

**A COMPARATIVE STUDY OF VYAGHRI HARITAKI, VYAGHRI TAILA NASYA AND JALA NETI IN THE MANAGEMENT OF VATAJA PRATISHYAYA W.S.R. TO ALLERGIC RHINITIS****Dr. Priyanka Thakur\*<sup>1</sup>, Dr. Vijayant Bhardwaj<sup>2</sup>, Dr. Satish Sharma<sup>3</sup>, Dr. Rajika Gupta<sup>4</sup> and Dr. Priya Sharma<sup>5</sup>**<sup>1,5</sup>PG Scholar, Deptt. of Shalaky Tantra RGGPG Ayurvedic College & Hospital Paprola, Distt. Kangra HP.<sup>2,3</sup>Reader PG Deptt. of Shalaky Tantra, RGGPG Ayu. College and Hospital Paprola, Distt. Kangra, HP.<sup>4</sup>Reader PG Deptt. of Swasthavritta, RGGPG Ayu. College and Hospital Paprola, Distt. Kangra, HP.**\*Corresponding Author: Dr. Priyanka Thakur**

PG Scholar, Deptt. of Shalaky Tantra RGGPG Ayurvedic College &amp; Hospital Paprola, Distt. Kangra HP.

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**ABSTRACT**

*Pratishyaya* is a severe and general body debilitating condition, which manifest due to the migration of the *Kapha, Rakta&Pitta* from the root of the *Nasa Pradesh*, they get lodged into *Shira Pradesh*, which is already titrated by the *Vata Dosha*.<sup>[34]</sup> *Vataja Pratishyaya* is explained in *Ayurvedic* system of medicine as Sneezing, Watery discharge from nose, Stuffy nose, Itching in nose etc.<sup>[8]</sup> which have relevance with Allergic Rhinitis which was selected for present study. The present study was done on 30 patients of *Vataja Pratishyaya*, who were grouped into three groups with 10 patients in each group. Group A was treated with *Vyaghri Haritaki Avleha* as oral drug, Group B with *Vyaghri taila nasya* and Group C with *Jala Neti* for local application. The signs and symptoms were studied before and after treatment, study showed better results in group B (50% markedly improved, 50% moderately improved) and almost equal results in Group A and Group C (80% moderately improved, 20% mildly improved).

**INTRODUCTION**

*Ayurveda* is the ancient system of Indian medicine based on natural and holistic living. Our *Acharyas* divided *Ayurveda* into eight parts,<sup>[1]</sup> which deals with different parts of the body. Among them *Shalaky Tantra*,<sup>[2]</sup> deals with the description and treatment of diseases of organs above clavicle. A very common clinical condition, *Pratishyaya* (Rhinitis) is one among them increasingly prevalent now a days demanding greater concern over it.

In *Uttartantra*, *Acharya Sushruta* has devoted one separate chapter to *Pratishyaya* after explaining *Nasagataroga*,<sup>[3]</sup> *Pratishyaya* by word itself indicates that it is a recurrent attack and can precipitate even due to minute etiological factors. *Vata* is the main *Dosha* and *Kapha, Pitta* and *Rakta*,<sup>[6]</sup> are associated to it. So it can be concluded that *Pratishyaya* is:

- A condition of continuous nasal discharge
- *Vatapradhan* disease
- Accumulation of *Doshas* in *Uttamang*

*Pratishyaya* is well known for its recurrence and chronicity. Recurrence occurs due to exposure of vitiated *Dosha (Vata)* to aggravating factors in its latent stage.<sup>[4]</sup> *Vataja Pratishyaya* is explained in *Ayurvedic* system of medicine as Sneezing, Watery discharge from nose,

Stuffy nose, Itching in nose etc.<sup>[8]</sup> which have relevance with Allergic Rhinitis.

Allergic rhinitis is an IgE mediated immunologic response of nasal mucosa to airborne allergen and is characterized by watery nasal discharge, nasal obstruction, sneezing and itching in the nose.<sup>[5]</sup> In modern medicine system a wide range of medicines are available but these drugs have nothing to do with such a chronic condition.

This present study includes detailed study of the disease, its nature and course and to evaluate the effect of *Ayurvedic* drugs on chronicity of the disease. In the present study “A comparative study of *Vyaghri Haritaki, Vyaghri Taila Nasya* and *Jala Neti* in the management of *Vataja Pratishyaya w.s.r. to Allergic rhinitis*”. *Jala Neti* along with two *Ayurvedic* formulations from classical texts has been selected. *Jala Neti* is presumed to remove mucous and pollutants from the nasal cavity allowing unobstructed flow of air.

In this research work 30 patients were taken for study in three trial groups. The duration of trial was 15 days for *Vyaghri Haritaki Avleha* and *Jala Neti* and 7 days for *Vyaghri Taila Nasya* evaluation based on subjective criteria. The unique treatment modality of *Ayurveda*

provides long lasting results and a better life to patients through its three basic principles of treatment: *Shodhan, Shamana and Nidana Parivarjana*.

la”kks/kuala”keuafunkuL; p ot Zue~,  
rkofö”k’tkdk;sZjksxksjksxs; Fkkfof/kAA (Ch.Vi.  
7/30)<sup>[6]</sup>

Many preparations have been mentioned in the *Ayurvedic* texts for the treatment of *Pratishyaya*. In the present study *Vyaghri Haritaki Avleha* is given as *Shaman* therapy, *Vyaghri Taila Nasya* (in *Jeerna Avastha*)<sup>7</sup> and *Jala Neti* is given as *Shodhan* therapy.

#### AIMS AND OBJECTIVES

- To establish the prevalence of the disease according to age and seasonal variations.
- Try to find out correlation of *Vataja Pratishyaya* with Allergic Rhinitis.
- To know the systemic action of *Vyaghri Haritaki Avleha*.
- To know the efficacy of *Vyaghri Taila as Nasya*.
- To know the efficacy of *Jala Neti*.

#### MATERIALS AND METHODS

##### Plan of study

To fulfil the above objectives the research work has been planned under the following two headings:

##### 1. Literary review

All the concerned *Ayurvedic* and modern texts related to the disease under taken for the trial reviewed in detail along with paper and materials available on the internet. The detailed review of the selected drug from the trial is done in this study section.

##### 2. Clinical study

Clinical study carried out on 30 patients fulfilling the inclusion criteria which was selected from OPD/IPD of R.G.G.Ayu. Hospital Paprola irrespective of sex, caste and religion. Complete description regarding the detail of each research case was recorded in a pre-assigned proforma.

##### Selection criteria

Uncomplicated patients with signs and symptoms of Allergic rhinitis, attending OPD and IPD of RGGPG *Ayurvedic* college and Hospital Paprola were selected above 12 years age, irrespective of sex, religion and occupation etc.

All 30 patients were grouped into 3 groups as:

##### Group A

Patients in this group were given *Vyaghri Haritaki Avleha*.

##### Group B

Patients in this group were given *Vyaghri Taila Nasya* locally.

##### Group C

Patients in this group were given *Jala Neti* locally.

##### Plan of Work

The study was planned in different steps as mentioned below:

**1. Proforma:** A special proforma will be prepared for the evaluation of the etiopathogenesis and assessment if treatment efficacy. A detailed history will be taken and simultaneously general and systemic examination of the patients was done having signs and symptoms suggesting of Allergic rhinitis.

##### 2. Investigations

- Haematology- Hb%, TLC, DLC, ESR, LFT, RFT.
- Biochemistry- FBS
- Radiology- X ray PNS Water’s view.
- These investigations are done to rule out any other pathology e.g. DNS, Sinusitis, Polyp etc.

##### Inclusion & Exclusion criteria

###### Inclusive criteria

- Patients presents with sign and symptoms of Allergic rhinitis.
- Age above 12 years.

###### Exclusive criteria

- Patient below 12 years of age.
- Rhinitis caused by virus, bacteria etc.
- Hypertrophic rhinitis
- Atrophic rhinitis
- Rhinitis sicca
- Patient suffering from systemic disease like HTN, T.B., D.M. etc.

##### Clinical assessment

Assessment of the effect of treatment has been done on the basis of relief of signs and symptoms of Allergic rhinitis were graded in 4 gradations. Most of signs and symptoms of Allergic rhinitis described in texts are subjective in nature. Hence multidimensional scoring system was adapted for statistical analysis and to give results on subjective parameters. Scores were given according to the severity of symptoms as follows:

##### Assessment criteria

###### General evaluating scoring

- **Kshavathu (Sneezing)**

No sneezing	0
1-10 sneezing in each bout	1
10-15 sneezing in each bout	2
15-20 sneezing in each bout	3
>20 sneezing in each bout	4

- ***Nasavarodha* (Nasal obstruction)**

No obstruction	0
Feeling of obstruction in inhalation and exhalation with one nostril	1
Feeling of obstruction in inhalation and exhalation with both nostril	2
Inhalation and exhalation with both nostrils with effort	3
Complete blockage with total mouth breathing	4
- ***Nasa srava* (Rhinorrhoea)**

No discharge	0
Occasional Rhinorrhoea with a feeling of running nose without visible fluid	1
Rhinorrhoea with occasional running nose with visible fluid	2
Rhinorrhoea with running nose which needs mopping	3
Severe Rhinorrhoea with copious fluid needs continuous moping	4
- ***Kandu* (Itching)**

No itching	0
Can tolerate without rubbing of nose	1
Can tolerate after frequent rubbing of nose	2
Continuous rubbing of nose	3
Irresistible itching	4
- ***Aruchi***

No anorexia	0
Occasional loss of appetite	1
Moderate loss of appetite	2
Continuous loss of appetite	3
Loss of appetite associated with nausea and vomiting	4
- ***Shirogurava***

Nil/Absent	0
Mild	1
Moderate	2
Severe	3
Very severe (forced to take medicine)	4
- ***Gandhahani***

No loss of smell	0
Partial and unilateral	1
Partial and bilateral	2
Complete unilaterally	3
Total loss of smell	4
- ***Swarbhanga***

No change of voice	0
Occasional hoarseness of voice	1
Frequent hoarseness of voice more in morning hours	2
Frequent hoarseness of voice throughout the day	3
Cannot speak due to hoarseness of voice	4
- ***Shirah shoola* (Headache)**

No headache	0
Headache occur sometimes	1
Headache occurs frequently but is able to carry routine work Without difficulty	2
Severe headache, patient restless and able to	

Carry routine work With great difficulty	3
Severe crippling headache that renders Patient bed ridden	4
<b>• Shwasa Kashtata</b>	
No dyspnoea	0
Dyspnoea after heavy work and walking	1
Dyspnoea after moderate work and walking	2
Dyspnoea after mild work	3
Dyspnoea even at resting condition	4
<b>• Kasa (cough)</b>	
No cough	0
Occasional cough	1
Moderate cough	2
Continuous cough with throat and chest pain	3
Severe continuous cough with throat and chest pain	4
<b>• Bhutwa Bhutwa (Recurrent attacks)</b>	
No attacks	0
Period between attacks more than two days	1
Period between attacks 1-2 days	2
Period between attacks 12-24 hrs	3
Attack within 12 hrs	4
<b>• Jwara</b>	
No fever	0
Intermittent fever	1
Continuous fever	2
Double rise with morning and evening peaks	3
With high peaks and relative bradycardia	4

#### Criteria for overall assessment

The total effect of therapy was assessed considering the following criteria-

- Complete remission : 100% relief in the signs and symptoms
- Markedly improvement : >75% relief in signs and symptoms
- Moderately improvement : > 50% relief in the signs and symptoms
- Mild improvement : >25% relief in signs and symptoms
- Unchanged : <25% relief in the signs and symptoms.

#### Drug Review

##### Ingredients of Vyaghri Haritaki Avleha (Bhs.Rt.)<sup>[8]</sup>

Lewyiq'iPNnd.Vdk;kZ Lrqyka tyæks.kifjlyqrkYt  
 gjhrdhuap "kra fun/k fjiP; lE;d~ pj.ko" kks'ke~  
 xqML; nYok "kresrnXukS foiDoeqYkk;Z rr%  
 lq"khra  
 dVqf=dap fjiycek.kaiykfu 'kViq'ijlL; pk=A  
 f{kisPprqtkZriya ;FkxfXu ç;qT;ekuksfof/kuk·oysg%  
 okrkReda fiYkdQksnHkoap f;nks'kdklufi p  
 f=nks'ke~A  
 {k;ksöoap {ketap gU;kr lihulÜoklLoj{k;ap  
 ;{ek.kesdkn"keqz:ia Hk`xwifn'Va fg jlk;ua  
 L;kr~AA ¼HkS- j-( p- n- 11@66&69½

#### Rasa Panchaka in Vyaghri Haritaki Avleha

Rasa	Katu
Guna	Laghu
Viryā	Ushna
Vipaka	Katu
Dosha karma	Vatakaphashamak

#### Method of preparation

Method of preparation of drug (Vyaghri Haritaki Avleha): In relation with table no. 1 in this section:

- First of all 5 kg Panchang of Kantkari was grinded. 15lt (3 times) water was added to it and the mixture was heated over Mandagni till the quantity reduced to 1/4<sup>th</sup> (Kwath). The reduced mixture was filtered with the help of muslin cloth.
- Now 5 kg of gud was added to this Kwath and was heated over Mandagni till its one thread form is attained.

- After that powdered the ingredients Haritaki, Shunthi, Pippali, Marich, Twak, Nagkesar, Ela, Tejpatra separately and passed through sieve no. 85 to obtain a fine powder.
- All the powdered ingredients were added to the *Kwath* prepared and heated over *Mandagni* till the *Avleha* formulation get prepared.
- Later *Madhu* was added when *Avleha* get cooled.
- Packed it in tightly closed containers to protect from light and moisture.

#### Ingredients of Vyaghri taila

O;kÄzhnUrhokpf"qxzqrrqylh«;ks'kISU/koS% A dYdÜp ikpua rSya iwfruklkxknkige~AA ¼"kk- e-9@182½<sup>9</sup>

O;kÄzhnUrhokpf"qxzqlqjIO;ks'kISU/koS% Ikfpra ukoua rSya iwfrukekxna t;sr-AA ¼p- n½<sup>10</sup>

**Table 1: Ingredients of Til Taila Murchna.**

Sr. No.	Name of plant	Botanical Name	Family	Part used	Quantity
1.	<i>Manjistha</i>	<i>Rubia cordifolia</i> Linn.	Rubiaceae	Root	4 Parts
2.	<i>Haritaki</i>	<i>Terminalia chebula</i> Retz.	Combretaceae	Fruit	1 Part
3.	<i>Bibhitak</i>	<i>Terminalia bellirica</i> Roxb.	Combretaceae	Fruit	1 Part
4.	<i>Amalaki</i>	<i>Emblica officinalis</i> Gaertn.	Euphorbiaceae	Fruit	1 Part
5.	<i>Haridra</i>	<i>Curcuma longa</i> Linn.	Zingiberaceae	Stem	1 Part
6.	<i>Lodhra</i>	<i>Symplocos racemosa</i> Roxb.	Symplocaceae	Bark	1 Part
7.	<i>Nagarmotha</i>	<i>Cyperus rotundus</i> Linn.	Cyperaceae	Stem	1 Part
8.	<i>Dalchini</i>	<i>Cinnamomum zeylanicum</i>	Lauraceae	Bark	1 Part
9.	<i>Kevda</i>	<i>Pandanus odorotissimus</i> Linn.	Pandanaceae	Root	1 Part
10.	<i>Vatt</i>	<i>Ficus bengalensis</i> Linn.	Moraceae	Leafbud	1 Part
11.	<i>Til Taila</i>	<i>Sesammum indicum</i>	Pedaliaceae	Oil	64arts

#### Rasa Panchaka Of Vyaghri Taila

<i>Rasa</i>	<i>Katu</i>
<i>Guna</i>	<i>Laghu</i>
<i>Virya</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>Katu</i>
<i>Dosha karma</i>	<i>Kaphavatshamak</i>

#### Method of Preparation

- *Murchna* of *Til Taila* is done as per *Bhaisjya Ratnawali*.<sup>[11]</sup>
- *Paka* of *Til Taila* done with drugs sr. No. 1-10 in table no. 1 in this section.
- Equal part of *Kantakari*, *Danti*, *Sodhit Vacha*, *Sahijan*, *Tulsi*, *Shunthi*, *Pippali*, *Marich* were coarsely powdered in Pulverizer.
- All these were dipped in water whole night and after that *Kalka* form prepared. *Saindhava Lavana* get mixed with it.
- This *Kalka* along with 4 parts til tail and 16 parts of *Shuddhajala* were added into it and took in a steel vessel and heated over *Madhyama Agni* till complete evaporation of moisture content. Heat was applied with intermediate stirring. Heating duration was adjusted until the appearance or *Lakshana* of *Samyaka Sneha Siddhi*. When *Taila Paka* completed with all its examination, allowed to cool and packing done. Then *Vyaghri Taila* was used as medicine for *Nasya* purpose.

#### Ingredients of Jala neti

Sr. No.	Dravya	Quantity
1.	<i>Lavana</i>	4gms
2.	<i>Jala (Ushna)</i>	200ml

#### Group, Dose & Duration

##### Drug Schedule

- *Vyaghri Haritaki Avleha* as oral drug
- *Vyaghri Taila* as *Nasya* drug
- *Jala Neti*.

##### Dose

- *Vyaghri Haritaki Avleha* - 12 gms  
twice a day
- *Vyaghri Taila* - 6 drops  
in each nostril
- *Jala Neti* - 200ml  
with 4 gms *lavana* once a day.

##### Duration

- *Vyaghri Haritaki* weeks - 2
- *Vyaghri Taila Nasya* - 7 days
- *Jala Neti* - 15 days

##### Anupana

- *Godugdha* for *Vyaghri Haritaki Avleha*.

**Duration of treatment** - 15 days

**Follow up** - 7 days

##### Grouping and Posology

All the selected patients fulfilling the criteria were taken in three groups.

##### Group A-

Patients in this group were given *Vyaghri Haritaki Avleha*.

##### Group B-

Patients in this group were given *Vyaghri Taila Nasya* locally.

**Group C**

Patients in this group were given *Jala Neti* locally.

**Statistical Analysis**

The information gathered regarding demographic data is shown in percentage. The scores of criteria of assessment were analysed statistically in form of mean score B.T. (Before treatment), A.T. (After treatment), (B.T.-A.T.) difference of mean, S.D. (Standard deviation), S.E. (Standard error). Student paired 't' test was carried out at  $p > 0.05$ ,  $p < 0.05$  and  $p < 0.001$ .

The results were considered significant or insignificant depending upon value of 'p'.

- Highly significant -  $p < 0.001$
- Significant -  $0.05 < p > 0.001$
- Insignificant -  $p > 0.05$

For intergroup comparison 't' test was carried out at  $p > 0.05$ ,  $p < 0.05$  and  $p < 0.001$ .

**OBSERVATION**

In the present study of 30 patients 40% belonged to age 31-40 years, 80% were females, 53.33% were unmarried, 83.33% belonged to rural area, 96.67% patients were Hindus, 43.33% were graduates, 63.33% were of lower middle class, 60% patients were consuming mixed diet, 60% were having no addiction, 56.66% were students, 60% had no positive family history of Allergy, maximum patients have chronicity  $>4- <5$  years i.e. in 46.66%, maximum aggravating factor obtained was dust in 86.66% patients, pollution was another factor present in 73.33% patients, 53.33% were of *Vata Kaphaja Prakriti*, 86.66% were of *Madhayama Satva*, 86.66% were having *Madhyama Smhanana*, 86.66% were of *Madhyama Satmaya*, 76.66% were of *Madhyama Shakti*, incidences of signs and symptoms were follow as *Kshvathu*, *Nasasrava*, *Nasanaha* in 100%, *Bhutwa Bhutwa* in 83.33% ,*Kandu* in 80%,*Gandhahani* in 63.66%, *Shirah Shoola* in 36.66%, and *Swarabhanga* in 30%.

**Effect of therapy**

The efficacy of Vyaghri *Haritaki Avleha*, *Vyaghri Taila Nasya* and *Jala Neti* was studied in 30 patients under 3 groups on various parameters and results were derived after execution of statistical methodology. The effect of therapy on subjective criteria assessed has been presented as under.

**In Group A**

Result was statistically Highly significant for *Kshavathu* (%age relief 50%), *Nasanaha* (%age relief 55%), *Nasasrava* (%age relief 59.09%), *Shirahshoola* (%age relief 71%) & statistically significant for *Kandu* (%age relief 46%), *Gandhani* (%age relief 66.66%), *Swarbhanga* (%age relief 71%), *Bhutwa bhutwa* (%age relief 60%).

**In Group B**

Result was statistically Highly significant for *Kshavathu* (%age relief 73.91%), *Nasanaha* (%age relief 78.94%), *Nasasrava* (%age relief 72.72%), *Kandu* (%age relief 66%), *Gandhani* (%age relief 77.29%) & statistically significant for *Swarbhanga* (%age relief 83.5%), *Shirah shoola* (%age relief 72.67%), *Bhutwa bhutwa* (%age relief 75.22%).

**In Group C**

Result was statistically Highly significant for *Nasanaha* (%age relief 45.45%), *Kandu* (%age relief 64%) & statistically significant for *Kshavathu* (51.72%), *Nasasrava* (%age relief 53.33%), *Gandhani* (%age relief 66.66%) *Shirah shoola* (%age relief 62%), *Bhutwa bhutwa* (%age relief 53%) & non significant for *Swarbhanga* (%age relief 50%).

**Intergroup Comparison**

- **Nasasrava:** Statistically significant on comparing all three groups i.e. Group A Vrs Group B, Group B Vrs Group C and Group C Vrs Group A.
- **Nsanaha:** Statistically significant on comparing all three groups i.e. Group A Vrs Group B, Group B Vrs Group C and Group C Vrs Group A.
- **Nasasrava:** Statistically significant for Group A Vrs Group B & statistically non significant for Group B Vrs Group C, Group C Vrs Group A.
- **Kandu:** Statistically significant for Group C Vrs Group A & statistically non significant for Group A Vrs Group B, Group B Vrs Group C.
- **Gandhani:** Statistically significant for Group A Vrs B, Group C Vrs Group A & statistically non significant for Group B Vrs Group C.
- **Swarbhanga:** Statistically significant for Group C Vrs Group A & statistically non significant for Group A Vrs Group B, Group B Vrs Group C.
- **Shirah shoola:** Statistically significant for Group A Vrs B, Group B Vrs Group C & statistically non significant for Group C Vrs Group A.
- **Bhutwa bhutwa:** All three groups show insignificant difference.

**Overall result of treatment**

**Group A:** Among 10 patients, 8 patients were moderately improved and 2 patients had mild improvement. There was no patient who was cured, markedly improved or unimproved.

**Group B:** Among 10 patients, 5 patients were moderately improved and 5 patients were markedly improved. There was no patient who was cured, mildly improved or unimproved.

**Group C:** Among 10 patients, 8 patients were moderately improved and 2 patients were mildly improved. There was no patient who was cured, markedly improved or unimproved.

Overall effect of therapy showed markedly improvement in 16.66% patients, moderate improvement in 70% patients, and mild improvement in 13.33% patients.



## DISCUSSION

The resemblance of *Vataja Pratishyaya* with Allergic rhinitis in terms of aetiology, clinical features and complications is evident from following discussion:

Aetiology of *Vataja Pratishyaya* grouped into various categories can be compared with etiological factors of Allergic rhinitis which include food and drug ingestion (*AharajaNidana*), Occupational (*ViharajaNidana*), allergy and infection (*Rogajanidana*) and iatrogenic cause.

Symptoms of *VatajaPratishyaya* which resemble those of Allergic rhinitis are as follow

Sr. No.	Samanya&VisheshLakshanas of Pratishyaya	Chief & associated clinical features of Allergic rhinitis
1.	<i>Kshavathu</i>	Sneezing
2.	<i>AanadhaPihita Nasa (Nasavrodha)</i>	Nasal obstruction
3.	<i>TanusravaPravaritini</i>	Watery nasal discharge
4.	<i>Gal TaluOasthShosh</i>	Dryness in throat, palate, lips
5.	<i>Swaropghata</i>	Hoarseness
6.	<i>GranaatiToda</i>	Painful sensation in nose
7.	<i>NistodaSankhyostatha</i>	Headache
8.	<i>Kandu</i>	Itching in nose
9.	<i>Shirogaurava</i>	Heaviness in head
10.	<i>Kasa</i>	Cough
11.	<i>BhutwaBhutwa</i>	Recurrent attacks

The present research work “A Comparative study of *VyaghriHaritaki*, *Vyaghri tail Nasya* and *JalaNeti* in management of *VatajaPratishyaya* w.s.r. to Allergic rhinitis” has been especially undertaken to explore a unique herbal formulation and its efficacy. *Pratishyaya* is a *Vata-Kapha* predominant *Tridoshaja* disease in which *KaphaDosha* show movement towards nose under the influence of *vata dosha*.

The trial drug *VyaghriHaritakiAvleha* is having dominant *Katu Rasa*, *LaghuGuna* dominant, *UshnaVirya*, *KatuVipaka* and *KapahaVataShamaka* properties which are countering the *Samprapti* (pathogenesis) of *Vataja Pratishyaya*.

The dominant *Rasa Katu* having properties like *Ghranam Asravayati*, *Shwayathu Anupahanti*, *Krimi Hinasti*, *Marga Vivrinoti* as per *Ch. Su. 26*,<sup>[12]</sup> helps a lot in reduction of signs and symptoms. The dominant *Guna* of drug is *Laghu*, that helps in relieving symptoms like heaviness. *LaghuGuna* relieves the oedema of nasal mucosa and clear the osteo-meatal complex. As the *Pratishyaya* is aggravated by cold food habits and environment conditions *UshnaVirya* help to combat with this precipitating factor. Also *UshnaVirya* help in reducing *Kapha* i.e. discharge or over secretions & help to reduce *Kapha* and *Vata*, so act against *Vata* and *Kapha* predominance of *VatajaPratishyaya*. *KatuVipaka* have same function as *Katu Rasa*.

In *Vyaghri Taila* ingredients also have same predominant properties as *Katu Rasa*, *LghuGuna*, *UshnaVirya*, *KatuVipaka* and *KapkaVataShamaka* properties. So these have same action on *Vata Kapha* predominant *Vataja Pratishyaya*. Because of *Tikshana* and *Sukhshma Guna* the medicine will penetrate into minute channels does *Srotoshodhana*. Most of ingredients possess anti-inflammatory activities which also prevent inflammatory

process. Tail is best for *Vata Dosha*, so oil preparation may be best form for conditions like *Vataja Pratishyaya* (Allergic Rhinitis).

Administration of medicated oil will help in reduction of post nasal drip due to high viscosity, reduction in anterior nasal drip, reduction of irritation by soothing recipients and target drug delivery to mucosa for better absorption. Due to high viscosity, there is increase in residual time of oily substance in nasal cavity and enhance bioavailability. Oil instilled in nose prevents its irritation of mucous membrane by pollen, dust, bacteria etc. so it can check the allergy or infection.

The *Vyaghri Taila* possesses anti-inflammatory, antioxidant, immune modulatory and antiasthmatic properties and also stabilizes mast cells and reduces mucous secretion.

*Pratishyaya* is well known for its recurrence and chronicity. Recurrence occur when vitiated doshas are not evacuated completely. Hence in *Jeernaavastha*, *Nasya* is the line of treatment to evacuate the vitiated *Doshas* completely and to prevent recurrence of disease.

Drug given by *Nasya* reaches *ShringatakaMarma*, taking routes of *Netra* (eyes), *Shrotra* (eyes), *Kantha* (throat) and stretches the morbid *Doshas* from *Urdhwajatru* and expel them from *Uttamanga*.

Due to technique, *Jala neti* facilitates easy drainage from closed ostium which is present at high level. So technique+luke warm water+Saindhava lavana *Jala Neti* worked on the principle of *Prakritivighata* at the nasal passage.

Luke warm water pacifies *Vata* (which is dominant in nature in this disease) and *Kapha*. With addition of

*Saindhava Lavana*, luke warm water act as *Tridoshaghnan* and also it does not cause any irritation due to *Vidahi* property.

*SaindhavaLavana* is mentioned in *Shirovirechniya dravya*<sup>[13]</sup> by *Acharya Charaka*.

**Luke warm water** due to its *Deepana* and *Pachana* properties and *LaghuGuna*, digest the *Amadosha* present at local area.

So combinedly it acts as *Amadoshapachan* at local area by increasing the *Dhatvagni* at that place. It pacifies all *Doshas* (due to presence of *Saindhava Lavana* and luke warm water) and any blockage due to *Ama*. Therefore the *Vitiated Doshas* get pacified and blockage due to *Ama* becomes open up.

Furthermore, due to *Prakritivighata* of Nasal passage, it makes the part healthy and become unfavourable for further causing the disease.

It remove all the unwanted things like allergens from nasal cavity and help to drain nasal cavity, saline warm water help to reduce inflammation and increases blood supply there which help in regaining healthy mucous membrane. It also improve sensitivity of olfactory nerves, flushes tear duct, cleanses the cilia (present in nasal cavity).

## CONCLUSION

*Vataja Pratishyaya* is explained in *Ayurvedic* system of medicine as Sneezing, Watery discharge from nose, Stuffy nose, Itching in nose etc. which have relevance with Allergic Rhinitis on the basis of clinical features. In the present study carried out in three groups Group A & Group C showed almost equal results while Group B showed better results in the treatment of *Vataja Pratishyaya*.

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