

**ROLE OF JAL NETI IN THE TREATMENT OF ALLERGIC RHINITIS**Dr. Arti Pathania\*<sup>1</sup> and Dr. T. C. Thakur<sup>2</sup><sup>1</sup>MD Scholar Final Year, Deptt of Swasthritta, R.G.P.G.Ayd.College, Paprola, Distt Kangra.<sup>2</sup>Prof. MD (Ayu), Deptt. Of Swasthritta, R.G.P.G.Ayd.College, Paprola, Distt Kangra.**\*Corresponding Author: Dr. Arti Pathania**

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**ABSTRACT**

Allergic Rhinitis is an inflammatory disorder of the nasal mucosa induced by allergen exposure triggering IgE mediated inflammation. Clinically, it is characterized by four major symptoms-rhinorrhea, sneezing, nasal itching, and nasal congestion. Around twenty to thirty percent of the Indian population suffers from allergic rhinitis and fifteen percent develops asthma. In study on children with allergic rhinitis nasal symptoms and rhinoconjunctivitis were present and there was consistent rise in its prevalence. Proportion of blockers is high compared to sneeze runners. Nasal obstruction was the most common symptom and blockers had significantly more sensitization to polyvalent house dust, house dust mites and fungi, whereas sneeze runners had more sensitization to pollens *Jal Neti* play an important role in the drainage of the collection present in the maxillary sinus. Lukewarm water leads to vasodilation, Increased phagocytosis and Nacl helps in the conversion of thick secretion into thin secretion. It is all about nasal hygiene just like brushing teeth is about dental hygiene. The aim of *JAL NETI* is to purify and clean the nasal path right from the nostril to the throat using water.

**KEYWORDS:** Allergic rhinitis, rhinoconjunctivitis, pollen, sneeze runners, jal neti.**INTRODUCTION****Allergic Rhinitis**

Allergic Rhinitis is characterised by sneezing, rhinorrhea, obstruction of nasal passage, nasal and pharyngeal itching and lacrimation, all occurring in a temporal relationship to allergen exposure.<sup>[1]</sup>

Rhinitis, inflammation of the nasal mucosa is defined as symptoms of nasal itching, sneezing, discharge or nasal blocking which occur more than 1 hour on most days. The lining of the nose and paranasal sinuses is in continuity with the lower respiratory tract, frequently diseases of the upper and lower airways coexist.

**METHODS****It is of two types**

1. Seasonal allergic Rhinitis-tree pollen are important in the spring and grass pollen during summer.
2. Perennial allergic rhinitis-the commonest cause is the house dust mite which is found in almost every home, living in dust accumulated in carpets, beddings, fabrics and furniture. Domestic pets, cats, dogs are the second important cause of perennial allergy, identifiable in upto 40% of children with asthma and/or rhinitis.<sup>[2]</sup>

Allergic rhinitis-It is an IgE mediated immunologic response of nasal mucosa to air borne allergens and is characterised by watery nasal discharge, nasal obstruction, sneezing and itching in the nose. This may also be associated with symptoms of itching in the eyes, palate and pharynx.

**Two types are recognized**

1. Seasonal-Symptoms appear in or around a particular season, when the pollens of particular plant to which the patient is sensitive are present in the air.
2. Perennial-Symptoms are present throughout the year.<sup>[3]</sup>

**Pathology**

Inhaled allergens produce specific IgE antibody in the genetically predisposed individuals. This antibody becomes fixed to the blood basophils or tissue mast cells by its Fc end. On subsequent exposure antigen combines with IgE antibody at its Fab end. This reaction produces degranulation of the mast cells with release of several chemical mediators, some of which already exist in the preformed state while others are synthesized afresh. These mediators are responsible for symptomatology of allergic diseases. Depending on the tissue involved, there may be glands or smooth muscle contraction. Non-specific nasal hyperactivity is seen in patients of allergic rhinitis. There is increased nasal response to normal

stimuli resulting in sneezing, rhinorrhea and nasal congestion. Clinically allergic response occurs in 2 phases.

1. Acute or early phase-It occurs immediately within 5 to 30 minutes after exposure to the specific allergen and consist of sneezing, rhinorrhoea, nasal blockage and bronchospasm. It is due to release of vasoactive amines like histamines.
2. Late or delayed phase-It occurs 2 to 8 hours after exposure without additional exposure. It is due to infiltration of inflammatory cells-eosinophilis, neutrophilis, monocytes and CD4+T cells at the site of antigen deposition, causing swelling, congestion, and thick secretion.<sup>[4]</sup>

### Clinical Features

1. Dominant itching, sneezing, watery discharge suggests allergy as do associated eye or chest symptoms. The presence of facila pain, fever, systemic upset, and mucopurulent discharge suggests an infective aetiology. Nasal obstruction which alternate with the nasal cycle is common to both allergic and infective causes.<sup>[5]</sup>
2. Episodic rhinorrhea, sneezing, obstruction of the nasal passage with lacrimation and pruritis of the conjunctiva, nasal mucosa, oropharynx are the hallmarks of allergic rhinitis The nasal mucosa is pale and boggy, the conjunctiva congested and edematous.<sup>[6]</sup>
3. Clinically the patient sneezes in response to exposure to the allergen. the associated symptoms include nasal blockage and profuse watery rhinorrhea and increased lacrimation.<sup>[7]</sup>
4. symptoms of seasonal nasal allergy-Paroxysmal sneezing, 10-20 sneezes at a time, nasal obstruction, watery nasal discharge and itching in the nose.<sup>[8]</sup>

### Symptoms of perennial allergy

Symptoms are not so severe as that of the seasonal type. They include frequent cold, persistently stuffy nose, loss of sense of smell due to mucosal oedema, chronic cough and hearing impairment due to Eustachian tube blockage or fluid in the middle ear.<sup>[9]</sup>

## DISCUSSIONS

### Diagnosis

New Allergic rhinitis and Its Impact on Asthma (ARIA) Classification-It is based on duration and symptoms of disease. This new system of classification helps in treatment guidelines.<sup>[10]</sup>

### Investigations

1. Total and differential count-Peripheral eosinophilia may be seen but this is an inconsistent finding.
2. Nasal Smear-It shows large number of eosinophilis in allergic rhinitis.
3. Skin Tests-These tests help to identify specific allergens. They are prick, scratch, and intradermal test.<sup>[11]</sup>

**Jal Neti:** In Ayurveda "Neti" is explained under Shatkarma.<sup>[12]</sup>  
(*Hath Yog Pradipika* 2/27)

**Jal Neti:** Is a Yogic technique to clean the sinuses. *Neti* is one of the six purification methods in *Hath yoga*. *Neti* deals with Nasal hygiene. Nasal hygiene is important as it is linked to many conditions like sinusitis, rhinitis, migraine, headache, allergies and asthma. It takes just a few minutes and helps to relieve many of the problems related to nasal and sinus cavities.

### Importance of Jal Neti

In *Hath Yoga Pradipika* 2/30 it is said that *Jal Neti* is very beneficial for our Nervous system, Eye disorders and all the diseases of Upper Respiratory Track. It has been explained that all the diseases of Head Neck and Throat are easily cured by *Jal Neti*.<sup>[13]</sup>

### Procedure

We practice *Neti* in two steps.

1. **Pardhaan Karma.**
2. **Pashchat Karma.**

### Pardhaan Karma

*Jal Neti* is practiced in *pardhaan karma*. For this we need

- \**Neti Pot*
- \**Lukewarm water*
- \* *Saindhav lavan (Rock Salt)*

To prepare water for *Jal Neti* add 9grams of *saindhav lavan* in 1 litre of water.

240ml of water is used from one nostril and same procedure is repeat with the second nostril also. This procedure is repeat for 2 to 3 times from each nostril. Total time for *Jal Neti* is 30 minute

### Pashchat Karma

In this the patient is advised to do

- Bhastrika* for 1min.
- Kapalbhati* for 10 minutes
- Anulom vilom* for 10 minutes
- Bharamri* for 5 minutes

So that all the retained water from the nostrils came out.

### Probable Mode of Action of Jal Neti and Yogic Procedures

1. *Neti* is a best procedure for those suffering from common cold, allergic rhinitis, and sinusitis. *Neti* removes all the dirt and bacteria and mucous from within the nose.
2. Lukewarm Water Used in *Jal Neti* Leads to Vasodilation which Ultimately Leads to Increase Phagocytosis and Decreases the Inflammation.
3. Luke warm water also helps in Drainage of Mucous from the nose.

4. Nacl have an action of converting Thick secretions into Thin secretions which also provides Favourable condition for drainage.
5. *Kapalbhati Paschat Karma* procedure leads to Movement of Nasa ali which also helps in drainage of mucous from the nose.

## CONCLUSION

So It can be concluded that *Jal Neti and Yogic Procedures* explained above has high efficacy in the Treatment and prevention of Allergic rhinitis. Duration of *Jal Neti and Yogic* procedures mentioned above should be done for atleast 6 weeks. Treatment of Allergic rhinitis according to Modern system of Medicine has higher rate of Relapse and Treatment- Failure so the Use of *Jal Neti and Yogic procedures* at large level patients Group should be done in future to prove and establish its significance.

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