

# EPRA International Journal of Multidisciplinary Research (JIMR) - Peer Reviewed Journal

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# A CASE REPORT OF PATHADI TAILA MARSHA NASYA AND LAGHUSUTASHEKHARA RASA ON APEENASA-CHRONIC ALLERGIC RHINITIS

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#### ABSTRACT

28 Nasagata rogas stated in susruta Samhita . Among these Nasagata rogas features of Pootinasya, Dushtha Pratishyaya and Apeenasa are similar to the clinical features of Chronic Allergic Rhinitis (AR). Apeenasa is a condition in which vitiated vata and kapha causes aabadhha nasa associated with either shoshana or prakledana ,nasa dhoomayana and gandha and rasa ajnanatha with some clinical features of vatakaphaja pratishaya. This condition can be corelated to CHRONIC ALLERGIC RHINITIS.. In Ayurveda many treatments are being described for Urdhwajatrugata Rogas and for Nasagata rogas. Among them Nasya karma is the special line of treatment for urdhwajatruvikara. The complete procedure of Nasya includes Poorva Karma (Snehana and Swedana), doshas are mobilised and vasodilation occurs which helps to eliminate doshas and provides better channel for absorption of the Oushadhi, In Pradhana Karma doshas are elimintaed. Kavala as Paschat Karma eliminates the remaining Doshas and better absorption of the medicine which ultimately reduces the symptom of disease. A clinical observation has shown effective result in the treatment of Chronic Allergic Rhinitis with Pathadi marsha Taila Nasya and Lahusutashekhara Rasa. A case report of a male patient, aged 35 years with complain of nasal obstruction, foul smell from nose, heaviness of head, nasal discharge, continuous sneezing and generalised weakness has been presented here.

KEYWORDS: Apeenasa, chronic Allergic Rhinitis, Pathadi Taila Nasya, dhoomapana

## INTRODUCTION

Chronic Allergic Rhinitis is an acute IgE mediated type 1 hypersensitivity reaction of nasal mucosa in response to antigenic substance [allergen]associated with episodic attacks of sneezing ,watery rhinorrhea and watering of eyes.Patient may also present with lightness of chest due to sub clinical. This condition can be correlated with Apeenasa which is explained under Nasagata Roga with characteristic features like nasal obstruction, running nose, Dryness of nose, anosmia, and loss of taste. The treatment modalities include attention to general hygiene ,nasal irrigations with alkaline solution help to keep nose free from viscid secretions and remove superficial infection, nasal decongestants to relieve nasal obstruction and improve sinus ventilation. Ayurvedic treatment like Sodhana Nasya, Dhoomapana and Rasayana. "Nasa hi Siraso Dwaram Tena Tadvyapya Hanti Taana"2. Hence pathadi Taila marsha nasya and laghu sutashekhara rasa internally was selected for this study.

Case Report: A 35 Years male with mucopurulent nasal discharge, heaviness of headache, continuous snezzing in early morning, generalised weakness, nasal obstruction came for consultation in our opd

Past History: Patient took antibiotics, antiallergics, nasal decongestants, systemic steriods; got symptomatic relief but the symptoms reoccur again.

Patient were treated with pathadi Taila marsha Nasya followed by Dhoomapana for 1week

The details of the procedure are shown below

Procedures Administered to the Patient:

Poorva Karma	Mukha Abhyanga, Swedana
Pradhana Karma	Instilled 12 drops of pathadi Taila in each
	nostril
Paschat Karma	Dhoomapana and kavala

Laghusutashekhara rasa 1BD before food with luke warm water for 30 days. Advised to follow the Pathyapathya like laghu ahara ,avoid sheetaambupana ,atyambupana,atiswapna, sirasnana ,dadhi at night

Treatment duration: marsha nasya with pathadi taila followed by dhoomapana for 7 days total 30 days treatment.

#### RESULT

First sitting: The patient got mild reduction in nasal obstruction and episode of sneezing.



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Second sitting: Patient feels better, nasal obstruction reduced markedly. Heaviness of head were absent and no fresh complaints were observed. Perception<sup>1</sup> of smell was quiet good. Third sitting: Patient got marked improvement and comfortable

#### DISCUSSION

Allergic rhinitis is an atopic disease presenting with symptoms of sneezing, nasal congestion , clear rhinorrhea, and nasal pruritis<sup>1</sup>. The etiological factors comes under two headings<sup>1</sup> precipitating factor and predisposping factor. Precipitating factor includes aerobiological flora and nasal physiology whereas predisposing factor includes age ,sex, industrialization and urbanization ,genetic predisposition, focal sensitivity ,IgAdeficiency ,psychological factor living conditionsenvironmental factors.

Pathogenesis<sup>1</sup>

1. Primary response which is also called 'priming'. after initial exposureto the allergen [antigen],in genetically predisposed individual, specific antibody is produced which gets fixed to the mast cells and basophils . This sentitizes the nasal mucosa. Allergic challenge occurs in less than 24hrs and the reversal starts 48 hrs after .It is mainly mediate by histamine.

2.Local phenomenon occurs in response too the chemical mediators leading to mucosal oedema associated with sneezing. 3.It occurs due to non specific stimuli like pollutants ,salicyclates,cold weather ,air conditioning ,etc .this can initiate a response similar to priming and can precipitate symptoms.

## Clinical Features IncludesSymptoms<sup>1</sup>

The symptoms may be seasonal or perennial. All symptoms are simply a manifestation of the bodys defense mechanism to the allergen.

Classical:mainly seen in seasonal allergic rhinitis .this include paroxysmal allergic rhinitis. This includes paroxysmal bouts of sneezing, watery rhinorrhea and nasal obstruction with itching of the nose on exposure to known or unknown allergen .this may be associated by non nasal manifestation like watering and itching of the eyes, itching of the palate and skin and in some it may be associated with bronchospasm, which may be subclinical .patient may complain of hyposmia or anosmia depending on the severity of the disease.

In perennial allergy the symptoms are less severe and may present as recurrent cold or nasal stuffiness with sneezing and watery rhinnorrhea.

## Signs

- Pale bluish edematous nasal mucosa
- Bulky edematous turbinates with bluish/purplish tinge of the mucosa
- Mucosa coated with clear/mucoid secretions
- In advanced cases the mucosa of the middle turbinate may be polypoidal and frank polyposis
- Septum may be thickened due to mucosal swelling

### **Treatment**

- Avoidance of allergen
- Pharmacotherapy

[a]anti histaminc

[b]steroids]

[c]sodium chromoglycate

[d]decongestant

[e]saline irrigation

Immunotherapy

The clinical feature of Apeenasa, Pootinasa and Dusthapratishyaya are related to the chronic allergic rhinitis. Apeenasa – dryness of nose, sticky nasal discharge, burning sensation in the nose, loss of smell and taste, Nasal obstruction, pale nasal mucosa

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Pootinasa- foul smell through the nasa and mukha. 5,6 mouth 7 Dusthapratishyaya- sometimes obstructed and sometimes open nose, sometimes wet and dry nose and the other symptom is the loss of smell sensation.8

The treatment of these Nasagata Rogas includes Snehana, Swedana, ubhaya shodana, Dhoomapana, and Nasya. Out of the above modalities the Tikshna Nasya with pathadi Taila, which is Kaphahara is selected along with laghu sutashekara rasa internally is chosen.

#### **Probable Mode of Action**

Deepana Pachana Oushadhi modulate the digestive power and morbid doshas pakwa state is rendered so later it can be expelled easily by nasya. Mukhaabhyanga-by this blood circulation is increased and mobilises the doshas from site of morbidity to elimination site Swedana -from the affected site it helps to eliminate dosas by marsha nasya. Sodhana Type of Nasya: doshas collected ain urdwanga are expelled out through nasa .By the drug property it gets absorbed in nasal mucosa and helps to remove doshas and it does santarpana of tissues and rejuvenates the nasal mucosa.

### Mode of action Nasva Drug

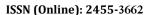
The pathadi Taila instilled in Nasal cavity shows two effects local effect and systemic effect. In local effect by irritating drugs stimulation of olfactory neurons, sneeze reflex occurs and expulsion of secretions from paranasal sinuses .In systemic effects absorption of nasya drugs ,stimulation of hypothalamus, release of certain neurochemical transmitters which inturn alleviates symptoms of disease

#### Paschat Karma

The dhumavarti helps to remove kapha after marsha nasva karma. Kavala causes vasodilation after Dhoomapana ,so remained dosas are expelled out and better absorption of medicines.

## **CONCLUSION**

Apeenasa is a disease which causes abaddha nasa associated with palness of nasal mucosa, nasal obstruction and heaviness of head, sneezing due to vitiated Vata and Kapha Dosha. By Nasya karma helps to eliminate of doshas ,reduce nasal obstruction and sneezing, reduction of foul smell of nose. The Dhoomapana completely reduces heaviness of head and laghusutashekhara rasa modulate the action of pathadi taila and dhumapana also eliminates the residual doshas. Thus this combination of the medicine can be taken for Apeenasa or chronic Allergic Rhinitis (AR).





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#### REFERENCES

- P.Hazarika ,Textbook of Ear ,Nose,Throat and Head and Neck Surgery ,third edition , CBS Publishers & distributors , p.317
- Dr.Brahmananda Tripathy Astanga Hridayam with Nirmala Hindi commentary published by Chaukhamba Sanskrit Pratishthan; Delhi; Reprint 2017, Sutra Sthan 20/1, P.244.
- Sashtri Ambika Dutta, Sushruta Samhita with Ayurvedatattva-sandipika Hindi commentary, Chaukhamba Sanskrit Sansthan; Varanasi; 2010, Uttar Sthan 22/6.
- Dr.Brahmananda Tripathy Astanga Hridayam with Nirmala Hindi commentary published by Chaukhamba Sanskrit Pratishthan; Delhi; Reprint 2017, Uttar Sthan 19/20-21.
- Sashtri Ambika Dutta, Sushruta Samhita with Ayurvedatattva-sandipika Hindi commentary, Chaukhamba Sanskrit Sansthan; Varanasi; 2010, Uttar Sthan 22/7.
- Dr.Brahmananda Tripathy Astanga Hridayam with Nirmala Hindi commentary published by Chaukhamba Sanskrit Pratishthan; Delhi; Reprint 2017, Uttar Sthan 19/23.
- Dr.Brahmananda Tripathy Astanga Hridayam with Nirmala Hindi commentary published by Chaukhamba Sanskrit Pratishthan; Delhi; Reprint 2017, Uttar Sthan 19/23.
- 8. Sashtri Ambika Dutta, Sushruta Samhita with Ayurvedatattva-sandipika Hindi commentary, Chaukhamba Sanskrit Sansthan; Varanasi; 2010, Uttar Sthan24/14-15.
- 9. Sashtri Ambika Dutta, Sushruta Samhita with Ayurvedatattva-sandipika Hindi commentary, Chaukhamba Sanskrit Sansthan; Varanasi; 2010, Uttar Sthan 23/3.