinical features according to Acharya Charaka<sup>9</sup>**

- Ghranarti toda (pricking pain and sensation in nose)
- Kshavthu (Sneezing)
- Jalabhsrava (Watery nasal discharge)
- Swarbhedha (Hoarseness of voice)
- Shiroshula (Headache)

**Chikitsa of Pratishyaya**

The first step of treatment according to Ayurveda is Nidana- Praivarjan.

**Samanya Chikitsa of Pratishyaya**

Five days of Langhana is advised in Pratishyaya before going to further treatment. All types of Pratishyaya except Nav- Pratishyaya are to be treated with Ghrittapanana, Swedana, Vaman, and Avpidan nasya.

**Vishesha Chikitsa**

➤ Ghrittapanana oral administration of Panchlavan ghrita and Vidāryadi ghrita (ghrit processed with Vidaryadi gana) are indicated in vishesha chikitsa of Vataja Pratishyaya.

➤ Nasya.

**Upadrava**

According to Acharya Sushruta, the Updravas of Pratishyaya<sup>10</sup>:

- Badhirya (Deafness)

- *Andhata* (Blindness)
- *Aghrana Nasa* (Anosmia)
- *Ghora Nayana Rogas* (Severe eye diseases)
- *Kasa* (Cough)
- *Agnimandya* (Loss of appetite)
- *Shopha* (Edema).

Except *Acharya Charaka* almost all *Acharyas* have mentioned various *Upadravas* in the context of *Pratishyaya*<sup>11</sup>. *Madhava Nidana*, *Bhava Prakasha*, *Gadanigraha*, *Vaidya Kalpadrum*, and *Yogaratanakara* have accepted the above- mentioned *Upadravas* of *Pratishyaya*. But *Bhava Prakasha* and *Gadanigraha* have replaced *Shosha* in the place of *Shotha*.

## DISCUSSION

In *Sushruta Samhita* of *Uttaratantra Acharya Sushruta* has devoted one separate chapter on *pratishyaya* (S.S.U.-24), which indicates the importance of disease *pratishyaya*. There are five types of *pratishyaya* mentioned in our classics and *Vataja Pratishyaya* is one among them. The disease *Vataja Pratishyaya* in the initial phase is a curable disease entity, but if it takes a chronic course may lead to many associated complications. *Pratishyaya* had got simulation with Allergic Rhinitis which is the burning problem in the present generation and as there was no successful management for these conditions in allied science. *Nidana- Parivarjana* (Abstinence from etiological factors) has been assumed in the foremost strategy to conquer over any disease. *Vata* is the predominant *Dosha* and *Kapha*, *Pitta* and *Rakta* are associated *doshas* involved in the manifestation of the disease. There is no direct reference of Allergic Rhinitis in *Ayurvedic* classical literature. On the basis of sign and symptoms it can be correlated with *Vataja Pratishyaya*. The symptoms of *Vataja Pratishyaya* are *Tanu Nasasrava* (Watery nasal discharge), *Nasavarodha* (Obstructed nose), *Kshavathu* (Sneezing), *Nasatoda* (Pain in nose), etc.

## CONCLUSION

Allergic Rhinitis is not a life-threatening disease, but it can significantly impair patients' quality of life and productivity. Due to similarities in etiological factors

and clinical features, Allergic Rhinitis may be correlated with *Vataja Pratishyaya*. This disease can significantly impact a person's quality of life, but with proper diagnosis and *Ayurvedic* treatment, it can be effectively managed. *Ayurvedic* medicines make use of the natural herbs, extracts and plants that not only prevent devastating effects on health but also enhance immunity and promote general wellbeing of the patient.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Nidhi et al: A systemic review of conceptual study on vataja pratishyaya wsr allergic rhinitis. International Ayurvedic Medical Journal {online} 2023 {cited September 2023} Available from: [http://www.iamj.in/posts/images/upload/2302\\_2306.pdf](http://www.iamj.in/posts/images/upload/2302_2306.pdf)