

**To study the role of *Chitrak Haritaki avleha* in the
management of *Pratishya* in children.**

More Ashok Gunajirao*¹, Chaudekar Manish Nagnath², Kamble V.S.³

1. Professor & HOD Kaumarbharitya, Smt. K.G.M.P. Ayurved college, Mumbai, Maharashtra, India
2. Associate Professor & HOD, Prasuti tantra and Stiroga, SSVP Ayurved college & R.I. Hatta, Maharashtra, India
3. Professor in Rachana Sharir, Smt. K.G.M.P. Ayurved college, Mumbai, Maharashtra, India

*Corresponding Author: dr.more.ashok1@gmail.com

ABSTRACT:-

Pratishaya is very common in children , *pranvaha srotas* involved in *Pratishaya*. Symptoms of *Pratishaya* are divided into two types *samana* and *vishesh*. All the *Acharya Purva rupa* (pre-symptoms), *Rupa* (symptoms) with minor differences here *Pratishaya* is tried to correlate with U.R.T.I with the aspect of epidemiology, pathogenesis and treatment. To study the role of *chitrakharitaki avleha* in the management of *Pratishaya* in children after 4 weeks got satisfactory result..

KEY WORDS:

Pratishya , *Avleha*, *Chitrak haritaki* , *Rupa*, *Purvarupa*, *Nasa dhumayan*, *Shirogauravta*, *Nasa viplava*, *Peenas*, *Paricleda*, *Vishadata*.

INTRODUCTION

Pratishaya is commonly known as cold or corzya is very common in younger age group. According to Ayurveda, *Pratishaya*^[1] is a disease involving diverse pathogenesis and various symptoms .As per modern science *Pratishaya* is correlated with heading of **Rhinitis, common cold**. Every child becomes the victim of the same , some or the other time. *Samprapti* of the disease process starts by the aggravation of *tridosha* by multi factors i.e. *exogenic* and *endogenic*. The proper functioning of *Dosha*, *Agni*, *mansa* and Balanced status of *Atma*, *Mana* and *indriya* bring about health, whereas disturbance of equilibrium leads to *Pratishaya*.^[1]

If the disease is not managed properly. It can lead to *Kasa*, *shwas* and frequent attack may transform into **Bronchial Asthma** sometimes. The *purvarupa* are as follows –

Shirogaurutavam, *kshavathu,*
Angamarda, stambha.

Bhavprakash- Gadanigharaha, ^[2]

Madhav nidan have mentioned Purvarupa as that of *Acharaya Shushruta*, only *shiroburnata* is replaced by *shirogauravta*. ^[1]

Following are the symptoms mentioned as purva rupa^[1]

- *Kashavtau.*
- *Shiroroga.*
- *Nasa Dhumrayana.*
- *Taluvidarna.*
- *Mukhasrasva.*
- *Manthana.* (*Ma, Ni 5/8, Bha Pra.U.65/18, Y.R.U 49/18*)

All purvarupa are mainly **kaphavata** in predominant. On this basis, it can be concluded that the diseases primarily produced by kapha vata before it produces Rupa or symptoms. Pitta and Rakta are involved mainly from local areas of pranvaha shrotas.

The clinical manifestation

OR Lakshana are divided in two groups i. e.

Samanaya and vishesh

Samanyana Lakshana or **general symptoms** are found in all types of diseases but *Vishesh lakshana* found in only one of the specific type of disease.

Acharaya Charaka has not mentioned specifically about *purvarupa*, but while mentioning *Rajayakshma* he described following cardinal features some of them do match with the *purvarupa* of *Pratishayaya*. (**Ch.Chi 8/49-50**)

- *Shirshula (Headache).*
- *Shirogauravta (Heaviness in head).*
- *Nasa viplava (Loss of smell).*
- *Jwara (Fever).*
- *Kasa (cough).*
- *Kaphotklesha (Excessive mucous secretion).*
- *Swarbheda (Hoarseness of voice).*
- *Aruchi (Anorexia).*
- *Indriyaasmarthata (weakness of sense organ).*
- *Yakshma.*

Above symptoms are given in context to *Rajayakshma*. So the generalized somatic manifestation are described are to be considering vitiation of all three doshas happening in *Rajayakshma*.

- *Acharya Vaghabatta*^[3] described the general symptoms of all *Nasa rogas*.
- *Shwas kruchhata (Nasal obstruction).*
- *Peenas.*
- *Kshawatu (frequent sneezing).*
- *Sanunasika vanitwam (Nasal speech).*
- *Shirovyatha.*

According to *Acharya Kashyap*,^[4] child feels like his *Shir* (head), *Mukha* (face) and *Nasa* (Nose) is completely filled with *Vayu* and it gets blocked. Due to this child can not differentiate smell. *Vayu* causes obstruction, *Kapha* causes lack of

vishadata (smell), Rakta causes paricleda and Pitta causes durgandhi (Foul smell).

Vishesh Lakshana:

An attempt has been made by different *Acharyas* to enumerate the (*vishishta*) specific (*lakshan*) according to the involvement of *dosha*. *Madhavkara* and other followed *shushruta*.

Classification:-

The disease is classified into five types, Viz- *Vataj*, *Pitaj*, *Kaphas*, *Raktaj*, *Sannipataj*.

But *Shushruta*, *Charaka* and *Kashyap* do not accept *Raktaj* type.

Most of the symptoms occurs in *vatic Pratishaya* due to nasal obstruction.

Other symptoms like sneezing, headache etc points towards **Allergic RHINITIS**, which is usually *characterized* by spasmodic attack of severe sneezing and rhinorrhea. Nasal discharge is of watery and copious type. Nasal blockage leads to the mouth breathing, which may lead to laryngitis, Pharyngitis, tonsillitis and cause *mukhdosha*, *swaropghata*, *swarbheda*. *Psychological* factor, like stress also play a major role in this type of *Pratishaya*.

The symptoms of *pittaj prtaishayay* are easy to understand in terms of aggravated *pitta* clinical feature. Involment of *Rakta dosha* is seen in due to chronicity of disease. (**Ch chi.26/106, Su. Ut 27/7, AS. H UT 19/5, Ka .Chi12/6**).^[5]

High grade chronic inflammation leads to secondary infections like *furunculosis*, *Vestibulities* and symptoms like *kasa*,

Nasapaka, *Ghranapidika* and associated inflammatory signs like fever, pain, i e. *Jwara*, *ushnabhitapa* etc. The discharge becomes thick and purulent along with atrophy of nasal mucosa and *turbinates* with foul smelling crusts leading of *pitta srava*, *tamra varna srava* and other symptoms like *Akshipaka*, *karshya*, *pandu*, *pipasa*, *trishna* etc are suggestive of secondary infection and correlates with the sign and symptoms of *Pittaja Pratishayaya* with Atrophic Rhinitis.

In ***Kaphaj Pratishaya*** the symptoms indicates long standing *samprpati*. Infection of lower respiratory passages, paranasal sinuses and subsequent involvement of central nervous system are evident from the spectrum of Symptoms described in the classical texts (**Ch.Chi 26/106, Su Ut 24/9, A.h.Ut 19/16, Ka.Chi 12/6**)

Ashtma, chronic cough (*kasa*, *shawas*) are suggestive of long standing infection and involvement of lower respiratory tract.

There is thick copious, foul smelling nasal discharge (*Ghranasrava* with *Gatragaurava* etc.) and due to involvement surrounding structures their happens *Netra shoth* with itching on Lips, Nose, forehead. These all points resembles clinical features of *kaphaj Pratishaya* and *Allergic rhinitis*.

Symptoms of ***Raktaj Pratishayaya*** are as follows:

Raktasrava, *Tamrakshata*, *uroghata* Bad smell from mouth, *Gandha Anjana*, symptoms of worm, *urha suptata*, *Aakshi nasa kandu*.

The symptoms of *Raktaj Pratishayaya* could be considered as produced by long standing infection and probably as a secondary condition to a trauma or injury to airways or adjacent structures. (SU.Ut.24/12-14, A.H. Ut 19/8, Ma N, Ut 58/23-24).^[6]

Nasal bleeding (epistaxis) may occur due to acute inflammation marked vasodilation.

The infection may spread to eye causing Redness of eye causing (*tamrakshai*) and to lower respiratory tract infection causing *uroghataa*, *urastuptata* and eye ,ear nose infection etc. The clinical picture again indicates towards almost similar picture of severe condition of Atrophic Rhinitis with *Raktaj Pratishayaya*.

Symptoms of sannipataj Pratishaya according to various *acharyas* like *Charak*, *Shushrut*, *Vaghabat* and *Kashayap* are as follows

Sarvani Rupani, *tevera Ruja*, *Ati dukkha*, *aaksmat vruddhi and shanti*, Foul smell.

The manifestation of this above symptoms could be seen in *sannipataj Pratishayaya*.

Each individual *dosha* taking actively part in the pathogenesis.

Lakshana of Dushta Pratishayaya-

Apeensa, *Kaphasadrishsarva*, Formation of *Krimi*, *Arunshika*, *Khalitya*, *Nasarodha*, *Nasashotha*, *Nasapratinaha*, *Jwar*, *Agnimandhya*, *Shwasdurgandha*, *Kasa*, *Mukhdurgandha*, *Kshavatu*, *Nasaarbuda*, *Nasa strava*.

Dushta Pratishaya is a chronic condition of *Pratishayaya* in which *dosha dushti* is more and is occurring due to the improper management of *Pratishayaya*. The word *dushta* means more vitiated conditions of *doshas*.

Acharya shushruta told that (Su.u24/16)^[6] improper management of acute stage is the main factor that leads to *dushta peenasa*.

Acharya Vaghabata also has given the same opinion.

Acharya in *trimarmiya chikitsa* says that *Ahit ahar sevana* during acute stage and improper management are the main causes of *dushta Pratishayaya*. when we asses these all sign and symptoms we can say that all three *doshas* are involved in the pathogenesis. so this *dushta*, *peenasa* is also *sannipatika* in nature.

Lower respiratory tract involvement is the reason for the presence of symptoms like *kasa*, *Shwas* and chest pain. The nasal discharge become thick and foul smelling. We can summarize the signs and symptoms in the following way

Nasa srava (Nasal discharge), *kshwathu* (Sneezing), *Nasavrodha* (Nasal obstruction), *Shirhula* (headache), *swarbheda* (change in voice) *Ghranaviplava* (Loss of smell), post nasal drip, *Shirogaurav* (heaviness in head) *Jwara* (fever), *kasa* (Cough), *Aruchi* (Anorexia), *Mukh durgandhi* (Halitosis).

Complications of dushta Pratishayaya

Acharya shushruta clearly mentioned that all types of *Pratishayaya* will give rise to following complications

- *Badhira* (Deafness)

- *Andhatva (Blindness)*
- *Grhana Nasa (Ansomia)*
- *Kasa (cough)*
- *Agnisad (Loss of appetite)*
- *Shotha (Edema)*

The *Sadhypranhar Marma sringataka* is the union point of *Jiwha, Ashi, Nasika* and *sravanendriya*.

Dushta Pratishayaya will cause the disturbance and malfunction of this *marma*. and cause these majoritis of complications.

Upshaya-

- Oral intake of *ghrita* (warm) containing sour ingredients.
- Various kinds of *swedana* and *Vamana*
- *Nasya* with the squeezed juices at appropriate time.
- *Dhumapan* and *Gandusha* should be done depending upon the types of *dosha* involved.
- *Snigdha, ushna, lavana* and *Amla* food intake

Anupshaya-

- Excessive intake of *guru madhur*, sheet substances
- Excessive intake of cold water
- *Dhil, Rajaha sevana*
- *Vishamansana*
- *Atidrav sevana* after meal

Pratishaya can be correlated with upper respiratory tract infection which presents with symptoms

Epidemiology, pathogenesis, and treatment of the common cold

The common cold is an acute illness of the upper respiratory tract caused by a virus acquired from another person. Some viruses that produce colds are capable of infecting an individual repeatedly (e.g, respiratory syncytial virus); others, with many serotypes (eg, rhinovirus), infect only once. The sustained epidemic of colds that occurs annually during September to April is explained by successive waves of different viruses moving through a community. The peak incidence of colds occurs in preschool children, who typically sustain at least one illness per month during the epidemic period.

Clinical manifestations of colds are largely subjective in adults. Colds in preschools differ from those in adults as follows:

- (1) Fever is common in children during the first 3 days; (2) Colored nasal secretions may be the only indication of nasal involvement in children; and (3) Colds in children last 10 to 14 days, as compared with a duration of less than a week in adults.
- (2) The paranasal sinuses and the middle ear cavities are commonly involved during viral colds in adults (and presumably in children) in the absence of bacterial superinfection. Cold symptoms are due to the host's response to the virus rather than to destruction of the nasal mucosa. Viral infection of a very limited portion of the nasal epithelium results in an influx of *polymorphonuclear* leukocytes, cytokine release, and a vascular leak.

- (3) Colds are self-limited illnesses. Therefore, in the absence of adequate blinding of controls, ineffective treatments erroneously may be considered efficacious. None of the medicines used for symptom relief in colds is curative.

Allergic rhinitis characterize by spasmodic attack of sneezing and rhinorrhoea .it is reaction to certain allergen

Aetiology :-

Predisposing factors;-

- 1) Hereditary
- 2) Change in climate .
- 3) Anatomical and physiological factors

Precipitating factors :-

- A) Exogenous (External agents):- .
 - ii) Common allergens.
 - iii) Ingestants
 - iv) Contacts.
 - v) Irritants.
 - vi) Infections.

B) Endogenous (with in body):-

Intestinal helminthus, tissue proteins, transudates and exudates.

Mechanism :-

Regaining antibodies are formed in the body due to sensitisation caused by allergens



Allergen and antibody reaction in the body .



Histamine and histamine like substances are released.

Develops allergic reaction ,infiltration with eosinophils & plasma .



Oedema develops due to transudation of tissue fluid as the capillary endothelium damaged .



Increasing in mucosal secretions which may contains eosinophols.



Congestion due to dilatation of blood vessels



Super added infections may be spread and may result into purulent discharge .

Clinical features:-

paroxysms of sneezing, rhinorrhea, nasal obstruction, and itching of the eyes, nose, and palate. It is also frequently associated with postnasal drip, cough, irritability, and fatigue.

The pathogenesis of allergic rhinitis is presented in this topic review. The clinical manifestations, diagnosis, and treatment of this condition are discussed separately.

Aim – To study the role of Chitrak haritaki avleha in the management of *Pratishayaya* in children

Objectives-

- 1 To study the literature of *Pratishayaya*
2. To study the efficacy of Chitrak haritaki avleha in patients with *Pratishayaya*
3. To correlate possible mode of action of chitrak haritaki Avleha

Pratishaya is one of the udhravajatrugat vikara, wherein **vata** and **kapha** are said to be **predominant doshas** involved in the manifestation of this condition.

The **Treatment** of *Pratishayaya* is aimed in pacifying **aggravated vata** and **kapha dosha** by using **Chitrak haritaki avleha**, which is indicated in the classical texts like **Bhaishajya Ratnavali**.

Hence the present study is intended to **evaluate the efficacy of chitrak haritaki avleha** in the treatment of *Pratishaya*.

Objectives-

- ❖ To study the disease *Pratishaya* both in Ayurvedic and modern parlance.
- ❖ To evaluate the efficacy of chitrak haritaki avleha in *Pratishaya*.
- ❖ To study etiopathogenesis of *Pratishaya* through survey.

Inclusion criteria—

- Subjects of 1-15 years age group will be enrolled
- Either of the sex will be enrolled
- Allergic rhinitis cases of acute and chronic cases will be enrolled.

Exclusion criteria-

- Patients of Koch's are excluded from study.
- Patients with Acute infection are excluded.
- Patients with congenital heart diseases are excluded from study.

Material Method-

- Patients of inclusion criteria will be enrolled in clinical case study.
- patients will be diagnosed on subjective parameters and *nidan panchak* as per *Samhita* texts.
- Follow up of the patients would be done on every 8 days.
- Total 39 patients will be enrolled in case study at Smt KGMP Ayu college, Mumbai.

RESULTS:

Chart showing sign and symptom relief in patients in 4 follow up, each of 8 days

Gradation of result in sign and symptoms of *Pratishayaya*

++++ = 100 % result
 +++ = 75% Result
 ++ = 50 %
 + = 25 %

Sr No	Symptoms	0 Week	1 st Week	2 nd week	3 rd week	4 th week
1	Watery discharge from nose	-	+	++	+++	++++

2	Nasal blockage	-	+	++	+++	+++
3	Head ache	-	+	++	+++	++++
4	Heaviness in forehead	-	+	++	+++	+++
5	Loss of appetite	-	+	++	++	+++
6	Irritability	-	+	++	+++	++++
7	Tongue coated	-	+	++	+++	++++

References:-

1. Shri Yadunandanopadhyaya, *Madhava Nidana of Sri Madhavakara*, with Madhukosha commentary, Varanasi, Chaukhamba Prakashana. 2008, 5/8.
2. Bhavaprakashnighantu: Bhava Mishra, edited by professor Krushnachandra Chuneekar, Chaukhambha Bharati Academy, Varanasi (India), Reprint. 2013, U 65/18.
3. Asthang Hridayam- By Bramhanand Tripathi, Chaukhamba Prakashan, Varanasi, 1997 U.S.19/16.
4. Satyapala Bhigacharya, Editor, Kashyapa Samhita Of Vriddha Jivaka, Khilasthana, Chapter 11, Verse No.6, 4th Ed., Varanasi, Chaukhamba Sanskrit Sansthan, 1994 Pratishya chikitsa /4, 6
5. Acharya Vidyadhara Shukla, Prof. Ravidatta Tripathi, Charak Samhita, Uttarardha, reprinted edition, Delhi, Chaukhamba Sanskrit Pratishthan, 2007, Chikitsa 8/49-50,12/4, 26/106
6. Vaidya Yadavaji Trikamji Acharya, *Susrutsamhita of Susruta*, with the Nibandhasangraha commentary, Varanasi, Chaukhamba Orientalia publication, 1997.

Conflict of Interest: Non

Source of funding: Nil

Cite this article:

"To study the role of Chitrak Haritaki avleha in the management of Pratishya in children."
More Ashok Gunajirao, Chaudekar Manish Nagnath, Kamble V.S.

Ayurline: International Journal of Research In Indian Medicine 2020;4(5): 01- 08