

**ROLE OF VIDDHAKARMA IN THE TREATMENT OF VATAJ  
PRATISHYAY W.S.R ALLERGIC RHINITIS: A CASE STUDY****Dr. Rakshanda S. Akre<sup>\*1</sup>, Dr. Ankita Tripathi<sup>2</sup> and Dr. Govind D. Tundalwar<sup>3</sup>**

<sup>1</sup>Post Graduate Scholar, Department of Shalakyatantra, Shri Ayurved Mahavidyalaya, Nagpur,  
Maharashtra, India.

<sup>2</sup>Associate Professor and Guide, Department of Shalakyatantra, Shri Ayurved Mahavidyalaya,  
Nagpur, Maharashtra, India.

<sup>3</sup>Professor and HOD of Department of Shalakyatantra, Shri Ayurved Mahavidyalaya, Nagpur,  
Maharashtra, India.

**ABSTRACT**

**Introduction:** Vataja Pratishyaya is described by Acharya Shushruta and Vagbhatta very briefly. It can be correlated with Allergic rhinitis. It's one of the prime diseases of respiratory system found in all age groups irrespective of sex. Among all the causes of mucosal inflammation, allergic rhinitis (AR) stands out as the most prevalent, affecting approximately 1 in every 6 people. This article describes a 49-year-old female patient who had three Viddha sessions over the course of a week on alternate days for his Hypertrophied turbinates and Allergic Rhinitis. The Snot-22 questionnaire and lab investigations showed improvement. The functional outcome was achieved in the patient along with Ayurvedic medicines. Viddha karma, along with Ayurvedic medicines is highly effective in treating symptoms. The case was managed efficaciously by viddhakarma. **Aim:** To Study the Role of Viddhakarma in the Management of Allergic Rhinitis (Vataj Pratishyay). **Objectives:** To Study the role of

Viddhakarma to reducing the sign and symptom of Vataj Pratishyay with special reference to Allergic Rhinitis.

**Methodology**

1. Nidanparivarjana
2. Ahara -Vihara

Article Received on  
06 May 2025,

Revised on 26 May 2025,  
Accepted on 16 June 2025

DOI: 10.20959/wjpr202513-37298

**\*Corresponding Author****Dr. Rakshanda S. Akre**

Post Graduate Scholar,  
Department of  
Shalakyatantra, Shri  
Ayurved Mahavidyalaya,  
Nagpur, Maharashtra, India.

### 3. Viddhakarma procedure.

**Result:** The procedure of *Viddhakarma* to reduce the sign and symptom of Allergic Rhinitis (Vataj Pratishyay). **Conclusion:** Ayurvedic procedure like *Viddhakarma* can help in Allergic Rhinitis (Vataj Pratishyay).

**KEYWORDS:** Rhinitis Allergies, Vataj Pratishyaya, Viddha Karma.

## INTRODUCTION

Description of nasaroga is elaborated in Sushruta Samhita Uttar tantra 22,23,24; In Ashtang Hrudaya Uttaratanttra 19,20; In Ashtanga Samgraha Uttaratanttra 23,24 and Charak Samhita Chikitsa sthana 8-26. Acharya Susruta has explained 31 Nasagata roga with detail sign, symptoms and treatment.<sup>[1]</sup> Pratishyaya is one among the 31 nasagata roga. Pratishyaya - The term Pratishyaya means 'pratikshanam shyayate it's Pratishyaya' means continuous secretion from nasa is known as Pratishyaya.<sup>[2]</sup>

Nidana<sup>[3]</sup> - (अ. ह. उ. त. १९/१-३)

- Exposing to Snow or Moisture, wind and dust
- More talking
- Sleeping in the day time, Keeping Awake at night.
- Resting the head downwards and very height while sleeping
- Eating Sweet, cold, heavy and ruksha food frequently.

Ayurvedic texts state that Pratishyay (Rhinitis), a combination of the vitiated Vata and Kapha doshas, obstructs inspired air and causes nasal blockage. Based on the traditional symptoms, it can be classified as a hypertrophied turbinate nasal obstructive lesion, which entails swelling of the submucosa and, in rare cases, the bone itself. Ayurvedic treatments such as Nasya, Viddha karma and Ayurvedic medications are very effective in managing Urdhwajatrugat vyadhi, and long-term outcomes can be attained with proper lifestyle choices. Hence here an attempt is made to add light on the effects of Viddhakarma<sup>[4]</sup> in Pratishya. For the purpose of reliving pain and stiffness Viddha Karma was practicing by traditional Vaidyas since time immemorial and it was told as Ardh Shalya Chikitsa.<sup>[5]</sup>

## CASE REPORT

49 year female patient attended the ENT OPD of Pakwasa Ayurved Hospital on 01/04/2025 with complaint of-

- Excessive nasal discharge (Rhinorrhoea)
- Excessive sneezing (>22 times in a Morning and >15 times in Night)
- Nasal blockage ☐ Cough
- Headache on Frontal region ☐ Itching in Ear and Throat

### Clinical examination

General condition- Good

Pulse- 82/min. Respiratory System- Air Entry Bilaterally Equal

Cardiovascular System- S1 S2 Normal

### Ashtavidha Parikshana

Nadi	Vatapradhana Pitta
Mutra	Samyak Pravritti
Mala	Samyak Pravritti
Jivha	Saama
Shabda	Prakrit (normal)
Sparsha	Samashitoshna
Druk	Prakrit
Prakriti Parikshana	Vatapitta Pradhana
Koshtha	Madhyam
Akriti	Madhyama

### Local Examination

The nose was normal in size and firm. Externally, there were no edema or abnormalities. An examination of the Thudicum's nasal speculum showed Nasal cavity was swollen and irritated. No possible areas of bleeding, no foreign body in the nasal cavity, Septal perforation, nasal polyp, and septal spur absent. Thick nasal discharge, congested nasal mucosa, and bilateral inferior turbinate hypertrophy were noted.

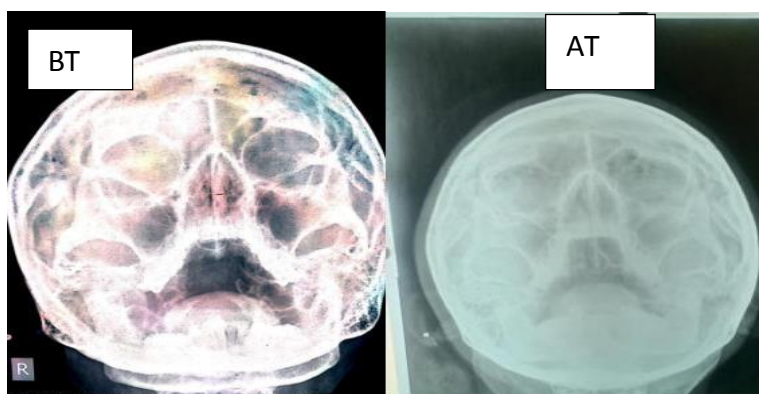
**Table 1: Routine Examination of patient.**

<b>EAR</b>	
External Acoustic Canal	Right ear- NAD Left ear- NAD
Tympanic Membrane	Right-Intact Left-Retracted
<b>NOSE</b>	
Nasal Mucosa	Pale, Blue
Discharge	Rhinorrhea
Turbinate	Bilateral nostril Inferior Turbinate hypertrophy
Septum	Septal mucosal Thickening
<b>THROAT</b>	
PPW	Congestion+ Post Nasal Drip +

### Past history

The patient had taken medical management which included a variety of antihistamines, decongestants, and topical and systemic corticosteroids for 5-6 years but was of no use. After discontinuation of medication recurrence of the Nasal obstruction was observed.

XRAY-PNS (Fig no.1) was done by patient 4 months ago showed Soft tissue mucosal thickening in Maxillary sinus. Bilateral inferior turbinate hypertrophy with soft tissue mucosal thickening causing partial nasal cavity obliteration rhinitis.



**Fig no. 1: X Ray Pns Water's View.**

Assessment Criteria: SNOT-22<sup>[6]</sup> questionnaire, CBC, ESR and serum IgE Levels were checked.

### Treatment

Viddha karma points: Nasaagra (tip of nose)<sup>[7]</sup> and Upanasika (nasal flares at start of depression)<sup>[8]</sup> (Fig. 2 and 3 respectively)



**Fig no. 2 Nasagra.**



**Fig no. 3 Upanasika.**

**Viddhakarma standard operating procedure (sop)**

## PROCEDURE OF VIDDHAKARMA

In Ayurveda Viddha Karma is one of the Ashtavidha Shashtra Karma (surgical procedures)<sup>[9]</sup> for managing pain especially musculoskeletal system disorders like pain in the low back, shoulder, ankle, heel, knee joint etc. Viddha Karma is quickly responding<sup>[10]</sup> treatment modality with needles of various size and is cost effective. Viddha Karma points are taken in relation to Marma points<sup>[11]</sup> and according to the vitiation of Doshas, it should be done by Suchi (needle)

### Poorva karma (pre-procedure)

1. Viddhakarma should be carried out in clean and ventilated room with sufficient light.
2. Vaidya should be wearing sterile gloves, mask and a surgical cap.
3. Tools - disposable needle no. 26 1 & ½.

### Pradhan karma

1. Selected Viddha points.
2. Prick the disposable needle perpendicular to the Viddha point.
3. During Viddhakarma process if disposable needle is filled with blood, then it should be replaced with another one.
4. Keep the disposable needle pricked for 5-6 sec.
5. The vitiated blood has low coagulant tendency to flow freely. Once the impure blood drains out, the fresh blood automatically clots. So, blood should be allowed to flow freely after Viddhakarma since it drains out vitiated dosha. Usually about 0.2 – 0.5 ml blood drains out from Viddha point.

### Paschat karma

1. Blood oozed out from the pricked site was wiped with cotton.
2. The needle used for Viddhakarma was disposed off. Duration of study – 2 months
  - Follow up Session – 0th, 2nd, 4th, 6th, 8th 10th, 12th, 14th 16th 18th 20th, 22nd, 24th, 26th, 28th, 30<sup>th</sup> day in 1stmonth, later every week once for next 4 weeks.

**Table no. 2: Intervention.**

Chikitsa	METHOD	DURATION
Shaman chikitsa	1. Laxmi Vilas Ras (Nardiya) Tablet <ul style="list-style-type: none"> <li>• Kajjali</li> <li>• Abhrak Bhasma</li> <li>• Camphor</li> </ul>	2 Tablets BD for 15 Days

	<ul style="list-style-type: none"> <li>• Javitri</li> <li>• Jaiphal</li> <li>• Dhatura</li> <li>• Bhang Patta</li> </ul>	
--	--	--

Patient advised to avoid ice-creams, cold beverages, extreme hot and cold food, sleeping on time and lifestyle modifications.

## OBSERVATIONS

**Table no. 3: BT and AT Assessment.**

SNOT 22 QUESTIONNAIRE	Before Treatment	Just After Viddha	After Completion of Treatment
1.Need to blow nose	3	2	0
2.Sneezing	2	1	0
3.Runny Nose	3	1	0
4.Cough	1	0	0
5.Post nasal discharge(dripping at the back of your nose)	3	1	0
6.Thick nasal discharge	3	1	0
7.Ear fullness	0	0	0
8. Dizziness	0	0	0
9.Ear Pain/Pressure	0	0	0
10.Facial Pain /Pressure	0	0	0
11.Nasal Blockage	5	2	1
12.Waking up at Night	4	1	1
13.Lack of good night sleep	4	1	0
14.Waking up tired	3	1	0
15.Fatigue during the day	2	0	0
16. Reduced productivity	2	0	0
17.Reduced concentration	1	0	0
18.Frustrated/restless/irritable	2	1	0
19.Sad	0	0	0
20.Embarrassed	3	1	0
21.Sense of taste and smell	1	0	0
22.Blockage/Congestion of nose	3	0	0
<b>Total Score</b>	45	13	2

**Gradaation of above questionnaire are as follows**

No problem -0

Very mild problem- 1 Mild or slight problem – 2 Moderate problem -3

Severe problem -4

Problem as bad as it can be -5

(SNOT- 22 total score 8-20 represents mild, > 20 to 50 represents moderate and > 50 represents severe condition.)

**Table no. 4: Lab investigations.**

LAB Investigations	Before Treatment	After Treatment (after 2 months)
ESR	50mm/hr	12mm/hr
SERUM IgE	200IU/ml	70IU/ml

CBC was found to be normal.

**Before Treatment****After Treatment****Fig. 4: Picture of Treatment.**

## DISCUSSION

Viddhakarma is a sterile procedure of puncturing or piercing selected points with special hollow needles called as "Viddha karma shalaka.". Nasaagra (tip of the nose) is supplied by the External nasal Nerve<sup>[15]</sup> and Lateral nasal artery and vein. Upanasika(nasal flares) has to have an Infraorbital branch of the Trigeminal nerve zygomatic branch of the facial nerve supply an infraorbital branch of the maxillary artery, Lateral nasal branch of a facial artery supplying it. Hence reducing the symptoms of the patient by stimulating and acting on the above vessels. Just after Viddha patient experienced a feeling of lightness of the head and clearance of the airway.

## CONCLUSION

With proper treatment protocol and Some Mentioned ayurveda medicine, Pratishyay can be treated very effectively. This treatment also helps in decreasing Allergic condition. One of the important things in ayurveda treatment is that it has no side effects. So with this case study it's clear that in Pratishyaya ayurveda treatment i.e. Viddha karma can give better result. There were no unanticipated side effects from therapy during treatment or the follow-up period. Thus, it can be concluded that Viddhakarma and Ayurvedic medicines are very successful in treating Allergic rhinitis and turbinate hypertrophy.



**REFERENCES**

1. Susruta Samhita Edited by- Ayurveda Tattva-Sandipika hindi Commentary By Kaviraj Ambikadutta Shastri, Uttaratantra, Chaukhamba Sanskrit Sansthana Varanasi, edition reprint 2018 chapter- 22.
2. Charak Samshita Hindi Traslatation By Kaviraj Atridevji gupt, Bhargav pustakalay, Gavghat, Banaras Chapter-20.
3. Ashtanga Hrudyam of Srimadvagbhaa Edited by- Nirmala hindi Commentary by Dr. Brahmanand Tripathi Chaukhamba Sanskrit Pratishtan Delhi, Chapter- 19, Shloka 1-3.
4. Ambika Dutta Shastri, Ayurved Tattva Sandipika Hindi Tika of Sushruta Samhita, Sharirasthan, Chapter 08, Shloka 22, Published by Chukhambha Sanskrit Samsthan Varanasi, Edition-2022 Reprint.
5. Ambika Dutta Shastri, Ayurved Tattva Sandipika Hindi Tika of Sushruta Samhita, Sharirasthan, Chapter 08, Shloka 23, Published by Chukhambha Sanskrit Samsthan Varanasi, Edition-2022 Reprint.
6. Plath M, Sand M, Cavaliere C, Plinkert PK, Baumann I, Zaoui K. Normative data for interpreting the SNOT-22. *Acta Otorhinolaryngol Ital.*, Dec. 2023; 43(6): 390-399. doi: 10.14639/0392-100X-N2279. Epub 2023 Oct 10. PMID: 37814974; PMCID: PMC10773542.
7. Sushrut Samhita, Chaukhamba Prakashan, Sutrasthan Chapter 8.
8. Viddhakarma and Agnikarma book. Dr R B Gogate, 36.
9. Ambika Dutta Shastri, Ayurved Tattva Sandipika Hindi Tika of Sushruta Samhita, Sutrasthana, Chapter 05, Shloka 05, Published by Chukhambha Sanskrit Samsthan Varanasi, Edition-2022 Reprint.
10. Ambika Dutta Shastri, Ayurved Tattva Sandipika Hindi Tika of Sushruta Samhita, Sharirasthan, Chapter 08, Shloka 22, Published by Chukhambha Sanskrit Samsthan Varanasi, Edition-2022 Reprint.
11. Ambika Dutta Shastri, Ayurved Tattva Sandipika Hindi Tika of Sushruta Samhita, Sharirasthan, Chapter 08, Shloka 17, Published by Chukhambha Sanskrit Samsthan Varanasi, Edition-2022 Reprint.