

**KSHAWATHU(ALLERGIC RHINITIS) – A LITERARY REVIEW****<sup>1</sup>Dr. Anuja Kumari, <sup>2</sup>Dr. Aditi and <sup>3</sup>Dr. Kush Pandey**

<sup>1</sup>P.G. Scholar, Department of Shalakya Tantra, Uttarakhand Ayurved University, Gurukul Campus, Haridwar.

<sup>2</sup>Assistant Professor, Department of Shalakya Tantra, Uttarakhand Ayurved University, Gurukul Campus, Haridwar.

<sup>3</sup>Assistant Professor, Department of Dravya Guna, Himalayiya Ayurvedic Medical College & Hospital.

Article Received on  
07 March 2020,

Revised on 28 March 2020,  
Accepted on 17 April 2020,

DOI: 10.20959/wjpr20205-17381

**\*Corresponding Author****Dr. Anuja Kumari**

P.G. Scholar, Department of  
Shalakya Tantra,  
Uttarakhand Ayurved  
University, Gurukul  
Campus, Haridwar.

**ABSTRACT**

Sneezing is a symptom of many diseases but in *Ayurveda* it is mentioned as a separate disease itself name as *Kshawathu*. *Acharya Charak* describes “*Sansprishya Marmanyani lastu Moordhnivishwakpathasthah Kshawathum Karoti*” (C.Chi.26/111). It means when aggravated *Vata* passes to *Moordha* (Head region) through *Nasa Marga* (nasal passage) it comes in contact with *Nasa Aashrita Marma* (*Shringataka Marma*) and creates *Kshawathu* (sneezing). Exposure to *Tikshan Dravya*, direct sunlight etc. are considered as *Nidana* (causative factor) of *Kshawathu*. In Ayurvedic context it is described as *Aushadh sadhya* (*Pradhaman Nasya, Shirobasti, Swedan, Vataghna* and *Snigdha Dhoompana* are describe).

Sneezing is one of the main symptoms of Allergic Rhinitis. Allergic rhinitis is a type of inflammation of the nasal mucosa which occurs when the immune system over - reacts to allergen in the air. It predisposing factor are exposure to dust, temperature changes etc. Where as in modern medical science it is managed medically (avoidance of the allergen, nasal saline irrigation, anti – histamines, corticosteroids, mast cell stabilizers, anti-cholinergic agents, Nasal decongestant, Anti-IgE antibody therapy and immunotherapy). In present paper we will review the literature (*Ayurvedic* and modern) to draw an analogy between *Kshawathu* and Allergic Rhinitis.

**KEYWORDS:** *Kshawathu*, Allergic rhinitis, Sneezing, *Anurjata* etc.

## INTRODUCTION

In routine medical practise Allergic rhinitis (AR) is one of the most common diseases that we see. Though, it often adversely affects the quality of life. In India AR is often regarded as trivial disease & patients fail to attribute the ill health to symptoms of AR. It adversely affect psychology, lifestyle and impact work productivity.

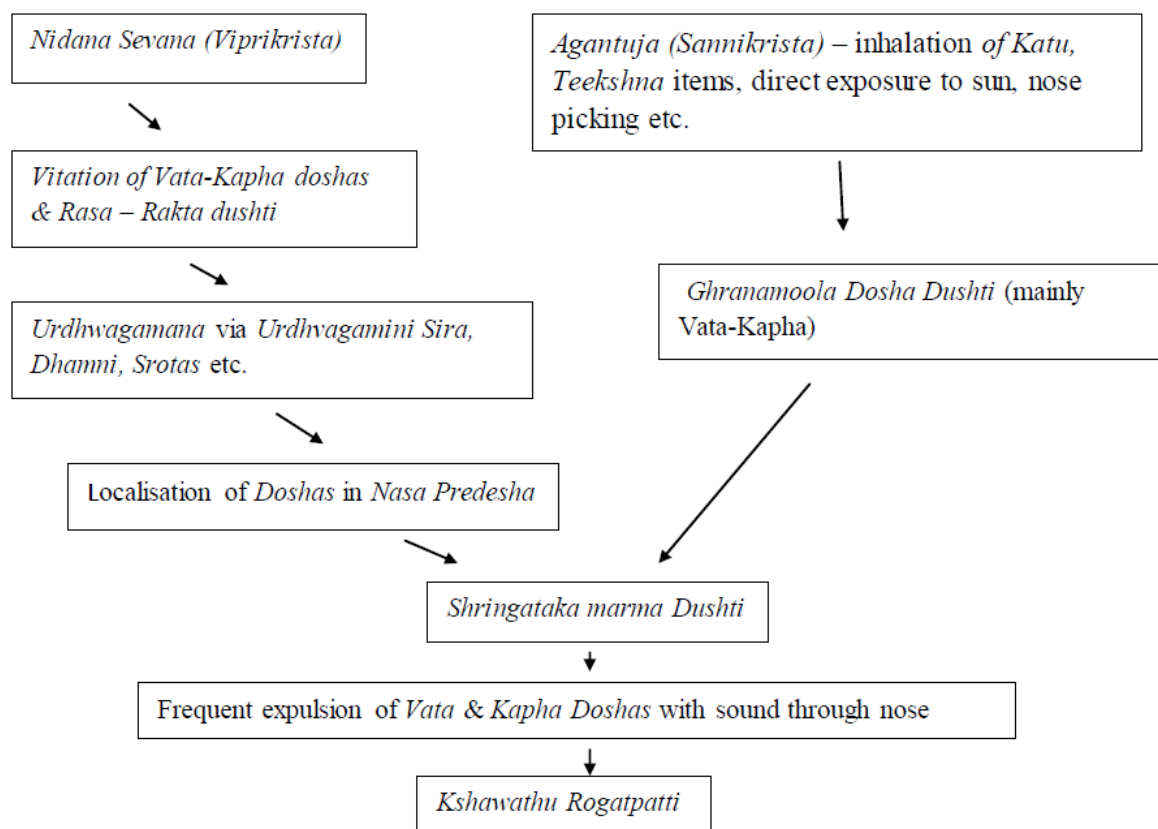
The part of *Ashtanga Ayurved* which deals with the diseases of eye, ear, nose, throat, head, mouth and teeth predominantly through a *Shalaka* (a probe like instrument) is known as *Shalakya Tantra*. First elaborated description of *Shalakya Tantra* is given by *Acharya Susruta* in *Susruta Samhita*. There are 31 *Nasa Roga* (nasal disorders) mentioned in *Susruta Samhita*, *Kshawathu* is one of them. Literally meaning of the *Kshawathu* is sneezing. It is the symptom of many diseases but it is also entitled as a separate disease by *Ayurvedic Acharya's*. It is mentioned in the prodromal features (*Poorvroopa*) of *Pratishyaya* (S.Ut.24/5), symptoms (*Roopa*) of *Vataj Pratishyaya* (A.H.Ut.19/3-4) & also included in the *Adharniya Vega*. *Aacharya Vagbhata* explained it in the name of *Bhrushakshava* (A.H.Ut.19/14-15).

## Definition

When *Prana Vayu* along with *Udana* goes into *Shirobhaga* and placed in *Stortapathe* (path of mouth, nose, eyes etc.), comes out from the nose with noise it is termed as *Kshawathu*. (*Yogratnakar Shabd Paribhasha Kathnum*).

## Nidana (Causes)

*Acharya Charak*, *Susruta* & *Vagbhata* etc. has described the common aetiology of *Nasa rogas* as aetiology of *Pratishyaya*. But *Acharya Yogratnakar* has described the following common aetiology of *Nasa rogas* - *Avashya* (small drops of water), *Anil rajo* (exposure to dust), *Bhasya ati* (more talking), *Atiswapna* (more sleeping), *Atijagarana* (awaking at night), *Neechha-Ucchya updhanen* (head remains below or above body level during sleeping), *Atiyambupana* (drinking more water), *Atimaithuna* (indulging more sex), *Chardi Vasp gradibhi* (control the urges of vomiting & tears) etc.

**Samprapti****Types**

Acharya Charaka quotes that vitiated Vata go into opposite path & by irritating Marma causes Kshawathu. According to Acharya Dalhana commentary on Sushruta Samhita two types of Kshawathu i.e. Doshaja & Agantuja Kshawathu. When vitiated Doshas affects the Shringataka marma then vitiated Vata & Kapha doshas eliminated forcibly and frequently with sound through the nose is called Doshaja Kshawathu. Inhalation of Katu, Tikshana items, have a continuous look towards sun, nasal picking with cotton wicks etc. affects the Tarunasthi marma (Shringataka marma) that leads to produce frequently sounds is known as Agantuja Kshawathu.

Acharya Vagbhata explained above two types as one in the name of Bhrushakshava.

**Sadhya Asadhyata (Prognosis)**

None of Acharyas have mentioned Sadhya Asadhyata of Kshawathu whereas according to almost all Acharyas the disease is Sukhsadhyata because no one indicates any complications in neglected cases.

## Management

No detailed description of treatment of *Kshawathu* is described in *Ayurvedic* context. Treatment of *Kswathu* is described along with *Bramshathu*. *Pradhaman Nasya*, *Shirobasti*, *Swedan*, *Vataghna* and *Snigdha Dhoompana* are described as the treatment of *Kshawathu*. Before deciding any treatment modality, first step towards it is *Nidan-parivarjan* i.e. avoidance of causes. Only local treatment is not enough oral medication also required for balancing vitiated *Doshas* and also improve the immune status of the disease.

Treatment	C.Chi.26/137	S.Ut.23/7	A.H.Ut. 20/18	Y.R.Nasaroga 4-5
Nasya		✓	✓	✓
Swedana	✓	✓		
Shirobasti		✓		
Dhoompana		✓		✓

## Anurjata (Allergy)

*Anurjata* (allergy) – regarding this there is no direct reference in *Ayurveda* but various *Nidanas* (causes) indicates the genesis of allergic diseases. While explaining hereditary disorders *Acharya Susruta* has mentioned that properties of *Doshas* are fixed at the time of fertilization. During pregnancy *Mithya ahar vihar* (improper lifestyle) can also causes hereditary disorders. This probably indicates placental transfer of antibodies (S.Su.24/6). *Virudhaaharas* (incompatible diet) may also interfere with the normal metabolism of our body and could induce inflammation. Concept of *Dushivisha* may favour this. *Acharya Vagbhata* has mentioned that *Dushivisha* leads to blood vitiated disorders which can be compared with allergic reactions in the body and if *Dushivisha* located in the *Amasya* (stomach) then *Vata-kapha* disease is originated mainly (A.H.Ut.35/33-35). Under the heading of *Ritusandhi* we can explain the concept of environmental allergy. *Acharya Vagbhata* has clearly mentioned that if *Ritucharya* (seasonal regimens) of *Ritusandhi* is not followed it give rise to *Asatmyaja rogas* (A.H.S.3/58).

## Allergic Rhinitis

Between 10 to 30% of the worldwide population has AR. In India allergic rhinitis constitutes more than 50% of all allergies. Nearly 8% of adults in United States experience allergic rhinitis of some kind according to American Academy of Allergy, Asthma & Immunology (AAAI). It is most common between the age of twenty and forty years.

It is an acute IgE mediated, type-1 hypersensitivity reaction of nasal mucosa in response to antigenic substance (allergen) associated with episodic attacks of sneezing, watery rhinorrhea and watering of the eyes. Patient may also present with tightness of chest due to subclinical bronchospasm.

AR is the commonest chronic disease of multifactorial cause. Manifestation is multifocal. The symptoms of patient and the type of allergy depend on a number of factors like aerobiological phenomenon, nasal physiology, living conditions etc. The symptoms of allergic rhinitis may be seasonal or perennial. All symptoms are simply a manifestation of the body's defence mechanism to the allergen. However, not all patients fit into this classification scheme for e.g. some allergies triggers such as pollen, may be seasonal in cooler climates but perennial in warmer climates & patients with multiple seasonal allergies may have symptoms throughout most of the year. Therefore, AR is now classified according to duration of the symptoms (intermittent or persistent) & severity (mild, moderate or severe). The guidelines of 'The Allergic Rhinitis & its Impact on Asthma (ARIA) have classified "intermittent" AR as symptoms that are present less than 4 days per week or for less than 4 consecutive weeks, and "persistent" AR as symptoms that are present more than 4 days/week and for more than 4 consecutive weeks. When patients have no impairment in sleep and are able to perform normal activities (including work or school) are classified as mild symptoms. Symptoms are categorized as moderate/severe if they significantly affect sleep or routine activities or if they are considered bothersome. It is important to classify the severity and duration of symptoms as this will guide the management approach for individual patients.

Symptoms of allergic rhinitis include sneezing, watery rhino rhea and nasal obstruction with itching of nose on exposure to known or unknown allergen. Signs of allergic rhinitis are pale bluish oedematous nasal mucosa, bulky oedematous turbinate's with blue or purplish tinge of mucosa, mucosa coated with clear or mucoid secretion; septum may be thickened due to mucosal swelling. The diagnosis is often made clinically on the basis of characteristic symptoms & formal diagnosis can be made on the basis of absolute eosinophil count, nasal smears for eosinophils, histamine test, prick/scratch test, nasal provocation test, nasal cytology etc.

Main treatment of allergic rhinitis are avoidance of the allergen, nasal saline irrigation, anti – histamines, corticosteroids, mast cell stabilizers, anti-cholinergic agents, Nasal decongestant, Anti-IgE(Immunoglobulin E) antibody therapy and immunotherapy.

## DISCUSSION

*Acharya's* has devoted *Kshawathu* as a separate disease. It shows it can occur as a separate disease entity and symptoms of many other diseases. May be in separate disease entity sneezing is the main presenting complaint of the patient which significantly affects their routine work.

By focusing on *Nidanas* we can say some are *Sadyojanaka* like *Anil rajo* etc. and some are *Kalantarajanaka*. *Sadyojanaka nidanas* are *Sannikrishta Hetu* of *Vyadi*(disease). *Doshas* are vitiated and *Khavaigunya* is created. All these *Nidanas* can also cause *Mandaagni* and due to *Mandaagni* also *Dosha Dushti* occurs. After that repeated contact of *Sadyojanaka nidanas* causes the recurrent manifestation of the disease. In *Ksawathu Vata-Kapha Doshas* are predominant. An overview reveals that *Vata* is the chief *Dosha* which initiate the disease manifestation and there may be *Avarana* of *Kapha dosha*.

In *Mandaagni*, the *Sara Dhatus* are not formed properly leading to *Alpa Vyadhikshamatva*. *Alpa Vyadhikshamatva* makes body more prone to exogenous substances which are the common *Nidanas* of *Kshawathu*. *Kshawathu*(sneezing) is also the normal reflex action of the body to expel out irritating substances. In chronic cases it may cause imbalance in *Doshas* and manifest as a separate disease entity.

In *Ayurveda* the concept of *Anurjata* (allergy) is scientifically explained under *Asatmyaja vyadhi* while its effects are explained in *Janam bala privrat*(congenital), *Virudhaahara*, *Dushivisha* and *Ritusandhi* etc.

By analysing *Ayurvedic* and modern text review a comparison can be made between *Kshawathu* and allergic rhinitis in following way.

- ❖ The main cause of the both diseases is exposure to the environmental allergen.
- ❖ In both the diseases episodic attack of symptoms.
- ❖ In both the diseases ignorance of the previous acute attacks can lead to frequent & severe manifestation of the disease.
- ❖ The aim of the treatment is also somewhat same. In *Kshawathu* main concentration is given on the *Dosha Apkarshana* from the *Nasa & Shiro Pradesha*. The modern system of medicines also concentrates to proper ventilation by nasal saline irrigation & nasal decongestants.
- ❖ Both the systems insist for immune therapy & avoidance of the allergen.

## CONCLUSION

*Kshawathu* can be compared with the allergic rhinitis, but it should not be the only correlation. Because *Acharya* have described *Kshawathu* as a condition in which *Kshwathu* (sneezing) is the main presenting symptom. So, any disease in which sneezing is the main presenting symptom can be taken as *Kshawathu* in broader way.

## BIBLIOGRAPHY

1. Sushruta. Sushruta Samhita With Ayurveda Tatvasamdeepika Hindi Commentary, Uttar Tantra By Kaviraj Ambikadatta Shastri, Chaukhamba Sanskrit Series, Varanasi.
2. Sushruta Samhita with Niband Sangrh and Nyaaychandrika Hindi Commentary by Dr. K.K. Thakral, Chaukhamba Orientalia, Varanasi.
3. Charaka Samhita, revised by Charaka and Dridhabala, Vidyotni Hindi Commentary by Pt. Kashi Nath Sastri and Gorakh Nath Chaturvedi, Chaukhamba Sanskrit Series, Varanasi – 13<sup>th</sup> edition.
4. Astang Samgraha of Vagbhata, English Translation by Prof. K.R.Srikantha Murthy, Chaukhambha Orientalia, Varansi – 4<sup>TH</sup> edition.
5. Astanghridyam of Vagbhata, edited with the Vidyotini Hindi Commentary by Vaidya Yadunandana Upadhyaya; Chaukhambha Prakashan; Reprint, 2016.
6. Yogaratnakara with the Vidyotini Hindi Commentary by Vaidya Laksmipati Sastri, Edited by Bhisagratna Brahmasankar Sastri, Chaukhambha Prakashan; Reprint, 2015.
7. Illustrated Shalakya Vijnana by Dr. R.C.Choudhury, Chaukhambha Orientalia Varansi; revised edition, 2013.
8. Textbook of Ear, Nose, Throat and Head & Neck surgery – Clinical & Practical by P.Hazarika, D.R.Nayak & R.Balakrishnan, CBS Publishers & Distributors Pvt Ltd, 3<sup>rd</sup> edition.
9. Essentials of Ear, Nose & Throat by Mohan Bansal; The Health Science Publisher; First edition, 2016.
10. Diseases of Ear, Nose & Throat by PL Dhingra & Shruti Dhingra assisted by Deeksha Dhingra; Elsevier – a division of Reed Elsevier India Private Limited; 5<sup>th</sup> edition reprinted, 2012.
11. Peter Small, Paul. K, Keith & Harold Kim, Allergy, Asthma & Clinical immunology, Review – open access, [aacijournal.biomedcentral.com](http://aacijournal.biomedcentral.com), Practical Guide for Allergy & Immunology in Canada 12 sept.2018.