Case Study

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AYURVEDIC APPROACH TO MANAGE KAPHAJA PRATISHYAYA: A CASE STUDY

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ABSTACT

In Ayurveda, "Pratishyaya" refers to a condition characterized by nasal congestion or rhinitis, often linked to an imbalance in the Kapha Dosha. Kaphaja Pratishyaya is characterized by sweta (whitish), sheeta (cold) srava (nasal discharge), gurushiromukhta (heaviness in head and face), shirokandu (itching in head), kandu in gala, oshta and talu (itching in throat and palate), shoonakshi (swelling in eyes), kasa (cough), ghansrava (thick nasal discharge) etc. Based on these symptoms, it can be correlated with chronic simple rhinitis which is characterized by nasal obstruction, nasal discharge, headache, post nasal discharge. Shodhana and shamana chikitsa is the line of treatment for Kaphaja Pratishyaya. In the present case study, a 59 years old female came to the Panchkarma OPD of RGGPG Ayurvedic College and Hospital Paprola with complaint of heaviness in head, laziness, pain that is more in morning with episodes of sneezing, nasal blockage and tinnitus for one year. Aims and Objectives: To study the effect of shodhana and shamana in Kaphaja Pratishyaya. Methodology: The subject was systematically reviewed and Nasya Karma (shirovirechanam oil Nasya), followed by Dhoompana (Aprajita Dhoom) and Gandoosh (Triphala Kwath) is adopted. Result: After the treatment, the subject showed significant improvement in the symptoms. Conclusion: Shodhana plays a major role in elimination of dosha, helps in treating the prevalent disease.

Keywords: Kaphaja Pratishyaya, Nasya, Dhoompana, Rhinitis, AYUSH.

INTRODUCTION

Nasa hi shirsodwaram[1] according to Ayurveda, the nose is considered as the gateway of the head and medicine administered through nose provide strength to the structures above the neck. In the present era, increased pollution, exposure to dust and smoke, seasonal changes, exposure to allergens, changing lifestyle, improper food habits are the causes of rhinitis or Pratishyaya. In Ayurveda, Pratishyaya is described under Nasagata Rogas and is of five types. Kaphaja Pratishyaya is one among the five types of Pratishyaya characterized by sweta (whitish), sheeta kapha srava (nasal discharge) from nasa, gurushiromukhta (heaviness in head and face), shirokandu (itching in head), kandu in gala, oshta and talu (itching in throat and palate), shoonakshi (swelling in eyes), kasa (cough), ghansrava (thick nasal discharge) etc[2,3]. Based on the above symptoms it can be compared with Rhinitis. Rhinitis is described as the inflammation of the lining of nostril and is characterized by nasal signs and symptoms with anterior and posterior rhinorrhoea, sneezing and nasal blockage and/or itching of nose. Chronic simple rhinitis has similar features but post nasal drip, nasal blockage and heaviness in head are more prominent[4]. The nasal secretions become thick and viscid. In Ayurveda it can be correlated with Kaphaja Pratishyaya. There is vitiated Kapha and Vata dosha leading to Pratishyaya. Pratishyaya is the most common disease of shira (head), that can lead to many extra critical diseases, if untreated. There are two main treatments prescribed in Ayurveda, shodhana and shamana. Shodhana is implemented if affected person is balvana and has bahudosha avastha[5,6].

In Pratishyaya, the choice of Shodhana treatment can be Nasya, Vamana, Niruhbasti[7]. Nasya deals directly on vitiated dosha of shira (head) through nasal route, so here in this case we have opted for Nasya Karma along with Dhoompana and Gandoosh.

Case Report: A 59 years old female visited at RGGPG Ayurvedic College and Hospital, Paprola, in Panchkarma OPD with complaint of heaviness in head, laziness, pain that is more in morning with episodes of sneezing, nasal blockage and tinnitus for one year. Previously she was taking allopathic medications but there was no permanent relief, and the symptoms aggravates once she stops taking medications hence the patient visited the hospital.

Patient consent was taken, and study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research.

Chief Complaints: Nasal blockage, postnasal drip, heaviness and pain in head, tinnitus and episodes of sneezing more in morning hours for one year.

Past History: The patient was taking Fluticasone Furoate nasal spray. No history of hypertension, T2DM, Thyroid dysfunction, Tuberculosis or any other chronic illness or surgical intervention.
Family History: Nothing specific.
Personal History:
Appetite: Reduced
Thirst: Normal
Bowel: Passed regularly
Micturition: Normal
Habits: Aharaja - Madhur, Amla Rasa Ahara. Viharaja - Exposure to cold weather.
Koshta: Madhyama
Prakriti: Kapha Vataja

Agni**:** Manda
Vitals History
• Respiratory rate: 20/min
• Regular Temperature: 98.2F
• Blood pressure: 126/82 mm of Hg
• Pulse: 80/min

Hetu: Exposure to cold, dust, allergen, smoke, seasonal changes.
Samprapti: In Pratishyaya due to the nidana sevana, vitiated Vatadi dosha either individually or together accumulates in shiropradesha and then propagates to the nose causing Pratishyaya[8].

Systemic Examination: CNS, CVS, GIT and Respiratory system showed no abnormality.

Astasthana Pareeksha
Nadi: 80/min
Mutra: 4-5times/day
Mala: Samanya, once a day
Jihwa: Nirama
Shabda: Prakrita
Sparsha: Prakrita
Druk: Prakrita
Akriti: Sthula

Samprapti Ghataka of Pratishyaya
Nidan: Kapha Vata prakopak ahara vihara etc.
Dosha: Kapha Vata Pradhana Alpa Pitta, Rakta.
Dushya: Rasa and Rakta.
Agni: Jatharagni, Rasadhatwagni.
Srotas: Pranavaha, Rasavaha, Raktavaha.
Adhisthana: Nasa, Shiras. [9]

Laboratory Investigation
Hb%: 11.8gm%
TLC: 6000/cu mm
Neutrophils: 5500%
Lymphocytes: 28%,
Monocytes: 5 %
Eosinophil: 3
Basophils: 0
ESR: 34 mm/hour
AEC: 580 cells/microliter

Assessment Criteria: The improvement was assessed on the basis of relief of signs and symptoms of the disease[10].

Subjective Criteria

Symptoms	**Score**
Nasavarodha (Nasal Obstruction)	
No Obstruction	0
Partial, Occasional, Unilateral	1
Partial, Occasional, Bilateral	2
Complete, Frequent, Unilateral	3
Always Complete, Bilateral	4
Kshavathu (Sneezing)	
No Sneezing	0
1-5 bouts per day	1
6-10 bouts per day	2
11-20 bouts per day	3
More than 21 bouts per day	4
Shirashoola (Headache)	
No Headache	0
Occasional	1
Intermittent	2
Continuous	3
Intolerable	4
Tanu Srava (Watery discharge)	
No discharge	0
Negligible discharge	1
Intermittent discharge	2
Continuous discharge	3
Profuse discharge	4
Swarbhedha (Hoarseness of voice)	
No change in voice	0
Occasional hoarseness	1
Frequent hoarseness (morning)	2
Frequent hoarseness (throughout day)	3
Cannot speak due to hoarseness	4
Shiroguruta (Heaviness in head)	
Not present	0
Occasional heaviness	1
Frequent heaviness	2
Continuous heaviness	3
Severe heaviness	4
Post Nasal Discharge	
Not present	0
Occasional	1
Frequent	2
Continuous	3
Continuous Heavy Discharge	4

Treatment Protocol:
The patient was treated in IPD, the treatment adopted for 14 days includes:
Tikshana Nasya with Shirovirechanam tailam.
Aprajita Dhoompana.
Gandoosh with Triphala Kwath.

Snehana: Mridu Abhyanga on the scalp, forehead, and neck areas was performed for three to five minutes using Til Taila.

Swedana: Bhashpa Swedana was performed for two to three minutes.

Nasya karma

Drug	Ingredients	Dose
Shirovirechanam tailam	Apamarg, Ativisha, Shirish, Ela dvaya, Bidang, Madhook, Shigru, Kalonji, Pippali, Marich, Saindhav lavan, Saal, Shunthi, Til tail.	8 – 32 drops in Vardhmana Krama.

Dhoompana

Drug	Ingredients	Dose
Aprajita Dhoom	Vacha, Mayurshikha, Agru, Nimb, Shallaki, Ark, Devdar, Saal.	3 – 4 puffs per nostril

Gandoosh

Drug	Ingredients	Dose
Triphla Kwath	Haritaki, Bibhitaki, Amalaki	Vary patient to patient (Asanchari)

Shamana Aushadha

Name of medicine	Dosage and mode of administration
Trikatu Churana	3g twice a day with Luke warm water before meal
Rasna Shunthayadi Kshayam	20ml twice a day with equal amount of water after meal
Tribhuvankirti Rasa	125mg twice a day after meal

Midpoint and Progress
1. On the 1st day of treatment patient feels little improvement in all the symptoms and sleeps well in night.
2. After completion of 7 days of treatment patient get up to 60% relief in nasal blockage, post nasal drip, heaviness in head, tinnitus and episodes of sneezing are also relieved significantly.

OBSERVATION AND RESULTS

After completion of the treatment

Symptoms	Before Treatment	After Treatment (After completion of14 days course)	Follow Up (After 30 days)
Nasavarodha (Nasal Obstruction)	3	1	1
Tanu Srava (Watery discharge)	2	1	0
Kshavathu (Sneezing)	2	1	1
Swarbhedha (Hoarseness of voice)	1	0	0
Shirashoola (Headache)	3	0	0
Shiroguruta (Heaviness in head)	3	1	0
Post Nasal Discharge	2	1	1

Haematological Investigations	Before Treatment	After Treatment
ESR	34 mm/hr	18 mm/hr
AEC	580 cells/microliter	400 cells/microliter

DISCUSSION

Chronic rhinitis is characterized by nasal inflammation with symptoms of nasal congestion or discharge, ongoing for longer than 3 months. Rhinitis is considered as a pathologic condition with considerable morbidity and financial burden on health care systems worldwide. Its economic impact is further emphasized by the fact that it represents a risk factor for other conditions such as sinusitis, asthma, learning disabilities, behavioural changes, and psychological impairment. Rhinitis may be associated with many etiologic triggers such as infections, immediate-type allergic responses, inhaled irritants, medications, hormonal disturbances, and neural system dysfunction.

Acharya Sushruta has described Pratishyaya as a separate chapter in Uttaratantra and it shows its importance since ancient times. Pratishyaya is a general term that includes upper and lower respiratory tract diseases, nasal congestion, and paranasal sinuses. Pratishyaya can manifest as a symptom of any systemic problem, as a standalone illness, or as a consequence of numerous other illnesses. Essentially, Pratishyaya is a dominating Vata Kaphaja Tridoshaja Vyadhi. It is made abundantly evident when analysing all the nidanas i.e. allergens such as dust and fumes produce paroxysmal sneezing and rhinorrhoea, but other factors like as head trauma, seasonal fluctuations, and the suppression of natural urges can be powerful initiators of the disease's pathological variation. Acharya Sushruta describes Nidanas of Pratishyaya as kalantarajanaka and sadyojanaka[11]. Sadyojanaka nidanas can be compared with aggravating factors. Doshas are vitiated and khavegunya is created due to kalatarajanaka nidanas and repeated contact with sadyojanaka nidanas cause recurrent attacks of disease. Amavastha and pakwavastha are the stages of

pratishyaya; if these are mismanaged or left untreated, they progress to a more severe stage called Jirna Pratishyaya.

In Ayurveda, Panchkarma has a significant and vital part in the treatment of diseases. In this example patient is balvana and having bahudoshavastha, so she was chosen for shodhana (nasya karma) treatment. It aids in elimination of vitiated doshas. Most of the ingredients of Shirovirechanam oil and Aprajita Dhoom have katu-tikta rasa, laghu-ruksha guna, katu vipaka and ushana-tikshana veerya, which clearly helps in elimination of Kapha dosha and due to ushana veerya pacifies the Vata dosha. So, Shirovirechanam tailam Nasya helps to provide immediate comfort by expelling the adjacent vitiated dosha from the skull through the nose. Aprajita Dhoom and Triphala kwath Gandoosh expels out the remaining dosha. The given treatment facilitates to save the recurrence of signs and symptoms.

CONCLUSION

It may be concluded that managing Kaphaja Pratishyaya requires a holistic approach focused on restoring the balance of Kapha dosha through shodhana and shamana aushadha.

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