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EFFICACY OF AYURVEDIC TREATMENTS IN MANAGING FOOD ALLERGIES AND INTOLERANCE

Dr. Bhairav Bhimrao Tawshikar Kulkarni

Professor & HOD, Kayachikitsa Department, Dr. Vedprakash Patil Ayurvedic Medical College, Jalna

ABSTRACT

The term 'allergy' refers to a hypersensitive immune response of the body to certain foreign proteins, which can be hereditary or develop without genetic factors. The cause of an allergy stems from the human body's reaction to various allergens, typically attributed to imbalances in pitta and blood. Low immunity is a significant factor in nearly all types of allergies. In Ayurveda, the concept of allergy is linked to several ideas, particularly Ama, Asatmya, and Virudhahara. Various Acharyas have elucidated different causes and symptoms that bear resemblance to allergies. The primary cause of an allergy is identified as Ama, or toxins generated by a weakened digestive fire. Distinct symptoms manifest at varying levels. The production of Ama can disrupt Rakta and Pitta or affect Kapha, leading to diverse symptoms. Immunity also plays a crucial role in the development of allergies. All forms of proteins, whether derived from animals or food sources, have the potential to trigger allergic reactions. This understanding prompted a review of ancient Indian literature to explore the relationship between the human body's constitution and allergies. According to Ayurvedic principles, maintaining bodily balance prevents allergic reactions. This balance is fundamentally based on the equilibrium of the Tridoshas. This paper aims to provide insights into the Ayurvedic perspective on allergies and intolerance drawing from the teachings of various Samhitas and Acharyas.

Keywords: Nil

INTRODUCTION

This concept of Ayurveda is both significant and distinctive, as it can be directly associated with allergies. Acharya Sushruta has elaborated on this in the Kalpa Sthana, stating that when an individual is affected by either artificial or natural toxins, antitoxic treatments are administered. In certain instances, a complete removal of these toxins from the body may not be feasible, and they can remain in a dormant state for an extended duration. [1]

Acharya Charaka explains that the consumption of less potent toxic drugs (Hina veerya) can remain dormant within the body for many years without inflicting harm. This state of latency is attributed to the covering (Avrita) of Kapha dhatu dushti. [2] Chakrapani has commented on Acharya Charaka's assertion, noting that "Dushivisha" can disrupt the Dhatus after a considerable period, given the right conditions. [3,4] Sushruta further clarifies that when factors such as Desha (place), Kala (time), Anna (diet), and Divaswapna (day sleep) are conducive to Dushivisha, it becomes more potent, thereby affecting the Dhatus and leading to disease manifestations. [5] The allergic diseases outlined in Ayurveda include those mentioned by Acharya Charaka, who lists the following ailments caused by Dushivisha: Shonit dushti, Kitibha, and Kotha. [6] Acharya Sushruta also identifies several disorders resulting from Dushivisha, including Avipaka, Arochaka, Kotha, Mandal, Shotha, Vamana, Atisara, and Trishna, among others. Many of these conditions have allergy as a contributing factor. [7]

Histamine and Dushivisha

Histamine exists in the body in a latent form, akin to Dushivisha. It remains inactive within the confines of the cell wall, which can be referred to as Kapha Dravya. Histamine becomes active only through its chemical interaction with Histaminase. Concept of Ama Toxins, or Ama, can develop and accumulate within the body, hindering its capacity to neutralize foreign substances. A primary cause of Ama arises when the body fails to digest food properly. Allergy refers to a condition characterized by an altered response to stimuli, particularly specific antigens. Stimuli that do not provoke any clinical symptoms in healthy individuals can trigger clinical manifestations by activating pathogenic pathways in those with allergies. Worldwide, the most common types of allergies include allergic rhinitis, affecting approximately 400 million people, and asthma, impacting around 300 million. Epidemiological research indicates that the global prevalence of allergic disorders is increasing. Asthma is responsible for an estimated 250,000 premature deaths globally, many of which could be prevented. The incidence of anaphylaxis ranges from 1 to 761 cases per 100,000 person-years worldwide [1]. Urticaria affects 1832 out of 100,000 children globally [2].

The traditional pharmacotherapeutic methods for managing allergic diseases have succeeded in providing symptomatic relief; however, they seldom tackle the underlying causes or halt the progression of

the disease. Allergy immunotherapy, a newer approach deemed to be more effective, is not without its limitations, as systemic allergic reactions, occasional anaphylaxis, and even fatalities have been documented as adverse effects. The relative contraindications of immunotherapy for various groups, including pregnant women, children under five years old, individuals with pre-existing medical or immunological conditions, and those on beta-blockers, have also restricted its widespread use. At this juncture, the pursuit of effective, safe, and sustainable solutions becomes the focus of medical intervention. These objectives are intrinsic to Ayurvedic Medical management, although they may be viewed as achievable only at the cost of patient convenience [3].

Ayurveda represents a body of knowledge that encompasses a theoretical, systematic, and scientific framework for the effective diagnosis and management of both existing and emerging diseases. The methodology for addressing new conditions is outlined in classical texts. A novel disease must be evaluated based on three critical components: The targets of allergic disorders have been identified at three distinct levels: exudative networks of channels (srotas), formed organs (avayava), and tissue pools (dhatu).

Upon reviewing the āyurvedic literature for symptoms and pathological processes that resemble allergic disorders, it was observed that this disease pattern exhibits a particular affinity for the first and second tissue systems (rasa and rakta dhatus), the

organs of the skin, lungs, and structures located above the clavicles (jatrurdhva avayava), as well as the waste products, including stool (purisha), urine (mutra), and sweat (sveda).

Body components that are primarily liquid are frequently implicated in allergic disorders when they are exacerbated by causative stimuli. This, in turn, further compromises the integrity of the body's fluid compartments (kleda). Two prevalent examples include urine, which is responsible for eliminating moisture from ingested food, and sweat, which regulates moisture loss.

The exudative networks of channels (srotases) associated with allergic disorders encompass vital force (praana), food nutrient (anna), feces (purisha), the aqueous component of the body (udaka), sweat (sveda), urine (mutra), the body component containing nutrients and essence (rasa), and blood tissue (rakta). The deeper dhaatus (bio-elements), their srotasas, and the pathways of disease (rogamarga), including vital points (marmas), are rarely affected, except in critical conditions such as anaphylaxis. The three primary dosha prakritis are vata, pitta, and kapha, which differ on various grounds, particularly regarding their digestion and metabolism (agni) and strength (bala).

In research comparing prakritis concerning immunological factors, each prakriti demonstrated distinct functions. The genes associated with innate immunity were more prominently expressed in pitta prakriti, while those related to adaptive

immunity were more prevalent in kapha prakriti, likely due to their respective baseline levels of digestion, metabolism, and strength. Individuals with pitta prakriti possess a naturally robust digestion and metabolism (tikshna agni) that can effectively combat infectious agents. Conversely, those with kapha prakriti benefit from a high baseline strength (uttama bala), enabling them to maintain significant resilience even after consuming foods that are bitter, spicy, and astringent, which would typically diminish strength. This establishes the basis for hypotheses suggesting that prakriti can elucidate the inter-individual differences in susceptibility to diseases, particularly in infections, atopy, and allergic reactions.

Furthermore, some evidence indicates variations in the clinical manifestations of identical allergic pathogenesis among individuals of different prakriti. For instance, individuals with pitta prakriti are more prone to developing reddish discoloration of the sclera [5]. Individuals with vata prakriti are more vulnerable to dysfunction of the epidermal and intestinal epithelial barriers due to their intrinsic dryness (ruksha guna), which likely predisposes them to the initiation and progression of atopic march. Prakriti also significantly influences the prognosis and response of a disease to therapeutic interventions.

The predisposition to atopy and asthma, along with their expression, involves polygenic interactions and multiple polymorphisms. Approximately 100 genes have been identified as being involved in their pathogeneses [19]. The review examines the subtleties of allergic disorders through the framework of Ayurvedic

parameters that are utilized for comprehending novel diseases. Certain parameters, such as desha, kaala, vaya, agni, and koshta, have a well-established connection to these diseases, while others, like the research studies investigating the parameters of prakriti and saatmya, are still in their early developmental stages.

The soft tissues, specifically the initial dhatus, are particularly susceptible to atopic manifestations. Identifying the involved targets clarifies the etiology and risk factors that are specific to the vitiation of the substratum. Prakriti holds predictive potential in disorders, including allergies, but requires further investigation to enhance its translational value. Caraka's description of prakriti-specific responses to viṣas may provide insight into this matter. Ayurvedic texts characterize the features of moist, damp regions (anupa desha) as being located near oceans or water bodies, where flora from the Arecaceae and Poaceae families thrive. These areas are generally not favorable for health. This observation is also applicable to allergic disorders. The Poaceae family includes the leading aeroallergens worldwide. The winter, spring, and rainy seasons exacerbate dushivisha, which correlates with the seasonal peaks of asthma and atopic dermatitis. Rainy seasons encourage the proliferation of allergens, while winds facilitate their circulation. Additionally, the season of birth has been noted to affect allergic predisposition. Children born in Boston during the fall or winter exhibited a higher incidence of food allergies, indicating the influence of birth timing on an individual's bala. A

constipated gut (krura koshta) is positively correlated with allergies, likely due to the disruption of the body's self-cleansing mechanisms. The body eliminates impaired metabolites, and if this process is hindered, it must be rectified with digestive (pachana) or eliminative (shodhana) medications.

Diet and dietary habits play a crucial role in preventing risk factors. While contemporary dietetics primarily emphasize food composition, Ayurveda also provides guidelines regarding the manner of consumption. Additionally, early life exposure to various stimuli is a component of Ayurvedic primordial prevention. The samskaaras, or rites observed at different life stages, as outlined in Ayurvedic pediatric texts, likely include this aspect. In Indian birth rites (jatakarma), the administration of honey mixed with ghee is recommended in subtherapeutic doses for neonates. Honey serves as a source of pollen and acts as a powerful immunostimulant [9]. Its immunostimulant properties are enhanced by the addition of ghee, which is not compatible in equal proportions with honey (matraviruddha) [4]. Furthermore, the intake of dietary rejuvenative formulations (ajasrika rasayanas) is also integral to primordial prevention measures.

4.2.2. Primary

For individuals who have been exposed to risk factors, geographic location and seasonal changes serve as tools for prevention. In such cases, early screening based on recognized risk factors and preventive measures to mitigate the

effects of desha and kala should be implemented (such as dust removal and indoor moisture elimination). Prophylactic body cleansing (rtu shodhana), appropriate for the specific age group, is a significant step in this phase and has numerous documented benefits

4.2.3. Secondary

When symptoms have appeared, interventions become a top priority, and in this context, understanding the disease pattern, the target involved, and the body's resilience are essential tools. The comprehension of the 'visha' disease pattern as a foundation for allergic pathogenesis broadens the management options, including Vilvadi Gutikaa, Patolakaturohinyadi kwatha, Dushivishri agada, etc., for these conditions, which would otherwise be treated symptomatically. These formulations have been utilized in the management of allergic and autoimmune diseases based on the same principles. This knowledge, combined with an understanding of the targets, aids in selecting antitoxic drugs (vishahara) that are specific to the involved substratum.

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