

## EFFECT OF TULASISWARASADI TAILA NASYA AND HARIDRA KHAND IN THE MANAGEMENT OF PRATISHYAYA (ALLERGIC RHINITIS) - A CASE STUDY

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### ABSTRACT

*Pratishyaya* is a disease presenting with clinical features such as *Kshavathu* (sneezing), *Aanadha Nasa* (nasal obstruction), *Nasa Srava* (nasal discharge) and *Gala, Ostha, Talu, Nasa* and *Netra Kandru* (itching in throat, lips, palate, nose and eyes). Allergic Rhinitis characterized by sneezing, rhinorrhea, nasal blockage and itching in nose, eyes, ears and palate. So, Allergic Rhinitis can be correlated with *Pratishyaya*. *Tulasiswarasadi Taila Nasya* has been indicated for *Pratishyaya*. *Haridra Khand* has shown good effect in treating Allergic Rhinitis. Hence, 50 years old male patient of *Pratishyaya* was treated with 2 sittings of 7 days *Nasya* followed by *Haridra khand* as an oral medication for 15 days. After complete treatment of 46 days, ESR became 06 mm/ hr from 10mm/hr ESR, AEC became 345/cumm from 900 /cumm, IgE became 285 IU/ml from 967 IU/ml and symptoms like sneezing, running nose, itching in nose, nasal obstruction was relieved completely. So it can be concluded that *Tulasiswarasadi Taila Nasya* and *Haridra Khand* is very effective in the management of *Pratishyaya*.

**Keywords:** *Pratishyaya*, Allergic Rhinitis, *Nasya*, *Tulasiswarasadi Taila*. *Haridra Khand*

### INTRODUCTION

*Pratishyaya* covers wide spectrum of *Nasagata Roga* (nasal and paranasal diseases). In Ayurveda, a detailed description of this disease is being observed. *Acharya Sushruta* has devoted one separate chapter to *Pratishyaya*. This fact itself shows that it has been a major problem to the physicians since long. The clinical features of *Pratishyaya* are *Kshavathu* (sneezing), *Aanadha Nasa* (nasal obstruction), *Nasa Srava* (nasal discharge), *Gala Talu Ostha Shosha* (dryness of throat, palate and lips), *Shankha Nistoda* (Pain at temporal region), *Swaropaghata* (hoarseness of voice), *Shiro Gauravata* (heaviness of head), *Gala, Ostha, Talu, Nasa* and *Netra Kandru* (itching in throat, lips, palate, nose and eyes).<sup>1</sup> Allergic Rhinitis (AR) also known as Hay fever, characterized by sneezing, rhinorrhea, nasal blockage, itching in nose, eyes, ears & palate, headache, postnasal drip, congestion, anosmia, ear-

ache, tearing, red eyes, eye swelling, fatigue, drowsiness, malaise.<sup>2</sup> So, Allergic Rhinitis can be correlated with *Pratishyaya*. The prevalence of AR has increased from the past three decades. According to WHO, 400 million people worldwide have AR.<sup>3</sup> Scandinavian studies have demonstrated a cumulative prevalence rate of 15% in men and 14% in women.<sup>4</sup> In India, 26% of population suffers from AR.<sup>5</sup> In 80% of cases, AR develops by age 20 years.<sup>6</sup> The prevalence of AR has been reported to be as high as 40% in children, subsequently decreasing with age.<sup>7</sup> AR is an immunoglobulin E (IgE) mediated immune response, with mast cell activation and release of cytokines. This disease is a common entity which occurs due to increased exposure to environmental pollution and unhealthy lifestyle. If this stage is not properly treated, it will cause the mucosal changes in nostrils and result into tur-

binate hypertrophy, nasal polyps, allergic bronchitis etc.<sup>8</sup> Current therapeutic modalities for the management of AR 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>6</sup> But all these drugs give only symptomatic relief and none of these are free from adverse effects.

*Tulasiswarasadi Taila Nasya* (Errhine therapy) has been indicated in *Pratishyaya*.<sup>9</sup> *Haridra Khand*<sup>10</sup> has also shown good effect in treating it.<sup>11</sup> Hence, 50 years old male patient of *Pratishyaya* was treated with 2 sittings of 7 days *Tulasiswarasadi Taila Nasya* followed by *Haridra khand* as an oral medication for 15 days to evaluate effect of *Tulasiswarasdi Taila Nasya* and *Haridra Khand* in the management of *Pratishyaya*.

### CASE DETAILS

A 50 years old male patient working as a sports teacher came with the complaints of sneezing (50-60 per day), severe running nose, severe itching in nose, moderate nasal obstruction, frequent hoarseness of voice, mild itching in palate and throat and dryness of mouth since 3 years often associated with cough.

**History of present illness:** Patient was free from the above said complaints 3 years back then he gradually developed the symptoms. During seasonal changes, the symptoms were getting more aggravated. The patient had taken conservative treatment but the relief was temporary.

**History of past illness:** No any history of prolonged fever, bronchial asthma, diabetes mellitus, hypertension or any other illness.

**Family History:** All other members were said to be healthy.

**Investigations:** The blood investigation showed 10mm/1<sup>st</sup> hr ESR, 900/cumm AEC and 967 IU/ml IgE (Table 1).

**On examination:** On Anterior rhinoscopy, the septum was found to be central, turbinates were swollen, watery discharge was found and there was redness over mucosal layer. Other parameters were within normal limits.

**Diagnosis:** Patient was Pre-diagnosed as Allergic Rhinitis. After a thorough clinical examination, presented condition was correlated with *Pratishyaya* according to Ayurveda.

**Treatment Protocol:** *Tulasiswarasadi Taila Nasya* has been indicated for *Pratishyaya*. So *Nasya* with *Tulasiswarasadi Taila* was given in the dosage of 6 *bindu* (3 ml) each nostril for 7 days. Facial massage with *Tila Taila* was done for 10 to 20 minutes followed by *Nadi Sweda* for 10 minutes prior to *Nasya* and *Dhoomapana* (Medicated smoking) with *Haridra Varti* was given after *Nasya*. After gap of 7 days 2<sup>nd</sup> sitting of *Nasya* was done. After 2 sittings of *Nasya*, *Haridra Khand* 6 gm twice a day with warm water was given for 15 days.

### OBSERVATIONS AND RESULTS:

After 2 sittings of *Nasya*, The blood investigations showed 04 mm/1<sup>st</sup> hr ESR, 680/cumm AEC and 390 IU/ml IgE (Table 1). On Anterior rhinoscopy, swelling of turbinates was reduced, watery discharge was absent and redness over mucosal layer was relieved. Symptoms like sneezing, running nose, itching in nose, nasal obstruction, hoarseness of voice, itching in palate and throat was relieved completely and only dryness of mouth was persisted.

After *Haridra Khand*, The blood investigation showed 06 mm/1<sup>st</sup> hr ESR, 345/cumm AEC and 285 IU/ml IgE (Table 1). All the blood parameters came to normal limits. On Anterior rhinoscopy, swelling of turbinates was relieved completely, watery discharge was absent and redness over mucosal layer was reduced completely. Symptoms like sneezing, running nose, itching in nose, nasal obstruction, hoarseness of voice, itching in palate and throat and dryness of mouth was relieved completely.

**Table 1:** Investigation reports before treatment, after Nasya and after Hridra Khand treatment.

Test	13/08/2018 (Before treatment)	05/09/18 (After Nasya)	22/09/18(After Haridra Khand)
Hb (gm %)	15.3	15.3	15.0
WBC (cells/cumm)	7400	6800	6900
Neutrophils (%)	56	48	54
Lymphocytes (%)	25	39	34
Eosinophils (%)	12	10	07
Monocytes (%)	07	03	05
Basophils (%)	00	00	00
PCV (%)	43.9	44.6	43.2
ESR (mm/hr)	10	04	06

<b>RBC (mil/cumm)</b>	4.96	5.03	4.92
<b>Platelet Count ( /ul)</b>	257000	285000	239000
<b>AEC (/cumm)</b>	900(H*)	680(H)	345(N**)
<b>IgE (IU/mL)</b>	967(H)	390.6(H)	285.1(N)

- H=High. \*\*N= normal

## DISCUSSION

*Pratishyaya* is a complex disease involving several symptoms and diverse pathogenesis. *Vata* is the main *dosha* and *Kapha*, *Pitta* and *Rakta* are associated *doshas*. The properties of *Tulasiswarasadi Taila* can be taken as *Katu* (pungent), *Tikta* (bitter), *Kashaya* (astringent), *Ushna* (hot), *Tikshana* (strong) and *Vata Kapha Shamaka* (pacifying). *Tulasiswarasadi Taila Nasya*, a *Shodhana (Purificatory) Nasya* was selected as a line of treatment to remove vitiated *Kapha* that has causing obstructions to *Pranavaha Srotas* (channel) and *Vata* mainly *Prana* and *Udana Vayu*. For *Shodhana Nasya Taila* was used in order to avoid further vitiation of *Vata*. The dosage mentioned for *Shodhana Nasya* is 6 *bindu* that came around 3 ml on measurement. Once vitiated *Kapha* was removed, the *Vata* came into its natural form. *Haridra Khand* is having *Tridosha Shamaka* (pacifying) properties so in order to pacify the other associated *Doshas* i.e. *Vata*, *Rakta* and *Pitta Haridra Khand* was used as an oral medication for 15 days.

## CONCLUSION

*Nasya* with *Tulasiswarasadi Taila* and *Haridra khand* has shown 100 percent results in objective as well as subjective parameters of *Pratishyaya*. *Tulasiswarasadi Taila Nasya* and *Haridra khand* gave effective results in treating *Pratishyaya*, suggesting importance of *Shodhana Karma* i.e. *Nasya Karma* in the management of *Pratishyaya*.

## REFERENCES

1. Sushruta; Sushruta Samhita; Hindi translation by Dr.Ambikadatta Shastri, Published by Chaukhambha Sanskrit Sansthan, Varanasi; Reprint-2003; Vol. II; Uttaratantra; Chapter 24, verse 6-9; P.154.
2. Skoner DP. Allergic rhinitis: definition, epidemiology, pathophysiology, detection, and diagnosis. *J Allergy Clin Immunol*. 2001 Jul. 108(1 Suppl):S2-8. [Medline].
3. WAO Journal, June-2008.
4. Nihlen U, Greiff L, Montnemery P, Lofdahl CG, Johannisson A, Persson C. Incidence and remission of self-reported allergic rhinitis symptoms in adults. *Allergy*. 2006 Nov. 61(11):1299-304. [Medline].
5. Dr. Anjali. S. Nayak et al a survey on allergic rhinitis 2007.

6. Dykewicz MS, Fineman S, Skoner DP, Nicklas R, Lee R, Blessing-Moore J. Diagnosis and management of rhinitis: complete guidelines of the Joint Task Force on Practice Parameters in Allergy, Asthma and Immunology. American Academy of Allergy, Asthma, and Immunology. *Ann Allergy Asthma Immunol*. 1998 Nov. 81(5 Pt 2):478-518. [Medline].
7. U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality. Management of Allergic and Nonallergic rhinitis. May 2002. AHQR publication 02:E023, Boston, MA. Summary, Evidence Report/Technology Assessment: No 54. <http://www.ahrq.gov/clinic/epcsums/rhinsum.htm>. Last accessed August 3, 2007.
8. Togias AG. Systemic immunologic and inflammatory aspects of allergic rhinitis. *J Allergy Clin Immunol*. 2000 Nov. 106(5 Suppl):S247-50. [Medline].
9. Sahasrayogam; Hindi translation by Dr. Ramnivas Sharma and Dr. Surendra Sharma, Published by Chaukhambha Sanskrit Pratishthana, Delhi; Reprint-2016; Tailaprakarana; P.88.
10. Kaviraj Govind Das Sen, Bhaishajya Ratnavali, edited and enlarged by Bhishagratna Shri Brahmashanka Mishra, 'Vidyotini' Hindi Commetary Analysis with Appendixes by Shri Kaviraja Ambikadatta Shastri Ayurvedacharya, ed. Shri Rajeshwadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi. Reprint-2005; Shitapittodardakothadhikara : 12-16
11. Chhaya Bhakti et.al. A Clinical evaluation of Haridra Khand & Pippalyadi Taila Nasya on Pratishyaya (Allergic Rhinitis).AYU Journal Year : 2009 | Volume : 30 | Issue : 2 | Page:188-193.

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