

"STUDY ON PRANAVAHASROTO DUSTI W.S.R TO DUSTA PRATISHYAYA (ALLERGIC RHINITIS) AND ITS MANAGEMENT THROUGH ANUBHUTA YOGA"

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ABSTRACT

Pranavaha srotas is first & important srotas, which carry prana to all over body. By studying this srotas mulasthana, vidha laxanas & vahana, also by studying concern reference regarding pranavaha rotas, respiration, etc. Naasa is exposing to the air directly and due to the sheeta vihara or ahara prana vayu is get vitiated and kapha sanchaya takes place in the Pranavaha srotas leads to its dusti. Dustaprathishyaya is having lakshana like kshavathu, shirashoola, poothigrahana, parisrava. Allergic rhinitis also having same lakshana hence dusta prathishyaya is correlated with allergic rhinitis and considered for the study, by Using Anubhuta yoga.

KEYWORDS: Dustaprathishyaya, Allergic rhinitis, Anubhuta yoga

INTRODUCTION

Ayurveda is the one and only medical system which gives the way of perfect living with nature. It is a Science which is developing as a result of various discussions and researches from ancient time onwards. It gives equal importance to preventive and curative aspects of diseases. Ayurveda is having unique principles of Tridosha, Dhātu and Mala for maintenance of

the body. Good health is the achievements like Dharma, Artha, Kama and Moksha.

Asatmeyendriyarthā Samyoga, Prajnaparadha and Parinama are the root cause of any disease. The above 3 factors are very important in preventive and curative aspects. Astasthanā Pareeksha, Dashavidhā Pareeksha, Panchendriya Pareeksha etc, are unique contribution of

Ayurveda The importance of Ayurveda in Global is because of its holistic approach towards positive life style.

Prathishyaya has been a major problem to the physicians since long back. Prathishyaya by word itself indicates that it is a recurrent attack and can precipitate even due to minute etiological factors. Improper management of Prathishyaya leads to a severe and complicated condition, called Dushta Prathishyaya which is very difficult to treat and causes lot of complications like Badhirya, Andhata, Ghrana nasha etc. Approximately 20% to 30% of total population suffers from allergic diseases in India. A study carried, in India reported 10% allergic rhinitis and 1% asthma in 1964. Thereafter later studies have reported that 20% to 30% of the population allergic rhinitis and that 15% develop asthma.

When we go through other systems of medicine, we can see that they fail to offer a complete cure and prevention of this disease. In Ayurveda a detailed description of Prathishyaya and its chronic phase i.e. Dushta Prathishyaya is available. A lot of treatment modalities are also explained by

Acharyas for this disease. Considering all these facts, a clinical trial on Dushta Prathishyaya was carried out to find out a proper treatment protocol. Hence to manage this disorder effective Anubhuta yoga is prepared by using some ayurvedic medicines.

MATERIALS AND METHODS

In present study, A total 30 subjects with age group between 20 to 50 years were selected randomly from out-patient department as per randomization chart and were made single group. They were given vati of Anubhuta Yoga (Contains - krishnajeeraka, yastimadhu, maricha, pippali, ela, patra, twak, shunti, kantakari, karpooora, tulasi,haridra).

Pathya Ahara and Vihara were advised to the Subjects

- Dosage: 500mg Bd for 1 Month
- Anupana : Ardraka Swarasa
- Duration:1 Month
- Follow up:3 Months

RESULT: The results obtained after the clinical trial was analyzed statistically and all the observations were subjected to discussion.

PRATISHYAYA

Pratishyaya is one of the diseases which if not treated timely may lead to

so many complications and act as a Nidanarthakara Roga for Dushta Pratishyaya.

"Pratishyayam vardhamanam kshayapradham"²¹

ETYMOLOGY

Shabda Kalpadruma

PRATI + SHYENG + GATAU = PRATISHYAYA

The word Pratishyaya is derived from SHYENG Dhatu, which means to move. When it is prefixed by 'PRATI' and suffixed by 'GATAU', the word Pratishyaya is formed. It means the condition in which there is continuous flow.

DEFINITION

"Vatam prati abhimukham shyayo gamanam kaphadeenam yatra sa pratishyayah"

Acharya Dalhana explained Pratishyaya as a condition in which Vata dominant Tridosha along with Rakta when afflicts the Nasa leading to lakshanas like Nasal discharge in Pratishyaya.

DUSHTA PRATISHYAYA

All Acharyas have mentioned Dushta Pratishyaya as chronic stage of all types of Pratishyaya. This is due to improper management by means of continuation of ahitakar ahar vihar for

Pratishyaya for longer duration. In due course more vitiated condition of Doshas lead to Dushta Pratishyaya. Lakshanas of Dushta Pratishyaya are mentioned in Brihatrayi, Madhavanidana, Yogaratnakara and Bhavaprakasha. Madhava, Yogaratnakara and Bhavaprakasha have followed Sushruta's opinion and along with those Lakshana Krimi Utpatti is also mentioned.

DUSHTA PRATISHYAYA CHIKITSA

Acharya Sushruta, Bhavaprakasha and Yogaratnakara have not clearly mentioned the treatment line of Dushta Pratishyaya. Charaka advocated Sannipataja Pratishyaya Chikitsa. Vagbhata advocated similar to that of Rajayakshama and Kriminashana Chikitsa in Dushta Pratishyaya. So it can be concluded that the line of treatment for Dushta

Pratishyaya is:

Nasya
Sidhdha Ghruta paana
Dhumapana
Vamana
Virechana
Kavalagraha
Sweda

PATHYA & APATHYA IN DUSTA

PRATISHYAYA

PATHYA

Nivata sthana sevana

Cover the head with thick warm cloth

Laghu ,ushna ,snigdha guna

Jangala mamsa,jaggery,milk

Chanaka,Trikatu,Yava,Godhuma,Masur
a,Munga,Dadima,Haritaki

Yushas of Balamulaka or Kulattha

Shakha:lashuna,Vartaka,Shigru,

Ardraka

Phala;Draksha,papaya,

Purana madya

Snehana

Swedana

Vamana

Gandusha

APATHYA

Sheeta jala atisevana

Krodha,chinta,shoka

Maithuna

Ruksha ahara ati sevana

Vegadharana

Nava madya sevana

Diwaswapna

ALLERGIC RHINITIS

Allergic rhinitis is one of the most i. common prevalent ailments that we ii. see and come across in our medical iii. practice. It is increasingly recognize as iv.

an important public health problem.

Because it can impact negatively on the quality of life of sufferers not only by producing severe symptoms but also by producing complications.

Allergic rhinitis is the inflammation of the mucous membrane of the nose. It is an IgE-mediate immunologic response of nasal mucosa to air-borne allergens and is characterized by watery nasal discharge, nasal obstruction, sneezing, headache and itching in the nose etc sometime associated with itching in the eyes, palate and pharynx. Symptom of allergic rhinitis can begins at any age but is most frequently first report in adolescence age or young adult hood. Rates of prevalence are similar for male and female, and no racial or ethnic variations are reported.

There are two types of etiological factors:

1. Predisposing factors
2. Precipitating factors

Predisposing factors classified into the following:

- Heredity
- Hormonal
- Climate
- Emotional

PATHOPHYSIOLOGY:

The heating & humidification of inspired air is an important function of the nasal mucosa. The highly vascularized mucosa of the turbinates & septum provide an effective structure of heat & humid air as it passes over them. The protecting & cleansing role of the nasal mucosa is also a very important function. Relatively large particles are filtered out of the inspired air by the hair within the nostrils. The ciliomucus transport system of the nasal mucosa provides a mechanism which helps to keep the nose clean & thus to supply pure air to lungs.

A thin, tenacious & adhesive mucous blanket covering the nasal mucosa is produced by mucous & serous glands & epithelial goblet cells in the mucosa. The major portions of the nose, septum & paranasal sinuses are lined by ciliated cells. The cilia beat at a frequency 10 to 15 beats per minute, producing a streaming movement of

the mucous blanket at an approximate rate of 2.5 to 7.5 mm per minute. This blanket containing the filtered materials is moved toward the pharynx to be expectorated or swallowed.

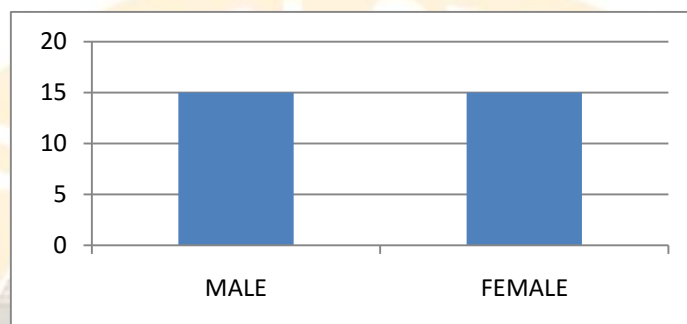
Treatment with Drugs

Antihistaminic control the acute symptoms but it has side effect like drowsiness. If one antihistaminic is not effective another may be tried from a different class. Sympathomimetic drugs (oral or topical) Alpha-adrenergic drugs constrict blood vessels and reduce nasal congestion and oedema. Phenylephrine, oxymetazoline and xylometazoline are use to relieved nasal obstruction, but are notorious to cause severe rebound congestion. Oral corticosteroids are very effective in controlling the symptoms of allergic rhinitis but for long time uses have several systemic side effects.

OBSERVATIONS

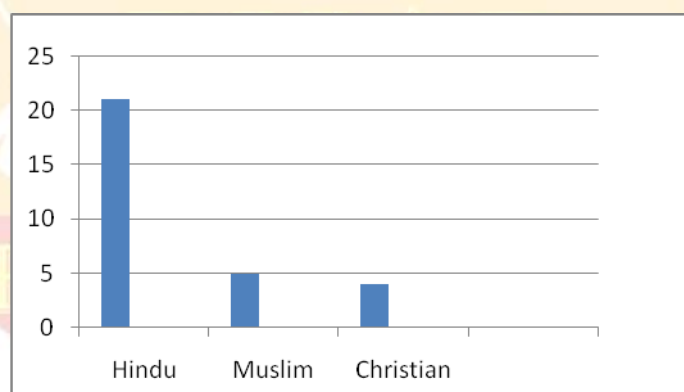
SHOWING SEX WISE DISTRIBUTION

SEX	SUBJECTS	PERCENTAGE%
Male	15	50%
Female	15	50%



SHOWING RELIGION WISE DISTRIBUTION

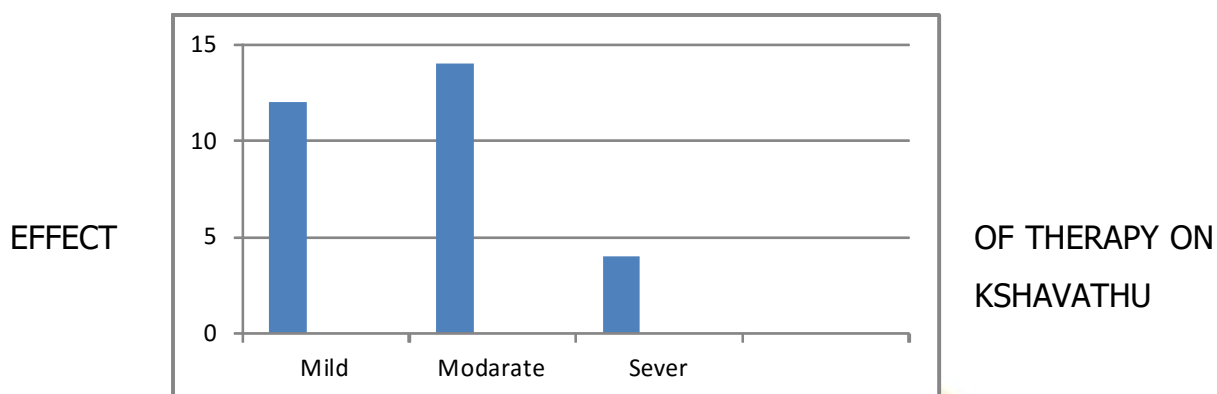
RELIGION	SUBJECTS	PERCENTAGE%
Hindu	21	71%
Muslim	05	16%
Christian	04	13%



SHOWING SHIRASHOOLA WISE DISTRIBUTION

SHIRASHOOLA	SUBJECTS	PERCENTAGE%
Mild	12	40%
Moderate	14	46.6%
Sever	04	13.3%

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sretemaraP	TB naeM	TA naeM	naeM ffiD	fO % feileR	DS	ES	t	p	skrameR
KSHAVATHU	2.233	0.366	1.87	83.856%	0.846	0.154	13.174	0.001>	ylhgiH tnacifingis

VARSIRAP NO YPAREHT FO TCEFFE

sretemaraP	TB naeM	TA naeM	naeM ffiD	fO % feileR	DS	ES	t	p	skrameR
PARISRAVA	1.933	0.466	1.47	76.16 %	0.803	0.146	8.930	0.001>	ylhgiH tnacifingis

EFFECT OF THERAPY ON POOTHIGRAHANA:

sretemaraP	TB naeM	TA naeM	naeM ffiD	fO % feileR	DS	ES	t	p	skrameR
POOTHIGRAHANA	1.633	0.733	0.9	56.25%	0.803	0.146	6.138	0.001>	ylhgiH tnacifingis

EFFECT OF THERAPY ON SHIRASHOOLA:

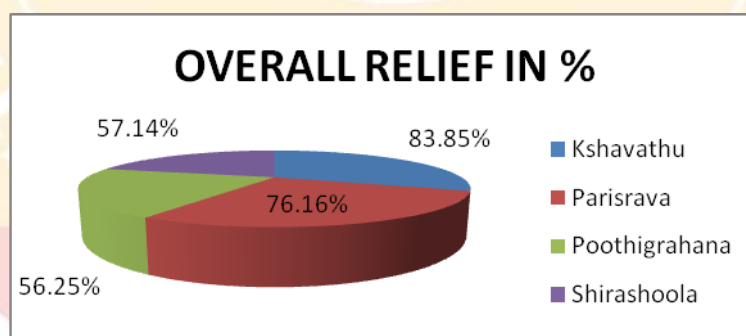
sretemaraP	TB naeM	TA naeM	naeM ffiD	fO % feileR	DS	ES	t	p	skrameR
SHIRASHOOLA	1.466	0.666	0.8	57.14%	0.714	0.130	6.133	0.001>	ylhgiH tnacifingis

OVERALL RESULT OF STUDY

% OF RELIEF	TOTAL
Marked Relief above 75%	13
Moderate Relief (50-75%)	12
Mild Relief (25-50%)	5
No Relief (Below 25%)	0

OVERALL EFFECT OF THERAPY ON ASSESSMENT PARAMETERS

PARAMETERS	OVERALL RELIEF IN %
Kshavathu	83.85%
Parisrava	76.16%
Poothigrahana	56.25%
Shirashoola	57.14%



DISCUSSION

Sex:

Out of 30 subjects studied in this series, In the present study, 15 (50%) subjects registered were Male and 15 (50%) subjects registered were Female. In the present study both

female and male were equal in number. From the above data it is clear that dustaprathishyaya affects both men and women equally.

Religion:

Out of 30 subjects studied in this series maximum number of subjects In

this present study, 21 (71%) subjects were Hindus, 05 (16%) subjects were Muslims and 04 (13%) subjects were Christians. Religion does not play any role in the incidence of dustaprathishyaya. The presence of larger number of Hindu patients may be due to the geographical predominance of Hindu community.

EFFECT OF THERAPY ON KSHAVATHU
Anubhoota yoga is having drugs like Krishna jeeraka shunti ela having deepaneeya properties. Other drugs like twak kankari patra karpura tulasi maricha pippali haridra yastimadu are vata shamaka and kapha hara properties and also acts on the tridoshas. It effects on the kshavathu The mean kshavathu before treatment was 2.23 which was reduced to 0.36 after the treatment 83.85% Relief.

EFFECT OF THERAPY ON PARISRAVA
The mean parisrava before treatment was 1.93 which was reduced to 0.46 after the treatment 76.16% relief because the anubhuta yoga contains kaphahara properties.

EFFECT OF THERAPY ON POOTHIGRAHANA
The mean poothigrahana before treatment was 1.63 which was reduced to 0.73 after the treatment 56.25% relief. Anubhuta yoga is having tridosha hara kphara properties.

EFFECT OF THERAPY ON SHIRASHOOLA

The mean shirashoola before treatment was 1.46 which was reduced to 0.66 after the treatment 57.14% relief. Anubhuta yoga contains vata hara kaphara properties, It cures the shoola.

CONCLUSION

Conclusions are the extract squeezed out from the whole work. After scrutinizing the study regarding Dushta pratishyaya (Allergic rhinitis) and its Management, following conclusions can be drawn

- On detailed analysis of classics, it can be seen that anatomical description of Nasa is explained in a scattered manner.
- In Ayurvedic classics the term Pratishyaya covers a broad spectrum of nasal and paranasal afflictions.
- If the recurrent attack of Pratishyaya continues for months and years, then the disease will turn to a chronic phase with much complication called Dushta Pratishyaya.
- On the basis of correlation between the signs, symptoms, complications, prognosis and chronicity, DushtaPratishyaya can be correlated with allergic rhinitis.
- Depending upon the structural deformity, immunity and chronicity Dushta Pratishyaya may be Krichchhra Sadhya or Yapya.

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- Here we made an attempt with anubhoota yoga by using yukti taken 12 ingredients prepared vati for the management of dustaprathishyaya.
- The 12 dravyas having effect like, tridosha hara, specially vata shamaka and kaphahara, dahaprashamana, shoolahara, deepaneeya, kasahara, aruchihara
- All the lakshanas like kshavathu, parisrava, poothigrahana, shirashoola are reduced.

REFERENCE

1. Agnivesha, Charaka Samhita elaborated by Charaka & redacted Dridabala, with Ayurveda Dipika commentary by Chakrapanidatta, Acharya Yadavji Trikamji editor, edition 2009, Chaukhamba Orientalia Varanasi, chikitsa stana 28th chapter, 5th shloka, pg no616; Pp.738
2. Vagbhata; commented by Arunadatta and Hemadri; (Ed) Bhisagacharya Harasastri Paradakara Vaidya ; Astangahrdayam; Chaukhamba Orientalia; Varanasi; 9th Edition Reprint2002; Sutra sthana 12th chapter; Pp 956
3. Sushruta; commented by Dalhana and Sri Gayadas; (Ed) Vaidya Yadavji Trikamji Acharya; Sushruta Samhita; Chaukhamba Orientalia, Varanasi; Reprint 2012; nidanastana 1/13, page no 259; Pp 824
4. Madhava nidana uttarastana 58th chapter 15th shloka
5. Bhavaprakasha madhyamakhandha 65th chapter 18th shloka
6. Yogaratnakara nasaroga nidanastana 18th chapter
7. (sha. Pu. 5th chapter 44 – 45 shloka)
8. Harrison; Harrison's Principles of Internal Medicine; (Ed) Longo. Dan L, Fauci. Anthony S, Kasper. Dennis L, Hauser. Stephen L, Jameson J. Larry, Loscalzo Joseph; Mc Graw Hill Mbedical 18th Edition, Vol.2, 2012: pg. no: 2395.

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