

**ROLE OF AYURVEDA IN THE MANAGEMENT OF ALLERGIC RHINITIS- A CASE REPORT**Monika Jangra<sup>1</sup>, Ashu<sup>2</sup>, Manoj Kumar<sup>3</sup>

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**ABSTRACT**

*Pratisyaya* is one among 31 *Nasagatharoga* clarified by *Sushruth aacharya*. *Vata* and *Kapha doshas* are said to be the predominant *Doshas* included in this condition's sign. *Vatajprathishyaya* is one of five types of *Prathishyaya*, as mentioned by different acharyas. It is a rhinitis characterised by *Anaddhapihitanasa*, *tanusrava parvartana*, *shosha* in *gala taalu* and *oshta*, pain in *shankapradesha* and *swaropaghatha*.<sup>[1]</sup> It is correlated to Allergic rhinitis, which is characterised by scenes of nasal blockage, watery nasal discharge, sneezing redness and itching in both eyes and nose. Allergic Rhinitis occurs due to hypersensitivity to the nasal mucosa. According to the Ayurvedic point of view, hypersensitivity is scientifically clarified beneath *Asatmyaja Vyadhi* and is caused by genetic factors, *Viruddhahara*, *dushivisha* & *ritusandhi*. This is a case report of allergic rhinitis treated with *Anu taila nasya* <sup>[2]</sup>, *Tribhuvan kriti ras* <sup>[3]</sup>, *Dashmoola Kwath* and *Chitrakharitki Leha* <sup>[4]</sup>. This case shows the usefulness of ayurvedic medicines in allergic rhinitis.

**Keywords:** Allergic Rhinitis, *Vataj Prathishyaya*, *Nasya karma*

## INTRODUCTION

Rhinitis is a condition in which the nasal mucosa is inflamed. Allergic Rhinitis is an immunoglobulin IgE-mediated type 1 hypersensitivity inflammatory disease. Allergic rhinitis is the most typical chronic disease.[5] It is a type of inflammation in the nasal mucosa, paranasal sinuses and sometimes mucosa of the lower respiratory tract, which occurs when the immune system overreacts to allergens in the air. When an allergen such as pollen or dust is inhaled by an individual with a sensitised immune system, triggering antibody production, these antibodies often bind to histamine-containing mast cells. When the mast cells are stimulated by allergens, histamine (and other chemicals) are released. This causes a runny nose, continuous episodes of sneezing, and red, itchy, and watery eyes. Allergic Rhinitis is an acute, recurrent, and episodic disease.<sup>[6]</sup> Approximately 80% of allergic rhinitis symptoms develop before 20 years [7] and peak at 20-40 years before gradually declining<sup>[8]</sup>. Worldwide, it affects 10-25% of the population, and in India, 20- 30% of the population suffers from this disease. This condition extensively prevails and disturbs the individual's routine life, lowering the quality of life due to its prevalence in all ages and sexes. Treatment for allergic rhinitis in modern medicine is antihistamines, nasal decongestants, mast cell stabilisers and anticholinergic agents, Anti IgE antibodies and immunotherapy<sup>[9]</sup>. In the conventional system of drugs, antihistamines, decongestants, and corticosteroids are advised.

According to the Ayurvedic perspective, it is correlated to *Vatajaprathishyaya*. *Vata* and *Kapha* are said to be the main *Doshas* involved in the manifestation of this condition. Clinical manifestations of allergic rhinitis are the same as those of *Vatajaprathishyaya*. It is a common disorder characterised by *Anaddhapihitanasa* (nasal obstruction and stiffness), *tanusrava* (watery nasal discharge), *shosha* in *gala taalu* and *oshta* (dryness in throat, palate, lips), pain in *shanka-pradesha* (pricking sensation in the temporal region) and *swaropaghatha* (hoarseness in voice). The treatment modalities adopted here are *Nasya*, which helps restore the normalcy of nasal mucosa, and oral medi-

cine, which gives a *rasayana* effect, which helps prevent the reoccurrence of the illness.

## Materials And Methods

### Case Report

A 34-year-old male patient consulted for the treatment of cold, sneezing, lacrimation, and watery nasal discharge for the last three years. The patient was under allopathic treatment earlier, which gave him temporary relief. The sneezing starts suddenly 10-15 in a row and is aggravated in the morning by dust mites, cold drinks, and weather changes. During this time, he had profuse, watery nasal discharge with itching of the nose and profuse lacrimation with itching and redness of the eyes.

**History of past illness:** Nothing specific was found.

**Family History:** Nothing contributory history was found.

**Physical generals:** He has a decreased appetite and desire for sweets. He has regular bowel movements and normal micturition. His tongue is clean and moist, and his skin is healthy. Sleep is disturbed as his nose gets blocked at night.

**Treatment History:** Cetirizine 5mg bd.

Navision Nasal Spray 0.05% One puff into each nostril thrice a day

### Examination:

#### Ashtasthana pariksha

Nadi: 76/min	Mala: Regular, twice a day
Mutra: 5-6 times/day	Jihwa: Anavrutta
Shabda: Prakruta	Sparsha: Prakruta
Druk: Prakruta	Akruthi: Madhyama

### Vitals:

Pulse rate- 76 beats/min, Respiratory rate- 20/min, BP- 128/84 mm of Hg, Temp. - Afebrile

### Systemic examination:

No specific abnormalities were detected.

### Examination of Nose:

- 1) Inspection- Swelling of the nasal mucosa, thin secretions.
- 2) Anterior Rhinoscopy—Lower and anterior part of the septum, middle turbinate appears red, nose floor seems to be red, mucosa red, septum normal.
- 3) Obstruction of nose/ Nasal Patency- No nasal polyps.

### Examination of Ear:

- a) EAC: Normal

b) Tympanic Membrane: Normal, Intact Tympanic membrane in both ears.

**Examination of Sinus:** Facial tenderness on palpation of the sinuses.

**Examination of Throat:** The posterior oropharynx is moist, with mucous accumulation in the back of the nose and throat and no sign of inflammation.

**Laboratory Test**

Hb% - 13.5 gm%, TLC – 6000/cu mm  
 Neutrophils - 66%, Lymphocytes - 26%, Monocytes - 4%, Eosinophil - 6, Basophils 1%  
 ESR – 39mm/hour  
 Absolute Eosinophil count – 634 /cu.mm

**Treatment adopted.**

The patient was treated in the OPD of the Shalakya Tantra department, and treatment was planned considering the involvement of Dosha and Dushya. Nasya Karma was scheduled for seven days, along

with the internal medications. The following treatment was administered.

**Nasya-**

➤ Nasya with *Anutaila* 8 bindu in each nostril for seven days in the morning before food.

**Shamanoushadis-**

- *Dashmoola kwath* 20 ml bd before food with 80ml of sukoshna Jala
- *Tribhuvana Kirti Ras* -2 bd after food
- *Chitrakaharitaki lehua-1 tsp at night with milk* was given as Rasayana for one month.
- Suitable *pathya ahara* and *vihara* are advised as per the condition.

**Observations And Results**

After seven days of treatment and one-month follow-up for one 1-month, clinical assessments were made from the patient's interrogation, and symptoms were assessed. The outcome observed was a drastic change in the parameters.

Haematological investigation	Before Treatment	After Treatment
ESR	39mm/hour	8mm/hour
AEC	634 /cu.mm	240 /cu.mm

**DISCUSSION**

A 34-year-old Hindu male patient came with the following complaints: sneezing, running nose and eye itching. He wanted to reverse back with her problem without allopathic medicines. Allergic Rhinitis is inflammation of the nasal passages caused when the immune system retaliates in its response to certain particles in the environment. The above case shows Ayurvedic medicine's effectiveness in treating allergic rhinitis. He took ayurvedic drugs followed by a proper dietary regimen. Ayurveda significantly manages allergic rhinitis by checking the subsequent recurrence of episodes in frequency, duration, and intensity.

**CONCLUSION**

In this case, the patient experienced satisfaction within one month with ayurvedic treatment, and his investigation reports supported the results.

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