

International Journal of Research in Indian Medicine

A Comparative Study between Guduchighanvati & Haridrakhanda in the Management of Vataj Pratishyaya (Allergic Rhinitis)

Ravi S.Ailani^{*1}, Vipul P. Kanani², Chandrakant A. Dhanokar³

1. Ass. Prof. & HOD Shalakyatantra Dept.,
2. Prof. & HOD Rognidan Dept.,
3. Ass. Prof ., Shalyatantra Dept.,

R.T. Ayurved Mahavidyalaya, Akola, (M.S.), India

**Corresponding author:* 3981ravi@gmail.com

ABSTRACT:

Allergic Rhinitis is very common clinical condition among allergic disorders. Many previous ayurvedic research works have given promising results in allergic rhinitis(Vataj Pratishyaya) but recurrence is common. Immunomodulation is necessary in allergic conditions so Haridrakhanda & Guduchighanvati were selected. For the clinical study 60 clinically diagnosed cases of Allergic rhinitis were selected & randomly divided into two groups each of 30 patients. Group A was given *Anu Taila Nasya* along with *Haridrakhanda* & Group B was given *Anu Tail Nasya* along with *Guduchighanvati* . Both group showed significant results in decreasing the clinical Signs of allergic rhinitis but recurrence was significantly low in patients with Guduchighanvati group.

KEY WORDS: Allergic rhinitis, Haridrakhanda, Guduchighanvati, Anu tail nasya.

Introduction:

Allergic disorders are very common in clinical practice. Allergic Rhinitis is very common clinical condition among allergic disorders. In present era people are more prone to develop allergic disorders due to pollution, lifestyle and other factors. It can be named as Atopic disease. Atopy is defined as familial tendency to sensitization to environmental allergens. Atopic allergy is a type 1 hypersensitivity reaction which produces IgE antibodies to allergens viz. pollen, dust, etc. It significantly impairs patient's quality of life and productivity by imposing disturbing symptoms . Many groups of drugs are used in modern treatment like antihistaminics, corticosteroids etc. But all these drugs give only symptomatic relief and none of these are free from adverse effects. Still, Modern medicine

doesn't offer permanent management for allergic rhinitis

Ayurvedic Acharyas are of the opinion that Pratishyaya is a curable disease if treated properly otherwise may give rise to many complications.^{1,2,3}

We can correlate allergic rhinitis with Vataj Pratishyaya because symptoms of allergic rhinitis are more similar to Vataj Pratishyaya.⁴ So many research work done in Ayurveda for the management of allergic rhinitis but very little attempt done in previous work for prevent the recurrence of allergic rhinitis.^{5,6,7,8}

Haridrakhanda is well known anti allergic and immunomodulator Ayurved preparation⁷. Various research work prove its anti allergic and immunomodulator effect. Guduchi is also well known immunomodulator drug and its very useful to treat allergic disorder.

Only Shamana treatment is not sufficient to treat disease like allergic rhinitis. So Anu Tail Pratimarsha Nasya is necessary to treat the condition like allergic rhinitis.

Taking all these points into consideration, this study was undertaken with the following

Aims & Objectives:

1. To evaluate the efficacy of 'Guduchighanvati' in the management of Vataj Pratishyaya (Allergic Rhinitis).
2. To evaluate the efficacy of 'Haridrakhanda' in the management of Vataj Pratisyaya (Allergic Rhinitis).

3. To compare the efficacy of Guduchighanvati with Haridrakhanda in the prevention of recurrence of Vataj Pratishyaya (Allergic Rhinitis).

Plan of Study :

1. Clinical Study

To evaluate therapeutic effect of the trail drug, clinical study was under taken with following criterias.

Criteria of selection of patients & diagnosis

- Uncomplicated patients with signs & symptoms of Allergic Rhinitis, attending O.P.D. & I.P.D. of Ayurved Rugnalaya, R.T.Ayurved Mahavidyalaya, Akola were selected irrespective of sex, religion & occupation, etc.

a. Inclusion criteria:

- 15 to 60 years age group
- Patient having signs and symptoms of Vataj Pratishyaya

b. Exclusion criteria:

- Patients suffering from Tuberculosis, Pneumonia ,D.N.S. ,Nasal polyps,Tumours of nose etc.
- Patients having metabolic disorders like DM,Hypothyroidism etc.

c. Pro-forma

- A special proforma was prepared for the evaluation of the etiopathogenesis & assessment of treatment efficacy. A detailed history was taken, & simultaneously general & systematic examinations was done of the patients having sign & symptoms suggesting of Allergic Rhinitis. Routine Hematological investigations like CBC and RBS etc. were done.

d. Grouping:

- The selected patients was randomly placed & studied under 2 groups.
- 1. **Group A** – In Group A patients were given Anu Taila Nasya, along with Haridrakhandha 5gm Bid with lukewarm water.
- 2. **Group B** –In Group B patients were given Anu Taila Nasya, along with Tab Guduchighanvati 250mg 2 Bid with lukewarm water.

Dose –

1. *AnuTaila* – 6-8 drops in each nostrils daily for seven days (One sitting)
2. Oral drug – *Haridrakhandha* 5gm Bid with lukewarm water as *Anupana*.
3. Tab *Guduchighanvati* 250mg 2Bid with luke warm water as *Anupana*.

Duration –

Three sittings of Anu Taila Nasya (7 days each) with 7 days gap in between was administered for 5 weeks and oral drug was given for 5 weeks also.

e. Follow up study

- Follow up between study was taken every 7 days during study duration and

Patients were asked to attend the O.P.D upto three months for the follow up study after completion of the treatment.

f. Criteria of Assessment

- Assessment of the effect of treatment was done on the basis of relief of subjective & objective signs & symptoms of Allergic Rhinitis through statistical analysis & other tests.

Assessment Criteria

General evaluating score –

1. Nasal obstruction (Nasavarodha)

0	-No obstruction
1	-Inhalation & exhalation with effort with feeling of mild obstruction
2	-Inhalation & exhalation with effort with feeling of moderate obstruction Inhalation & exhalation to be supplemented with mouth breathing

3	-Complete blockage with total mouth breathing
---	---

2. Rhinorrhea (Nasastrava)

0	-No discharge
1	-Occasional Rhinorrhea with a feeling of running nose without visible fluid
2	-Rhinorrhea with occasional running nose with visible fluid
3	-Rhinorrhea with running nose which needs moping but controllable
4	-Severe Rhinorrhea with copious fluid needs continuously moped

3. Sneezing (Kshavathu)

0	-No sneezing
1	- 1 – 10 sneezing
2	- 10 – 15 sneezing
3	- 15 – 20 sneezing
4	-> 20 sneezing

4. Headache (Shirashool)

0	-No headache
1	-Mild headache
2	-Moderate headache
3	-Severe headache patient restless & able to carry routine work with great difficulty
4	-Severe crippling, headache which renders patient bed ridden

5. Itching (Kandu)

0	No itching
1	Mild/not clear
2	Moderate/slightly understandable
3	Severe/Non- understandable
4	Unable to speak/cannot produce any sound

6. Recurrent attacks (Bhutwa Bhutwa)

0	No attacks
1	Period between attacks more than two days
2	Period between attacks 1 -2 days
3	Period between attacks 12-24 hrs.
4	Attacks within 12 hrs.

7. Hoarseness of voice (Swaropaghat)

0	Absent
1	(Hoarseness of voice) Present at the time of attack only
2	Present for few hours
3	Present throughout the day

Observations

Age wise – Maximum no. of patients i.e. 40.00% were from the age group 15-30 years. Sex wise – Maximum no. of patients i.e. 56.66% were female. While 43.33% were male. Occupation wise – Maximum no. of patients i.e. 36.66% were in service, while students were least affected i.e. 8.33% only. Socio-economic status wise – Maximum no. of patients i.e. 48.33% were from the lower middle class. Habitat wise – Maximum no. of patients i.e. 76.66% were from urban area. While the remaining i.e. 23.33% were from rural area. Aggravating factors wise – Maximum aggravating factor obtained was climatic change i.e. 93.33% of patients. Dust was another factor i.e. 90.00% of patients, followed by smoke in 86.66% of patients. Family history wise – Maximum no. of patients i.e. 63.33% had positive family history of Allergy, while it was absent in 36.66% of patients Sharira Prakriti wise –

Maximum no. of patients i.e. 76.66% had Vata-KaphaPradhanaPrakriti, while 15.00% of patients had Vata-Pitta PradhanaPrakriti.

Table 1

Age wise distribution of 60 patients of Allergic Rhinitis

Age	Group A	Group B	Total	Percentage
15 – 30	15	09	24	40.00
31 – 45	10	12	22	36.66
46 – 60	05	09	14	23.33

Table 2

Sex wise distribution of 60 patients of Allergic Rhinitis

Sex	Group A	Group B	Total	Percentage
Male	09	17	26	43.33
Female	21	13	34	56.66

Table 3:

Religion wise distribution of 60 patients of Allergic Rhinitis

Religion	Group A	Group B	Total	Percentage
Hindu	22	27	49	81.66
Muslim	06	03	09	15.00
Jain	02	00	02	03.33

Table 4:

Occupation wise distribution of 60 patients of Allergic Rhinitis

Occupation	Group A	Group B	Total	Percentage
Service	10	12	22	36.66
Labour	05	03	08	13.33
Housewife	08	06	14	23.33
Studying	02	03	05	08.33
Others	05	06	11	18.33

Table 5 :

Education wise distribution of 60 patients of Allergic Rhinitis

Education	Group A	Group B	Total	Percentage
Uneducated	02	00	02	03.33
Primary	04	01	05	08.33
Middle	03	08	11	18.33
H.Sc.	08	09	17	28.33
Graduation	11	10	21	35.00
P.G.	02	02	04	6.66

Table 6

Socio-economic status wise distribution of 60 patients of Allergic Rhinitis

Socio-economic status	Group A	Group B	Total	Percentage
Poor	09	07	16	26.66
Lower middle	14	15	29	48.33
Middle	06	05	11	18.33
Upper middle	01	03	04	06.66

Table 7

Habitat wise distribution of 60 patients of Allergic Rhinitis

Habitat	Group A	Group B	Total	Percentage
Urban	22	24	46	76.66
Rural	08	06	14	23.33

Table 8

Aggravating factors wise distribution of 60 patients of Allergic Rhinitis

Aggravating factor	Group A	Group B	Total	Percentage
Dust	26	28	54	90.00

Smoke	27	25	52	86.66
Climatic change	29	27	56	93.33
Exposure to cold	25	22	47	78.33
Others	23	21	44	73.33

Table 9

Family history wise distribution of 60 patients of Allergic Rhinitis

Family history	Group A	Group B	Total	Percentage
Obtained	17	21	38	63.33
Not obtained	13	09	22	36.66

Table 10

ShariraPrakriti wise distribution of 60 patients of Allergic Rhinitis

ShariraPrakriti	Group A	Group B	Total	Percentage
Vata – Pitta	05	04	09	15.00
Vata – Kapha	22	24	46	76.66
Pitta – Kapha	00	00	00	00.00
Vata – Pitta – Kapha	03	02	05	08.33

Table 11: Total effect on symptoms of 30 patients of Group A.(Haridrakhanda)

Symptoms	n	BT9 (MSS)	AT (MSS)	% Relief	SD	SE	T	P
Nasal obstruction	24	1.66	0.16	90.36%	0.38	0.17	08.81	< 0.001
Rhinorrhea	30	3.13	0.60	80.83%	0.77	0.19	13.29	< 0.001
Sneezing	30	2.86	0.53	81.46%	0.73	0.18	13.01	< 0.001
Headache	19	2.52	0.52	79.36%	0.60	0.28	07.24	< 0.001
Itching	26	1.53	0.15	90.19%	0.36	0.15	09.04	< 0.001
Bhutwabhutwa	28	2.78	0.57	79.49%	0.69	0.18	11.80	< 0.001
Swaropghata	18	1.61	0.16	90.06%	0.38	0.16	8.77	<0.001

Table 12: Total effect on symptoms of 30 patients of Group B(Guduchighanvati)

Symptoms	n	BT (MSS)	AT (MSS)	% Relief	SD	SE	T	P
Nasal obstruction	25	1.76	0.24	86.36%	0.43	0.16	09.18	< 0.001
Rhinorrhea	30	3.23	0.53	83.59%	0.62	0.17	15.63	< 0.001
Sneezing	30	2.66	0.43	83.83%	0.72	0.18	11.97	< 0.001
Headache	19	2.26	0.42	81.41%	0.60	0.25	07.40	< 0.001
Itching	26	2.03	0.38	81.28%	0.49	0.16	10.39	< 0.001
Bhutwabhutwa	27	2.70	0.37	86.29%	0.49	0.19	12.37	< 0.001
Swaropghata	17	1.76	0.17	90.34%	0.39	0.23	06.85	<0.001

Table 13: Total effect of therapy in Recurrence

Recurrence	Group A	%	Group B	%
Present	19	63.33	07	23.33
Absent	11	36.66	23	76.66

Total effect of therapy in recurrence – Recurrence of symptoms after 3 months was found in 63.33% of patients in group A while 30 % of patients had recurrence in group B.

Discussion:

Allergic Rhinitis is most common in all allergic disorders. Here in this study we

take Anutail for Nasya in both groups. AnuTail Nasya is specially recommended by Charkakacharya as preventive measure for Urdhava Jatrugata Vikara(diseases which occurs above the Neck region) & also for the management of Peenasa. Anu Tail has Tridosha- nashana, Balya, Brihana and Rasayana properties which may help to increase local immunity. Laghu &Vyavayi Guna possess a property of spreading into minute channels.Haridrakhanda has antiallergic, Raktashodhak, Rasayana, Jeevaniya, Brihaniya,Balya, Ojavardhaka &Dhatuposhaka properties which indirectly increase the immunity. Various ingredients of Haridrakhanda having VataKapha Shamaka, Tridosha Shamaka properties which help to bring the affected doshas in normal level.In one group the effect of Nasya with Haridrakhanda in Allergic rhinitis patients was evaluated. Guduchighanvati selected in second group with Anutaila Nasya. Guduchi is well known Rasayana drug. Bhavprakasha explain its Rasayana effect and also having Tridoshaghna properties. Guduchi is also well known immunomodulator drug , so many research work carried out to prove its immunomodular effect. Guduchi is best remedy for allergic disorders specially to prevent the recurrence . In second group the effect of Nasya with Guduchighanvati in allergic rhinitis patients was evaluated. The Studies conducted on symptomatic parameters showed over all significant improvement in the allergic rhinitis in both groups. But Guduchighanvati group is highly significant than Haridrakhanda group in Prevention of recurrence of the allergic rhinitis.

Following observation were found during the study period.

1. Both groups showed Highly Significant Results in Symptomatic relief in allergic rhinitis.
2. Percentage relief in Nasal obstruction(90.36%)and itching(90.13%)was better in group A as compared to group B.
3. Percentage relief in other symptoms was better in Group B as compared to Group A
4. Percentage of recurrence was very much low(23.33%) in group B as compared to Group A(63.33)
5. No adverse reactions were observed in any patient.

Conclusion:

So it can be concluded that

- Haridrakhanda withAnu tail Nasya is as effective as Guduchighanvati with Anutaila Nasya in the management of Vataj Pratishyaya (Allergic Rhinitis) patients.
- Recurrence is better prevented inVataj Pratishyaya (Allergic Rhinitis)with Guduchighanvati along with Anutaila Nasya as compared to Haridrakhanda along with Anutaila Nasya.

REFERENCES:

1. Charaka Samhita of Agnivesha, revised by Charaka&Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta&with Vidyotini

- Hindi commentary by Pt. Kashinath Shastri, edited Dr. Gangasahaya Pandey, 8th edition, 2004-part ii, chikitsasthan-17/121.
2. Sushruta, Sushruta Samhita Dalhana Commentary- Nibandhasangraha, Gayadasacharya commentary- Nyayachandrika Panjika on Nidanasthana, edited by Vaidya Jadavaji Trikamji Acharya & Narayana Ram Acharya, Chaukhamba Surbharti Prakashana, Varanasi, 2012, Uttartantra 24/6.
 3. Sushruta, Sushruta Samhita Dalhana Commentary- Nibandhasangraha, Gayadasacharya commentary- Nyayachandrika Panjika on Nidanasthana, edited by Vaidya Jadavaji Trikamji Acharya & Narayana Ram Acharya, Chaukhamba Surbharti Prakashana, Varanasi, 2012, Chikitsasthana-4/28.
 4. Dr. Sahu, Dr. Dhiman, Allergic Rhinitis in Ayurvedic Perspectives, World Journal of Pharmaceutical Research, Vol 4, Issue 8, 2192-2198
 5. Neha Modha, V. D. Shukla M. S. Baghel Clinical Study of Anurjata Janita Pratishyaya (Allergic Rhinitis) & Comparative Assessment of Nasya Karma, AYU-VOL. 30, NO. 1 (JAN.-MAR.) 2009, pp 47-54.
 6. Chhaya Bhakti, Manjusha Rajgopala, A. K. Shah, Narayan Bavallati, A Clinical evaluation of Haridrakhanda & Pippalyadi Taila Nasya on Pratishyaya (Allergic Rhinitis), AYU-VOL. 30, NO. 2 (APRIL-JUNE) 2009, pp. 188-193
 7. Dr. Seema Chawardol, Clinical Evaluation of Haridrakhanda & Anu Tail Nasya in the Management of Allergic Rhinitis, Int. J. Ayu. Alt. Med., 2013; 1(1):43-49
 8. Dwivedi et al. UJAHM, 2013, 01(01) page 35-42
 9. Dr. Ojha, Dr. Tiwari, Ayurveda Drugs for Management of Respiratory Allergic Disorders: A short review, 2014, Vol 3 Issue 11
 10. Shivakumar, Prassan Rao, Clinical Investigations on the Ayurvedic Management of Allergic rhinitis (Vatajpratishyaya) by Pratimarshanasyas, Explor Anim Med Res, Vol. 4, Issue 2, 2014 p 194-205
 11. Sandhya Rani D et al/Int .J.Res.Ayurveda Pharma.4(5), sep-oct 2013

Cite this article:

A Comparative Study between Guduchighanvati & Haridrakhanda in the Management of Vataj Pratishyaya (Allergic Rhinitis)

Ravi S. Ailani, Vipul P. Kanani, Chandrakant A. Dhanokar

Ayurline: International Journal of Research In Indian Medicine 2019; 3(1) : 1-9