

**TREATMENT OF DUSHTA PRATISHYAYA WITH SIMILAR  
RESPECT TO EOSINOPHILIA- A CASE STUDY**

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**ABSTRACT**

*Pratishyaya* (rhinitis) is an important disease described in *Ayurvedic* texts. *Acharya Chakrapanidatta* says about the importance of *Pratishyayas* on commentary of *Charaka Chikitsa* chapter no. 26 as “*Bhuyishtam Vyadhyah Sarve Pratishyaya Nimittajah. Tasmad Rogah Pratishyayah Poorvamevopadishyate.*” all the diseases are caused by *Pratishyaya* (rhinitis), so here we will first learn about *Pratishyaya* (rhinitis). *Acharya Sushruta* says as “*Badhiryam Andhyam Aghranam Ghoranshcha Nayanamayam. Kasagnisadshophanshcha Vriddha Kurvanti Peenasah*” *Badhirya* (deafness), *Andhya* (blindness), *Aghranam* (unable to take sense of smell), some furious disorders of eyes, *Kasa* (cough), *Agnisada* (loss of appetite) and *Shopha* (oedema of other body parts or ascitis) are

complications of *Pratishyaya*. It is also described in *Ayurvedic* texts as *Nidanarthakar Roga* in *Madhava Nidana Panchanidana* and *Charaka Nidana*- “*Diwaswapadidoshaishcha Pratishyayashcha Jayate. Pratishyayadathokasah Kasat Sanjayate Kshayah. Kshayo Rogasya Hetutwe Shoshapyupajayate.*” sleeping in day time aggravates *doshas* and causes *Pratishyaya* (rhinitis), *Pratishyaya* (rhinitis) causes *Kasa* (cough), *Kasa* (cough) causes

*Kshaya roga* and *Kshaya* causes *Shosha roga*. **Aims and objectives:** To assess the efficacy of *Ayurvedic* drugs in the management of *Dushta Pratishyaya* (eosinophilia). **Methodology:** In this study, a patient fulfilling the diagnostic and inclusion criteria of *Dushta Pratishyaya* was selected and *Ayurvedic* medications (*Panchakola churna*, *Mukta Shukti bhashma*, *Abhraka bhashma*, *Tankan bhashma*, *Haridrakhanda* and *Vidangarishta*) was given for three months. The efficacy of the drug was analyzed in terms of the relief produced in the signs and symptoms before and after treatment.

**KEYWORDS:** *Pratishyaya*, *Dushta Pratishyaya*, eosinophilia, *Panchkola choorna*, *Abhraka Bhashma*, *Tankana Bhashma*, *Haridrakhanda* and *Vidangarishta*.

**INTRODUCTION:** *Pratishyaya* (rhinitis) is an important disease described in *Ayurvedic* texts. *Acharya Chakrapanidatta* says about the importance of *Pratishyayas* on commentary of *Charaka Chikitsa* chapter no. 26 as “*Bhuyishtam Vyadhayah Sarve Pratishyaya Nimittajah. Tasmad Rogah Pratishyayah Poorvamevopadishyate.*” all the diseases are caused by *Pratishyaya* (rhinitis), so here we will first learn about *Pratishyaya* (rhinitis). *Acharya Sushruta* says as “*Badhiryam Andhyam Aghranam Ghoranshcha Nayanamayan. Kasagnisadshophanshcha Vriddha Kurvanti Peenasah*” *Badhirya* (deafness), *Andhya* (blindness), *Aghranam* (unable to take sense of smell), some furious disorders of eyes, *Kasa* (cough), *Agnisada* (loss of appetite) and *Shopha* (oedema of other body parts or ascitis) are complications of *Pratishyaya*. It is also described in *Ayurvedic* texts as *Nidanarthakar Roga* in *Madhava Nidana Panchanidana* and *Charaka Nidana*- “*Diwaswapadidoshaishcha Pratishyayashcha Jayate. Pratishyayadathokasah Kasat Sanjayate Kshayah. Kshayo Rogasya Hetutwe Shoshapyupajayate.*” sleeping in day time aggravates *doshas* and causes *Pratishyaya* (rhinitis), *Pratishyaya* (rhinitis) causes *Kasa* (cough), *Kasa* (cough) causes *Kshaya roga* and *Kshaya* causes *Shosha roga*. Other aetiologies are explained by *Acharya Susruta* in *Uttara Tantra* chapter number twenty four, *Acharya Charaka* in *Chikitsa Sthana* chapter number twenty six and *Acharya Vagbhata* in *Ashtanga Hridaya Uttara Tantra* chapter number nineteen. *Acharya Madhava* has described two types of aetiology for *Pratishyaya*, first one is known as *Sadyojanaka Hetu* and other one is known as *Chayadikrama Janya Hetu*. *Chayadikrama Janya hetu* has greater value as compared to *Sadyojanaka Hetu*.

Eosinophilia is a condition in which the eosinophilic count in the peripheral blood exceeds  $5.0 \times 10^8/L$  ( $500/\mu L$ ). Eosinophils usually account for less than 7% of the circulating

leukocytes. A marked increase in non- blood tissue eosinophil count noticed upon histopathologic examination is diagnostic for tissue eosinophilia. Several causes are known, with the most common being some form of allergic reaction or parasitic infection. Diagnosis of eosinophilia is via a complete blood count (CBC). An absolute eosinophil count is not generally needed if the CBC shows marked eosinophilia. Eosinophilia can be idiopathic (primary) or more commonly secondary to another disease. In the western world, allergic or atopic diseases are the most common causes, especially those of the respiratory or integumentary systems. In the developing world, parasites are the most common cause. A parasitic infection of nearly any bodily tissue can cause eosinophilia.

**CASE REPORT:** A 21 year old male patient with presenting features of Dushta Pratishyaya having Kshawathu (sneezing), Nasa shosha (dryness of nasal mucosa), Pratinaha(nasal obstruction), Parisrava (excessive discharge from the nose), Putigraha (ozena) and Apinasa (chronic rhinitis) came at Gurukul Campus, College OPD, Haridwar with registration no. 1080/2017.

**History of Present illness:** According to patient he was all right six months back. Later he got Pratishyaya (rhinitis) and took medication for that from local physician in their village but could not get relief, then went to some Ayurvedic centres for the treatment but could not get relief. Then he came to hospital OPD of Gurukul Campus,UAU, Haridwar for Ayurvedic treatment.

**History of Past illness-** There is no remarkable complaint.

**Surgical history-** There was no surgical history.

**Family history-** There is no any history of severe disease.

**Personal history-** The Sharira prakriti of patient was vata-pittaja and he had a Madhyam kostha (on the basis of bowel habit), madhyam bala (physical strength) with madhyam satva (physiological strength). BP- 126/84 mm of Hg, Pulse rate- 80/ minute, Respiratory rate- 16/ minute, Mutra pravritti (micturition)- samanya (normal), Mala pravritti (bowel habit)- Baddhakoshthata (constipation), Sparsh(sensory function)- samanya (normal), Agni bala (appetite)- samanya(normal).

**Investigations- Before treatment-** Haemoglobin- 13.6 gm/dl, TLC (total leukocyte count)- 26710, neutrophils- 25%, lymphocytes- 15%, monocytes- 2%, eosinophils- 58%, basophils-

0%, RBC count- 5.1 million/ $\mu\text{l}$ , PCV- 43.4%, MCV- 85.1fL, MCH- 26.7Pg, MCHC- 31.3gm/dl, platelet count-  $165 \times 10^3/\mu\text{l}$ , ESR(wintrob's method)-15, chest X-ray (PAview)- small patchy opacity are seen at place of left lung field, CP angles are normal, heart and hilar shadows are normal, bilateral cervical roots are seen, entry are non specific and could be suggestive for few fibrotic lung disease, please co-relate clinically.'

**Plan of Treatment:** We prepared a plan on Ayurvedic medicine mixtures as given below.

Drug	Dose	Anupana
Panchkola choorna	500 mg three times per day	honey
Mukta Shukti bhashma	125 mg three times per day	honey
Abhrak bhashma	125 mg three times per day	honey
Tankana bhashma	60 mg three times per day	honey
Haridrakhand	3 gms three times per day	milk
Vidangarishta	10 ml. two times per day after meal	Equal proportion of water

**Route of drug administration-** oral route.

## OBSERVATIONS

**Follow up findings after one month-** There was marked relief in Kshawathu (sneezing), Nasa shosha (dryness of nasal mucosa), Pratinaha(nasal obstruction) and Parisrava (excessive discharge from the nose).

**Investigation after one month of treatment-** Haemoglobin- 12.7 gm/dl, TLC (total leukocyte count)- 5780, neutrophils- 34%, lymphocytes- 44%, monocytes- 1%, eosinophils- 21%, basophils- 0%, RBC count- 4.7 million/ $\mu\text{l}$ , PCV- 42.0%, MCV- 88.4fL, MCH- 26.7Pg, MCHC- 30.2gm/dl, platelet count-  $136 \times 10^3/\mu\text{l}$ , ESR(wintrob's method)-15.

**Follow up findings after two months of treatment-** There was almost relief in Kshawathu (sneezing), Nasa Shosha (dryness of nasal mucosa), Pratinaha (nasal obstruction), Parisrava (discharge from nose) and marked relief in Putigraha (ozena).

**Investigation after two months of treatment-** Haemoglobin- 13.2 gm/dl, TLC (total leukocyte count)- 5080, neutrophils- 40%, lymphocytes- 40%, monocytes- 1%, eosinophils- 18%, basophils- 1%, RBC count- 4.9 million/ $\mu\text{l}$ , PCV- 42.6%, MCV- 86.4fL, MCH- 26.7Pg, MCHC- 31.1gm/dl, platelet count-  $146 \times 10^3/\mu\text{l}$ , ESR(wintrob's method)-12.

**Follow up findings after three months of treatment-** There was completely relief in Kshawathu (sneezing), Nasa Shosha (dryness of nasal mucosa), Pratinaha (nasal obstruction), Parisrava (discharge from nose) and in Putigraha (ozena).

**Investigation after three months of treatment-** Haemoglobin- 13.4 gm/dl, TLC (total leukocyte count)- 5000, neutrophils- 52%, lymphocytes- 40%, monocytes- 1%, eosinophils- 6%, basophils- 1%, RBC count- 5.0 million/ $\mu$ l, PCV- 42.6%, MCV- 86.4fL, MCH- 26.7Pg, MCHC- 31.1gm/dl, platelet count-  $150 \times 10^3/\mu$ l, ESR(wintrob's method)-10.

## DISCUSSION

As we go in details of the case we found that patient came to us after taking treatment to many other places but could not get relief. What was the cause behind that? Either he was not taking proper medication or possibility of taking treatment without proper investigation. According to the patient he has taken allopathic and ayurvedic medication on his village. There is also possibility of taking medication for inappropriate duration. After CBC we found that eosinophil count was markedly increased. Chest X-ray PA view was not indicating any chest disease. Previously as we have said that absolute eosinophil count is not necessary if CBC shows marked eosinophilia, so we did not do absolute eosinophil count and simply focussed on eosinophilia. Now the question arises that what is the cause of eosinophilia? As we live in developing country there is possibility of eosinophilia due to parasites. Other possibility may be use of NSAIDs drugs taken by the patient during previous treatment. Here we considered parasites (worm infestations) as the causative organisms because worm infestations are the common in villages. So for the treatment we used Panchkola choorna 500 mg three times per day, Mukta Shukti bhashma 125 mg three times per day, Abhrak bhashma 125 mg three times per day, Tankana bhashma 60 mg three times per day, Haridrakhand 3 gms three times per day and Vidangarishta 10 ml two times per day after meal.

### Probable mode of drug action

**Panchkola churna-** It acts on Kapha and vata dosha so it may reduce inflammation of the bronchus and air pathways. It may also reduce the secretions of the air way passage. It is the drug used for cough, chronic bronchitis and respiratory infections.

**Mukta Shukti bhashma-** It acts on Kapha and Vata dosha and also supplement calcium in the body and also having antacid property. It is helpful for the treatment of cough, cold asthma and digestive disorders.

**Abhrak bhashma-** It specifies the all three doshas and acts on the epithelial lining of airway pathway and promotes the healing of the changes done by inflammation and also works on intestinal worm infestations.

**Tankana Bhashma-** It acts on Vata and Kapha dosha so reduces water content of mucosa and by that secretions are checked and also have anti inflammatory property.

**Haridrakhand-** It acts on Vata, Pitta and Kapha doshas and also as anti allergic drugs. So reduces the secretions of air way passage.

**Vidangarishta-** It is an Ayurvedic vermifuge(anthelmintic) medicine. It is used for destroying and expelling parasitic intestinal worms and prevents recurrence of worm infestations.

## CONCLUSION

As per Ayurveda Dushta Pratishtyaya is a stage of complication of all types of Pratishtyayas. It is a disease which is difficult to treat. Eosinophilia in present case study is similar to Dushta Pratishtyaya. Ayurvedic medications in eosinophilia are effective. There is also a need to conduct a research project for the treatment of eosinophilia on Ayurvedic medications.

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