

# A Case Study on Vasomotor Rhinitis (*Pinasha*) Treated by Ayurvedic Treatment Protocol

Yogikumar Kacha\*, D. B. Vaghela\*\*

\*PG Scholar, Department of *Shalakya Tantra*, Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar, Gujarat,

\*\*Head and Associate Professor, Department of *Shalakya Tantra*, Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar, Gujarat.

## Abstract:-

The term “Vasomotor rhinitis” relates to any inflammation of the nose the cause of which is unknown. It is the diagnosis of exclusion as underlying causative or contributory factors can often be found if carefully sought. Patients are generally manifesting an upper respiratory hyper-responsiveness or reactivity, which is simply an exaggeration of normal defence mechanisms to nonspecific environmental triggers such as changes in temperature and humidity or exposure to irritants. In non-allergic, non-infectious rhinitis, symptoms vary in intensity but consist of nasal blockage anterior rhinorrhea, and postnasal discharge, sometimes with sneezing. Autonomic nervous system is under the control of hypothalamus and therefore emotions play a great role in vasomotor rhinitis. Autonomic system is unstable in cases of vasomotor rhinitis. As per clinical presentation of vasomotor rhinitis, we compared with *pinasha* described in Ayurveda. We started Ayurvedic treatment like *Trikatu churna*, *Dashmoola kwatha* and *Haritaki churna* and advised to follow *Pathya-Apathya*. Ayurvedic treatment protocol given for 1 month. Study conclude that above Ayurvedic treatment protocol can prove to be an effective alternative management of Vasomotor Rhinitis (*Pinasha*).

**Keyword:-** Vasomotor Rhinitis, *Pinasha*, Ayurveda, *Trikatu Churna*.

## Introduction:-

The term “Vasomotor rhinitis” relates to any inflammation of the nose the cause of which is unknown. It is the diagnosis of exclusion as underlying causative or contributory factors can often be found if carefully sought. Patients are generally manifesting an upper respiratory hyper-responsiveness or reactivity, which is simply an exaggeration of normal defence mechanisms to nonspecific environmental triggers such as changes in temperature and humidity or exposure to irritants (eg, cigarette smoke or strong odors). An extreme example of a normal physiologic response can be seen in “skier’s nose” in reaction to cold, dry air. Cigarette smoke is known to affect mucociliary clearance<sup>1</sup> and has been shown to cause an eosinophilic inflammation in the nasal mucosa of non-atopic children. Challenge of smoke-sensitive individuals produces rhinorrhea and obstruction, and in smokers, eye irritation and hyposmia are more common than in non-smokers. It has also been shown that the more people smoke, the more they

experience the symptoms of chronic rhinitis.<sup>3</sup> In non-allergic, non-infectious rhinitis, symptoms vary in intensity but consist of nasal blockage anterior rhinorrhea, and postnasal discharge, sometimes with sneezing. There is no characteristic seasonal variation, and ocular symptoms are almost always missing. Skin prick tests are negative or do not correlate with the symptoms (ie, may be positive to grass pollen).

Nasal mucosa has rich blood supply. Its vasculature is similar to the erectile tissue in having venous sinusoids or “lakes” which are surrounded by fibres of smooth muscle which act as sphincters and control the filling or emptying of these sinusoids. Sympathetic stimulation causes vasoconstriction and shrinkage of mucosa, while parasympathetic stimulation causes vasodilation and engorgement. Over activity of parasympathetic system also causes excessive secretion from the nasal glands. Autonomic nervous system is under the control of hypothalamus and therefore emotions play a great role in vasomotor rhinitis. Autonomic system is unstable in cases of vasomotor rhinitis. Nasal mucosa is also hyper-reactive and responds to several nonspecific stimuli, e.g. change in temperature, humidity, blasts of air, small amounts of dust or smoke.

Therapy may encompass avoidance of obvious triggers, but most patients require medication, the mainstays of which are topical corticosteroids that are safe for long-term use. If watery rhinorrhea is the most significant or only symptom, a topical anti-cholinergic agent such as ipratropium bromide may be helpful. Topical decongestants are best avoided because of their side effects in the long term (sic), and although oral decongestants are popular, their effect is variable and not without cardiovascular and central nervous system effects. but the effects are short-lived and are accompanied by an unpleasant burning sensation, so its role remains undetermined.

**Case Report:-** A 30 year old male patient came to the OPD of *Shalakya Tantra* department, IPGT & RA with the chief complaints of nasal watery discharge, sneezing, Nasal blockage, heaviness of head since last 4-5 months

**Past History:-** Patient take nasal decongestant(Otrivin nasal drops) and anti-histaminic medicine(tab.levocetirizin) for last 1 month.

### **Personal History:-**

Diet: Vegetarian, Appetite: Average, Bowel: Regular, Micturition: Normal, Sleep: Normal, Addiction: No. All vital signs and general physical examination were found to be within normal limits.

### **Dashvidha Pariksha:-**

*Prakruti:-Vata-Pitta, Vikruti:- Vata Pradhana , Saar:- Madhyama, Samhanan:- Madhyama, Satva:- Madhyama , Satmya:- Madhyama, Aharashakti:- Madhyama , Vyayamashakti:- Madhyama , Pramana:- Madhyama , Vaya:- Yuva.*

### **On Examination:**

Ear Examination EAC- Clear(B/L) , Tympanic membrane- intact normal (B/L)

Nose Examination: Inferior Turbinate Hypertrophied (B/L)

Throat Examination:- Normal

Patient's Complete blood count and absolute eosinophilic count within the normal limits

Unlike allergic rhinitis there are no specific diagnostic tests for non-allergic rhinitis, and diagnosis is made on the basis of rhinitis symptoms in the absence of identifiable allergy (by allergy testing), structural abnormality, immune deficiency, sinus disease or other causes.

#### Treatment Given:-

1. *Trikatu Churana* (3 gm) + *Pippalimoola churna* (1 gm) – two times a day before meal with jaggery.
2. *Dashmoola Kwatha* – 10 gm two times a day before meal.
3. *Haritaki Churana* – 3 gm at night with lukewarm water.

Patient also advised to take 1/4<sup>th</sup> boiled water (*Pakvodaka*) for whole day, hot water steam 2-3 times a day for 8-10 minutes and boiled *Mudga* for meal.

All treatment was continued for 20 days. During whole course of medication patient was instructed to avoid direct wind, cold drinks, altered sleep etc. Patient was advised to follow *Pathya-Apathya* described by Charak Samhita.<sup>4</sup>

#### Result and Discussion:-

On first follow up after 7 days patients feel decrease in intensity of sneezing and nasal watery discharge. Routine follow up was done on every 7 days same medicine were continued for 1 month.

After 1 month of treatment patient feels relief from nasal water discharge, sneezing, nasal blockage and heaviness of head. All the medications were stopped after 1 month and patient was called for regular follow up at the interval of 15 days for recurrence of sign and symptoms. but no any recurrence in sign and symptoms occurred.

In vasomotor rhinitis generally nasal decongestant, local steroid and symptomatic treatment given. Surgery has a limited role to play. Vidian neurectomy has had a vogue but has largely been abandoned as the effects are unpredictable and at best short-lived. Correction of septal deformity and/or turbinate hypertrophy is occasionally indicated if medication fails.

While Ayurvedic treatment protocol based on *Vridhha Dosha*. So the treatment comprises management of *Vridhha Dosha* like *Agni Deepana*, *Ama Pachana*, *Anuloomana*, *Vata Shamaka*. *Trikatu* act as *Agni Deepana* and *Ama Pachana*<sup>5</sup>, *Dashmoola Kwatha* act on *Vridhha Vata Doshapha*<sup>6</sup>, *Haritaki Sroto- sodhana* and *Anulokamak* effect<sup>7</sup>. While *Pathya-Apathya* helps in *Nidaan Parivarjana*.

**Conclusion:-**

This case report concludes that Ayurvedic treatment protocol with the internal medicine i.e. *Trikatu Churna*, *Dashmoola Kwatha* and *Haritaki Churna* along with *Pathya-Apathya* offers good result in the treatment of nasal water discharge, nasal obstruction, sneezing and improves patient's quality of life.

**Suggestions for future studies on same topic:**

Same Ayurvedic treatment protocol effective or not on other type of non allergic perennial rhinitis. Clinical studies on same disease for comparisons of herbal medicine with and without *Pathya-Apathya*. Studies should be carried out with sufficiently large sample size and for longer study period.

**References:-**

1. Bascom R, Kesavanatha J, Fitzgerald TK, et al. Sidestream tobacco smoke exposure acutely alters human nasal mucociliary clearance. *Environ Health Perspect* 1995;103:1026–30.
2. Vinke JG, KleinJan A, Severijnen LW, Fokkens WJ. Passive smoking causes an “allergic” cell infiltrate in the nasal mucosa of non-atopic children. *Int J Pediatr Otorhinolaryngol* 1999;51:73–81.
3. Annesi-Maesano I, Oryszczyn MP, Neukirch F, Kauffmann F. Relationship of upper airway disease to tobacco smoking and allergic markers: a cohort study of men followed up for 5 years. *Int Arch Allergy Immunol* 1997;114:193–201.
4. Agnivesh, Charaka Samhita revised by Charaka and Driddhabala with Charak-Chandrika commentary, by Brahmananda tripathi, Chaukhambha Surbharati Prakashana, Varanasi, India, Reprint 2011, Chikitsasthana, Chapter 26/142-143, page no 895.
5. Sushruta, Sushruta Samhita with Ayurveda Tattva Sandipika commentary, by kavi Raja Ambikadatta Shastri, Chaukhambha Sanskrita Sansthan, Varanasi, India, Reprint 2010, Sutrasthana, Chapter 38/51, Page no 188.
6. Sushruta, Sushruta Samhita with Ayurveda Tattva Sandipika commentary, by kavi Raja Ambikadatta Shastri, Chaukhambha Sanskrita Sansthan, Varanasi, India, Reprint 2010, Sutrasthana, Chapter 38/72, Page no 189.
7. Bhavamishra, Bhava Prakash Nighantu, by k.c.chunekar, Chaukhambha Bharati Academy, Varanasi, India, reprint 2013, Haritkyadi Varga sloka 19-22, page no 5.