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CLINICAL TRIALS ON THE USE OF AYURVEDIC HERBS FOR TREATING ALLERGIC RHINITIS

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ABSTRACT

Allergic rhinitis (AR) refers to the inflammation of the nasal membranes caused by exposure to allergens, and it is marked by symptoms such as sneezing, nasal congestion, nasal itching, or postnasal discharge. The prevalence of AR varies globally, likely due to differences in geography and aeroallergens, with estimates suggesting that 10% to 30% of the global population suffers from this condition. This study will study regarding the role of ayurvedic herbs and their importance.

Keywords : Nil

INTRODUCTION

The primary approach is to enhance the body's immune system. Shodhana therapies (cleansing treatments) and Shamana therapies (internal medicines) can be utilized for effective treatment. When Ayurvedic treatment is followed as recommended, it not only aids in curing the illness but also helps in preventing its recurrence. Internal medicines support both the upper and lower respiratory tracts, boost the body's immunity, eliminate toxins, and enhance overall health.

Shodhana therapies encompass external cleansing treatments such as Nasya (both marsha and pratimarsha types), Shirodhara (including both taila dhara and takra dhara), Dhoopa (inhalation of medicated smoke), Vamana (emesis), Kabala (gargling), and Bashpa Sweda (steam bath). Nasya (nasal instillation) is the primary treatment as it purifies the upper respiratory tract and removes all nasal and sinus blockages. A prescribed course of Nasya will not only assist in eradicating the disease but can also prevent its recurrence.

Shirodhara with appropriate oils or medicated buttermilk is also advised in specific cases to treat chronic allergic rhinitis. Swedana (steaming) is an essential part of the entire treatment as it alleviates congestion and facilitates breathing by relieving blockages. Regular practice of Dhoopa (medicated smoke inhalation) and Kabala (medicated gargling) also provides significant relief for the condition. Vamana is a technique in which the individual is induced to vomit through the administration of certain medicines after a proper preparatory phase. This is performed when allergic rhinitis is in a very chronic state. All external treatments yield the best results when combined with the intake of internal medicines.Allergic rhinitis (AR) is a diverse condition that frequently goes undiagnosed, even though it is quite common. It is marked by one or more symptoms, including sneezing, itching, nasal congestion, and rhinorrhea [1]. The nose comes into contact with various microorganisms, allergens, and environmental pollutants due to its direct exposure to the external environment. If the initial phase of AR is not properly managed, it can lead to mucosal alterations in the nostrils and result in turbinate hypertrophy, nasal polyps, allergic bronchitis, and other complications. AR refers to the inflammation of the membranes that line the nose as a result of exposure to allergens [2]. Allergic rhinitis (AR) impacts 26% of the Indian population [3]. The incidence of AR has notably increased in certain nations, although national patterns vary [4]. It is the most prevalent atopic disorder, affecting approximately 10%-30% of adults and as much as 40% of children globally [5]. In India, the occurrence of AR has steadily increased over the past two decades [6]. Diagnosis relies on clinical symptoms, corroborated by positive outcomes from a skin prick test or the presence of serum-specific immunoglobulin E antibodies to aeroallergens, or through direct nasal endoscopy.

In this research, the diagnosis of AR and its categorization into mild and moderate-severe groups were conducted following the Allergic Rhinitis and Its Impact on Asthma (ARIA) classification [7]. The primary symptoms, as outlined by ARIA guidelines, include paroxysmal sneezing; nasal itching; itching of the eyes, palate, or throat; watery nasal discharge; nasal blockage; and a history of urticaria. Clinical signs consist of pale, swollen nasal mucosa; enlarged turbinates; thin, watery, or mucoid discharge; allergic shiners; and a transverse nasal crease (often referred to as allergic salute) [8]. The control group was selected in accordance with ARIA guidelines. The five sense organs (Eye, Ear, Nose, Skin, Tongue) are essential for the perception of objects. When an obstacle interferes with the connection between a sense organ and a sensory object, the perception of that object becomes challenging. Any ailment affecting a sense organ can hinder the perception of the specific object; however, Allergic Rhinitis (AR) is a condition that impacts all five sense organs. Nasal allergies can hinder individuals from participating in both indoor and outdoor activities if their symptoms are not effectively managed. This condition significantly diminishes a patient's quality of life and productivity by causing symptoms such as sneezing, nasal discharge, nasal congestion, headaches, a feeling of heaviness in the head, and itching in the eyes, throat, and palate. According to the World Health Organization (WHO), 400 million individuals globally are affected by Allergic Rhinitis. Contemporary treatment options for managing allergic rhinitis encompass H1 receptor antagonists (antihistamines), nasal decongestants, mast cell stabilizers, leukotriene receptor antagonists, corticosteroids, and anti-cholinergic agents available in oral or topical nasal formulations[4]. However, these treatments provide only symptomatic relief and are associated with significant side effects. Consequently, modern medicine does not offer a permanent solution for allergic rhinitis. Asatmyendriyartha samyoga (improper utilization of sensory and motor organs in daily life), Prajnaparadha (living contrary to social and communal norms), and Parinama (time and season) are fundamental causes of any disease.[5] These three factors are crucial in both preventive and curative approaches. In Ayurveda, the symptoms of allergic rhinitis are largely comparable to Vataja pratishyaya. Acharya Sushruta addressed Vataja pratishyaya in Nasagat rogas, detailing its complete etiology, prodromal symptoms, diagnosis, prevention, and treatment guidelines[6]. In the current age, it is commonly observed that individuals perceive Ayurvedic medicine as having a gradual effect; however, if an accurate diagnosis is made and the appropriate medication is prescribed, it can yield remarkable results. The term Nasya is generally used to refer to medicines or medicated oils that are administered via nasal routes. Nasya is referred to as Urdhava jatrugata vikareshu visheshanyabhimisnate. Panchkarma is considered the most effective treatment for "Urdhavjatrugat" rogas. The saying "Nasa hi shirasodwaram" underscores its significance, and it is the only karma that is included in Dincharya. In this study, Nasya

is the primary Shodhana procedure chosen because Nasya karma can eliminate deep-seated Doshas and address the root cause of ailments. Due to its Sukshma and Vyavayi properties, Anutaila has an excellent spreading ability through minute channels. The Tikta and Katu tastes, along with Laghu Tikshna properties, Ushna veerya, and Katu vipaka, contribute to Srotho shodakatwa (the clearance of obstructions in the body's channels). These two properties enable the Nasya drug to eliminate blockages in the natural sinus ostia and facilitate the drainage of purulent discharge. Indriya dardya karatwa (which strengthens the sense organs), Balya (which enhances strength), Preenana, and Brimhana (which nourish the body) can enhance both general and local immunity. The Madhura rasa, Sheeta veerya, Snigdha guna, and Tridoshahara properties promote the nourishment of Dhatus, ultimately boosting both general and local immunity. This immune modulation will mitigate the inflammatory processes in the nasal cavity and sinuses. Consequently, Anu Taila demonstrates a significant anti-inflammatory effect on the nasal mucosa by inhibiting the release of inflammatory mediators from Mast cells and Basophils, as well as by obstructing the inflammatory actions of Leucocytes in the nasal region. If allergic rhinitis is neglected or inadequately managed, it may result in complications such as asthma and sinusitis. This underscores the importance of early diagnosis and appropriate treatment for individuals suffering from allergic rhinitis. It is essential to recommend that patients with allergic rhinitis consider Ayurvedic treatment at the initial stage, as this may yield better results in a shorter timeframe. Anu Taila has shown effectiveness in alleviating symptoms such as Kshavathu (sneezing), Nasavarodha (nasal obstruction), Tanusrava (watery nasal discharge), retracted tympanic membrane, Gandhahani (loss of smell), Kandu (itching), and turbinate hypertrophy. Additionally, Vyaghri Haritaki rasayan is effective in relieving nasal congestion, Kasa (coughing), Swarbheda (hoarseness of voice), Shirahshoola (headache), and post-nasal drip. The combined therapy of Anu Taila nasya and Vyaghri Haritaki rasayan has produced excellent results. Further research is necessary to be conducted on a larger cohort of patients. Ayurveda experts associate allergic rhinitis (AR) with various disease types (pratishyaya/pinasa; National Ayurveda Morbidity Code: I-1) by examining the commonalities in their causes, clinical manifestations, and treatment methods. This document outlines the protocol for managing AR through Ayurvedic practices. We conducted a randomized controlled trial to objectively evaluate the effectiveness of Ayurvedic treatments for AR management, comparing them to the established standard of intranasal corticosteroids for mild to moderate cases of AR. The assessment of changes was conducted objectively using the CARAT score and nasal endoscopy index as outcome measures for participants suffering from AR.

The existing literature indicates that Ayurveda offers various treatment options for this condition, depending on the severity of the disease and the patient's

overall health. These options include Shodhana Karma (biocleansing therapy; Standard Ayurveda Terminology [SAT]: I.76) and Samshamana (palliative procedure; SAT: I.37) [23]. The primary treatment approach for conditions affecting the head and neck is Nasya (medication administered via the nasal route; SAT I.156). Many Ayurvedic medicines and formulations utilized in the treatment of AR have demonstrated immunomodulatory, antiallergic, and anti-inflammatory effects [24]. Research has shown encouraging outcomes from certain Ayurvedic interventions for AR management. Through this study, we intend to evaluate the effectiveness and safety of Ayurvedic treatments using formulations such as NLR, Shirishadi Kwath, and Anu Taila Nasya in alleviating symptoms related to AR, including rhinorrhea, nasal itching, paroxysmal sneezing, nasal congestion, and obstruction. If proven beneficial, this research could significantly enhance integrative strategies for AR management.

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