

Allergic Rhinitis W.S.R. Vaataja Pratishaya and Rhinosinusitis W.S.R.Dusta Pratishaya - An Emerging Consideration in 21st century

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ABSTRACT

Allergic rhinitis is a global health problem and is increasing in prevalence. The international study of Asthma and Allergies in childhood (ISAAC) noted the prevalence of allergic rhinitis vary widely from .8 to 39.7% in different countries throughout the world. It 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 the eyes.

Key words: Allergic Rhinitis, Vaataja pratishaya, Rhinosinusitis, Dusta pratishaya.

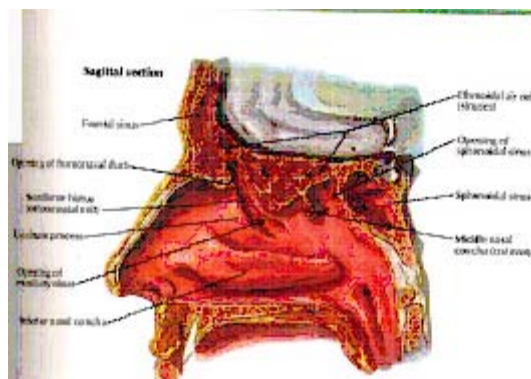
INTRODUCTION

Allergic rhinitis is a most common disease in present era. In Ayurveda it is considered as dust pratishya. It occurs due to various infections in the sinuses and nasal membrane. This includes paroxysmal bouts of sneezing, watery rhinorrhoea and nasal obstruction with itching of nose. This may be associated by non nasal manifestation like watering and itching of the eyes, itching of the palate and in some it may be associated with bronchospasm. Patient may complain of hyposmia or anosmia. At the other side Pain, fatigue and other symptoms of chronic rhinosinusitis can have significant effect on the quality of life. The condition can cause emotional distress, impaired normal activity and reduced attendance at work or school.

MATERIAL AND METHODS

Risk factors

There is strong genetic predisposition to allergic rhinitis, one parent with a history of allergic rhinitis has about 30% chance of producing offspring with the disorder. The risk increases to 50% if both parents have a history of allergies.



Predisposing factors

Age

Young patients are more affected, about 70% of the cases present with symptoms of nasal allergy before 30 years of age.

Sex

Males are more commonly affected with male to female ratio of about 3:2.

Industrialization and urbanization

Incidence of allergic rhinitis is ever increasing because of industrialization and urbanization responsible for environment pollution.

IgA deficiency

state makes the patient more prone for allergy.

Living conditions

Residential and workplace conditions play a significant role in the etiology. Crowding, dusty environment, air-conditioned rooms may predispose.

Environmental factors

Depends on the aerobiological flora of the particular environment. Based on this the allergic manifestation may be a) seasonal and b) perennial.

Common allergens**Inhalant**

Commonest cause (Pollen and dust including house dust mite-75%, fungus animal dander, miscellaneous) Food allergy.

Pathophysiology

This is complex, involving cells mediators, cytokines, chemokines, neuropeptides and adhesion molecules which cooperate in a complex network to produce the specific symptoms of allergic rhinitis and the nonspecific hyperactivity: The reaction can be considered in four phases-

1. Sensitization
2. Subsequent reaction to allergen-early phase
3. Late phase reaction
4. Systemic activation

Clinical features

All symptoms are simply a manifestation of the body's defence mechanism to the allergen.

**Classical**

Mainly seen in seasonal allergic rhinitis. This includes paroxysmal bouts of sneezing, watery rhinorrhoea and nasal obstruction with itching of nose. This may be associated by non nasal manifestation like watering and itching of the eyes, itching of the palate and in some it may be associated with bronchospasm. Patient may complain of hyposmia or anosmia.

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

Nasal mucosa is usually bilaterally swollen, pale or bluish in colour, oedematous and covered with watery secretions.

Importance of investigations

Before starting the treatment the physician and patients should try to identify trigger factors for allergic symptoms. (<http://emedicine.medscape.com>)

Non specific

Nasal smear for eosinophils, total WBC count and differential count, absolute eosinophil count, histamine test.

Specific tests

Skin tests-Subcuticular test [(Prick/scratch test)-simple, cheap and safe], intradermal skin test, skin end point titration tests
Skin testing must always be undertaken where emergency equipment is available.

Nasal cytology

In allergy patients have increased eosinophils of more than 10%

In vitro tests

1. Radio-allergo-sorbant test (RAST)
2. Fluoro-allergo-sorbant test (FAST)
3. Paper immune-allergo-sorbant test (PRIST)

Other tests

To rule out associated pathology (X-ray PNS, CT OMC, Diagnostic nasal endoscopy), PFT

Management

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Snehakarma 2. Sweda Karma | <ol style="list-style-type: none"> 3. Sneha Nasya like in Arditha vote 4. Snigda dhuma pana(dhoom nasya) 5. Niruha vasti with vatahar dravya |
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Yoga used in allergic rhinitis

Nasya karma	Oral medicines	Rasayanam ¹
Anu tail	Haridra khand	Chayavanprasha ²
Shadbindu tail nasya	Shirishashav	Guduci rasayana ³
Shirishaadi nasya	Panchmool ghrith	
Pippalyadi nasya	Vyaaghri ghritha	
Vyaaghri ghrith	Vidarigandhadi ghrith	
Rohishadi yoga	Panchlavan ghrith	
pradaman nasya	Rasnadi ghrith	
	Tulsi boiled Leukewarm haridra milk	
	Yava kshara+ghrit	

Pathya

Patient should advised to take light,lukewarm water,oleus,vata hara diet,hot water for drinking and bath,resting in hot and perfect room without the pollution of dust and smoke.Patient should be free from tensions, worry, exercise, irrelevant talking and coitus etc.

Chronic rhinosinusitis w.s.r. dusta pratishyaya⁴

The term 'sinusitis' refers to a group of disorders characterized by inflammation of the mucosa of the paranasal sinuses.Because the inflammation nearly always also involves the nose,it is now generally accepted that 'rhinosinusitis' is the preferred term.Chronic sinusitis is rhinosinusitis of atleast 12 consecutive weeks duration.

Prevalance and impact

By 1992,rhinosinusitis was the fifth most common diagnosis where an antibiotic was prescribed. It is one that is associated with significant direct and indirect costs.

Pain, fatigue and other symptoms of chronic rhino sinusitis can have significant effect on the quality of life. The condition can cause emotional distress, impaired normal activity and reduced attendance at work or school. (American academy of otolaryngology,www.entnet.org)

Predisposing factors include mechanical

obstruction, focal infection, decreased mucociliary function, allergy, immunodeficiency state, autoimmune and hormonal imbalance etc.

Clinical features

In practical setting, the focus is on those patients in whom inflammation leads to symptoms. Because of this important relationship to symptoms, the Rhino sinusitis Task Force s

Definitions include a group of symptoms to be applied to these conditions to allow for clinical diagnosis.

Rhino sinusitis symptoms/signs (requires two major factors, or one major and two minor).

Major symptoms

- Facial pain/pressure
- Facial congestion/fullness
- Nasal obstruction/blockage
- sNasal discharge/purulence/ discolored
- posterior drainage
- Hyposmia/Anosmia
- Purulence on nasal examination
- Fever(acute RS only)

Minor

- symptoms
- Headache
- Fever(non acute)
- Halitosis
- Fatigue
- Dental pain
- Cough
- Ear pain/ pressure/ fullness

Investigations

X-Ray PNS (water's view/caldwall view)

CT imaging of the PNS (axial&coronal)

Diagnostic nasal endoscopy

Management

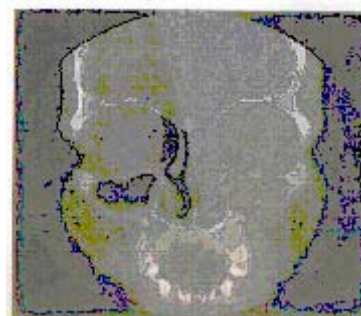
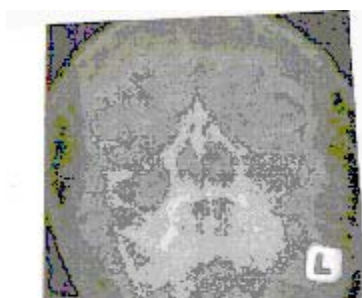
The antimicrobial resistance appears to be increasing in rhinosinusitis,so there is need of

new herbal formulations and alternative therapies to combat such problems.

1. Krimi hara treatment
2. Kshaya hara treatment
3. Rasayana therapy
4. Dhoom nasya
5. Pratishaya treatment

Yoga used in rhino sinusitis

Oral medicine	Nasya ⁵	Rasayanam
Chitrak Haritaki	Anu tail	Chayavanprasha
Varunaadi ghrīt	Shadbindu tail	Guduchi rasayana
Vyoshaadi vati	Guda nagar nasya	
Trayodashaanga kwath with sahapana of madhu	Pradmana(triphala+ trikatu churna)	
After meal urad+saindhava	Rasaanjanaadi tail	

**CONCLUSION**

Over all conclusion is that Ayurveda works in these condition as a preventive manner and also work on curatives. Nasya karma and Rasayan

therapy give a milestone in the treatment of above diseases. Now we can say that acceptance of Ayurvedic methods and Pathya manner noticed as useful in this fast life during living.

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