WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 11, Issue 12, 334-343.

Review Article

ISSN 2277-7105

A CRITICAL REVIEW OF DUSHTA PRATISHYAYA OF AYURVEDA IN THE MODERN PERSPECTIVE

Dr. Nidhi Puniya¹*, Prof. (Dr.) Girish Narain Rai², Dr. Suranyashu Sharma³, Dr. Gauri Shankar Yadav⁴

P.G. Scholar¹, Prof. & HOD², Associate Professor³, Assistant Professor⁴ Department of Panchkarma, V.Y.D.S. Ayurveda Mahavidyalaya, Khurja (U.P.)

Article Received on 30 June 2022.

Revised on 20 July 2022, Accepted on 10 August 2022

DOI: 10.20959/wjpr202212-25227

*Corresponding Author Dr. Nidhi Puniya

P.G. Scholar, Department of Panchkarma, V.Y.D.S. Ayurveda Mahavidyalaya, Khurja (U.P.)

ABSTRACT

In Ayurveda, Ayu is defined as the conjunction of body, soul, mind, and senses. Each has been given due importance in the maintenance of health, prevention, and cure of disease. The importance of Ayurveda in the global scenario is because of its holistic approach toward a positive lifestyle. Pratishyaya is always been a challenging disease in the context of Nasagata Roga which can be deciphered from the importance it has been given in Samhitas. A separate chapter has been attributed to this disease in Uttartantra of Sushruta Samhita after explaining Nasagata Roga and its management. Acharya Sushruta has also described the Nasa roga in a very systematic manner. In the

Uttara tantram, Sushruta recites an elaborated classification of nose disease complete with signs, symptoms, prognosis, and medically surgical interventions. Pratishyaya is well explained in all ayurvedic classics, in a modern perspective it is considered Chronic Rhinosinusitis. Chronic Rhino-sinusitis is a sequel of acute infection of nasal sinuses and is characterized by pooling of secretions in Para-nasal sinuses. In this article, we are intended to make a correlation between pratishyaya with a modern perspective to have a clearer view of the pratishyaya. For which the basic materials have been collected from the ayurvedic classics with the available commentaries, as well as textbooks of contemporary modern medical science have been referred for a better understanding of the concept and its comparison with contemporary science.

KEYWORDS: Ayurveda, Chronic Rhino-sinusitis, Nasagata Roga, Dushta pratishyaya.

INTRODUCTION

Ancient medical literature reveals that the great ayurvedic pioneer Acharyas considered the nose disease as a separate clinical condition. Acharya Susruta has described urdhvajatrugata roga elaborately which deals with the causes, diagnosis and curative procedures of the diseases pertaining to the body above the clavicles, i.e., ear, eye, mouth, nose. [1] Acharya Charaka has described the disease Pratishyaya in the chapter of Rajyakshma Chikitsa in Chikitsa Sthana (Ch.Chi. 8/48). [2] Acharva Sushruta has described the disease Pratishvava in Uttar Tantra of this Samhita. He has elaborately described pratishyaya with its classification, symptomatology, complications & management. Acharya Charaka while illuminating the embryology of organs in a pregnant woman states that Sarva Indriyas (sense organ) are developed during the third month of garbhavastha. [3] Acharya Sushruta has mentioned Nasa as Pratyanga i.e. secondary organ of the body. Acharya Dalhana the commentary on Sushruta Samhita clarifying about the length of each nostril as Tribhag Angulas i.e. 1-1/3 (inches) Angulas in length as far as horizontal plain is concerned. [4] Acharva Sushruta told that 2 Dhamanis (olfactory nerve) are present in the nose, which is responsible for Gandhajnana. This may be the Olfactory nerve pair, which is the sensory cranial nerve responsible for Olfaction.

Pratishyaya

Pratishyaya is a severe & general body debilitating condition, which evident due to the exodus of the Kapha, Rakta & Pitta from the root of the Nasa pradesha, they get lodged into head, which is already forcibly titrated & vitiated by the vata dosha. Acharyas have described five types of Pratishyaya Vataja, Pittaja, Kaphaja, Sannipataja, Raktaja. Acharyas have described five types of pratishyaya on basis of Doshas. But Acharya Charaka and Kashyapa have not accepted Raktaja Pratishyaya. Dushta pratishyaya is a disease entity that occurs as a result of either neglecting the symptoms of pratishyaya or improper management of the disease. It is characterized by the symptoms like alternate discharge and dryness of the nasal cavity, frequent feeling of blocked nose, and foul smell during respiration, loss of smell. It is termed as a Krichhsadhya vyadhi by Aacharya Sushruta. All the symptoms of Dushta pratishyaya are compared as per modern medical science.

Nidana- The term *Nidana* is nominated to the cause of the disease as well as the diagnosis of the disease. Etiological factors are the first modalities among the main five diagnostic

methods (Pancha nidana lakshanam) described in Ayurvedic texts. The Nidana of any diseases can be multifarious in nature. [14,15,16,17,18] The similar seems to be true in case of the disease Pratishyaya.

Aharaja Nidana

Table 1: Aharaja Nidana of Pratishyaya.

Aharaja	Charaka	Sushruta	Vagbhata	Kashyapa
Mandagni	-	-	-	+
Ajeerna	+	-	-	-
Vishamashana	-	-	-	+
Viruddhahara	-	-	-	-
Atijalapana	-	-	+	+
Ati Sheeta Ambu pana	+	-	-	-
Intake of cold water by persons of Shleshma Prakriti	-	-	-	+
Excessive intake of <i>Guru</i> , <i>Sheeta</i> , <i>Madhura</i> substance	-	-	-	+

Viharaja Nidana

Table 2: Viharaja Nidana of Pratishyaya.

Viharaja	Charaka	Sushruta	Vagbhata	Kashyapa
Ati Nariprasanga	+	+	•	-
Ati Swapna	+	-	+	-
Ratri Jagarana	+	-	+	-
Dugdha Panotara Nidra	-	-	•	+
Ati Parshwa Shayana	-	-	•	+
Nitya Anupahita Shayana	-	-	-	+
Apavrita Mukha Shayana	-	-	-	+
Vega Sandharana	+	+	+	+
Ati Ashru Srava	+	-	-	-
Tapa Sevana	-	+	•	-
Dhuli, Rajaha, Dhumra Sevana	+	+	-	-
Shitamati Pratapa	+	+	+	-
Ritu Vaishamya	-	+	-	-
Bathing in Ajeerna	+	-	+	-
Bathing with cold water	-	-	-	+
Ati jala krida	-	-	+	-
Ati Bhashana	+		+	-
Shirashobhitapa	+	+	-	-

SAMPRAPTI

Concept of Aetiopathogenesis

The disease process starts with the aggravation of Tridoshas by multifarious factors i.e. exogenic & endogenic. The proper functioning of Dosha, Agni, Malas & balanced status of Atma, Mana & Indriya brings about health, whereas disturbance of equilibrium leads to disease. [19] The Pathogenesis of Pratishyaya is described by various Acharyas and may further be elaborated on the basis of Shada Vidha Kriya Kala given by Sushruta.

Sanchaya- Doshas when in a balanced state shall remain in their own ashayas as normal body phenomena, but any disturbance results in an equilibrium between them. There is over accumulation, though remaining within their original limited spaces. This is characterized by vague symptomatology.

Prakopa- When the provocative factors for the previous stage are allowed to act further the previously accumulated *Doshas*, get vitiated, till seated in their own original sites. Thus sufficiently vitiated *Doshas* will give rise to additional generalized *Doshika* symptoms, which were seen in the Sanchaya stage. The signs & symptoms of this stage will be generalized as well as localized.

Prasara- Further he points out that Vayu which possess the power of locomotion or extreme motility should be looked into as the cause of the expansion or overflowing of *Prakruta* Doshas either alone (Eka), two together (Samyoga Dwanda) or in the three together (Sannipata) together with Rakta expand & run in the body in all directions. In Prasara Avastha the vitiated Dosha through Rasa and Raktavaha Channels circulates throughout the body.

Sthana Samsraya- The circulating Doshas mixed with the circulating Rasa Dhatu, now tend to settle at a certain place in the *Dhatus* (Sthana Samsraya) and bring about abnormalities there, especially in the Srotas (pores, channels of cells of tissues). The Srotas may undergo the following four kinds of abnormal changes (*Sroto Dushti* or *Khavaigunya*).

- 1. *Atipravriti* increased functioning.
- 2. Sanga or Rodha obstruction, blockage, decreased functioning and consequent increase in size.
- 3. *Granthi* growths, thickening, etc.
- 4. *Vimargagamana* the movement of material in the wrong direction, passage, or place.

Thus, in the fourth stage, important abnormalities occurring inside the body further increase the Doshas, their localization at a certain place (Sthanasamshraya), a decrease of Ojas (Ojas Kshaya), vitiation of Srotas (Srotodushti, Khavaigunya), accumulation of Ama (Ama Sanchaya), and union of abnormal *Doshas* with *Dushyas* (*Dosha-Dushya Sammurchana*); all these activities as essential prerequisites for the onset of the disease. This *Kriyakala* is the stage of actual commencement of the disease. It is characterized by appearing of *Purvarupa* (premonitory symptoms), which are produced by each one of the above-said abnormalities.

Vyaktavastha- This is the fifth Kriyakala, and is characterized by the full manifestation of the disease (Vyadhivyakti) with all its symptoms and signs (Rupa). Each one of the aforesaid abnormalities contributes to its own symptoms and signs, which are clearly recognizable. They vary in number and strength from one patient to the other, depending upon the age, sex, constitution, strength of the causes, and many other factors. The diseases are given specific names based on the chief symptom/sign or the organ affected and many other factors. They are even classified as arising for many ones of the Dosha (Ekadoshaja), two of them together (Dwidoshaja, Dwandvaja, or Samsargaja), or by all the three of them together (Tridoshaja, Sannipataja). The abnormalities, though profound, can be brought to normal easily when effective treatment and all other favorable factors are present and with difficulty in the presence of unfavorable factors. Sometimes the disease is uncontrollable and progresses further to the sixth and final stage.

In the process of *Vyaktavastha*, the following symptoms of *Pratishyaya* may be present.

- Shirahshula
- Kaphotklesha
- GhranaViplava
- NasaAvarodha
- Swarabheda etc.

Bhedavastha- During the sixth Kriyakala, all the abnormalities become still more profound and irreversible. In spite of the best treatment, they continue to persist and make the patient very debilitated, by loss or depletion of the Dhatus, giving rise to one or more Upadrava (complications). All these grave symptoms and signs differentiate this person from others. Hence, this stage is called Bheda. In the case of the disease Pratishyaya, one can easily conclude that the disease is either chronic or complicated on the symptomatology of anemia, deafness, etc. It may lead to the production of, Dushta Pratishyaya and Kasa, Swasa, and Kshaya also.

Stages of Pratishyaya

The disease Pratishyaya passes through two different stages. These stages are described according to the stage of doshas vitiation i.e. Amavastha and Pakwavastha.

- 1. Amavastha This is the first stage of Pratishyaya. Vriddha Sushruta has given the following symptoms - Aruchi, Vaktra Virasama, Nasa Srava, Ruja, Arati, Shirogurutvam, Kshavathu, Jwara, etc.
- 2. Pakwavastha This is the second stage of Pratishyaya. Following symptoms marks this stage- Tanutvam Amalingama, Shirah Nasa Laghuta, Ghanapittakaphatvam.

Puravarupa of Pratishyaya- Acharyas has mentioned some Purvarupa of the Pratishyaya-(S.U.24/5) Shirogurutvam, Kshavathu, Angamarda, Parihrishtaromata, Stambha, Kshavathu, Shirogurutva, Nasa Dhumrayana, Taluvidarana, Kanthodhwamsa, Mukhasrava, Manthana etc. (Ch.Ni.1/8).

RUPA OF PRATISHYAYA

Lakshanas of Dushta Pratishyaya according to various Acharyas

Table 3: Lakshanas of Dushta Pratishyaya according to various Acharyas.

Lakshanas	Charaka	Sushruta	Vagbhatta	Kashyapa
Apinasa	+	-	-	-
Kaphasadrishasrava	+	-	+	-
Krimiutpatti	-	-	+	-
Arunshika	+	-	-	-
Khalitya	+	-	-	-
Nasarodha	+	-	+	-
Nasapaka	+	-	-	-
Nasaputi	+	-	-	-
Nasashotha	+	-	+	-
Nasashosha	+	-	-	-
Nasapratinaha	+	+	-	+
Nasaparisrava	+	-	-	-
Nasarbuda	+	-	-	•
Kshavathu	+	-	-	-
Kasa	+	-	+	-
Mukhadaurgandhya	-	-	+	-
Punahaparikledana	-	+	+	+
Puyasadrishasrava	+	-	+	-
Gandhagyata	+	+	-	-
Dirghakrimi	-	-	+	-
Sukshmakrimi	-	-	+	-
Snigdhakrimi	-	-	+	-
Shwasa	+	-	+	-
Shwasadurgandha	-	+	-	-

Shosha	+	-	-	-
Parvavedana	-	-	+	-
Trishnaroga	+	-	-	-
Jwara	+	-	+	-
Agnimandya	-	-	+	-
Raktasrava	+	-	-	-

Asadhyata-Sadhya- In Ayurveda, a detailed description of the prognosis is available, as is Sadhya, Krichchha Sadhya, Yapya & Asadhya. In the disease Pratishyaya, none of the Acharyas have mentioned Sadhya-Asadhyata, whereas almost all the authorities mentioned that neglected cases or improperly treated cases may take the shape of Dushta's condition of Pratishyaya, which is a Krichchha Sadhya. [20]

Medication of Dushta Pratishyaya

In Apakva Pratishyaya, the following treatment for Pachana is to be prescribed-Swedana, Intake of warm food containing Amla rasa, Ginger should be taken with milk or with sugarcane preparation for *Pachana*.^[21]

DISCUSSION

Acharya Sushruta has devoted one separate chapter to Pratishyaya in Uttaratantra. It shows its importance from the ancients. Pratishyaya can occur as a separate disease entity, symptoms of many systemic diseases, or as a complication of other diseases. If *Pratishyaya* is not treated well in the early stage and Ahar-Vihar which is harmful to the disease is continued, it leads to a dangerous and more complicated stage of Pratishyaya i.e. Dushta Pratishyaya.

The symptoms found in pratishyaya can be understood in the light of modern science as below-

- Nasa Srava (Nasal discharge) It may be watery, purulent, mucus-purulent, foul, smelling or blood-stained according to the intensity of doshas involved. In Avegavastha the discharge may be absent. It could be understood that the vitiated Kapha and Pitta remain in the dormant state (Linawastha) in the Avegawastha, as a result, the Srava decreases. In the Vegawastha due to the triggering factors, these doshas are increased causing the Srava.
- Kshavathu (Sneezing) This is due to the reflex action of the body to expel unnatural and irritating substances. In the chronic stage, the sneezing may be less than in the acute stage.

- Nasavarodha (Nasal obstruction) This may be due to anatomical or pathological causes.
 The common causes of obstructions may be –
- 1. Edema of the mucous membrane of the middle turbinate blocks the infundibulum.
- 2. High deviation of septum causing the closure of infundibulum.
- 3. Hyperplasia of the middle turbinate, which crowds upon the tunicate process and closes the infundibulum.
- 4. Enlargement of the bulla enthmoidalis blocks the infundibulum.
- Shirahshoola (Headache) It is one of the common signs of Pratishyaya according to Acharya Charak. It arises due to the congestion and edema around the sinus Ostia. It may be due to Kaphavrittavata. According to the sinus association; the site of pain is dissimilar.
- Swarabheda (Change of voice) This is due to the absence of nasal resonance. The obstructed nostril and the presence of discharge inside the sinus alter the normal resonance mechanism. Here Dushti of Udana vayu may be present. [22] Again the normal akasha required for the production of the normal voice tonal quality also is decreased, therefore altering the tone of the voice.
- Ghrana Viplava (Loss of smell) Loss of smell is a common symptom. This is accounted for by the blocking of the olfactory fissure by the tissues in the region of the middle turbinate. Ventilation of the superior meatus of the nose is thereby prevented, hence the loss of the sense of smell. [23] In some chronic cases, this may be due to the degeneration of the terminal filaments of the olfactory nerve, although in most cases the sense of smell is regained after the infection has subsided. Here the Dushti of ghrana nadi may be present.

CONCLUSION

Pratishyaya (Rhino-sinusitis) is a common disease in the universe that affected a large Indian population. The Importance of Ayurveda in the global scenario is because of its holistic approach toward a positive lifestyle. We can say that Ancient Acharyas described the lifestyle disorders like pratishyaya; when the chronicity of this disease due to neglecting of symptoms of the pratishyaya, increase day by day. Any treatment is not successful without Nidana parivarjana (eradication of cause). The most important aspect of the management of any disease is the avoidance of etiological factors. Therefore, consumption of these items should be avoided for proper treatment and prevention of re-disease.

REFERENCES

- 1. Dr. Mula Ram Suthar, and Rakesh Roushan. "A Critical Review of Netra Sharir of PP Ayurveda in the Modern Perspective." (2020).46-54. DOI:10.36348/sijtcm.2020.v03i03.002
- 2. Charak Samhita, Vimana Sthana, Indriyopakramaniya Adhyaya; 8/48. Available from: http://niimh.nic.in/ebooks/ecaraka. [Last accessed on 2021 Dec 09].
- 3. Charak Samhita, Available from: http://niimh.nic.in/ebooks/ecaraka. [Last accessed on 2021 Dec 09]. DOI 10.47468/CSNE.2021.e01.s09.040
- 4. Sushruta Samhita, Sutrasthana, Aturopkramaneeyadhyaya, 35/12. Available from: http://niimh.nic.in/ebooks/esushruta. [Last accessed on 2021 Dec 09].
- 5. Vidyadhar Shukla & Ravidatt Shastri, Charak Samhita(2000), Chaukhambha Sanskrit Sansthan, Varanasi, chikitsa sthana 8/48, 2nd volume, PP.641-643.
- 6. Sushruta Samhita, Uttartantra, Nasarogavigyaniyadhyaya, 22/19. Available from: http://niimh.nic.in/ebooks/esushruta. [Last accessed on 2021 Dec 09].
- 7. Agnivesha, Charakasamhita, elaborated by Charaka and Dridhabala, with the Ayurveda-Deepika commentary be Chakrapanidatta, edited by Vaidya Jadavaji Trikamji Achary, published by Choukhamba Publications, Varanasi, Chikitsa Sthana 26/110-114, pp. 604-605.
- 8. Maharshi Mareecha Kashyapa, Vriddhajeevakatantra Revised by Vatsya with Sanskrit Introduction by Nepal Rajguru, Pandit Hemaraja Sharma with the Vidyotini Hindi commentary & Hindi translation of Sanskrit Introduction by Ayurvedalankara Shri Satyapala Bhishagacha, Varanasi, 6 J Pharma Res Dev; 2020 www.unisciencepub.com Volume 1; Issue 29th Edition, Choukamba Sanskrit Samsthan Publication, 2004, Ka. Chi 12/5-6, p. 222.
- 9. Charak Samhita, Trimarmiya Chikitsa 26/104-107 Available from: http://niimh.nic.in/ebo oks/ecaraka. [Last accessed on 2021 Dec 09]. DOI 10.47468/CSNE.2021.e01.s09.040
- 10. Sushruta Samhita, Uttartantra, Nasarogavigyaniyadhyaya, 22/19. Available from: http://niimh.nic.in/ebooks/esushruta. [Last accessed on 2021 Dec 09].
- 11. Ashtanga Hridayam, Uttara Sthana, Nasarogavigyaniyadhyaya, 19/9-13. Available from: http://niimh.nic.in/ebooks/eashtangahridayam. [Last accessed on 2021 Dec 09].
- 12. Ashtanga Sangraha, Uttara Sthana, Nasarogavigyaniyadhyaya, 23/8. Available from: http://niimh.nic.in/ebooks/eashtangasangraha. [Last accessed on 2021 Dec 09].
- 13. Charak Samhita, RajyakshmaChikitsatam, 8/48, Available from: http://niimh.nic.in/ebo oks/ecaraka. [Last accessed on 2021 Dec 09].

- 14. Charak Samhita. Trimarmiya Chikitsa, 26/105-106, Available from: 091. DOI http://niimh.nic.in/ebo oks/ecaraka. [Last accessed 2021 Dec on 10.47468/CSNE.2021.e01.s09.040
- 15. Sushruta Samhita, Uttartantra, Nasarogavigyaniyadhyaya, 24/03. Available from: http://niimh.nic.in/ebooks/esushruta. [Last accessed on 2021 Dec 09].
- 16. Ashtanga Hridayam, Uttara Sthana, Nasarogavigyaniyadhyaya, 19/2. Available from: http://niimh.nic.in/ebooks/eashtangahridayam. [Last accessed on 2021 Dec 09].
- 17. Ashtanga Sangraha, Uttara Sthana, Nasarogavigyaniyadhyaya, 23/8. Available from: http://niimh.nic.in/ebooks/eashtangasangraha. [Last accessed on 2021 Dec 09].
- 18. Kashyap Samhita, edited by Shri Satyapal Bhishagacharya with hindi commentary Vidyotini, Chikitsa sthana, 12/3, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Hindi Upodghat, PP. 16.
- 19. Sushruta Samhita, Sutrasthana, Doshadhatumalakashayavrudhiyadhyaya, 15/48. Available from: http://niimh.nic.in/ebooks/esushruta. [Last accessed on 2021 Dec 09].
- 20. Sushruta Samhita, Uttartantra, Nasarogavigyaniyadhyaya, 24/16. Available from: http://niimh.nic.in/ebooks/esushruta. [Last accessed on 2021 Dec 09].
- 21. Charak Samhita, Trimarmiya Chikitsa, 26/136, Available from: http://niimh.nic.in/ebo oks/ecaraka. [Last accessed on 2021 Dec 09]. DOI 10.47468/CSNE.2021.e01.s09.040
- 22. Sunil B. Patil & Rakesh Sharma: A Review of Jirna Pratishyaya And Its Ayurvedic Management. International Ayurvedic Medical Journal {online} 2021 {cited February, 2021} Available from: http://www.iamj.in/posts/images/upload/439_446.pdf
- 23. Ballenger, William Lincoln. Diseases of the nose, throat and ear. Lea & Febiger, 1908.