

**AYURVEDIC TREATMENT OF ALLERGIC RHINITIS – A REPORT OF TWO CASES**

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**ABSTRACT**

Allergic diathesis had always been a problem to treating physicians and when this is nasal allergy, more difficult one. Western medicine no doubt has its upper hand in relieving the problem instantly by oral as well as local medication, but the permanent cure is still the fruit awaited. Science of life, Ayurveda-the ancient health care treasure when applied systematically and judiciously still has the potential to promise the permanent cure. Two chronic and difficult cases of Allergic Rhinitis are presented in this paper who was cured by adopting *Vataja Pratishyaya* line of treatment. Second patient had also developed the lower respiratory tract involvement (Allergic bronchitis), who was given systemic purgation therapy (*Virechana*) and was relieved of dyspnoea too.

**Keywords:** *Ayurveda*, Allergic rhinitis

**INTRODUCTION**

Attitude, behaviour, concentration and dedication are very much necessary for the continuation and successful completion of any work. But one of the ailments 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. According to WHO, 400 million persons worldwide have Allergic rhinitis.<sup>1</sup>

Current therapeutic modalities for the management of allergic rhinitis include; H1 receptor antagonists (antihistamines), nasal decongestants, mast-cell stabilizers, leukotriene receptor antagonists, corticosteroids and anti-cholinergic agents in oral or topical nasal formulations<sup>2</sup>. But all these drugs give only symptomatic relief and none of these are free from adverse effects. In this way, available range

of modern drugs is not satisfactory for the management of Allergic rhinitis.

In Ayurveda (the science, art and way of a meaningful life), the diseases with symptoms similar to those of Allergic rhinitis have been delineated in the name of *Vataja Pratishyaya*<sup>3</sup> and there has been a lucid description of its aetiology, prodromal symptoms, symptoms, diagnosis, prognosis, prevention and treatment protocol in detail. ENT OPD of IPGT&RA hospital treats such patients adopting the same treatment protocol. Case reports of two interesting patients are presented here:

**Case 1**

A diagnosed case of Allergic Rhinitis, a female patient of 19 years attended the ENT OPD of IPGT & RA hospital on Nov. 06, 2013 with complaints of excessive nasal discharge, profound sneezing (200-250 times/day), massive nasal obstruction (unilateral & intermittent), moderate foreign body sensation in nose, watering from eyes and change of

voice. On examination her nasal mucosa was pale, bluish, nasal septum was slightly deviated towards right side, along with Meatus-NAD, Turbinate- normal size, Sinuses- NAD as per X-ray PNS; Oropharynx-normal. On direct nasal endoscopy no pathological findings was seen.

### Past history

H/o dry coughing followed by vomiting---treated with *Vyaghri Haritaki Avaleha* (in March 2011). Relapse of coughing in Dec. 2011, CT scan & X-ray-PNS (on 26.12.2011) showed normal findings. She had undergone allergy test on 31.03.2012 at Amreli, Gujarat and was declared a case of Allergic rhinitis. Afterwards she completed the course of 3-month Immunotherapy from April 2012 to June 2012 with negligible improvement.

From July 2012 to Dec. 2012, patient took *Ayurvedic* medicines with some symptomatic relief at Rajkot (Gujarat). From Jan. 2013 onwards she was on Levocetirizine-5 mg once daily with temporary relief.

Her haematological and biochemical findings (on 07/11/2013 at I.P.G.T.&R.A., Jamnagar) showed-total leucocytes count 5200/cu.mm, neutrophils-45%, lymphocytes -47%, eosinophils -05%, Monocytes-03% absolute eosinophil count-250/cu.mm, fasting blood glucose-84.4 mg/dl.

### Intervention & Results

The patient was given treatment on the line of *Vataja Pratishyaya* management in the form of *Nasya* with *Anu taila* and *Shaman Chikitsa* with *Ashwagandhadi* compound and *Shirishadi kwath*. She was followed up fortnightly for 2 months. The progressive improvements are as follows:

On the very first follow up i.e. on 15<sup>th</sup> day of treatment she observed good improvement in her all the complaints. Her sneezing frequency diminished to around

50/day from 200-250/day before treatment. There was almost 50% relief in nasal discharge, nasal obstruction and itching/foreign body sensation, watering from eyes and change in voice.

The second follow up (30<sup>th</sup> day of treatment) was also very much enthusiastic for the patient. Her sneezing frequency got reduced upto 20/day. Nasal itching and change of voice completely disappeared. She found nearly 75% reliefs in nasal discharge and nasal obstruction.

On the third follow up i.e. on 45<sup>th</sup> day of treatment, her sneezing frequency became as low as 5-10/day. There was a marked subsidence in nasal obstruction and nasal discharge. On her last follow up the patient was quite satisfied since she had got rid of her ailing condition almost completely.

After the completion of 2 months of treatment the nasal condition were as follows: Nasal mucosa was pinkish, no change in DNS was seen, and rest of the local findings of nasal cavities were as before treatment. Direct nasal endoscopy also showed normal findings.

Haematological and biochemical reports of the patient after treatment (on 04/01/2014) showed: total leucocytes count 5300/cu.mm, Neutrophils-50%, Lymphocytes -44%, Eosinophils -03%, Monocytes-03%, Absolute eosinophil count-159/cu.mm, fasting blood glucose-84.4 mg/dl.

### Case 2

Another patient, a housewife of age 33 years reported the hospital on 14.06.2013 with all the signs and symptoms of Allergic rhinitis along with coughing (more in the morning) and dyspnoea. On examination, paleness of nasal mucosa and rhonchi in both her lungs at lower lobes were there.

### Past history

The patient had gradual onset of hypersensitivity 5 years back in the form of sneezing (100-150 times a day), nasal discharge, nasal blockage, dry coughing (more in the morning), stickiness in throat and breathlessness. As per the patient, she had been given Cetirizine, Medrol (methyl prednisolone) and Deriphylline as a remedy which brought about symptomatic relief temporarily. The symptoms recurred at an interval of 2-3 months and the patient continued the same treatment with symptomatic relief.

### Intervention

She was put on same line of Ayurvedic treatment as adopted in case 1 for *vataja pratishyaya*. In between she had been given *Shwasakuthar rasa*, *Vyoshadi vati*, *Lavangadi vati* for dyspnoea and morning coughing and *Arogyavardhini vati* and *Shankha vati* for GIT disturbance. She was also given *Virechana* –systematic purgation therapy in the *Panchkarma* department of this hospital in December 2013.

### Results

The patient started feeling improvement in all her complaints from the very beginning of 4<sup>th</sup> day of treatment. The improvement went on increasing subsequently and at the end of 6 month intervention, she is free from sneezing, coughing, nasal discharge. After *Virechana karma* she had complete remission of breathlessness and GIT trouble. Her nasal mucosa has become pinkish and there are no rhonchi in both lung fields.

### DISCUSSION

Ayurvedic treatment given judiciously can certainly relieve the patient from the problem of Allergic rhinitis. Increased sensitivity of upper respiratory tract mucosa is diminished by daily application of *Nasya* (nasal oleation therapy)

with *Anu taila* which is indicated in *Vataja* diseases<sup>4</sup>. *Ashwagandhadi* compound containing *Ashwagandha* powder, *Sitopaladi* powder, *Sameerpannaga rasa*, *Shringa bhasma* and *Abhrak bhasma* modifies the immune system as well as decrease the eosinophils for which effect *Sameerpannaga rasa* is already proved<sup>5</sup>. *Shirishadi kwath* having nine herbal contents with mainly blood purifying effect as a whole diminishes the toxin load resulting from the autoimmune- and antigen-antibody reactions, thereby further prevents the hypersensitive tissue from reaction of such noxious substances.

All the oral medicines played a positive effect on digestive and metabolic process as well, thereby improving the system biology. Thus by nourishing the mucosa of the upper respiratory tract improving the immune system by oral medication and modifying the quality of blood comprehensively giving such desired effect in Allergic rhinitis.

In the second case, *Virechana* was adopted in accordance with the line of treatment of *Tamaka Shwasa* which is equivalent to breathlessness (*Tamake Tu Virechanam*)<sup>6</sup> and as an outcome it resulted into complete remission of the problem.

### CONCLUSION

It will be imperative to recommend here that if a patient of Allergic rhinitis go for Ayurvedic treatment in the initial stage of the problem, better results in short duration are anticipated.

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