

[https://doi.org/10.46344/JBINO.2024.v13i03\(a\).07](https://doi.org/10.46344/JBINO.2024.v13i03(a).07)

TO STUDY THE ROLE OF AYURVEDA AND ITS IMPORTANCE IN TREATMENT SEVERE POSTERIOR EPISTAXIS IN PATIENTS.

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ABSTRACT

This disease occurs due to aggravation of Udan Vata, enveloped with Kapha, thereby causing obstruction in nose. In contemporary science this disease can be co-related with many disorders like turbinate hypertrophy, deviated nasal septum, nasal polyp, tumours, allergic rhinitis and others; among which deviated nasal septum is a common cause. Deviated Nasal Septum can be treated with surgical and medical methods. In the present review article we are discussing regarding the role of ayurveda and its importance in treatment of posterior epistaxis.

Keywords: Nil

INTRODUCTION

Nasa Pratinaha is one among the 31 Nasa Roga in which nasal obstruction is the chief complaint and it is a commonly encountered disease in clinical practice. This disease occurs due to aggravation of Udan Vata, enveloped with Kapha, thereby causing obstruction in nose. In contemporary science this disease can be correlated with many disorders like turbinate hypertrophy, deviated nasal septum, nasal polyp, tumours etc. As Nasa Arshas and Nasa Arbuda are explained separately, it is appropriate to consider Nasa Pratinaha as deviated nasal septum and hence the same will be considered for this study. Symptoms of Deviated Nasal Septum (DNS) are nasal obstruction in one or both nostrils, headache, epistaxis, middle ear infection etc and is usually asymptomatic in 80% of people. Its prevalence rate is 20-50% and associated with Allergic Rhinitis, Sinusitis, and Upper respiratory tract infections. It can occur in any age group and sex, but it is seen that males are more affected than females. Management of Deviated Nasal Septum in modern science is through medications such as nasal decongestants, antihistamines, nasal sprays and surgical procedure known as septoplasty. The symptoms usually reappear after the withdrawal of medication. Prolonged usage of antihistamines and nasal sprays are not recommended because which are cause unnecessary side effects like drowsiness, epistaxis, drying and crusting and the surgical approach has also failed to achieve desired results. Therefore, an

alternative solution in Ayurveda is sought which provides relief from all the symptoms of the disease as well as reducing the recurrent attacks. Snehapana, Nasya, Dhoompana etc are advised in Ayurveda classics for Nasa Pratinaha⁴. Nasya Karma is the best treatment for “Urdhavjatrugata Roga” as the quotation says “Nasa Hi Shirsoho Dwaram” which itself explains its importance. Nasya is also the best local route for administration of medicines to head which expel the deep seated Doshas and thereby removing the root cause and other deep-seated pathologies. The best drug prescribed in Nasa Pratinaha for Nasya is Bala Taila. Nose bleed or Epistaxis is a symptom of a large number of widely, diverse conditions. Epistaxis is a frequent otolaryngologic emergency. At some point in their lifetime, up to 60% of the population will experience a nose bleed, and 6% of these people will seek medical attention. Epistaxis reportedly occurs more frequently during the dry, cold winter months. It is thought to occur more in males than in females and there is an increasing incidence with age. Epistaxis may be a) Anterior or Posterior, b) Spontaneous or induced. A postnasal bleeding can be quite deceptive, as the patient may swallow plenty of blood without any visible external blood loss. A rising pulse rate helps to diagnose such an occult bleeding¹. The causes of Epistaxis may include Local causes like congenital, traumatic, barotraumas, acute or chronic inflammations. Systemic causes like hypertension, bleeding disorders, reduced atmospheric pressure and dryness can cause Epistaxis at high altitudes. In many

cases, no cause for Epistaxis is detected in spite of thorough investigations such conditions may be included under idiopathic causes². The most common site for Epistaxis is Little's area (Kiesselbach's area) in the anterior part of the nose from the nasal septum³, it accounts for almost 90% of cases. Bleeding from the back in the nose is known as a posterior bleed and is usually due to bleeding from Woodruff's plexus. They can be associated with bleeding from both nostrils and with a greater flow of blood into the mouth. Ice or cold pack application on the bridge of the nose may arrest the bleeding by reflex vasoconstriction. Pinching the nose for a minute keeps the pressure on little's area; it may stop the bleeding from that area in many cases. Nasal packing plays an important role to stop nose bleed. The therapeutic management of Epistaxis includes both medical and surgical approaches. However, many a times neither of these modalities seems to give a satisfactory relief to the patients. In Ayurvedic texts, Brihatrayi's namely Charaka Samhita⁴, Sushruta Samhita and Ashtanga Hridaya, there is detailed explanation of the disease Raktapitta wherein there is bleeding through external orifices. According to Acharya Sushruta there is 31 Nasarogas, among them one is Nasagata Raktapitta⁵. Urdhwaga Raktapitta is the condition in which bleeding occurs through the upper orifices. In Urdhwaga Raktapitta, cause of Epistaxis is said to be idiopathic. In the present study the initial cause for Epistaxis was not known, therefore was idiopathic. In this case the treatment modalities initially taken up by the patient didn't help him out

effectively as much did the treatment of Vasa Ghrita Nasya in the present study. Ayurvedic management of Epistaxis is based on the principle of Pitta Kapha Shamaka and Stoto Shodhaka. In Epistaxis there is pathology in anterior or posterior aspects of nose. Nasa is Adhithana of Ghranendriya. Due to Tikta, Kashaya Rasa, and Sheeta Veerya, Vasa is Pittahara. It is also Kaphahara due to its Laghu Ruksha Guna and Katu Vipaka. This explains the mode of action of Vasa Ghrita in treating Nasagata Raktapitta. Vasa Ghrita Pana is mentioned by Acharya Charaka in Raktapitta Chikitsa adhyaya. For Nasa Sroto Shodhana Nasya should be used, so Vasa Ghrita Nasya is given here for Sroto Shodana of Nasa. Also Nasya is said to be the best line of treatment for Urdhvajatrugata Vikaras (disorders of organs in head and neck). It's also a mode of treatment explained for the Nasagata Raktapitta. This explains its efficacy in the management of Epistaxis. The global prevalence of AR among adults ranges between 10 and 30%, while it was up to 40% in children [3]. The coexistence of AR and asthma is significantly high, the prevalence of coexisting Allergic Rhinitis was found to be 65.24% with the highest prevalence (80%) in southern regions of India [4]. The AR carries a heavy burden of disease as it impacts the quality of life [5]. The main symptoms are nasal obstruction/congestion, sneezing, nasal itching, and rhinorrhea. However nasal obstruction/congestion is the most worrisome symptom which affects sleeping and may cause obstructive sleep apnea because of continuous positive airway pressure [6]. The post-nasal dripping of

mucous and watery rhinorrhea are more annoying than the sneezing or nasal itching. In the event of continuous or repeated exposure to allergens, acute phase symptomatology overlaps the late phase.

CONCLUSION

The recommended treatment options for AR includes (a) for episodic symptoms- oral or nasal H1 antihistamines, (b) for mild symptoms and seasonal or perennial AR- intranasal glucocorticoids, oral or nasal H1 antihistamines or leukotriene receptor antagonist like montelukast and (c) for moderate to severe symptoms intranasal corticoids alone or with nasal H1 nasal antihistamines, subcutaneous or sublingual allergen immunotherapy (limited to the treatment of grass and ragweed allergy) administration [1]. However, intranasal corticoids have some adverse effects such as nasal irritation, bleeding, and septal perforation [7] and their efficacy for nasal congestion compared to antihistamines is uncertain. Antihistamines are having sedative effects and only give symptomatic relief temporarily. The nasal decongestants are having adverse effects such as nasal bleeding, stinging, burning, and dryness of the nose. It also induces hypertension, tachycardia, insomnia, headache, and irritability if used in the long term. The potential adverse effect of leukotriene antagonist receptors includes upper respiratory tract infection and headache [8]. Subcutaneous and sublingual allergen immunotherapy needs close observation to administer as it can be associated with anaphylaxis. The

risk/benefit ratio of immunotherapy is not completely known [9]. Ayurveda is a science of life and it gives rational solutions for chronic ailments. The medicine described in the classical text are having diversity in mode of action and acts on various systems as per Dosha-Dushya vitiation. Pratishyay is a broad term mentioned in Ayurveda in which many types of rhinitis are covered. Characteristically Pratishyay is the disease in which Kapha and other Dosha get dragged towards Vayu and are expelled out through nostrils, is called Pratishyay. AR can be comparable with Vata-Kapha Dosha predominant Pratishyay according to Ayurveda. The signs and symptoms of AR typically indicate the vitiated Vata-Kapha Dosha (Table 1). Ghratapana (~drinking Ghrita) was mentioned in Vataj as well as in Kaphaj Pratishyay. Also, modalities like Nasya (~nasal oleation), Vamana (~therapeutic emesis), Lepa (~ointments), Dhumapana (~medicated smoking), and Kawal (~gargling) are mentioned in general for all types of Pratishyay. Rajanyadi Churna is indicated in Grahani (~irritable bowel syndrome), Shwas-Kaas (~asthma and cough), Jwara (~fever), Kamala (~jaundice), and pediatric diseases. It is said to be Vatanulomak (~brings normal Gati to Vata) in action [10] [Uttartantra 2/38e40]. However, Rajanyadi Churna is not directly indicated in Pratishyay (~rhinitis) but all the ingredients work on Pranavaha Srotas (~respiratory tract). Guduchi is having predominantly Tikta Rasa (~bitter taste), Rasayan (~tissue rejuvenating property), and Aam-pachan (~alleviates toxins in the body) properties [11]. So Rajanyadi Churna

was planned with Guduchi Kwath in AR in the case discussed here. The present case is of Allergic Rhinitis and treated with polyherbal preparation of Rajanyadi Churna and Guduchi Kwath for 15 days. A good improvement was seen in Absolute Eosinophil Count and symptoms were reduced and patients felt relief from the disease in a short time.

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