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Therapeutic Role of Darviyādi Dhūmavarti in Kaphaja Pratiśyaya: Insights from Aṣṭāṅga Hṛidaya with a Case Series Approach

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Abstract

Background: Pratiśyaya (rhinitis) is a common respiratory disorder described in Ayurveda, often correlated with allergic or non-specific rhinitis in modern medicine. Classical texts such as the *Aṣṭāṅga Hṛdaya* prescribe Dhūmapāna (medicated smoking) for Kapha–Vāta disorders of the head and neck [1]. *Cakradatta* specifies the Darviyādi Dhūmavarti formulation for Kaphaja Pratiśyaya [2]. Despite strong textual support, clinical evidence on this therapy is limited.

Objective: To evaluate the therapeutic role of Darviyādi Dhūmavarti in the management of Kaphaja Pratiśyaya through a five-case clinical series.

Methods: Five patients aged 23–42 years with classical features of Kaphaja Pratiśyaya were selected. Darviyādi Dhūmavarti was prepared using equal parts of Darvī (*Berberis aristata*), Iṅguḍī (*Wrightia tinctoria*), Nikumbha (*Clitoria ternatea*), Kinihī (*Capsicum frutescens*), and Sūrasā (*Ocimum sanctum*) following *Śārṅgadhara Saṃhitā* guidelines [3]. Patients inhaled smoke (2–3 inhalations twice daily) for 7 consecutive days under physician supervision. Symptom severity was assessed using subjective scoring for rhinorrhea, nasal obstruction, sneezing, and headache.

Results: All patients reported significant symptomatic relief ranging from 65% to 85%. Maximum benefit was observed in sneezing and nasal obstruction, followed by rhinorrhea. One chronic case showed partial improvement in anosmia. No major adverse effects were recorded; only mild transient throat irritation occurred in one case.

Conclusion: Darviyādi Dhūmavarti demonstrated notable efficacy and safety in Kaphaja Pratiśyaya, supporting classical Ayurvedic indications. The results highlight its potential as a traditional therapeutic option for rhinitis. Larger controlled trials and pharmacological studies are warranted.

Keywords: *Dhūmapāna Varti; Kaphaja Pratiśyaya; Rhinitis; Aṣṭāṅga Hṛdaya; Cakradatta; Case series*

1. Introduction

Pratiśyaya is among the most common *Urdhvajatrugata rogas* (diseases of the supraclavicular region) described in Ayurveda. Its classification into *Vātaja, Pittaja, Kaphaja,* and *Sannipātaja* forms indicates a precise understanding of the pathological variations caused by the predominance of each doṣa [4,5]. Kaphaja Pratiśyaya, characterized by

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profuse rhinorrhea, sneezing, nasal obstruction, heaviness of the head, and occasional anosmia, bears close resemblance to allergic or chronic rhinitis in contemporary medicine.

Modern medicine attributes allergic rhinitis to IgE-mediated hypersensitivity reactions of the nasal mucosa, leading to mast cell degranulation, histamine release, mucosal edema, and excessive secretion. Environmental allergens, occupational irritants, and pollution contribute to increasing prevalence. Conventional management with antihistamines, corticosteroids, and immunotherapy provides symptomatic relief but often results in dependency, rebound effects, and recurrence.

Ayurveda emphasizes holistic management by correcting doṣic imbalance. The *Aṣṭāṅga Hṛdaya* recommends Dhūmapāna as a preventive and therapeutic regimen for Kapha–Vāta disorders of the head [1]. This practice acts through *śirovirecana* (cleansing of the head channels) and *kapha-śamana* (pacification of Kapha). *Cakradatta* highlights the specific utility of Darviyādi Dhūmavarti in Pratiśyaya [2]. Despite strong textual evidence, clinical validation remains limited, warranting systematic evaluation.

This study aims to bridge classical wisdom with modern clinical practice through a case series on Darviyādi Dhūmavarti in Kaphaja Pratiśyaya.

2. Materials and Methods

Study Design: Descriptive case series of five patients.

Selection Criteria:

- *Inclusion:* Adults aged 18–55 years with classical features of Kaphaja Pratiśyaya.
- *Exclusion:* Chronic sinusitis, nasal polyps, systemic illness, pregnancy, and lactation.

Formulation Source: *Cakradatta* – Nāsa-roga-pratiṣedha [2].

Ingredients (equal parts):

- Darvī (*Berberis aristata*)
- Iṅguḍī (*Wrightia tinctoria*)
- Nikumbha (*Clitoria ternatea*)
- Kinihī (*Capsicum frutescens*)
- Sūrasā (*Ocimum sanctum*)

Preparation (Śārṅgadhara method) [3]:

1. Fine powders prepared (80 mesh).
2. Bhāvanā with Tulasi svarasa.
3. Rolled into varti (~8 aṅgula length, thumb-thick middle, tapered ends).
4. Shade-dried and stored airtight.
5. Administered via dhūmanetra (pipe).

Procedure:

- Dosage: 2–3 inhalations twice daily for 7 days.
- Inhaled through nostrils, exhaled via mouth.
- Precautions: Avoided immediate sleep, cold water, windy exposure.

Assessment Parameters:

- Rhinorrhea (0–3 scale).
- Nasal obstruction (0–3 scale).
- Sneezing frequency (episodes/day).
- Headache/heaviness (VAS scale).
- Overall relief (%).

3. Results

Table 1. Symptom scores before and after Darviyādi Dhūmavarti therapy

Case	Age/Sex	Duration	Dominant Symptoms	Relief (%)	Remarks
1	28/M	2 weeks	Sneezing, rhinorrhea, obstruction	85	Sneezing reduced 15→2/day
2	34/F	1 month	Obstruction, heaviness	70	Headache resolved, mild PND remained
3	42/M	3 weeks	Rhinorrhea, anosmia	65	Rhinorrhea relieved, anosmia persisted
4	23/F	10 days	Sneezing, irritation	80	Sneezing almost stopped
5	39/M	2 months	Thick discharge, congestion	75	Obstruction reduced, discharge scanty

Figure 1. Symptom relief percentage across five cases treated with Darviyādi Dhūmavarti

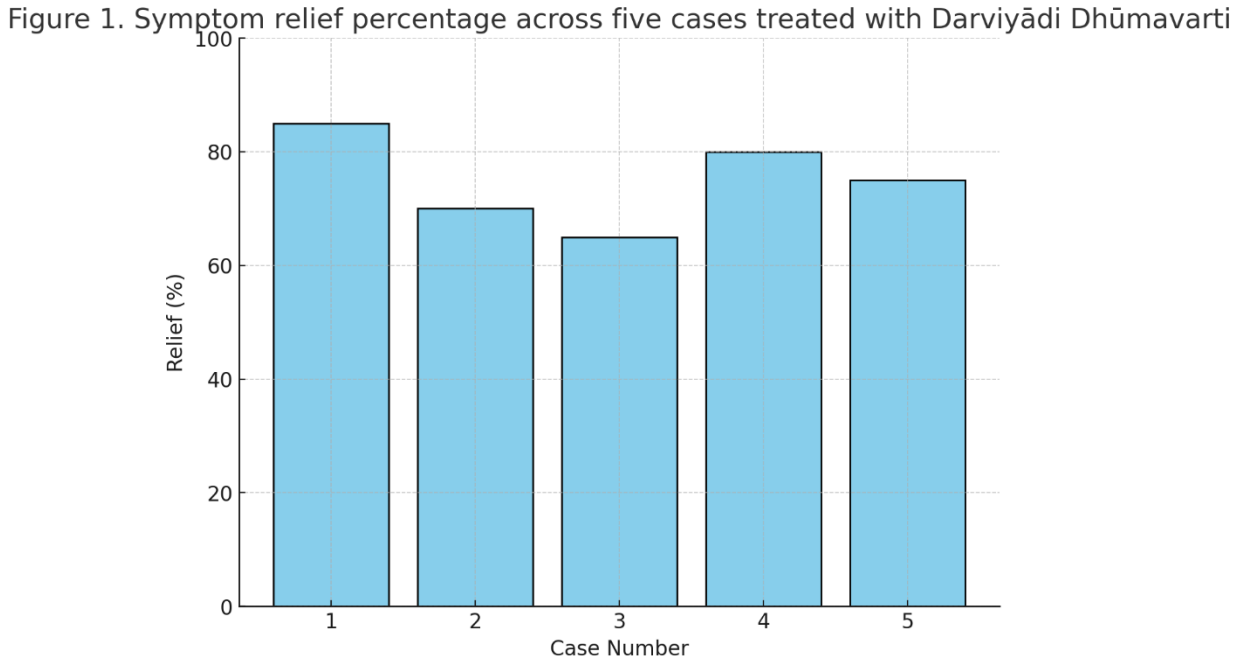
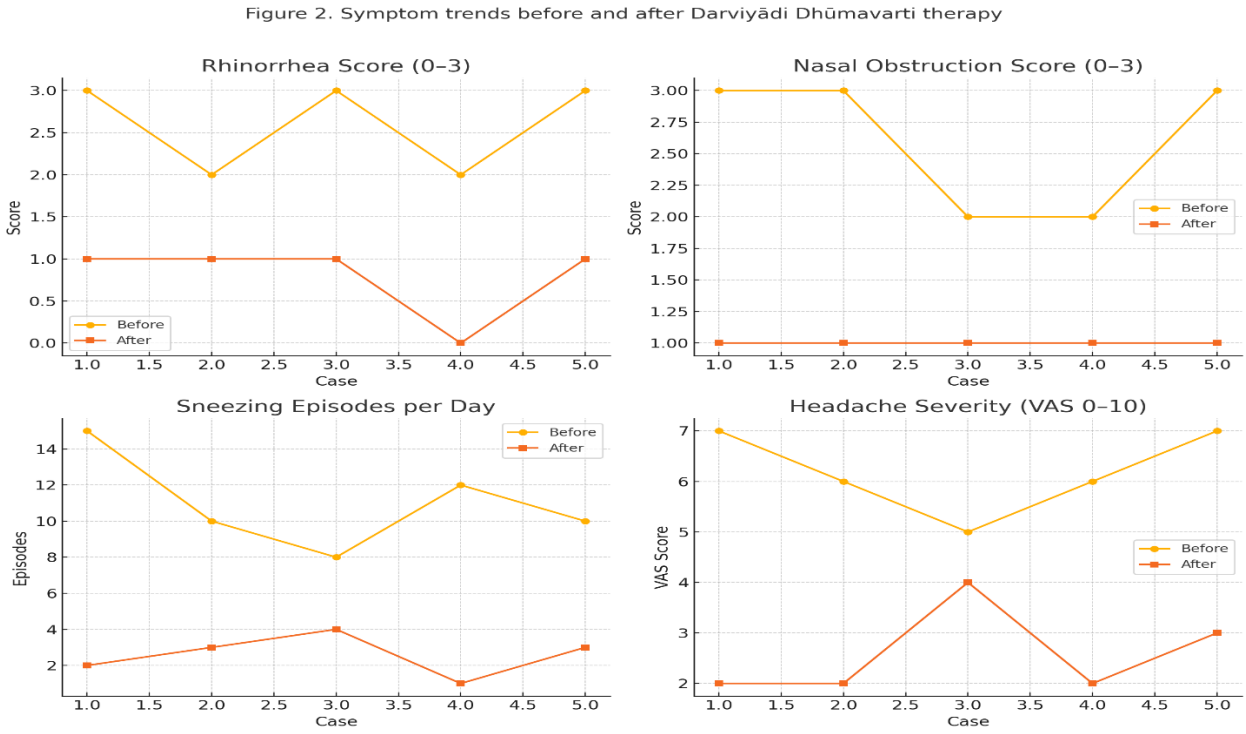


Figure 2. Symptom trends before and after therapy



- Rhinorrhea scores reduced from 2–3 to 0–1.
- Nasal obstruction reduced from 2–3 to 1.

- Sneezing episodes reduced significantly (e.g., Case 1: 15 → 2/day).
- Headache scores reduced by 50–70%.

4. Observations:

- Sneezing and obstruction showed maximum relief.
- Rhinorrhea reduced gradually, slower in chronic cases.
- Anosmia remained resistant.
- No major adverse effects; one case had transient throat irritation.

5. Discussion

This case series validates classical references in *Aṣṭāṅga Hṛdaya* and *Cakradatta* [1,2]. Dhūmapāna acts as Kapha-śamana, Śirovirecana, Śothahara, and Kṛmihara [6].

Mode of Action

- *Berberis aristata*: Contains berberine, anti-inflammatory and antimicrobial [7].
- *Ocimum sanctum*: Contains eugenol and ursolic acid, antihistaminic and immunomodulatory [8].
- *Capsicum frutescens*: Capsaicin desensitizes nasal sensory neurons, reduces sneezing [6].
- *Clitoria ternatea*: Flavonoids and triterpenoids reduce oxidative stress, pacify Vāta–Kapha.
- *Wrightia tinctoria*: Anti-inflammatory, antiparasitic.

Ayurvedic pharmacodynamics explains the combined effect as *doṣa śamana* (pacification of aggravated Kapha–Vāta), liquefaction of obstructive kapha, and clearance of upper respiratory channels.

Clinical Significance

Rapid relief in sneezing and nasal obstruction validates the synergistic effect of the herbs. Rhinorrhea improved gradually, showing promise in chronic rhinitis. Limited improvement in anosmia suggests potential benefit of combining therapies.

Comparison with Modern Therapies

Modern treatments provide symptomatic relief but often fail to prevent recurrence. Darviyādi Dhūmavarti, by addressing the root imbalance of Kapha and ensuring cleansing of upper channels, offers sustainable relief without major side effects.

6. Conclusion

Darviyādi Dhūmavarti demonstrated safe and effective relief in Kaphaja Pratiśyaya within 7 days. The strongest effect was seen in sneezing and nasal obstruction, with consistent improvement across patients. Being non-invasive, cost-effective, and simple, it has potential for wider community use. Rooted in classical Ayurvedic wisdom and supported by pharmacological evidence, it offers a promising alternative or complementary therapy for rhinitis.

7. Future Studies

- Randomized controlled trials (RCTs) with larger cohorts.
- Use of objective tools like rhinomanometry, acoustic rhinometry.
- Biochemical and pharmacological analysis of smoke constituents.
- Comparative studies with modern antihistamines and steroids.

- Exploration in other Kapha–Vāta disorders: sinusitis, pharyngitis, migraine.

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