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Effect Of *Jala Neti* In The Management Of *Vataja Pratishyaya* W.S.R. To Allergic Rhinitis

Dr. Priyanka Thakur,¹ Dr. Vijayant Bhardwaj², Dr. Satish Sharma³, Dr. Rajika Gupta⁴, Dr. Priya Sharma⁵.

1. PG Scholar Deptt. of Shalaky Tantra RGGPG Ayu. College and Hospital Paprola, Distt. Kangra, HP.
2. Reader PG Deptt. of Shalaky Tantra, RGGPG Ayu. College and Hospital Paprola, Distt. Kangra, HP.
3. Reader PG Deptt. of Shalaky Tantra, RGGPG Ayu. College and Hospital Paprola, Distt. Kangra, HP.
4. Reader PG Deptt. of Swasthavritta, RGGPG Ayu. College and Hospital Paprola, Distt. Kangra, HP.
5. PG Scholar Deptt. of Shalaky Tantra RGGPG Ayu. College and Hospital Paprola, Distt. Kangra, HP.

ABSTRACT:

Pratishyaya is a condition of continuous nasal discharge, *Vata pradhan* disease occur due to accumulation of *Doshas in Uttamang*. According to signs and symptoms of *Vataja Pratishyaya* it can be correlated with Allergic Rhinitis was selected for the study. The present study was done on 10 patients of *Vataja Pratishyaya* in single group. *Jala Neti* (NASOWASH as *neti patra*, a modernized form of *jala neti*) was done. The signs and symptoms were studied before and after treatment. Results of study showed moderate improvement in 80% of patients and mild improvement in 20% patients.

Keywords: *Pratishyaya, Pradhan, Uttamang, Jala neti, NASOWASH.*

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Corresponding Author : Dr. Priyanka Thakur

-PG Scholar Deptt. of Shalaky Tantra RGGPG

Ayu. College and Hospital Paprola, Distt.

Kangra,HP. Email, Id-thakur.pk.ayur@gmailcom

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INTRODUCTION:

Acharya Sushruta is the only person who explained the Ophthalmology, ENT in a systematic manner in *Uttartantra* portion of his treatise *Sushruta Samhita*. 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*¹. *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*² 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*

Vataja Pratishyaya is explained in *Ayurvedic* system of medicine as Sneezing, Watery discharge from nose, Stuffy nose, itching in nose etc.³ which has 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 nose⁴. 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 “**Effect of *Jala Neti* in the management of *Vataja Pratishyaya* w.s.r. to Allergic rhinitis**”. *Jala Neti* (in

modernised form as NASOWASH) has been selected. *Jala Neti* is presumed to remove mucous and pollutants from the nasal cavity allowing unobstructed flow of air as it is mentioned as *Kapalshodhini in Hath Yog Pradeepika*.

In this research work 10 patients were taken for study in single trial group. The duration of trial was 15 days. Signs and symptoms were studied before and after treatment and effect was calculated after statistical analysis.

AIMS AND OBJECTIVES:

- To establish the prevalence of the disease according to age and seasonal variations.
- Try to find out correlation of *Vataja Pratishtyaya* with Allergic Rhinitis.
- To know the efficacy of *Jala Neti*.

MATERIALS AND METHODS:

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.

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.

Plan of Work:

The study was planned in different steps as mentioned below:

1. **Performa:** A special preforma 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.

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	1
Feeling of obstruction in inhalation and exhalation	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	1
Rhinorrhoea with occasional running nose with visible fluid	2
Rhinorrhoea with running nose which needs mopping	3
Severe Rhinorrhoea with copious fluid needs	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 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

- ***Shirogaurava***

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

- ***Shwasa Kashtata-***

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

- **Kasa (cough)-**

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

- **Bhutwa Bhutwa (Recurrent attacks)**

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

- **Jwara**

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 OVER ALL 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 ANALYSIS:

INGREDIENTS OF *JALA NETI*

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

Study design:

Open uncontrolled study.

Number of patients – 10

Drug Schedule-

- *Jala Neti*.

Dose-

- *Jala Neti* - 200ml with 4 gms lavana once a day.

Duration-

- *Jala Neti* - 15 days

Duration of treatment - 15 days

Follow up - 7 days

Consent of patient:**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 $p < 0.001$.

All the patients selected for trial were explained the nature of the study and their written consent was obtained on the

proforma before including them in the clinical study.

OBSERVATIONS

1. In the present study maximum i.e. 40% of the patients were of age group 31-40 years, 70% were females, 60% were married, 80% belonged to rural area, 100% were Hindus, 40% were under graduates, 60% belonged to lower middle class, 80% patients were taking mixed diet, 70% of patients were having no addiction, 50% of

patients were students & 50% were housewives, 50% of patients were having previous family history and no family history was recorded in 50% patients, Most of patients have chronicity of >4<5 years, almost all patients respond to aggravating factors like smoke, pollution, dust etc. and some to exposure to pollens, animal changes and climatic changes. Most of patients i.e. 50% belonged to *Vatapittaja Prakriti*, 90% were having *madhyama Satva*, 100% were having *madhyama Satmaya* and *Samhanana*, 100% of patients were having *madhyama Vyayama shakti*. As incidence of signs and symptoms were concerned almost all patients showed symptoms like *Kshavathu*, *Nasanaha*, *Nasavrava*, 80% patients having *Bhutwa bhutwa*, 70% patients were having *kandu* and approx. 50-60% of patients showed symptoms like

Gandhahani, *Shorahshoola*,
Swarbhanga.

EFFECT OF THERAPY

1. ***Kshavathu* (Sneezing):** The initial score of sneezing was 2.9 which were reduced to 1.4 after treatment. The percentage relief was 51.72% which is significant statistically at the level of $p < 0.050$ ($t=9.000$).
2. ***Nasavarodha* (Nasal obstruction):** The initial score of nasal obstruction was 2.2 which were reduced to 1.21 after treatment. The percentage relief was 45.45% which is highly significant statistically at the level of $p < 0.001$ ($t=6.000$).
3. ***Nasavrava* (Nasal discharge):** The initial score of nasal discharge was 1.5 which was reduced to 0.7 after treatment. The percentage relief was 53.33% which is significant statistically at the level of $p < 0.050$ ($t=4.000$).

4. **Kandu (Itching):** The initial score of itching was 2 which were reduced to 0.71 after treatment. The percentage relief was 64% which is highly significant statistically at the level of $p < 0.001$ ($t = 4.6.971$).

5. **Gandhahani (Anosmia):** The initial score of anosmia was 1.5 which was reduced to 0.5 after treatment. The percentage relief was 66.66% which is significant statistically at the level of $p < 0.050$ ($t = 3.873$).

6. **Swarbhanga (Hoarseness of voice):** The initial score of change in voice was 1 which was reduced to 0.5 after treatment. The percentage relief was 50% which is non significant statistically at the level of $p > 0.050$ ($t = 1.000$).

7. **Shirah shoola (Headache):** The initial score of headache was 1.6 which was reduced to 0.6 after treatment. The percentage relief was

62% which is significant statistically at the level of $p < 0.050$ ($t = 3.162$).

8. **Bhutwa Bhutwa (Recurrent attacks):** The initial score of recurrent attacks was 1.87 which was reduced to 0.87 after treatment. The percentage relief was 53% which is significant statistically at the level of $p < 0.050$ ($t = 5.292$).

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.

DISCUSSION:

Vataja Pratishyaya VIS-A-VIS

Allergic rhinitis: The resemblance of *VatajaPratishyaya* 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 (*Aharaja Nidana*),

Occupational (*Viharaja Nidana*), allergy and infection (*Rogaja nidana*) and iatrogenic causes.

Symptoms of *Vataja Pratishyaya* which resemble those of Allergic rhinitis are as follow:

Sr. No.	<i>Samanya & Vishesh Lakshanas of Pratishyaya</i>	Chief & associated clinical features of Allergic rhinitis
1.	<i>Kshavathu</i>	Sneezing
2.	<i>Aanadha Pihita Nasa (Nasavrodha)</i>	Nasal obstruction
3.	<i>Tanusrava Pravaritini</i>	Watery nasal discharge
4.	<i>Gal Talu Oasth Shosh</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

JALA NETI

JalaNeti mentioned as *Kapaalshodhini* by *Hathayogpradeepika* (H. Y. P. 2/29-30)⁵ or nasal cleansing is very ancient technique which has been passed on for thousands of years by the yogis for both physical as well as spiritual benefits⁶. With the ever increasing incidence of respiratory illness, allergies, sinusitis, cold, influenza etc. the practice of *Jal Neti* could serve as a panacea for helping to improve the lives of many people. *Neti* is a practice which is very beneficial for the cleanliness of the eyes, ears, nose, and throat so used for trial.

Due to technique, it facilitates easy drainage from closed ostium which is present at high level. So technique+luke warm water+SaindhavalavanajalaNeti 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 *Tridoshaghan* and also it does not cause any irritation due to *Vidahi* property.

SaindhavaLavana is mentioned in *Shirovirechniya dravya*⁷ by *Acharya Charaka*. As per *Charaka* it is one of those ingredients that can be taken on daily basis. (*Pathya*)⁸ (*Ch. Su. 5/12*)⁹

Luke warm water due to its *Deepana* and *Pachana* properties and *LaghuGuna*, digest the *Amadosha* present at local area. According to *Acharya Sushruta* (*S.Su.45/39*)¹⁰ *Ushnajala* is *Kapha*, *Meda*, and *Vataghana*, improves digestive strength, purifies bladder, relieves asthma, cough and fever.

According to *Acharya Vagbhatta* (*A.H. Su.5/17*)¹¹ *Ushnodak* improves digestive strength, good for throat, light, hot in potency, purifies bladder, best for hiccups, flatulence, *Vata*, *Kapha*, cough, *Ama*, sinusitis, asthma & *Parshavshool*.

So combinedly it acts as *Amadoshapachan* at local area by increasing the *Dhatvagni* at that place. It pacifies all *Doshas* (due to presence of *SaindhavaLavana* 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

If we see the symptomatology of *VatajaPratishyaya* in *Ayurveda* we find the same symptomatology in Allergic rhinitis. Hence there is correlation between *VatajaPratishyaya* and Allergic rhinitis. In

the present study the treatment given is proved cheap and effective without any complication in the management of this disease. In modern medical system a wide range of medicines are given but these are not so much effective in such chronic conditions Jala Neti should be given in routine OPD patients as these show good symptomatic relief to patients without any side effects.

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