# **Ayurvedic Management of Dustapratishyaya**

# Akhilesh Kumar Verma\*

Registrar, Ayurvedic evam Unani, Tibbi Chikitsa Paddhati Board, UP, Lucknow.

Abstract

The nose, regarded as the gateway to the head according to Ayurveda, plays a crucial role in maintaining the health of structures above the neck. However, its exposure to environmental factors makes it susceptible to various infectious and allergic manifestations, with Rhinitis or Pratishyaya being a common concern in today's era of global warming, industrialization, and urbanization. Rhinitis, particularly Dustapratishyaya, is categorized by Ayurveda under Nasagata Rogas, comprising five types. If left untreated in its early stages and combined with improper Ahara Vihara (diet and lifestyle), Dustapratishyaya progresses to a more complicated phase known as Rhinosinusitis or chronic Dustapratishyaya. Such conditions, often characterized by repeated attacks and antibiotic resistance, pose significant challenges in management.

Ayurvedic treatment modalities, notably Nasya Karma and localized therapies, have shown efficacy in addressing Dustapratishyaya. A case study of a patient presenting with severe nasal discharge, sneezing, allergic manifestations, and sinusitis recurrent over six years, highlights the successful outcome of Ayurvedic intervention.

This abstract underscore the importance of Ayurvedic approaches in managing Dustapratishyaya and related conditions, offering promising insights into effective and holistic treatment strategies for Rhinosinusitis and allergic rhinitis.

Keywords: pratishyay, rhinitis, nasykarma

#### **INTRODUCTION**

Rhinosinusitis is an inflammation of nose and paranasal air sinuses. Its common causes include viral, bacterial and allergic. Patients who have complete recovery between the episodes of rhinosinusitis, which lasts for more than 7 days, are considered tohave recurrent rhinosinusitis. Acute inflammation of nasal mucosa causes hyperemia, exudation of fluid, outpouring of polymorphonuclear cells and increasedactivity of serous and mucuos glands. The exudate which is serous in beginning, becomes mucopurulent and causes destruction of mucosal lining. Failure of ostium to drain pus results in empyema of the sinuswith destruction of its bony walls. The reasonable strategy for many patients is to treat symptomatically and recommend antibiotics only if symptoms do not begin to improve. When the body is exposed to a perceived threat, the mast cells secrete chemical mediators, such as histamine, interlukins, prostaglandins These etc. chemical messengers produce both like inflammation, increased mucous production, congestion, sneezing. local and systemic effects In this paper a case report of a 38 year old male patient with complaints of severe nasal discharge, sinusitis and allergic manifestations along with other associated symptoms was taken for the study. The patient's condition was attributed to Dustapratishyaya due to its prolonged nature and the presence of symptoms such as watery nasal discharge (Puyopamasrava), alternating moist and dry sensations in the nose (Punaschapraklinnanasa and Punaschaparisushyathi), and reduced perception of smell (Gandhannavethi). To address Dustapratishyaya, the patient was recommended treatments including Nasya (nasal administration of medicated oils), Bidalaka (application of herbal pastes to the forehead), Seka (local application of medicated liquids), and Sthanika Lepa (local application of medicated pastes on sinuses), along with Dhumapana (therapeutic inhalation). Upon analyzing the etiology and progression of the disease, therapeutic measures aimed at enhancing digestion (Deepana), improving metabolism (Pachana), cleansing the channels (Lekhana), and pacifying aggravated Vata and Kapha doshas (Vata Kaphahara, Srotoshodhaka) were recommended. The patient exhibited noticeable improvement in their condition following these interventions.

1

#### Volume 10 Issue 2

As per Ayurveda the major causes of disease are as follows:

- Mandagni (low digestive power).
- Kapha vruddhi (aggravation of Kapha dosha).
- Allergens (pollen, dust, gases and chemical, etc.)
- Exposure to excessive diversified climatic condition.
- Virudh aahara (consumption of incompatible foods).
- Adverse effects of medicines and presence of other diseases.

Ayurveda described various stages of Pratishyaya based on the progression and intensity of disease; Amavastha and Pakwavastha. Amavastha stage associated with symptoms of Aruchi, Nasa srava, Vaktra virasam, Rooja, Kshavathu, Jwara and Shirogurutwama, etc. The Pakwavastha stage of Pratishyaya possess symptoms like; Shirolaghuta, Nasalaghuta and Ghanapinkaphatwa, etc. Ayurveda classics also elaborated some types of Pratishaya based on the involvement of predominant

## Purva Roopa (Prodromal symptoms)

Acharya Sushruta, Madhava, and Bhavprakasha mention prodromal symptoms such as,

- 1. Shirogurutvam (Heaviness of head)
- 2. Kshvathupravartanam (Sneezing)
- 3. Angamarda (Bodyache)
- 4. Parihristaromta (Horripilation)

#### Roopa (Signs and symptoms)

If no treatment is given at the prodromal stage, then signs and symptoms of the disease Pratishyaya are seen. Acharya Charaka has not mentioned prodromal signs; rather, he onlydescribed Roopa (Signs and symptoms). General signs and symptoms are described below.. According to Acharya Charaka

- 1. Ghranartitoda (Pricking pain in the nose)
- 2. Kshavathu (Sneezing)
- 3. Jalabhsrava (Watery discharge)
- 4. Swarabheda (Hoarseness of voice)
- 5. Shirashoola (Headache)
- According to Acharya Sushruta, Madhava Nidana, and Bhava Mishra
- 1. Anaddhapihitanasa (Nasal obstruction with stiffness)
- 2. Tanusravapravartini (Thin nasal discharge)
- 3. Galtalvoshathshosha (Dryness of throat, palate, and lips)
- 4. Shankh nistoda (Pricking pain in the head region)

## Samprapti of Dustapratishyaya:

Sanchaya (Accumulation Stage):

In the initial stage, there is an accumulation of aggravating factors such as improper diet, lifestyle, exposure to pollutants, and allergens. These factors disturb the balance of doshas, particularly Vata and Kapha, leading to their accumulation in the nasal passages.

Prakopa (Aggravation Stage):

Due to the continued accumulation of aggravating factors, Vata and Kapha doshas become aggravated. The aggravated doshas disrupt the normal functions of the nasal passages, leading to inflammation, congestion, and irritation.

Prasara (Spread Stage):

The aggravated doshas spread deeper into the nasal tissues and sinuses, causing further inflammation and obstruction.

This stage is characterized by the manifestation of symptoms such as nasal congestion, watery discharge, sneezing, and reduced sense of smell.

2

Sthana Samshraya (Localization Stage):

In this stage, the aggravated doshas localize in the nasal passages and sinuses, leading to the chronicity of the condition. The tissues of the nose and sinuses become inflamed and congested, resulting in persistent symptoms and discomfort.

Vyakti (Manifestation Stage):

The chronic accumulation and aggravation of doshas result in the manifestation of Dustapratishyaya.Symptoms such as recurrent nasal discharge, alternating dryness and moisture in the nose, reduced sense of smell, and sinusitis become prominent.

Bheda (Complication Stage):

If left untreated or improperly managed, Dustapratishyaya can lead to complications such as chronic sinusitis, nasal polyps, and respiratory infections. These complications further exacerbate the symptoms and impact the quality of life of the individual.

Suggested treatment of Dushta Pratishyaya:

1. Samanya Chikitsa Ama Peenasa Chikitsa, uses of Langhana, Deepana and Pachana drugs.

Pakwa Peenasa Chikitsa: Shirovirechana, Dhoompana, Vamana, Snepana, Asthapana and Virechana, etc.
Shaman Aushadha: Chitraka Hareetaki, Sarpiguda, Panchamula Siddha Ghrita, Vyoshadi Churna, Shadanga Yusha, Nasya of Pathadi and Shadbindu Taila, etc.

The detoxification measures of Panchakarma like Vamana followed by Virechana can be used in chronic adversity of disease. Panchakarma therapy helps to removes accumulated Ama and establishes balance of Tridoshas. Nasya therapy is advises for acute relief, in this regards herbal oils such as; Anu taila and Shadbindu Taila can be administered through nasal route. This therapy clears channels, removes obstruction of nasal passage; relief symptoms of heaviness and headache. Ayurvedic medicines like Neem and turmeric can be used to increase immune power and anti-inflammatory actions. Ayurveda formulations like Chavikasavam and Mahalaxmi Vilas Rasa used to cure symptoms of allergy and fever. These drugs also enhance disease resistance power against common cough and cold. Narada lakshmi vilas rasa, Tribhuvan kirti rasa, Anand bhairavarasa, Abhraka bhasma, Shringarabharaka rasa, Sitopaladi choorna and Marichayadi yoga, etc. are suggested for relieving conditions of respiratory distress. These all drugs improve respiratory immunity and strength of upper respiratory tract. It is advises to keep cloves, black peppers and other medicines always with patients susceptible for acute attack of respiratory distress. Nilgiri and mint oil can be rubbed on chest, this gives fomentation thus relieves intensity of acute allergic attack. Cloves, black peppers and other expectorant medicines can be used for patients susceptible to the acute attack of respiratory distress.

## Discussion

As per Ayurveda, Agnimandhya (Low digestive fire) is the root cause of the development of any disease. It produces Ama (toxins) in the body, which causes blockage of channels, vitiates Doshas, and produces disease. Causative factors of Pratishyaya, like intake of heavy diet, cold food items, indigestion, daytime sleep, exposure to cold, and suppression of natural urges, cause disturbance of Agni (digestive fire). Hence, avoidance of all the mentioned causative factors is necessary to prevent Agnimandhya. As per Ayurvedaliterature, cold water exposure or immersion in cold water causes Pratishyaya. One previous study found that cold waterimmersion of the hand and forearm causes nasal obstruction. Rhinitis can be due to allergies or infectious agents like viruses or bacteria. Vata predominant Pratishyaya is correlated with allergic rhinitis. Ayurveda says that ingesting heavy food items can produce symptoms of Pratishyaya. It is proven that some food items like eggs, milk, cereal mix, cashew nut, and peanuts are potent allergens, and their intake induces an allergic response in the body and produces symptoms of rhinitis. Exposure to a draft of air, smoke, or dust can produce allergic reactions in the body. In one of the previous studies, it was shown that traffic airpollution is a risk factor for pediatric airway diseases. As per ayurveda classics, indigestion is one of the causative factors for Pratishyaya, and it is scientifically proved that gastritis and Gastroesophageal reflux disease (GERD) is strongly associated with non-allergic nasal disorders. In one previousstudy, it was found that oesophageal stimulation with normal saline and HCL increased nasal mucus production; it was due neural reflex between the esophagus and paranasalsinuses. Symptoms of Pitta and Kapha predominant Pratishyaya mimics Infectious Rhinitis due to occurrence offever, nasal congestion, heaviness in the body and nasal obstruction with thick discharge. Infectious rhinitis arespread by

3

4

droplets and considered as airborne infection. As per Ayurveda classics, symptoms of Pranavaha Srotas(Respiratory channel) and airborne infectious disease arequite similar.Langhana helps in the correction of Agni andvitiated Doshas. It is scientifically proven that fasting promotes the mechanism of autophagy and helps in theprevention and treatment of various chronic diseases. intake of a hot and liquid diet is prescribed in treating Pratishyaya. Intake of hot liquids and chicken soup by a sip orstraw increases nasal mucus velocity, It is superior to cold liquids in managing upper respiratory tractinfections.Swedana is indicated in Pratishyaya. Steaminhalation has proven to improve nasal obstruction inrhinitis. Shamana includes medicines having Katu (Pungent)and Ushna (hot) properties, which alleviate Vata and Kapha.Herbs like Aristolochiabracteata Retz, Curcuma longa, Alliumsativum L, and Embeliaribes Burm. f. were found effective against the influenza virus.Herbs like Piper longum,Ocimumtenuiflorum, Solanum xanthocarpum, Azadirachta indica, Aloe vera, and Tinospora cordifolia were proven as safe antiallergic agents.Shodhana involves local as well assystemic purification therapies. Dhoompana is effective in theacute stage, and Nasya is effective in chronic and recurrent Rhinitis. In chronic and recurrent Rhinitis, systemic purification like Vamana and Virechana are is indicated as perthe involvement of Doshas. Acharya Kashyapa has given the concept of vitiated breast milk which can cause Agnimandhyain the child and cause Pratishyaya. A neonate consuming bothbreast milk and bottled milk may develop Rhinitis due tounhygienic conditions, indigestion, and lack of propernutrients from mother's milk which causes vitiation ofDoshas. Frequent and improper sleeping can cause vitiation of Vata and Kapha, which may cause Pratishyaya. Due toexcessive intake of junk food items, unawareness regardinghealth and hygiene, and exposure to the environment and infectious agents, school-going children are more prone to recurrent upper respiratory tract infections.Nidanaparivarjana should be done initially in the Pediatric population.Herbal decoctions, powders, and tablets are prescribed inAyurveda to combat the disease, but these are quite difficultto administer in children. Local nasal instillation of medicineslike Nasya and Dhoopana can be given to the children forquick relief. Nasya is effective but is not indicated for childrenbelow 7 years of age. So, Dhoopana can be adopted.Dhoopanadravyas are volatile and aromatic and work by theirantimicrobial, antioxidant, and anti-inflammatory properties.As per Kashyapa Samhita, various comorbidities areassociated with Pratishyaya which, including eye diseases, oralcavity, head diseases, putrefaction, and bad odor or loss of smell from the nose. Due to the functional and anatomicallinks between the nose, eyes, nasopharynx, paranasal sinuses, middle ear, and larynx, the infection may spread from thenose to other adjacent parts. It can lead to variouscomorbidities like effusion of the middle ear, eustachian tubedysfunction, headache, conjunctivitis, middle ear effusion, eustachian tube dysfunction, hyposmia, or anosmia

Conclusion

Dustapratishyaya, or chronic rhinitis, poses a significant health concern due to its prolonged and recurrent nature. The condition, often exacerbated by environmental pollutants, allergens, and improper lifestyle habits, can lead to persistent nasal congestion, discharge, and sinus discomfort.

Effective management of Dustapratishyaya involves a comprehensive approach that addresses the underlying doshic imbalances and aims to alleviate symptoms while preventing recurrence and complications. Ayurvedic interventions, including Nasya Karma, Bidalaka, Seka, Sthanika Lepa, and Dhumapana, offer promising results in managing the condition by pacifying aggravated Vata and Kapha doshas, improving digestion and metabolism, and cleansing the nasal passages.Furthermore, understanding the Samprapti (pathogenesis) of Dustapratishyaya underscores the importance of early intervention and holistic treatment strategies aimed at restoring balance to the body and promoting overall health and well-being.

In conclusion, through a combination of Ayurvedic therapies, lifestyle modifications, and dietary changes, individuals afflicted with Dustapratishyaya can find relief from their symptoms and experience improved quality of life. However, it is essential to consult with qualified Ayurvedic practitioners for personalized treatment plans and long-term management of this chronic condition.

#### **REFERENCES**

- 1.Vagbhatta. Ashtanga Hridaya Sarvanga Sundaricommentary by Arunadatta, Choukshambha KrishnaDas academy, Varanasi. Uttara Sthana. 2000:19/3-12.
- 2. Chakrapani. Chakradatta. 4th eChowkhambaSanskritaSansthan. Varanasi; 2002. p.59/

- 3. Sushrut. Sushruta Samhita, edited withAyurvedatatvasandeepika Hindi commentary by ShastriKavirajAmbikaDutta. Varanasi India:Chaukhambha Sanskrit sansthan; part 1; 2014.Uttartantra chapter 24:18-20.
- 4. Vagbhata. Brahmanand Tripathi, Asthangahridaya. NewDelhi: Choukambha Sanskrit Sansthan [reprint]; 2003.Uttarasthana. 20th chapter, verse1th- 4th P.N.1018.
- 5. Pandurang K, Satyajit K, Kamble S, Damor MalsinhKK. Nasal drug delivery in Ayurveda: A narrativereview. J Pharm Neg Results. 2022;13 | Special Issue 5 1372-1377.
- 6. Amisha P, Vaghela DB. A systemic review ofDushtaPratishyayaw.s.r to Chronic Sinusitis. World JPharm Res. 2018;7(9):285-92.
- 7. Patankar LH, More M, Sonawane DR, Kanabar A.Clinical study of shaman Dhoompan in cigarettesmokers with peak expiratory flow rate. World JPharm Res. 2021;10(11):1359-74.
- 8. Dhumapana: A Procedure of Dincharya' IRJAY[online]. Vol. 4(8). p. 166-71; 2021.
- 9. Sushruta. Sushruta Samhita Dalhana commentarynibandhasangraha.Chowkhambha orientalia Varanasi,2002, Uttara Tantra 24/25-41 21.
- 10. Vagbhatta. Ashtanga Hridaya, Sarvanga Sundaricommentary Arunadatta, Choukhambha Krishna Dasacademy, Varanasi. Uttara Sthana. 2000:20/9-14.
- 11. Kashyapa KS Edited by Shri Satyapal Bhishagacharyawith Hindi Commentary Vidyotini. Reprint ed,Chaukhamba Sanskrit Series. Varanasi, 2015.ChikitsaSthana, Pratishyayachikitsadhyaya, verse No.12, Page No.193-195.
- Kashyapa KS Edited by Shri Satyapal Bhishagacharya with Hindi Commentary Vidyotini. Reprint ed,Chaukhamba Sanskrit Series. Varanasi, 2015. SutraSthana, Vedana adhyaya, verse 37-38, Page No. 53.
- 14. Kashyapa KS Edited by Shri Satyapal Bhishagacharya with Hindi Commentary Vidyotini. Reprint ed,Chaukhamba Sanskrit Series. Varanasi, 2015. SiddhiSthana, Nastahkarmiya siddhi adhyaya, Page no. 240.
- 15. Rathi R, Rathi B. Efficacy of Suvarnaprashan in preterminfants- A Comparative Pilot study. Joinsysmed.2017;5(2), pp-91-97.
- 16. Renu R, Bharat R. COVID-19 pandemic and preventive footsteps. Int J Ayu Pharm Chem.2020;12(3), Pages no 100-106.
- 17. Wilde AD. The effect of cold-water immersion on thenasal mucosa. Clin Otolaryngol Allied Sci. 1999Sep;24(5):411-3. doi: 10.1046/j.1365-2273.1999.00275.x. PMID 10542920.
- 18. Al-Rabia MW. Food-induced immunoglobulin Emediatedallergic Rhinitis. J Microsc Ultrastruct. 2016Apr-Jun;4(2):69-75. doi: 10.1016/j.jmau.2015.11.004.PMID 30023212, PMCID PMC6014210.
- 19. Hasunuma H, Sato T, Iwata T, Kohno Y, NittaH, Odajima H, et al. Association between trafficrelatedair pollution and asthma in preschool children