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Review Article

PREVALENCE OF *VATAJA-PRATISYAYA* (ALLERGIC RHINITIS) FROM THE MIRROR OF AYURVEDA WITH MODERN COUNTERPART

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ABSTRACT

Ayurveda is eternal and continuous flow of ancient medicine. Now a day, there are some diseases which are needed to be given special attention. Changing lifestyle, increased pollution, urbanisation and increase resistance to the antibiotics are responsible for prevalence of many diseases. Nose being exposed to the external environment, is more prone to all these causes and recurrent infections. The most common and frequent problem is *Pratisyaya* or Rhinitis. Among *Nasagata* disorders *Pratisyaya* is the one which is described by almost all the Acharya in detail, which shows its importance due to dreadful nature. Among the types of *Pratisyaya*, *Vataja Pratisyaya* can be co-related with Allergic rhinitis because of its similarities in aetiopathogenesis and symptomatology i.e., *Tanu Nasa-srava*, *Sirasula*, *Ksavthu* etc. The burden of allergic rhinitis is enormous, constituting about 55% of all allergies. Reported incidence of allergic rhinitis in India ranges between 20% and 30%. Modern medicine undoubtedly relieves symptoms very fast but permanent cure is very much possible through holistic approach of Ayurvedic science. Ayurveda, the science of life if applied systematically has the ability to ensure complete cure. This paper reviews the characteristics, causes, mechanisms, and treatments of *Vataja Pratisyaya* in Ayurveda and modern.

INTRODUCTION

Health was of prime importance for human being in the ancient time as well as in today's context. The importance of Ayurveda in Global scenario is because of its holistic approach towards positive health and life style. The entire Ayurveda has been categorized into eight branches[1] in which *Śālākya Tantra* is an important branch which is meant for alleviation of diseases of ear, eye, mouth, nose etc, situated in supraclavicular (*Ūrdhwa-jatrugata*) region[2]. Ācārya Nimi is considered as the pioneered Ācārya of *Śālākya Tantra* while Ācārya Suśruta is the only person who first explained diseases of eye, ear, nose, oro-dental and head in a systematic manner[3].

In *Uttaratantra* section of *Suśruta Saṁhitā* and *Vāgbhaṭa Saṁhitā*, Ācārya have devoted one separate chapter to *Pratiśyāya* after explaining *Nasāgata roga*[4]. This fact itself shows that *Pratiśyāya* has been a major health problem of mankind and a challenge to the physicians since long back. *Suśruta Saṁhitā Uttartantra*, *Pratiśyāya* is classified into five types on the pathological humors (*Doṣa*) basis as *Vātaja*, *Pittaja*, *Kaphaja*, *Raktaja* and *Sannipātaj*[5]. In *Vātaja Pratiśyāya*, an overview of the *Samprāpti* revealed that *Vāta* is the chief factor which initiates the disease manifestation. Vitiation of *Vāta* can occur by specific *Nidāna* or *Avarana* of other *Doṣa*. The Ayurvedic clinical features of *Vātaja Pratiśyāya* explained by *Ācāryas* are *Anādha Nāsā* (nasal obstruction), *Tanu Sravapravātan* (watery discharge), *Gala Tāluoṣṭha Śoṣa* (dryness of

oropharynx lips), *Śaṁkha Niṣtoda* (headache), *Swaropghāta* (hoarseness of voice), *Bhṛaṁśa Kṣaav*, *Kṣavathu* (paroxysmal sneezing)[6]. The signs, symptoms and etiological factors mentioned for *Vātaja Pratiśyāya* are also seem to be similar to Allergic Rhinitis. Allergic rhinitis is defined clinically by nasal hypersensitivity symptoms induced by an immunologically mediated (most often IgE-dependent) inflammation after the exposure of the nasal mucus membrane to an offending allergen[7]. Clinically, it is characterised by four major symptoms- rhinorrhea, sneezing, nasal itching and nasal congestion, nasal blockage postnasal drip.[7]

Modern treatment modalities for the management of Allergic Rhinitis includes H1 receptor antagonist (antihistamine), nasal decongestants, mast cell stabilizer, Leukotriene receptor antagonists, Corticosteroids and anti-cholinergic agents in oral or topical nasal formulations[8]. But all these give symptomatic relief only and are having severe side effects. Thus, modern medicines have no permanent answer for Allergic rhinitis, so there is a need to have safe, effective, easily available treatment modality to treat this common respiratory problem.

Vātaja Pratiśyāya

Definition[9]

***Vātaṁ Prati Abhimukhaṁ Śyāyo Gamanaṁ Kaphādīnāṁ Yatr Sa Pratiśyāyaḥ.* (Su. 24/1,2)**

Ācārya Dalhaṇa explained *Pratiśyāya* as a condition in which *Vāta* dominant *Tridoṣa* along with *Rakta* when afflicts the *Nāsā* (Nasal cavity) leading to Nasal discharge etc. clinical features is termed as *Pratiśyāya.*

Classification of *Pratiśyāya*

Pratiśyāya is classified into five types i.e *Vātaja*, *Pittaja*, *Kaphaja*, *Raktaja* and *Sannipātaja* by Ācārya Suśruta[10] and Ācārya Vāghbhaṭa[11]. Ācārya Caraka[12] and Ācārya Kāśyapa[13] have not accepted *Raktaja* type. Rasa Vāgbhaṭa[14] has mentioned one more type i.e. *Malsañcayajanya Pratiśyāya*.

Nidāna of *Vātaja Pratiśyāya*

In Ayurvedic texts, no separate *Nidāna* are mentioned for specific *Vātaja Pratiśyāya*. Hence common causative factors are to be taken. *Nidāna* explained for *Pratiśyāya* in different *Saṁhitā* in Table 1, 2 & 3.[15,16,17,18]

Pūrvarūpa of *Vātaj pratiśyāya*

The *Pūrvarūpa* described by Suśruta[19] include *Śiroguruttva* (heaviness of the head), *Kṣavathu* (sneezing), *Añgamarda* (body ache), *Parisṛṣṭaromatā* (generalized horripilation and other different associated *Upadravas*.

Śirogurutvaṁ Kṣavathoḥ Pravarttanaṁ Tathā, ṇgamardaḥ Parihṛṣṭasematā.

Upadravāścāpyapare Pṛthagvidhā nṛṇāṁpratiśyāyapuraḥ sarāḥ smṛtāḥ. (Su. Ut. 24/5)

Sāmānya Lakṣaṇa

Ācārya Caraka has not mentioned specifically about the *Sāmānya Lakṣaṇa*, but while mentioning symptoms of disease *Rājayakṣmā* he has given the *Sāmānya Lakṣaṇa* of *Pratiśyāya*[20] (Ca.Ci.8/49-50) i.e., *Śirośūla*, *Śiroguruttva*, *Nāsāviplava*, *Jwara*, *Kāsa*, *Kaphotkleśa*, *Aruci*, *Klama*, *Indriya-asamarthatā*, *Yakṣamā*. In *Suśruta Saṁhitā* & *Aṣṭāñga Hṛdaya*, there is no mention of *Sāmānya Lakṣaṇa* of *Pratiśyāya*.

Viśeṣa Lakṣaṇa of Vātaja Pratiśyāya [21-24]:

Ānaddhā pihitā nāsā tanustrāvapravarttinī.

Galatālvoṣṭhaśoṣaśca nistodaḥ śaṅkhayostathā.

***Svaropaghātaśca bhavet pratiśyāye,nilātmake.* (Su. Ut. 24/6-7)**

As per various Ācārya the specific symptoms of *Vātaja Pratiśyāya* is mentioned in Table 4.

Samprapti of *Pratiśyāya*

According to Ācārya Videha as per *Suśruta Saṁhitā*[25]: He mentioned that when *Vāta*, *Pitta*, *Kapha*, singly or together as also *Rakta* are accumulated in the region of the head and get vitiated due to the other several aggravating factors give rice to disease *Pratiśyāya*. S.U.24/4, (Fig. 1).

Cyaṅgatā Murddhani Mārutādayaḥ Pṛthak Samastāśca Tathaiva Śoṇitam.

***Prakopyamāṇā Vividhaiḥ Prakopaṇairnuṇā Pratiśyāyakarā Bhavanti hi.* (Su. Ut. 24/4)**

Stages of *Pratiśyāya*

Ācārya Dalhaṇa has quoted the opinion of *Vṛddha Suśruta* regarding the stages of *Pratiśyāya* i.e *Āmāvasthā*, *Pakwāvasthā*[26]. The symptoms of *Āma* stage include anorexia, distaste in mouth, *Nāsā srāva*, pain, aversion to everything, heaviness of head, sneezing, fever, while in *Pakwāvasthā* include relief in congestion of nose, oral passage and head as well as thick yellow discharge from the nostril.

Upadrava

According to Ācārya Suśruta[27] (s.u.24/17) all types of *Pratiśyāya*, if neglected, develop into *Dusṭa Pīnasa* and cause many complications when advanced, such as deafness, blindness, anosmia, severe eye disease, cough, diminish of digestive power and odema.

***Sādhyatā-Asādhyatā*:[28]**

In the disease *Pratiśyāya* none of the Ācārya has mentioned the *Sādhyatā-Asādhyatā*, whereas almost all the Ācārya explained that improperly treated cases may take shape of *Duṣṭa Pratiśyāya* i.e *Kṛcchasādhya* condition according to Ācārya Suśruta.

Cikitsā* of *Pratiśyāya

Cikitsā of *Pratiśyāya* can be divided in two ways as different Ācārya have postulated different consideration regarding the treatment; 1) *Sāmānya Cikitsā*, 2) *Viśeṣa Cikitsā*.

Sāmānya Cikitsā

According to Ācārya Cakradatta five diseases, *Netraroga*, *Kukṣiroga*, *Pratiśyāya*, *Vraṇa* and *Jwara* are cured by *Lañghana Kriyā* for 5 days. According to Ācārya Suśruta[29] all types of *Pratiśyāya* besides *Nava Pratiśyāya*, have to be treated by means of the subsequent measures- *Ghṛtapāna*, *Swedana*, *Vamana*, *Avapīḍa Nasya*.

***Cikitsā* of *Apakva Pratiśyāya*[30]**

Ācārya Suśruta has given following line of treatment for *Āma* stage of *Pratiśyāya*: *Dīpana*, *Pācana* medicines, *Swedana* should be done with *Amla Dravyas*, intake of warm food containing sour taste

***Cikitsā* of *Pakva Pratiśyāya*[31]**

According to Suśruta the mature, dense and suspended *Doṣas* should be expelled out by using following measures.

- **Tropical treatment:** *Kavalagraha*, *Dhūmapāna*, *Śrovirecana*
- **General management:** *Snehapāna*, *Virecana*, *Āsthāpanavasti*, *Śamana-auṣadha*

Viśeṣa Cikitsā* of *Pratiśyāya

After describing general line of treatment, Ācārya have advocated specific treatment for specific type of *Doṣaja Pratiśyāya* is mentioned in Table 5[32,33,34,35].

Allergic Rhinitis

It was Clemens Von Pirquet, a Viennese Paediatrician, who used the term allergy in 1906 denoting an altered state of reactivity to an organic substance i.e. allergen. It is an immunoglobulin E – mediated immunological response of nasal mucosa.[36]

Allergy:[37] Allergy is an altered immune reaction to an allergen (foreign protein). These genetically predisposed allergy patients have an overzealous immunologic response on re-exposure to that allergen to which they are allergic. This immunologically mediated disease may be local or systemic. It is manifested with tissue inflammation and organ dysfunction. The organs involved most commonly are skin and respiratory system. Anaphylaxis is the dreaded form of systemic allergy. The localized form of allergy may involve vasculature, gastrointestinal tract or other visceral organ

Allergic Rhinitis [38]

Definition: Rhinitis is defined clinically by a combination of two or more nasal symptoms: running, blocking, itching, and sneezing. Allergic rhinitis occurs when these symptoms are result of IgE–mediated inflammation following exposure to allergen[39]. The essential symptoms of this IgE-mediated atopic allergic disease are: nasal pruritus, congestion, rhinorrhea or paroxysms of sneezing.

Epidemiology: [40] Rhinitis is most common chronic disease of human beings. One in six people suffer from rhinitis. AR constitutes more than 50% of all allergies in India, and its incidence is steadily increasing worldwide. Surprisingly, it is more common in developed countries where the pollution lesser in comparison to developing countries.

Theories for increasing prevalence of allergic rhinitis:

Germ theory or hygiene hypothesis: lack of exposure to infections (bacterial and viral) in childhood due to current trends of cleanliness and safety can lead to abnormal immune functions.

Worm theory: Intestinal worm infestations, which were common in past, are becoming uncommon and rarity in developed countries. Patients with iatrogenic helminth infections have shown improvement in allergic and autoimmune disease.

Etiology:

Allergens: Allergens are the causal substances of AR. They are capable of making the body produce IgE antibodies. The following groups of allergens can cause AR.

Pollens: An important aspect in the context of pollen allergy is the seasonal variation of the prevalence of various pollens. The pollen prevalence varies depending on the climatic conditions Classic seasons and their sources of pollens**:** Spring: tree**,** Spring/summer: grass, Summer /fall: weeds

Molds: The common fungal spores in India are Cladosporium, Fusarium, Alternaria, Trichoderma. Fungi migrate indoors and can cause AR. The common sites where fungal spores proliferate are food storage area, indoor houseplants, leaves, soiled upholstery, garbage, grain storage.

House dust: Dust of house origin is a complex mixture of animals, fungi, algae, insect's debris, human epithelial scales, plants and food remnants.

Dust mite: It has been proved that mites (Dermatophagoides) in mattresses can sensitize people. Dusting of rooms increases mite dissemination and cause acute exacerbation in sensitive cases.

Drugs: Aspirin and Iodides, are hypotensive and other cholinergic drugs, and insulin injections are known to cause allergy reactions.

Sex: Male are more commonly affected with male to female ratio of about 3:2.

Environmental factors: Climatic conditions including season, altitude can affect the manifestation of the symptoms i.e. in seasonal allergic rhinitis, the symptoms are more in a particular season, example Pollen in spring, fungus in rainy season. In perennial the symptoms are present throughout the year i.e. house dust, pets.

Predisposing factors

- **Endocrine:** Pubertal, marital, natal, menopausal conditions have the potential to influence the nose significantly.
- **Psychological**: Many psychological factors can cause functional disorders of the nose (vasomotor rhinitis)
- **Physical:** Changes in the humidity, temperature and pollution of air can contribute to the development of AR.
- **Infection:** Viral and bacterial infection may increase the permeability of the tissue to allergens.
- **Contacts:** Long time use of nasal sprays for the relief of nasal stuffiness can produce adverse effects (rhinitis medicamentosa). Penicillin and sulpha drugs when used locally can also cause reaction.
- **Irritants:** Fumes, pepper, tobacco smoke and pollution are also predisposing factors.

Pathogenesis

In allergic rhinitis (AR), IgE is produced by plasma cells which are regulated by T–suppressor lymphocytes and T helper cells.

- In genetically predisposed persons, allergens produce specific IgE antibodies which are "Y" shaped, and have Fc and Fab portions.
- Fc ends of IgE becomes fixed to tissue mast cells and blood basophils.
- On subsequent exposure, allergen combines with Fab end of IgE antibodies, which are already fixed to mast cells.
- Two such IgE antibodies, which bridge the allergen and mast cell, activate the mast cells.
- The disruption of mast cells leads to the release of chemical mediators which are of two types– preformed and newly synthesized. Histamine, leukotrienes, prostaglandins, and other stimulates H1 receptors in the nasal mucosa and blood vessels, and produce rhinorrhea and mucosal edema, Itching and sneezing are produced by the stimulation of nerve ending (Fig. 2).

Types of Allergic Responses

Immediate (early phase): It occurs within 5-30 minutes of exposure and leads to release of vasoactive amines, such as histamine, which clinically manifest as sneezing, discharge, blockage and brochospasm.

Late Phase (Delayed phase): The late phase starts in 2-8 hours after exposure, is due to infiltration of eosinophils, site of allergen, basophils, monocytes and CD4+ T cells at the site of allergen deposition. This delayed phase clinically manifest as swelling, congestion and thick secretion, which subside slowly.

Classification of AR

There are two clinical types of AR. Seasonal (Hay fever) perenianal.

Seasonal Allergic Rhinits: HAY fever and summer cold are common terms for seasonal AR. Which produce stuffy/ runny nose, paroxysm of sneezing and itchy nose/ eyes/ throat and excess mucus in the nose/ throat.

Perinnial Allergic Rhinits: It is caused by allergens that are present through all seasons, and they include animal dander (cats dogs, horse and other house dust, cosmetic) Allergies that becomes worse in winter time, when the hot air furnaces are turned on, air due to house dust.

The recent classification of allergic rhinitis as suggested by ARIA (Allergic Rhinitis and its impact in Asthma) guidelines is on the basis of:1) Duration as "intermittent or persistent disease, 2) Severity of symptoms and quality of life as "mild" or "moderate –severe" (Fig. 3).

Clinical features: The diagnostic symptoms include the following:

- **Nasal pruritus**: Itching may be also involve in eyes, palate or pharynx
- **Paroxysms of Sneezing**: Some patients have a trickling sensation without sneezing while others are exhausted with sneezing.
- **Rhinorrhea:** This is a clear watery discharge, which may be extraordinary profuse. A

postnasal drip may occur though less often than in infective rhinitis.

- **Bilateral nasal stuffiness:** It is due to venous stasis of the inferior turbinate and mucosal edema. Obstruction from polyps tends to be constant. It occurs more commonly in vasomotor rhinitis than AR.
- **Severity:** Symptoms vary in severity from day to day, or even from hour to hour. The severity of symptoms is more in seasonal AR as comparison to perennial AR.
- **AGE:** AR is usually affects school going children. A common sequence is eczema in infancy than rhinitis followed by asthma.

Associated symptoms: AR may be associated with;

- **Lower respiratory symptoms**: Cough, wheezing, chest tightness or dyspnea,
- **Eyes:** Eye irritation,
- **Skin:** Pruritus or eczematous dermatitis.

Examination

Allergy Salute: A transverse nasal crease across the middle of nasal dorsum (Denie-Morgan line) due to repeated upward rubbing of nose simulating a salute.

Inferior turbinate: Examination reveals edematous or inflamed sub mucosa but in severe conditions, mucosa may look pale, boggy or blue–tinged due to vascular engorgement and venous congestion. Vascular dilatation and stasis lead to purplish discoloration of inferior turbinate. Anterior and posterior ends of inferior turbinates may become much enlarged.

Thin watery discharge: It occurs from increases activity of seromucinous glands.

Superadded infections: It is not uncommon, the mucosa becomes reddish in colour and the secretions becomes more viscid (jelly-like) and purulent

Polyps: They usually develop in the ethmoidal sinuses and from the middle turbinate or antral lining.

Complications / associated conditions

- Involvement of the sinuses occurs as AR progresses.
- Ocular features include edema of lids, congestion, cobblestone conjunctiva and allergic shiners (dark circle under the eyes).
- Serous otitis media.
- Persistent AR in children can result in adenoid facies and orthodontic problems.
- Edema of vocal cords present with hoarseness of voice.
- Allergic rhinitis patients have fourfold risk of developing bronchial asthma.

Investigations:[41]

Non specific:

- Nasal smear for eosinophils
- Total WBC count and differential count.
- Absolute eosinophils count.

Specific test (skin test):

- Prick test or Intradermal skin (Subcuticular test)
- Nasal cytology

In vitro tests:

- RAST (Radio-allergo-sorbant test)
- FAST (Fluro- allergo-sorbant test)
- PRIST (Paper immune-sorbant test

Others test:

- X-ray PNS.
- CT OMC
- Diagnostic nasal endoscopy

Treatment[42]

A) Avoidance Therapy. Use a pollen mask while mowing grass or cleaning house. Keep window and doors closed during the pollination season

B) Pharmacotherapy.

- **Antihistamines** & **Nasal decongestants:** (oral (pseudoephedrine and phenylephrine) topical (phenylephrine, naphazoline, oxymetazoline).
- **Corticosteroids:** Corticosteroid drugs are available in oral, intramuscular, intravenous and intranasal forms**.**
- **Leukotriene modifiers:** Cysteinyl- leukotriene inhibitors include zafirlukast and montelukast.

C) Immunotherapy: Immunotherapy or hypersensitisation is used when drugs treatment fails to control symptoms or produce intolerable side effects. Allergen is given in gradually increasing doses till the maintenance dose is reached. Immunotherapy suppresses the formation of IgE.

D) Surgery: Antral wash out: (when AR is complicated by chronic maxillary sinusitis), Endoscopic sinus surgery**,** Cauterization**,** Septoplasty (Fig. 4).

Special Considerations [43]

Pregnancy: Rhinitis is often a problem during pregnancy since nasal obstruction may be aggravated by the pregnancy itself. Caution must be taken when administering any medication during pregnancy, as most medications cross the placenta. Intranasal Budaesonide is preferred INS during pregnancy.

Ageing: With ageing, various physiological changes occur in the connective tissue and vasculature of the nose predisposing to chronic rhinitis. Allergy is less common cause of persistent rhinitis in subjects over 65 years. Atrophic rhinitis is common and difficult to control. Rhinorrhea can be controlled with anticholinergic. Some drugs (reserpine, guanetgidine, phentolamine, and methyldopa) can cause rhinitis. Some drugs may induce specific side effect in elderly patients i.e. decongestants and drugs with anticholinergic activity may cause urinary retention in patients with prostatic hypertrophy. Sedative drugs may have greater side effects i.e. dexamethasone isonicotinate is the only INS linked to increased risk of bone fractures and Cushing's syndrome.

Paediatric Aspects: Allergic rhinitis is the part of the "allergic march" during childhood. Intermittent allergic rhinitis is unusual before two years of age. Allergic rhinitis is most prevalent during school age years. Children metabolise drugs less than adults because the liver enzymes mature slowly and only reach maximal levels at around ten years of age[65]. However, renal clearance is well developed. Consequently, it is preferable that young children are prescribed an antihistamine that is not metabolised but excreted unchanged in the urine. Of the OTC preparations, this means cetirizine is preferable, rather than loratadine. Oral and intramuscular glucocortisteroids should be avoided in the treatment of allergic rhinitis in the young children.

DISCUSSION

Pratiśyāya one among *Nasa Roga* explained by Ācāryas in detail in all classical books. Among the types of *Pratiśyāya* mentioned by Ācāryas *Vātaja Pratiśyāya* can be co-related with Allergic rhinitis because of its similarities in aetiopathogenesis and symptomatology. The current therapeutic options available include avoidance of allergens, oral antihistamines, intranasal corticosteroids, leukotriene receptor antagonists and allergen immunotherapy. Other therapies that may be useful are nasal decongestants and oral corticosteroids but the current line of management is found to be deficient due to high recurrence rate and adverse effects. Hence it is the need of hour to find out an effective treatment which can provide the optimum cure and prevent further recurrence by enhancing the body immunity. Hence it is the need of hour to find out an effective treatment which can provide the optimum cure and prevent further recurrence by enhancing the body immunity. Thus it is the time for Āyurveda to work out on the disease.

CONCLUSION

Vātaja Pratiśyāya is one of the major diseases in the present era, which mainly induced due to the inevitable pollution, climate variation and life style developed gradually in society. In *Vātaja Pratiśyāya Vāta* is predominating. So Ayurvedic treatment modality are 1) *Ghritapana* 2) *Shirovirechana Nasya* 3) *Snigdha dugdhapana* 4) *Mansarasa* (*Dhumrapana Paniswe*) *Upanaha Sankara Sweda*) *Niruha Basti* and *Pathyaapthya* treat disease at the root cause level. Āyurveda drugs reduce risk of adverse drug reactions. Thus we can conclude that the *Vātaja Pratiśyāya* (Allergic rhinitis) is a condition for which modern science treatment is with very little success, and Ayurvedic approach of treatment of *Vātaja Pratiśyāya* is treated to the systemically and alleviates the root cause of the *Doṣa*.

REFERENCES

1. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2018. Sūtra Sthāna 1/7-8; Pg. 5.
2. Sharma, Anant Ram. Suśruta-Saṁhitā. Vols.I-III. Reprint Edition. Varanasi (India); Chaukhambha Surbharati Prakashan; 2012. Sūtra Sthāna 1/7.
3. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2018. UttaraTantra 1/5; Pg. 2.
4. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2018. Uttara Tantra 24; Pg.153.
5. Sharma, P.V. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Visvabharati; 2014. Uttara Tantra 24/6; Pg.257.
6. Sharma, P.V. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Visvabharati; 2014. Uttara Tantra 24/6; Pg.256.
7. Jan L. Brożek, Jean Bousquet, Carlos E. Baena-Cagnani, Sergio Bonini, G. Walter Canonica, Thomas B. Casale, Roy Gerth van Wijk, Ken Ohta, Torsten Zuberbier, Holger J. Schünemann, Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines: 2010 Revision, Journal of Allergy and Clinical Immunology, Volume 126, Issue 3, 2010, Pages 466-476,
8. Dhingra P. L. Diseases of Ear, Nose and Throat. Fourth Edition. New Delhi (India); Published by Elsevier, a division of Reed Elsevier India Private limited; 2007. 30th chapter.

9. Sharma, P.V. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Visvabharati; 2014. Uttara Tantra 24/6; Pg.256-257.
10. Śāstrī, Kāśīnātha & Chaturvedi, Gorakha Nātha. Caraka-saṁhitā. Reprint Edition. Varanasi (India): Chaukhambha Bharati Academy; 2009. Cikitsā Sthāna 8/48; Pg. 232.
11. Sharma, P.V. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Visvabharati; 2014. Uttara Tantra 24/6; Pg.256-257.
12. Lalchandra. Aṣṭāṅgahṛdayam. Reprint Edition. Delhi (India): Motilal Banarsidas; 2016. Uttara Sthāna 19/3-8; Pg. 683.
13. Sharma, Hemaraja. Kāśyapa-Saṁhitā. Reprint Edition. Varanasi (India): Chaukhmabha Sanskrit Sansthan; 2016. Cikitsā Sthana 12/ 6; Pg. 194.
14. Tripathi, Indra Dev. Rasaratnasamuccaya. Reprint Edition. Varanasi (India): Chaukhambha Sanskrit Sansthan; 2009. Chapter 24/19-27.
15. Śāstrī, Kāśīnātha & Chaturvedi, Gorakha Nātha. Caraka-saṁhitā. Reprint Edition. Varanasi (India): Chaukhambha Bharati Academy; 2009. Cikitsā Sthāna 26/104; Pg. 654.
16. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/3-4; Pg. 143.
17. Murthe, Srikantha. R.K. Aṣṭāṅgahṛdayam. Volume I. Ninth Edition. Varanasi (India): Chaukhambha Krishnadas Academy; 2013. Uttara Tantra 19/1-2; Pg 173
18. Sharma, Hemaraja. Kāśyapa-Saṁhitā. Reprint Edition. Varanasi (India): Chaukhmabha Sanskrit Sansthan; 2016. Cikitsā Sthāna 12/ 3; Pg. 193.
19. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/5; Pg. 143.
20. Śāstrī, Kāśīnātha & Chaturvedi, Gorakha Nātha. Caraka-saṁhitā. Reprint Edition. Varanasi (India): Chaukhambha Bharati Academy; 2005. Cikitsā Sthāna 8/49; Pg. 232.
21. Śāstrī, Kāśīnātha & Chaturvedi, Gorakha Nātha. Caraka-saṁhitā. Reprint Edition. Varanasi (India): Chaukhambha Bharati Academy; 2005. Cikitsā Sthāna 26/105; Pg. 654.
22. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/6; Pg. 143.
23. Murthe, Srikantha. R.K. Aṣṭāṅgahṛdayam. Volume I. Ninth Edition. Varanasi (India): Chaukhambha Krishnadas Academy; 2013. Uttara Tantra 19/3-4; Pg 173.
24. Sharma, Hemaraja. Kāśyapa-Saṁhitā. Reprint Edition. Varanasi (India): Chaukhmabha Sanskrit Sansthan; 2016. Cikitsā Sthāna 12/ 6; Pg. 194.
25. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/4; Pg. 141.
26. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/16; Pg. 146.
27. Sharma, P.V. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Visvabharati; 2014. Uttara Tantra 24/17; Pg. 258.
28. Sharma, P.V. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Visvabharati; 2014. Uttara Tantra 24/15; Pg. 258.
29. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/18; Pg. 146-147.
30. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/19; Pg. 147.
31. Shastri, Ambika Dutta. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 24/20; Pg. 147.
32. Śāstrī, Kāśīnātha & Chaturvedi, Gorakha Nātha. Caraka-saṁhitā. Reprint Edition. Varanasi (India): Chaukhambha Bharati Academy; 2005. Cikitsā Sthāna 26/134.
33. Sharma, P.V. Suśruta-Saṁhitā. Reprint Edition. Varanasi (India); Chaukhambha Visvabharati; 2014. Uttara Tantra 24/25; Pg. 256.
34. Murthe, Srikantha. R.K. Aṣṭāṅgahṛdayam. Volume I. Ninth Edition. Varanasi (India): Chaukhambha Krishnadas Academy; 2013. Uttara Tantra 20/9; Pg 180.
35. Tripathi, Indradeva. Cakradatta. Reprint Edition. New Delhi (India): Chaukhambha Sanskrit Bhawan; 2015. Chapter 58/12-14 Pg. 344.
36. Huber B. 100 Jahre Allergie: Clemens von Pirquet - sein Allergiebegriff und das ihm zugrunde liegende Krankheitsverständnis [100 years of allergy: Clemens von Pirquet - his idea

of allergy and its immanent concept of disease]. Wien Klin Wochenschr. 2006;118 (19-20):573-579.

37. Tuli, BS. Textbook of Ear, nose and throat. Second Edition. Jaypee Brothers (New Delhi); 2015.
38. Watkinson, John C., Clarke, Ray W. Scott-Brown's Otorhinolaryngology: Head and Neck Surgery. Volume 2. Eighth Edition. CRC Press; 2018. Pg. 1386.
39. Bansal, Mohan. Diseases of Ear, Nose &Throat with Head & Neck Surgery. New Delhi (India): The Health Science Publisher; 2018. Pg. 348.
40. Bansal, Mohan. Diseases of Ear, Nose &Throat with Head & Neck Surgery. New Delhi (India): The Health Science Publisher; 2018. Pg. 349-350.
41. Hazarika. P, Nayak. R.D., Balkrishnan. R. Ear, Nose, Throat and Head & Neck Surgery Clinical and Practical. New Delhi (India): CBS Publishers & Distributors Pvt. Ltd.; 2013. Pg. 321.
42. Dhingra, PL., Dhingra, Shruti. Disease of Ear, Nose and Throat & Head and neck Surgery. Elsevier; 2014. Section 2nd. Pg. 166.
43. Varshney, J., Varshney, H. Allergic Rhinitis: an Overview. Indian journal of otolaryngology and head and neck surgery: official publication of the Association of Otolaryngologists of India; 2015. 67(2), 143–149.

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Table 1: Āhāraja Nidāna

Āhāraja	Caraka Saṁhitā	Suśruta Saṁhitā	Vāgbhaṭ Saṁhitā	Kāśyapa Saṁhitā
Mandāgni	-	-	-	+
Ajīrṇa	+	-	+	-
Viṣamāśana	-	-	-	+
Viruddhāhāra	-	-	-	
Atijalapāna	-	-	+	+
Ati-śītāmbupāna	+	-	-	-
Intake of cold water by persons of Śleṣma prakṛti	-	-	-	+
Excessive intake of Guru, Madhura, Śīta substance	-	-	-	+

Table 2: Vihāraja Nidāna

Vihāraja	Caraka Saṁhitā	Suśruta Saṁhitā	Vāgbhaṭ Saṁhitā	Kāśyapa Saṁhitā
Ati-Nāriprasañga	+	+	-	-
Ati-Swapna	+	-	+	-
Rātri-Jāgaraṇ	+	-	+	-
Dugdha-Pānottara-nidrā	-	-	-	+
Ati- Pārśva-śayana	-	-	-	+
Nitya- Anupahita-Śayana	-	-	-	+
Apavrita-Mukha-Śayana	-	-		+
Vega- Sandhāraṇa	+	+	+	+
Ati-Aśru-Srāva	+			
Tāpa-sevana	-	+	-	-
Rajadhūli-dhūmra Sevana	+	+		
Śītamati Pratapa	+	+	+	
Ṛtu Vaiṣamya	-	+	-	-
Bathing in Ajīrṇa	+		+	
Bathing with cold water	-	-	-	+
Ati-jala-krīḍā	-	-	+	-
Ati-bhāṣaṇa	+	-	+	-
Śīrṣābhitāpa	+	+	-	-

Table 3: Mānasika Nidāna

Mānasika	Caraka Saṁhitā	Suśruta Saṁhitā	Vāgbhaṭ Saṁhitā	Kāśyapa Saṁhitā
Ati Krodha	+	-	-	-

Table 4: Viśeṣa Lakṣaṇa of Vātaja Pratiśyāya

Lakṣaṇa	Caraka Saṁhitā[21]	Suśruta Saṁhitā[22]	Vāgbhaṭa Saṁhitā [23]	Kāśyapa Saṁhitā [24]
Uttāna Shayanasyapi Kṣavathu	-	-	-	+
Tanu Nāsāsrāva	+	+	-	+
Śiśirakapha- Śruti	-	-	+	-
Nāsāvarodha	+	+	+	-
Nāsātoda	+	-	-	-
Nāsāvedanā	+	-	-	-
Pihitanāsā	-	+	-	-
Ciratpākī	-	-	+	-
Śiraśūla	+	-	+	-
Śaṁkhapraeśa-Vedanā	-	+	+	-
Kṣavathu	+	-	+	-
Oṣṭhaśoṣa	-	+	-	-

Mukhaśoṣa	-	-	+	-
Galaśoṣa	-	+	-	-
Tāluśoṣa	-	+	-	-
Swaropaghāta	+	+	-	-
Jagatyabhākṣṇama	-	-	+	-

Table 5: Viśeṣa Cikitsā of Vātaja Pratiśyāya:

Upakrama	**Caraka saṁhitā**[32]	**Suśruta saṁhitā**[33]	**Vāgbhaṭ saṁhitā** [34]	**Cakradatta saṁhitā**[35]
Ghṛtapāna	+	+	+	+
Śirovirecana Nasya	+	+	+	+
Snigdha dugdhapāna	+	-	-	-
Māṁsa-rasa	+	-	-	-
Dhūmapāna	+	-	-	-
Pāṇisweda	+	-	-	-
Upanāha	+	-	-	-
Saṁkara Sweda	+	+	+	+
Niruha Basti	+	-	-	-

Fig. 1 Samprapti of pratiśyāya