

AYURVEDIC REVIEW ARTICLE ON ANURJATAJANYA SHWAS WITH SPECIAL  
REFERENCE TO ALLERGIC ASTHMAJagdish Prasad Kumawat<sup>\*1</sup>, Deepika Dhabhai<sup>2</sup>, Surender Kumar Sharma<sup>3</sup> and Preeti Gavali<sup>4</sup><sup>1,2</sup>PG Scholar, Dept. of *Roga Nidana Evum Vikriti Vigyana* National Institute of Ayurveda, Jaipur.<sup>3</sup>Professor & HOD, Dept. of *Roga Nidana Evum Vikriti Vigyana* National Institute of Ayurveda, Jaipur.<sup>4</sup>Assistant Professor, Dept. of *Roga Nidana Evum Vikriti Vigyana* National Institute of Ayurveda, Jaipur.

\*Corresponding Author: Jagdish Prasad Kumawat

PG Scholar, Dept. of *Roga Nidana Evum Vikriti Vigyana* National Institute of Ayurveda, Jaipur.

Article Received on 27/12/2023

Article Revised on 17/01/2024

Article Accepted on 07/02/2024

## ABSTRACT

In Ayurveda, allergy is correlated with various concepts especially *Ama*, *Asatmya*, *Virudhahara*. Various Acharyas has explained various causes and symptoms having similarity with allergy. The main cause of allergy is *Ama* or toxins produced by low digestive fire. Different symptoms are produced at different levels. Production of *Ama* can vitiate *Rakta* & *Pitta* or it can vitiate *Kapha*, producing different symptoms. Immunity also plays important role in the production of allergy. All types of proteins either in animals or food origins can cause allergy. It was with this idea that an ancient, Indian literature was reviewed to find out the role of the constitution of human body in relation to allergy. According to Ayurveda, if the body balance is maintained no allergic reactions are possible. According to Ayurveda the body balance is basically based on the balance of *Tridoshas*. This paper gives an idea about the concept of allergy (*anurjata*) in Ayurveda from the views of various Samhita and Acharyas.

**KEYWORDS:** Allergy, *Ama*, *Asathmya*, *Anurjata*.

## INTRODUCTION

The National Heart, Lung, and Blood Institute defines asthma as a chronic inflammatory disorder. Many cells including mast cells, eosinophils, macrophages, neutrophils, T-lymphocytes, and epithelial cells contribute to the inflammation that occurs. The inflammation can lead to the symptoms of asthma that arise; such as shortness of breath, wheezing, coughing and chest tightness. Asthma is an obstructive airway disorder, limiting expiratory airflow. It is both acute and reversible and is characterized by obstruction of airflow due to inflammation, bronchospasm and increased airway secretions. Asthma is a disease that impacts all races, ages, sexes, and ethnic groups. It is estimated that 7% of Americans have asthma. Asthma and atopy have dramatically increased in westernized countries. Despite the high prevalence of disease there have been improved outcomes and fewer hospitalizations for asthma attacks. Asthma is characterized by episodic wheezing, hyperresponsiveness of airways to various stimuli and obstruction of airways. These symptoms may occur a few times a day or a few times a week, depending on the person. The National Asthma Education and Prevention Program Expert Panel guidelines for the management of asthma recommend that patients who require daily asthma medications have allergy testing for perennial indoor and outdoor allergens.

*Anurjata* (Allergy)

Regarding this there is no direct reference in Ayurveda but various *Nidanas* (causes) indicates the genesis of allergic diseases. While explaining hereditary disorders Acharya *Susruta* has mentioned that properties of *Doshas* are fixed at the time of fertilization. During pregnancy *Mithya ahar vihar* (improper lifestyle) can also causes hereditary disorders. This probably indicates placental transfer of antibodies (S.Su.24/6).

## Allergic bronchitis

Involves inflammation of the bronchi caused by an allergen, or something to which you are allergic. Airway irritants, such as pollen, dust, and mold, can trigger symptoms. Cigarette smoking almost always causes allergic bronchitis.

## Ayurvedic Concept of Asthma

The features of bronchial asthma is quite comparable with the disease "*tamak-swasa*" described in Ayurveda. In Fact *swasa* is a major clinical condition according to Ayurveda that includes classes & sub-classes in it, carries symptoms can closely resembles with chronic obstructive pulmonary disease situation. Ayurveda describes etiology & pathogenesis of all classes of *swasa* including *tamak-swasa* (bronchial asthma) almost similar with just little difference. However, the treatment

modalities described are specific with class to class & sub-class.<sup>[1]</sup>

### Etiology of bronchial asthma

The fundamental constituents that constitute living body & its total physiological aspects are considered as *vata*, *pitta* & *kapha* (collectively referred as dosha) and imbalance to their existing proportion is responsible for provoking any disease according to Ayurveda. So disease is regarded as just state of dosha imbalance. The disease then can manifest variably as symptoms, according to etiology & pathogenesis it follows. Thus two major considerations of illness origin are the dosha imbalance & specific pathogenesis they follow which results into specific symptom manifestation. On the other hand, factors produce dosha imbalance is diminution of those factors that balance dosha homeostatically. The factors which give way to specific pathogenesis followed by dosha is individual specificity depend on genetic make-up, widely known as *prakruti*. In bronchial asthma, dosha imbalance is caused by simultaneous aggravation of *kapha* & *vata*. The suggested set of factors may aggravate *kapha* & suggested set of factors may aggravate *vata* separately. But simultaneous aggravation of *vata* & *kapha* may be due to some specific causative factors which are described in Ayurveda texts, 1. Exposure to dust, smoke & wind constitute airborne pollen. 2. Residing in cold place. 3. Stress that may induced by exercise (particularly in cold climate) or by sexual intercourse. 4. Habitual intake of some edible oils. 5. Constipation associated with flatulence. 6. Dryness lower respiratory & upper G.I.T. region due to non-unctuous food. 7. Excess fasting or excess intake of food & agitated digestion resulted from it. 8. As a consequences of some disease.

### Pathogenesis of bronchial asthma

The specific causative factors responsible for the genesis of asthma may produce it by satisfying two conditions. Firstly, they should vitiate upper G.I.T. region, as a result from simultaneous aggravation of *kapha* and *vata* in upper G.I.T. & secondly they should produce obstruction to the different channel of circulation, which meant for nourishment, particularly to respiratory system. The pathogenesis occurs finally by two consequent steps. First, which responsible for development of predisposition of bronchial hyperresponsiveness & second which responsible for generation of acute exacerbation. Step-1: The *vata* present in respiratory region get aggravate due to aggravation of *kapha* & *vata* in upper G.I.T. region. According to classical terms, *vata* is a set of all inductees liable for catabolism, may beneficial or malicious depend upon condition either balanced (physiological) or unbalanced (pathological) respectively. Here aggravated *vata* may produce over catabolic state in respiratory region, particularly to bronchus parts. Simultaneously blockage of different channel of nourishment may have a role in induction of malnourishment to the tissues of respiratory systems, particularly bronchial epithelial. Finally it gives way to

critical, uncommon and undesirable adaptation of bronchial epithelial. Thus, aggravated *vata* (appear as a sign of damaged mucosa) prepare a ground for bronchial hyperresponsiveness, which can trigger acute exacerbation justified by consequence step. Step-2: When patient having bronchial hyperresponsiveness, if get higher aggravation of *vata* & *kapha* acute exacerbation can occur. Suggestive causative factors above described same as step-1 also became responsible for this high aggravation. This leads to excessive mucous production by damaged epithelium & bronchus constriction that end into acute exacerbation. The reoccurrence and severity of bronchial asthma then depend widely on exposure towards causative factors by subject. Status of terminal curability also decided on this exposure and aggravation according to Ayurveda.<sup>[2,3]</sup>

### Types of bronchial asthma

1. Allergic (extrinsic) 2. Nonallergic (intrinsic) asthma As it said that asthma and allergy go hand in hand, evaluation of serum IgE is important in bronchial asthma.

### Serum IgE

A strong association between total serum Immunoglobulin E (IgE) level and asthma phenotype was found in previous studies. An immunoglobulin E (IgE) test measures the level of IgE, a type of antibody. Immunoglobulin E (IgE) are antibodies produced by the immune system. If you have an allergy, your immune system overreacts to an allergen by producing antibodies called Immunoglobulin E (IgE).<sup>[4]</sup> These antibodies travel to cells that release chemicals, causing an allergic reaction.

### Serum IgE levels

Variations in the upper limit of normal total serum IgE have been reported: they can range from 150 to 1,000 UI/ml; but the usually accepted upper limit is between 150 and 300 UI/ml.<sup>[5]</sup> People who have elevated IgE levels can have environmental or food allergies. If you get a blood test and it shows that you have an elevated IgE that could mean you are an allergic patient. Having allergic asthma means allergens trigger your asthma symptoms. Allergens cause an allergic reaction because your immune system thinks they are harmful. Your immune system responds by releasing a substance called immunoglobulin.<sup>[6]</sup>

### Relation between *ama* and *Anurjata*

Toxins or *Ama* can form and accumulate in the body impairing its ability to neutralize foreign substances. One main cause of *Ama* is when the body is not able to properly digest food. Undigested food stuff is then stored in the tissues as toxic material. Poor elimination also contributes to *Ama* collection in the body. The formation of *Ama* is an important factor in the etiopathogenesis of allergic manifestation in the body. The impaired *Vatadi doshas* get *Sama*, a condition which exhibits symptomatology comparable to that of toxins. This *Ama visha* which is intensely toxic releases the histamine

more to mix with the Rasa, Rakta and circulates in the body in exhibiting the symptoms of allergy.<sup>[7]</sup>

#### Allergy and the concept of *Amavisha(Dushivisha)*

This is a most important and unique concept of Ayurveda which can be directly co-related with allergy. Acharya Sushruta-Sushruta has described is in *Kalpa sthanthat* when a person is afflicted by an artificial or natural toxins, he is treated with an antitoxic treatments in some cases a complete elimination of these toxins from body is not possible. They may remain in a dormant state for quiet long period.<sup>[8]</sup> Acharya Charaka-Charak explains that intake of toxic drugs which are less potent (*Hina veerya*) remains in a dormant state within the body for years together, without causing any harm to the body. It remains in the latent stage due to covering *Avrita* of *Kapha dhatu dushti*.<sup>[9]</sup> Chakrapani has commented upon this statement of Acharya Charaka, that "Dushivisha" vitiates the Dhatus after the lapse of a long time on obtaining favorable conditions.<sup>[10]</sup> Explaining further Sushruta has mentioned that "when causative factors like Desha(place), Kala(time), Anna(diet) and *Divaswapna* (day sleep) are favorable for *Dushivisha*, it will become more potent vitiating Dhatus leading to the manifestations of a disease."<sup>[11]</sup> Allergic diseases described in Ayurveda are as follows Acharya *charaka* – *Charaka* has mentioned following diseases caused due to *Dushivisha* – *Shonit dushti*, *Kitibha*, *Kotha*,<sup>[12]</sup> Acharya *Sushruta-Sushruta* has mentioned following disorders caused due to *Dushivisha-Avipaka*, *Arochaka*, *Kotha*, *Mandal*, *Shotha*, *Vamana*, *Atisara*, *Trishna* etc. Many of the diseases mentioned above has allergy as one of the causative factor.<sup>[13]</sup>

#### CONCLUSION

*Anurajatajanya* disease is one of the most prevalent life style disorder diseases in the current era of modernization and urbanization. 63.1% of the total registered *anurjata* patients were having more than 4 clinical features of ama. In these 63.1% of the total *anurjata* patients, four cardinal clinical features of ama were found predominantly. These features are *srotorodha*, *balabhramsha*, *apakti* and *alasya*. Other clinical feature of ama can be included directly or indirectly into these four features. Thus, it can be concluded that more than 60% of the *anurjata* patients are having predominance of ama. Hundreds of herbal drugs are being screened at present for better therapeutic principles throughout world. Even though very less produce convincing answers for the use at clinical level. Complementary and alternative system of medicine (CAM) or traditional system of medicine like Ayurveda can serve sufficient in this regard to find out efficacious and safe herb as per as asthma like condition is concern. Disappointment can arise if concentration made only on phytoactives, irrespective to the way of herbal usage by Ayurveda like tradition. Traditional system may have unique and timetested approach for disease care carries better therapeutic sense.

#### REFERENCE

1. Sharma RK, Dash B. Caraka Samhita. Vol IV. Varanasi: Chowkhamba Sanskrit series office, 2004; 117-155.
2. SrikanthaMurthy KR. Astanga Samgraha of Vagbhata. Vol II. 5th ed. Varanasi: Chowkhamba Orientalia, 2005: 326-335.
3. SrikanthaMurthy KR. Vagbhata's Astanga hrdayam. Vol II. 5th ed. Varanasi: Krishnadas academy, 2003; 245-254.
4. Blood Test: Immunoglobulin E (IgE) – KidsHealth <https://kidshealth.org/en/parents/test-immunoglobulin-e.html>
5. <https://www.ncbi.nlm.nih.gov/pubmed/4062142nn> Med Interne (Paris). 1985; 136(5): 419-22. [How to define the normal level of serum IgE in adults?]. [Article in French] Laurent J, Noiro C, Ansquer JC, Laurent G, Kestenbaum S, Lagrue G.
6. Elevated IgE Levels -Los Angeles Allergist <https://allergylosangeles.com/allergy-blog/elevated-ige>
7. An Ayurvedic Perspective on allergies "The Ayurvedic Insight" newsletter, Banyan Botanicals, August 2006.
8. Susruta Samhita Hindi commentary by Kaviraj Ambikadatta Shashtri, Chaukhamba Sanskrita Sansthan Varanasi reprint, Kalpasthana, 2007; 2/25-26: 25.
9. Kashinatha shastri and Dr. Gorakhanatha chaturvedi ed. Charaka samhita-I Chikitsasthan 23/30, reprint-choukhambha Bharati Academy, Varanasi, 2001; 630.
10. Kashinatha shastri and Dr. Gorakhanatha chaturvedi ed. Charaka samhita-I Chikitsaasthan 23/31 reprint-Choukhambha Bharati Academy, Varanasi, 2001; 630.
11. Susruta Samhita Hindi commentary by Kaviraj Ambikadatta Shashtri, Chaukhamba Sanskrita Sansthan Varanasi reprint, Kalpasthana, 2007; 2/23-26: 25.
12. Kashinatha shastri and Dr. Gorakhanatha chaturvedi ed. Charaka samhita-I Chikitsaasthan 23/31, reprint-2001 Choukhambha Bharati Academy, Varanasi, 630.
13. Susruta Samhita Hindi commentary by Kaviraj Ambikadatta Shashtri, Chaukhamba Sanskrita Sansthan Varanasi reprint, Kalpasthana, 2007; 2/23-26: 25.