

“ROLE OF PRADHAMAN NASYA IN THE MANAGEMENT OF CHRONIC RHINITIS (APEENASA) – A SINGLE CASE STUDY”Nisha Ganatra^{*1}, Bhumi Baraiya², Tanvi Modi³, Shivani Patel⁴, Umang Kapadiya⁵ and Dr. Bhakti Chhaya⁶^{1,2,3,4,5}MS Scholar, PG Department of Shalakya Tantra, Akhandanand Ayurved College, Ahmedabad.⁶Associate Professor, PG Department of Shalakya Tantra, Akhandanand Ayurved College, Ahmedabad.***Corresponding Author: Dr. Nisha Ganatra**

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ABSTRACT

Nose is being exposed more to the external environment gives rise to various infectious and allergic manifestations; Rhinitis is 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. Rhinitis is the inflammation of nasal mucous membrane. When persistent or recurrent inflammation episodes of the nasal cavity leads to symptoms like runny nose, nasal obstruction etc. is called as Chronic Rhinitis. In *Ayurved*, Chronic rhinitis can be correlated with *Apeenasa*, which is described by all Ancient *Acharyas*. According to *Acharya Sushrut*, *Apeenasa* is *Vata* and *Kapha Dosha* predominant disorder. So, *Vata-Kaphahara* & *Pratishyayvat chikitsa* is effective in *Apeenasa*. Here, Present case study reveals a role of *Pradhaman Nasya*, which gives beneficial effect in the management of Chronic Rhinitis (*Apeenasa*).

KEYWORDS: *Apeenasa*, Chronic Rhinitis, *Pradhaman Nasya*.**INTRODUCTION**

Rhinitis is the medical term for inflammation of the inner lining of the mucosa of the nose. Chronic Rhinitis means that the nasal inflammation is long lasting for more than four consecutive weeks. This is different from acute rhinitis, which only lasts a few days or up to four weeks. Most often, chronic rhinitis is caused by allergies, but there are several other causes unrelated to allergies, including:- fluctuations in the weather such as cold or dry air, overuse of nasal decongestant sprays, hormonal changes associated with pregnancy, menstruation or thyroid condition, stress, medications like aspirin, ibuprofen, beta-blockers and antidepressants, irritants in the air like smog, dust etc. It's often triggered by environmental issues, like air pollution, tobacco smoke, or strong odors, hot or spicy foods or drinks. For some people, the specific cause of non-allergic chronic rhinitis can't be identified. Chronic non-allergic rhinitis isn't as common as allergic rhinitis. Chronic nonallergic rhinitis represents about one-fourth of all rhinitis cases.^[1]

In *Ayurveda*, Chronic rhinitis can be correlated with *Apeenasa*. *Apeenasa* is described by *Acharya sushrut* in *nasagata roga*.^[2] Which is characterized by nasal discharge, alternative drying and moistening of nasal passage, nasal blockage, hyposmia and other symptoms of *pratishyaya* are also observed.^[3] According to *Acharya vagbhata nasavarodha*/nasal obstruction in

apeenasa is induced due to *pravruddha kapha*.^[4] Hence, As per *Ayurved* classics, *kapha-vatahara* and *kaphaja pratishyayvat*^[5] *chikitsa* is beneficial for *apeenasa*. Therefore, in this case study of Chronic Rhinitis *kaphahara pradhaman nasya* is given along with other medications plays an important role in *samprapti vighatana* of *apeenasa*. *Pradhaman nasya* helps clearing the obstructed *doshas* from nose. Hence following the principles of management, in this case study patient advised for *pradhaman nasya* with other medications.

CASE REPORT

A 42-year-old Hindu, female, non-diabetic, normotensive patient visited OPD of Government Akhandanand Ayurved Mahavidyalaya, Ahmedabad on 31st october, 2019 with the complaints as sited below.

Chief complaints with duration

- ❖ Nasal discharge On & Off since last 3 years.
- ❖ Heaviness of head since 1 month
- ❖ Nasal obstruction since 1 month
- ❖ Sneezing since 15 days
- ❖ Coughing (wet) since 15 days

Case Findings

Patient was said to be asymptomatic before 3 year. She has history of Intermittent Nasal discharge since 3 years. Day by Day she noticed that this symptom temporary

relieved by medications and then occurred repeatedly about 2-3 times in a month. One month ago, she is suffering from Nasal Discharge with other symptoms like nasal obstruction, heaviness of head, sneezing and coughing. Hence, she approached OPD of Government Akhandanand Ayurved Mahavidyalaya, Ahmedabad for the treatment.

Past History

Patient had taken many times allopathy oral medication & decongested nasal drops for rhinitis.

Work History: She is working as a tailor.

Family History: There was no any disease related family history found in this case.

Personal History

- Ahara - Niramish
- Nidra-7-8 hrs/day
- Kshudha-Samyaka
- Malapravritti-1 time/day
- Mutrapravritti-6-8 time/24 hrs

Dasha vidha pariksha

Prakriti of the patient was Kapha Pradhana Vata, Vatakaphaj vikruti was observed during the analysis. Satwa, Sara, Samhanana, Ahara Shakti, Vyayama Shakti, Satmya and Pramana of the patient were Madhyam.

Vitals

- Pulse: 74/min
- Blood Pressure: 124/80 mmHg
- Respiratory rate: 17/min
- Temperature: Normal

Disease specific examinations

Anterior Rhinoscopy

Nose

- Septum- slightly deviated to right
- Mucosa- Congested
- Turbinate- B/L inferior turbinate hypertrophy □
- Discharge- Present (mucoïd)

Throat

- P.P.W. - congestion
- Palatine tonsils – mild inflamed

Ear

- EAC –B/L clear
- T.M. – B/L Retracted

Paranasal sinus examination: Normal

Investigations: Routine haematological and urine investigations were normal.

Treatment protocol

➤ Oral medication

1. Sitopaladi Churna - 4 gm
Yastimadhu Churna -3 gm
Godanti Bhasma – 500 mg

Mixture of above medicines mixed with madhu and haridra churna – TDS for 21 days.

2. Bharangyadi Kwath – 20 ml two times a day empty stomach for 21 days.
3. Erandabhrushta Haritaki Churna – 5 gm with hot water at night for 21 days.

➤ Topical medication

Pradhaman Nasya with Trikatu Churna about 1 muchyuti (250 mg) in each nostril administered for 7 days.

Follow up

Follow up was taken every 7 days up to completion of therapy.

Observation

After two weeks of oral medicines patient gets minor symptomatic relief. After that Pradhaman Nasya was given with Trikatu churna for 7 days and patient gets fast relief in nasal obstruction, nasal discharge, heaviness of head and sneezing. No recurrence of symptoms found in subsequent follow-ups.

DISCUSSION

- In Ayurved, various vata and kapha vardhak nidan sevan like aharaj- madhura ras sevan, drinking cold water and viharaj- like exposure of dust, mental stress, retension of natural urges, excessive sleep etc. collectively increase the vata and kapha. These aggravated doshas reach into nose and produce vatkapha dominant apeenasa roga.
- In Apeenasa mainly aggravated kapha is responsible for obstruction of nasa and other symptoms. So elimination of kapha Dosha should be first line of treatment.
- Hence in this case specific kaphahara pradhaman nasya with Trikatu churna has been selected.
- Pradhaman Nasya is the term used generally for powder of medicines administered through nasal routes.^[6]
- Trikatu has Katu Rasa; Laghu, Tikshna Guna; Katu Vipaka; Ushna Veerya; VataKaphashamaka, Shothahara, Sroto Shodhana, Vatanulomana, Lekhana, Kaphanissaraka, Shleshmahara, anti-inflammatory, antibacterial, antirhinoviral and immunostimulatory properties.^[7]
- This way pradhaman nasya karma can expel the deep seated doshas and gets fast relief of symptoms.
- Sitopaladi churna yoga is a polyherbal ayurved formulation have many therapeutic actions like vatakaphahara, kasahara, swasahara, antiallergic, antitussive and immunomodulator.
- Bharngyadi decoction also helps by their actions like vata-kaphahara, vatanulomaka and expectorant.

- *Erandabrusta Haritaki* was given for *vatanuloman* purpose.

CONCLUSION

As per above mention case discussion, it can be concluded that *pradhama nasya* is effective therapy in Chronic Rhinitis (*Apeenasa*). This therapy should be used in large sample as a clinical trial.

REFERENCES

1. <https://www.healthline.com/health/chronic-rhinitis#causes>
2. Acharya Sushrut, Sushrut Samhita, Edited with Sushrut vimarshini hindi Commentary by Dr Anantram Sharma, Reprinted in, 2012. by Chaukambha prakashan, Varansi. Uttartantra adhyay 22 / Shlok 3.
3. Acharya Sushrut, Sushrut Samhita, Edited with Sushrut vimarshini hindi Commentary by Dr Anantram Sharma, Reprinted in, 2012. by Chaukambha prakashan, Varansi. Uttartantra adhyay 22 / Shlok 6-7.
4. Vagbhatt, Astang Hridaya, Edited with Nirmala hindi Commentary by Dr Brahmanand Tripathi, Reprinted in, 2015. by Chaukambha prakashan, Varansi. Uttartantra adhyay 19 shlok 20-21.
5. Vagbhatt, Astang Hridaya, Edited with Nirmala hindi Commentary by Dr Brahmanand Tripathi, Reprinted in, 2015. by Chaukambha prakashan, Varansi. Uttartantra adhyay 20, shlok-21.
6. Acharya Sushrut, Sushrut Samhita, Edited with Sushrut vimarshini hindi Commentary by Dr Anantram Sharma, Reprinted in, 2012. by Chaukambha prakashan, Varansi. Chikitsa sthan adhyay 40 / Dalhan tika on Shlok 46.
7. Thesis Dr. Varsha Chaudhari IPGT&RA, 2009. Shalakya, GAU, Jamnagar.