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Role of Ayurvedic treatment modalities in the management of *Dusta Pratishyaya* w.s.r. to Rhinosinusitis

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ABSTRACT

Nose is considered as the gateway of head according to Ayurveda and medicine instilled through the nose provides strength to the structures above neck. Nose being exposed more to the external environment gives rise to various infectious and allergic manifestations. In present era, global warming, industrialization and urbanization had paved the way to various health issues and Rhinitis or *Pratishyaya* being common among them. Increased pollution, exposure to dust and smoke, seasonal changes, exposure to allergens, changing lifestyle, improper food habits are the causes of Rhinitis or *Pratishyaya*. Ayurveda has explained the disease *Pratishyaya* under *Nasagata Rogas* and has classified it into five types, *Dustapratishyaya* being one among them. If the disease *Pratishyaya* is not treated properly in early stage and improper *Ahara Vihara* is continued to be taken, it leads to the more complicated stage of the disease named as *Dustapratishyaya*. Improper management causing repeated attacks, resistance to antibiotics leads the disease to chronic phase called Rhinosinusitis or *Dustapratishyaya*. Most cases of Rhinosinusitis are caused by allergies or infection. Ayurveda treatment modalities especially *Nasya Karma* and other local treatment procedures are found effective in treating such cases of *Dustapratishyaya*. One such case was reported with the symptoms of severe nasal discharge, sneezing, allergic manifestations and sinusitis which was recurrent since last 6 years and successful outcome was observed.

Key words: *Dustapratishyaya*, *Rhinosinusitis*, *Shodhana Nasya*, *Kriya Kalpas*, *Dhoomapana*.

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 to have recurrent rhinosinusitis. Acute inflammation of

nasal mucosa causes hyperemia, exudation of fluid, outpouring of polymorphonuclear cells and increased activity of serous and mucous 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 sinus with destruction of its bony walls.^[4]

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, interleukins, prostaglandins etc. These chemical messengers produce both local and systemic effects like inflammation, increased mucous production, congestion, sneezing. 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.

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The condition was correlated to *Dustapratishyaya* due to long standing nature of the disease and symptoms like *Puyopamasrava* from *Nasa* (watery discharge from nose), *Punaschapraklinnanasa* and *Punaschapolisushyathi* (nose gets moist and dry alternatively), *Gandhannavethi* (reduced perception of smell).

To manage the condition of *Dustapratishyaya*, *Nasya*, *Bidalaka*, *Seka*, *Sthanika Lepa* on sinuses, *Dhumapana* were advised owing to its actions. Analysing the *Nidana*, *Samprapti* of the disease, *Deepana*, *Pachana*, *Lekhana*, *Vata Kaphahara*, *Srotoshodhaka* treatment was advised and improvement in the patient condition was appreciated.

MATERIALS AND METHODS

Case Report

A moderately built male patient aged about 38 years presented to the Shalakya Tantra OPD of SKAMCH & RC with chief complaints of watery nasal discharge, continuous sneezing, itching in eye, nose and throat since 6 months. He is having recurrent episodes of this attack for twice or thrice a year since 6 years.

Complaint History

The patient was not having any of these complaints before 6 years. Six month before patient started developing itching of eyes, nose, ear and throat, headache and continuous sneezing episodes followed by watery nasal discharge which later became purulent and nasal blockage with difficulty in breathing. The symptoms get aggravated during night time and after waking up in morning. He is having recurrent episodes of this attack for twice or thrice a year which lasts for 3 to 4 weeks for 6 years. There were recurrent attacks during cold seasons and on exposure to dust.

Occupational History

The patient was army personnel and was working in snow fall areas for 8 years. During the time of snowfall and cold seasons he had severe presentations of the disease. Continuous nasal

discharge persisting for more than four weeks and itching in face, eyes and throat was present.

Treatment History

Two years before patient had taken allopathic treatment but found only symptomatic relief for few days. He also had undergone Homeopathic treatment for 6 months but no marked difference was noted. Since there was no relief in complaints and patient wanted to seek an alternative approach, he came to SKAMCH and RC, Bengaluru.

CLINICAL FINDINGS

Examination of nose

- Nasal mucosa - Pale
- Inferior Turbinates - Hypertrophied
- Septum - slightly deviated to left

Functional examination of nose

- Patency - Cotton wool test - both nostrils patent
- Sense of smell - reduced

Examination of paranasal sinuses

- Tenderness - in bilateral maxillary, frontal, ethmoidal sinuses.

CT Paranasal Sinuses

- Bilateral Frontal, Ethmoidal, Maxillary and left sphenoid sinusitis.
- Right concha bullosa with conchal edema.
- Turbinates are hypertrophied.
- Hypertrophy / nasal mucosal polyposis.
- Mild Deviated nasal septum to left.

Lab Investigations

- Immunoglobulin - E - 160.10 IU/ml

Ocular Examination

On slit lamp bio microscopy

- Right lower palpebral conjunctiva - Papillae, Follicles present

- Left lower palpebral conjunctiva - Papillae, Follicles present

Congestion of vessels seen

Probable Nidana

Aharaja: Vishamashana, Kaphavataprakopakaahara.

Viharaja: Raja Dhumasevana, Vega Sandharana, Rituvaishmya, Prajagarana and Diwaswapna.

Probable Samprapti

Due to the Nidana Sevana there is Vatadidoshakopa which accumulates in the Shiras and then combines with Rakta, takes Sthanasamsraya in Nasa causing Pratishyaya.

According to Dalhana, Pranavayu which circulates in Mukha, Pitta settled in Twacha and Dristi, Tarpakakapha in Shiras and Rakta circulates all over the body these again vitiated by aggravated Doshas and causes Pratishyaya.^[1] Pratishyaya when left untreated for long time leads to Dustapratishyaya.

The disease is considered as Kruchrasadya or Yapyia according to Ayurvedic classics.

Probable Samprapti Ghatakas

Dosha	Vata Kapha Pradhana Tridosha
Dushya	Rasa, Rakta
Agni	Dhatvagnimandya
Srotas	Pranavaha , Rasavaha, Raktavaha
Sroto Dusti	Sanga, Atipravarthi, Vimargagamana
Udhabhava Sthana	Amashaya
Vyaktasthana	Nasa
Adhistana	Shiras, Nasa
Sancharasthana	Shiras
Sadya Asadyata	Kruchrasadhya or Yapyia

Treatment Course

The patient was admitted in the hospital for about one and half month and further internal medications was continued in follow up on OPD basis.

Shodhana Nasya (15/6/18 - 21/6/18)

- Gudanagara Nasya 8 drops each nostril for 7 days.
- Mukhaabhyanga with Moorchithathaila

Kriyakalpa (16/6/18 - 6/7/18)

- Bidalaka with Triphala and Yastimadhu Choorna
- Seka with Eranda, Triphala, Lodhra

Sthanika Chikitsa (16/6/18 – 6/7/18)

- Sthanikalepa with Maricha, Rasna, Kachoor, Shunti, Nimbuswarasa
- Lajjasakthu, Haridra, Eladhoomapana
- Sthanikaabhyanga, Patrapindasweda with Nirgunditaila, Karnadhupana with Haridra.
- Thalam with Rasna, Kachoor, wheat flour
- Kavala with Triphala Kashaya
- Jaloukacharana on left outer canthus on 3/7/18

Shamana Aushadhis

After Shodhana

- Dashamoolakatutraya Kashaya - 3tsp - 0 - 3tsp with 6 tsp of warm water (b/f)
- Naradeeyalaxmivilasa Rasa - 1 - 0 - 1
- Ophthacare drops 1-1-1- 1drop to each eye

After first follow up (After 15 days)

- Balajeerakadi Kashaya - 3tsp - 0 - 3tsp with 6 tsp of warm water (b/f)
- Sinol drops 4 - 4 drops to each nostril
- T.A - fluo-cil Forte 1-0-1 (a/f)
- Haridra Khanda - 0 - 0 - 1 tsp at night with milk (a/f)

After second follow up (After 30 days)

- *Dashamoolakatutraya Kashaya* - 3tsp - 0 - 3tsp with 6 tsp of warm water (b/f)
- *Chitraka Haritaki Lehya* - 1tsp in morning (b/f)
- Sinol drops 4 - 4 drops to each nostril
- T.A-fluo-cil Forte 1-0-1 (a/f)

After third follow up (After 45 days)

- *Chitraka Haritaki Lehya* - 1 tsp in morning (b/f)
- *Naradeeyalaxmivilasa Rasa* - 1- 0 - 1 (a/f)
- *Vyagradi Kwatha* - 0 - 0 -3 tsp with 6 tsp of warm water (b/f)
- Ophthacare drops 1 - 1 -1 - 1drop to each eye
- Cap step 2 - 0 - 2 (a/f)

Treatment Protocol

Treatment	Medicines	Duration	Justification
<i>Shodhana Nasya</i>	<i>Guda and Nagara</i>	7 days	<i>Lekhana, Graahi, Srotoshodhana.</i>
<i>Bidalaka</i>	<i>Triphala, Yastimadhuchoorna</i>	20 days	<i>Bidalaka reduces Kandu, Garsha, Raga. Yastimadhu alleviates Vata and Pitta Dosha and act as Srotoshodaka.</i>
<i>Seka</i>	<i>Eranda, Triphala, Lodhra</i>	20 days	<i>Eranda is Kaphavatashamaka and have Sukshmaguna which enters Srotases. Lodhra is Vatapittahara and Raktaprasadana</i>

			<i>Triphala is Tridosahara and act as Chakshuya.</i>
<i>Sthanikalepa</i>	<i>Maricha, Rasna, Kachoor, Shunti, Nimbuswarasa</i>	20 days	<i>Kaphavilayana, Vatakaphahara [3]</i>
<i>Dhoomapana</i>	<i>Lajjasakthu, Haridra, Ela</i>	20 days	<i>Shrotoshodhana, Kandughana, Krimihara</i>
<i>Kavala</i>	<i>Triphalakashaya</i>	20 days	<i>Kanduhara, Tridoshashamaka</i>
<i>Sthanika Abhyanga, Patrapinda Sweda, Karnadhupana</i>	<i>Nirgunditaila, Haridra</i>	20 days	<i>Krimihara, Kanduhara</i>
<i>Jaloukacharana</i>		1 day	<i>Raktashodaka, Shothahara</i>

Shamana Aushadhis

Medicines	Duration	Justification
<i>Dashamoolakatutraya Kashaya</i>	20 days	Pacifies <i>Vatakaphadosha</i> and reduces nasal discharge, <i>Deepana, Shothahara.</i>
<i>Balajeerakadi Kashaya</i>	15 days	Pacifies <i>Kaphadosha, Amapachana, Vata anulomana</i>
<i>Vyagradi Kashaya</i>	15 days	<i>Vatakaphahara, Deepana, Pachana, Shrotoshodaka</i>
<i>Naradeeya Laxmi Vilasa Rasa</i>	20 days	<i>Rasayana, Balya, Agni vardhaka</i>

<i>Chitraka Haritaki</i> <i>Lehya</i>	15 days	<i>Vatakaphahara,</i> <i>Aamapachaka,</i> <i>Rasayana,</i> <i>Vataanulomana.</i>
<i>Haridra Khanda</i>	15 days	<i>Vatakaphahara,</i> <i>Krimigha,</i> <i>Kandughna,</i> clears <i>Srotoavarodha</i>

Patient condition during the treatment course

SN	Phase	Symptoms
1.	After <i>Shodhana</i>	Nasal discharge, Headache reduced, itching in nose, throat persisted.
2.	After <i>Sthanika</i> <i>Chikitsa</i>	Itching in nose, ear and throat reduced, sneezing controlled.
3.	After First follow up	Relieved from nasal discharge completely.
4.	After Second follow up	Completely relieved from itching, Mild headache present.

DISCUSSION

Dustapratishyaya being a *Vatakaphajavyadhi*, treatment modalities aimed at alleviating *Vata* and *Kapha* and to break the pathogenesis of the disease by controlling *Vatadosha*. *Sodhana Nasya* was first adopted as it does the *Srotoshodhana*. Later, various *Kriyakalpas* like *Bidalaka*,^[7] *Seka* and other *Sthanika Chikitsas* were adopted for *Pachana*, *Lekhana Karma* and to cure various associated symptoms.

Dhumapana clears excessive secretion, does the disinfection of nasal mucosa and maintains the patency of nostrils. When the medicaments are ignited, will release volatile substances which pass through the nostrils and absorption of the medicine occurs.

Jaloukacharana helps in reducing the inflammation by improving blood circulation and reduces congestion by the action of enzymes like *Hirudin*,

carboxypeptidase - A inhibitor, *Destabilise*, *Calin*. The enzyme *Acetylcholine* causes vasodilatation and increases blood circulation. *Tryptase inhibitor* inhibits proteolytic enzymes of host mast cells. Mast cell *Tryptases* are serine proteases in cell granules and their release causes inflammatory reactions.

The oral medications selected in this study aimed at alleviating *Ama*, to do *Agni Vardhana*, *Vataanulomana*, *Rasayana* action. Various drugs used for the treatment like *Triphala*, *Yastimadhu* etc. are having anti inflammatory, immunomodulatory, antioxidant properties which aids to the cure of the disease. *Haridra* is proved to have antihistamine property that controls the symptoms produced by histamine which is released when allergen is inhaled. The anti oxidant property of *Haridra* scavenges free radicals and enhances body's immunity against allergies and diseases. The active components of ginger comprises of gingerols and shagols which have the anti inflammatory and analgesic properties. *Triphala* posses antibacterial properties and act as a good immunomodulator as it contains flavonoids, alkaloids, tannines, saponines etc.

CONCLUSION

Dustapratishyaya is one of the major diseases of the present era which is induced due to inevitable pollution, sedentary lifestyle and climate variations.^[5] The reasonable strategy in treating rhinosinusitis is to treat symptomatically and to recommend antibiotics only if symptoms do not begin to improve. Increased resistance to antibiotics and less immunity in these days had lead to the recurrent attacks of the disease. Ayurveda has its own treatment modalities and *Rasayana* therapies to increase the immune power of the body and thus avoiding the recurrence of the disease. Early diagnosis and timely treatment along with proper *Pathya*, appropriate *Shamana Oushadhis* and avoiding *Nidana Sevana* will help in treating the disease and prevents its recurrence. If *Dustapratishyaya* is not treated timely it can lead to other secondary diseases like *Rajyakshma* or *Sosha* and may produce complications like *Badhira* and other *Nayanarogas*.^[6]

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