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EFFICACY OF AYURVEDIC NASYA THERAPY IN MANAGING PERENNIAL ALLERGIC RHINITIS

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ABSTRACT

Allergic rhinitis is a prevalent condition, typically marked by sudden episodes of intense sneezing and a runny nose. This disorder is triggered by specific allergens. While allergic rhinitis is not life-threatening, it can significantly diminish one's quality of life. Persistent sneezing, nasal congestion, itchy eyes, and fatigue can hinder concentration, disrupt sleep, and detract from daily activities. Contemporary medicine provides various treatments that can alleviate the symptoms of allergic rhinitis; however, these often do not offer a permanent or completely satisfactory solution for all individuals. Most available treatments, such as antihistamines, corticosteroid nasal sprays, and decongestants, focus on symptom management rather than tackling the underlying issue. Therefore, there is a necessity to explore effective treatments within alternative medical systems. In this context, we present a case of allergic rhinitis that was successfully treated using Ayurveda

Keyword: Nil

INTRODUCTION

Allergic rhinitis (AR) is a diverse disorder that frequently goes undiagnosed, despite its widespread occurrence. It is marked by one or more symptoms, including sneezing, itching, nasal congestion, and rhinorrhea [1]. The nose is subjected to various microorganisms, allergens, and environmental pollutants due to its direct exposure to the external environment. If the initial phase of AR is not properly managed, it can lead to mucosal alterations in the nostrils and result in turbinate hypertrophy, nasal polyps, allergic bronchitis, among other complications. AR is defined as the inflammation of the nasal membranes triggered by exposure to allergens [2].

AR impacts 26% of the Indian population [3]. The incidence of AR has notably increased in certain countries, although national trends vary [4]. It is the most prevalent atopic condition, affecting approximately 10%-30% of adults and up to 40% of children globally [5]. In India, its prevalence has steadily increased over the past two decades [6]. Diagnosis relies on clinical symptoms and is corroborated by positive outcomes from skin prick tests or the detection of serum-specific immunoglobulin E antibodies to aeroallergens, or through direct nasal endoscopy.

In this research, the diagnosis of AR and its categorization into mild and moderate-severe groups were conducted following the Allergic Rhinitis and Its Impact on Asthma (ARIA) classification [7]. The primary symptoms, as per ARIA guidelines, include paroxysmal sneezing, nasal itching, itching of the eyes, palate, or pharynx, watery nasal discharge, nasal obstruction, and a history of urticaria. Clinical signs encompass pale boggy nasal mucosa, enlarged turbinates, thin, watery, or mucoid discharge, allergic shiners, and a transverse nasal crease (allergic salute) [8]. The control group was selected according to ARIA guidelines.

The absence of a definitive cure necessitates alternative health systems to provide remedial treatments, such as Ayurvedic medicine. Standard medication treatments have their own limitations. Allergic rhinitis is a prevalent inflammatory condition affecting the nasal passages, triggered by an allergic response to various allergens such as 1) Inhalants including dust, pollen, animal dander, feathers, mould, house dust, and mites. 2) Ingestants: Foods like eggs, fish, milk, citrus fruits, and cocoa. 3) Contactants such as cosmetics and powders. 4) Irritants like fumes and smoke [1]. There are two primary types of allergic rhinitis: 1) Seasonal: Hay fever caused by pollen grains occurs during pollination periods. 2) Perennial: This type affects individuals year-round. Symptoms of allergic rhinitis include nasal irritation, paroxysmal sneezing, rhinorrhea, nasal obstruction, anosmia, and headaches [2]. Although not life-threatening, allergic rhinitis can greatly diminish quality of life by interfering with sleep, productivity, and overall well-being.

The prevalence of allergic rhinitis, as diagnosed by physicians, is around 15%; however, it is estimated to be as high as 30% when considering patients with nasal symptoms. Allergic rhinitis tends to peak during the second to fourth decades of life before gradually declining. The incidence of allergic rhinitis in the pediatric population is notably high, making it one of the most common chronic disorders in children. According to data from the International Study of Asthma and Allergies in Childhood, 14.6% of individuals aged 13-14 years and 8.5% of those aged 6-7 years exhibit symptoms of rhinoconjunctivitis associated with allergic rhinitis. Seasonal allergic rhinitis appears to be more prevalent among children, while chronic rhinitis is more common in adults [3].

While avoiding allergens is the ideal approach, it is not always feasible. Desensitization is also a treatment option. Specific desensitization is achieved through targeted vaccines or inhalants, while non-specific stock vaccines may be beneficial in certain cases. Symptomatic treatment for allergic rhinitis includes antihistamines such as cetirizine and levocetirizine, as well as steroids, which may be administered in small doses via aerosol sprays or drops. Vitamin C and calcium are frequently recommended, although their efficacy is questionable. For local treatment Allergic rhinitis is a prevalent inflammatory condition affecting the nasal passages, triggered by an allergic response to various allergens such as 1) Inhalants including dust, pollen, animal dander, feathers, molds, house dust, and mites. 2) Ingestants: Foods like eggs, fish, milk, citrus fruits, and cocoa. 3) Contactants such as cosmetics and powders. 4) Irritants like fumes and smoke [1]. There are two classifications of Allergic Rhinitis: 1) Seasonal: Hay fever caused by pollen grains occurs during the pollination period. 2) Perennial: affects individuals throughout the entire year. Symptoms of Allergic Rhinitis include nasal irritation, paroxysmal sneezing, rhinorrhea, nasal obstruction, anosmia, and headaches [2]. Although not life-threatening, allergic rhinitis can greatly diminish one's quality of life. These studies underscore the significant burden of allergic rhinitis across diverse demographics in India, highlighting the necessity for effective public health strategies and interventions. Ayurveda, the ancient Indian medical system, is notably effective in managing and treating chronic disorders through its holistic and personalized approach. Chronic disorders are long-lasting illnesses often stemming from lifestyle imbalances, poor digestion, and the accumulation of toxins in the body. Ayurveda tackles these conditions by concentrating on restoring balance within the body, eliminating toxins, and enhancing overall health and well-being. Allergic rhinitis is categorized in Ayurveda under conditions similar to 'Vata-Kaphaja Pratishyaya'. According to Ayurvedic principles, allergic rhinitis arises from an imbalance of the Doshas, primarily Vata and Kapha, along with the influence of Ama (toxins). Allergic rhinitis (AR) is a condition characterized by a type-1 hypersensitivity reaction affecting the nasal mucosa, resulting in intermittent episodes of sneezing and a watery nasal discharge. This immunologically mediated condition is

triggered by allergens, which are substances that provoke an exaggerated immune response, leading to inflammation of the nasal mucosa. Patients may also experience chest tightness due to subclinical bronchospasm. The rise of industrialization and urbanization has notably impacted the prevalence and severity of allergic rhinitis. These processes modify environmental conditions, living habits, and exposure to allergens, contributing to a global increase in allergic diseases. Factors that predispose individuals to allergic rhinitis include genetic, environmental, and lifestyle elements that heighten susceptibility. A dusty environment, overcrowding, the use of air conditioning, dusty carpets, curtains, bookshelves, and occupational hazards significantly contribute to triggering allergic responses in both residential and workplace settings. The highest prevalence of allergic rhinitis occurs during the second to fourth decades of life, gradually subsiding in later stages. Allergic rhinitis has a considerable impact on quality of life, disrupting daily activities, physical health, emotional well-being, and social interactions. While not life-threatening, AR can lead to significant discomfort and functional impairment if not properly managed. Treatment options for AR include: 1) avoiding allergens, 2) pharmacological interventions, and 3) immunotherapy, which is recommended if medications fail to manage the condition effectively. Medications for allergic rhinitis encompass antihistamines, sympathomimetic agents, oral and topical corticosteroids, and leukotriene receptor antagonists. Allergic rhinitis is a chronic condition, and its symptoms may recur after discontinuation of medication, particularly if exposure to underlying allergens and immune sensitivity are not adequately addressed. Typical symptoms include sneezing, nasal congestion, a runny nose, and itchy eyes, all of which are provoked by allergens such as pollen and dust. A thorough history, physical examination, and diagnostic tests confirmed the diagnosis of allergic rhinitis.

The treatment plan comprised strategies for allergen avoidance, along with Nasya and Shamana Chikitsa, supplemented by Immunocin syrup and Sitopaladi Churna. Educating the patient about lifestyle changes and environmental control measures was essential for managing symptoms and enhancing quality of life.

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