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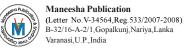
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RISK FACTORS RELATED TO NON-OBSERVANCE OF RITUCHARYA IN PRATISYAYA (ALLERGIC RHINITIS)

R. Jaiswal*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bimonthly International Journal of all Research: I, *Sarita Mishra* the author of the research paper entitled EFFECT OF LIFE STYLE ON FERTILITY declare that, I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal, This research paper is my original work and no part of it or it's similar version is published or has been sent for publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my research paper.

Abstract

Allergic rhinitis is acknowledged as a significant health challenge ona global scale. Allergic rhinitis affects 400 million people worldwide with higher prevalence recorded in industrial nations. Knowledge of a patient's susceptibility to specific antigens can be useful in management strategies involving lifestyle modifications. Ritucharya, is one of the best lifestyle modification with the changes provide by natural cycle of seasons. Therefore this study was planned to assess the variations in the prevalence of Pratisyaya (Allergic rhinitis)with seasonal variation and to find out the observance and non-observance factors of Ritucharyaof different season in respect of Pratisyaya (Allergic rhinitis). Total 82 (59 males and 23 females) Migrainecases between age 20-60 were included in the study. Assessment of observance and non-observance was done on the basis of a specific Ritucharyabased proforma. On evaluation of these survey studies, significant seasonal variations in the prevalence of Pratisyaya (Allergic rhinitis) were observed. The prevalence of Pratisyaya(Allergic rhinitis) is found higher in Hemanta, Vasanta and Varsa seasons. The exposure to cold, rain and cloudy sky; sedentary life style; late morning awakening; Daytime sleeping; intake of buffalo's milk and its products; intake of fruits like banana, guava etc. and intake of fruits and their juices in evening; living in humid environment; and intake of curd were the major risk factors.

Key Words: Ritucharya, Pratisyaya, Allergic rhinitis

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Introduction

Allergic rhinitis is considered a significant global health challenge. AR is a major cause of patient visits to physicians. The economic burden of AR is substantial, due to rising prevalence of AR in both children and adults. Research studies estimate prevalence of AR in children's, to be about 10-20%. Urbanization, industrialization and globalization are the main determinants of the changes in the prevalence rate of AR. *Ayurveda* is a key for the world, to open the door of the right path in the journey of healthy life. It gives more concern to the health with reference to maintenance and promotion of health. *Ritucharya* is one of the preventive principles of *Ayurveda*. Observance balances the equilibrium of *Dosa* and *Dhatu* of the body and brings about strength, complexion, happiness and longevity¹ thus helps in decreasing the prevalence of various diseases and hence decreases the health care cost and morbidity

Material and Methods

The study was conducted in *Svasthyarakshana* Clinic and in the OPD of *Kayachikitsa* of Sir SundarLal Hospital, IMS, BHU, Varanasi.

Selection of sample: Patients of different age group, gender and socio-economic status was registered on the basis of following criteria. Cases of *Pratisyaya* (Allergic rhinitis) based on clinical sign and symptoms of age group between 20-60 years were selected for study. Age below 20 years and above 60 years, cases with associated other diseases and complications and accidental cases were excluded in the sampling process.

Plan of study: The case suffering from Pratisyaya(Allergic rhinitis) was registered and survey was done on the basis of a specific Ritucharya based proforma. To enquire the dietary habits and physical activities (Aahara and Vihara) followed by the patients in different seasons. To assess the relationship between different seasons and prevalence of Pratisyaya(Allergic rhinitis), the cases was registered in six seasons. The registered cases of both rural and urban habitat were assessed for observance or non-observance of Ritucharya on the basis of frequency and pattern of the use of food articles and behavior observed in six seasons. To assess the impact of non-observance of Ritucharya(risk factors) these factors was categorized under six seasons.

Statistical method of assessment: The collected data was tabulated in the master chart. For finding the results the data was analyzed on the basis of percentage. Relation between seasonal variation and prevalence of migraine disease was tested on the basis of Chi-square test.

Result

Registration of 100 cases had been put out as a target for the study, out of 100 only 82 cases had been registered. Out of 82, 23 cases of female and 59 cases of male were registered.

TABLE 1 Showing Age Distribution of cases²

Season	Allergic	rhinitis (81)
AgeGroup	No.	%
21-30	67	81.70
31-40	08	9.75
41-50	05	6.09
51-60	02	2.43

It was evident from the table 1 thatmaximum prevalence of cases of *Pratisyaya* (82%) were in 21-30 years age-group whereas minimum (2%) cases were in 51-60 years age-group.

TABLE 2 Showing the prevalence of Pratisyaya in different seasons³

Disease	Allergic r	hinitis (82)
Season	No.	%
Hemanta	18	21.95
Sisira	08	9.75
Vasanta	21	25.60
Grisma	8	9.75
Varsa	16	19.51
Sarad	11	13.41
$\chi^2 test$	$\chi^2 =$	10.93
p value	p < 0	0.05

It was evident from the table-2 that prevalence of Pratisyaya (Allergic rhinitis, p <.05) shows significant relation with the seasonal variation. Maximum prevalence of Allergic rhinitis was observed in VasantaRitu (25%) followed by Hemanta (22%) and Varsa (20%) whereas and minimum in Grisma Ritu (9%).

TABLE 3 Risk factors related to Non-observance of Ritucharyain Pratisyaya (Allergic rhinitis) cases⁴

Seasons	Hemanta (18) Sisira (08)			(08)	Vasanta (21)		Grisma (08)		Varsa (16)		Sarad (11)	
Risk factors	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Exposure to cold, rain, cloudy sky	13	72.22	04	50.00	05	23.80	03	37.5	11	68.75	01	09.09
Exposure to cold, dust	07	38.88	03	37.5	13	61.90	03	37.5	01	06.25	04	36.36
Exposure to smoke, fumes	02	11.11	01	12.5	04	19.04	03	37.5	03	18.75	02	18.18
Occupational exposure	02	11.11	00	00	02	09.52	00	00	01	6.25	00	00
Non ventilated + Humid type of house	01	05.55	02	25.00	01	04.76	00	00	04	25.00	02	18.18
Sedentary lifestyles	11	61.11	06	75.00	09	42.85	05	62.5	12	75.00	06	54.54
Late morning awakening 7to9 A.M.	07	38.88	02	25.00	12	57.14	03	37.5	09	56.25	05	45.45
Day time sleeping	02	11.11	00	00.00	16	76.19	05	62.5	04	25.00	04	36.36
Intake of rice in night	01	05.55	01	12.50	03	14.28	01	12.5	01	06.50	00	00
Intake of cold items	06	33.33	02	25.00	05	23.80	05	62.5	03	18.75	03	27.27
Intake of lassi	00	00	00	00.00	03	14.28	04	50.00	03	18.75	01	09.09
Intake of curd	03	16.66	01	12.5	08	38.09	06	75.00	05	31.25	03	27.27
Intake of buffalo's milk, ghee and its product	08	44.44	03	37.5	05	23.80	03	37.5	06	37.5	04	36.36
Intake of fruits like – Banana, Guava in evening; Vit. C rich fruits and juices at evening	09	50.00	05	62.5	06	28.57	04	50.00	05	31.25	02	18.18

It is evident from the above table that maximum numbers of cases (21) were found in *Vasanta* season. Exposure to cold (cold air, cooler, fans, A.C.), rain and cloudy sky; exposure to dust; sedentary lifestyles; late morning awakening (> 8 AM); day time sleeping; and intake of fruits (banana, guava and intake of fruits and juices in evening) were the risk factors observed in cases of *Pratisyaya*(Allergic rhinitis). The major risk factors followed by them in *Vasanta* season were the day time sleeping (76%); late morning awakening (57%); exposure to dust (61%) and sedentary lifestyles (42%).

Discussion

Seasonal Variation; In this study we observed a relationship between seasonal variation and Pratisyaya(Allergic rhinitis) in parlance of ancient science of Ayurveda. It was observed that prevalence of Pratisyaya(p value <.01) showed significant relation with the seasonal variation. During the period of Vasanta, Hemanta and Varsa the percentage of their prevalence was highest, 25%, 22% and 20% respectively. According to Ayurveda, Hemanta is the period in which Kaphadosa get accumulated and Vata get vitiated due to non-observance of Hemantacarya⁵, this accumulated Kaphadosa get vitiated in the Vasanta period⁶. Varsa is the period in which Vatadosa get vitiated⁷. Higher percentage of Allergic rhinitis (Vata-kapha disorders) during this period supports the above belief.

The Impact of Non-observance of Ritucharyaon the Pratisyaya; According to Ayurveda, Pratisyaya is Vata – kaphaja disease. Pratisyaya gets aggravated in the Vasanta, Hemanta and Varsa seasons. Cloudy sky; rain and humid environment of Varsa season; cold, blow of eastern wind and dryness of Hemanta and Sisira season; and vitiation of Kapha in Vasanta season are the important causative factors to aggregate Pratisyaya. The exposure to cold, rain and cloudy sky; exposure to dust; exposure to smoke, fog; intake of kaphavardhakadiet are the important etiological factors for Pratisyaya⁸. Cold and dry air of winter season leads to excessive dehydration of nasal passage and the upper respiratory tract and there is increased chance of microbial and viral infection. Warm and humid weather of Varsa season is host to a variety of infectious diseases. Vasanta season is the season of pollens, which are known allergens in case of Pratisyaya. Thus the above mentioned etiological factors or triggering factors support the findings related to the risk factors of the Pratisyaya in this study.

Conclusion

Prevalence of Pratisyaya (Allergic rhinitis; p < 0.05) showed significant relation with the seasonal variation. The prevalence of Pratisyaya (Allergic rhinitis) is found higher in Hemanta, Vasanta and Varsa seasons. The exposure to cold, rain and cloudy sky; sedentary life style; late morning awakening; Daytime sleeping; intake of buffalo's milk and its products; intake of fruits like banana, guava etc. and intake of fruits and their juices in evening; living in humid environment; and intake of curd were the major risk factors.

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