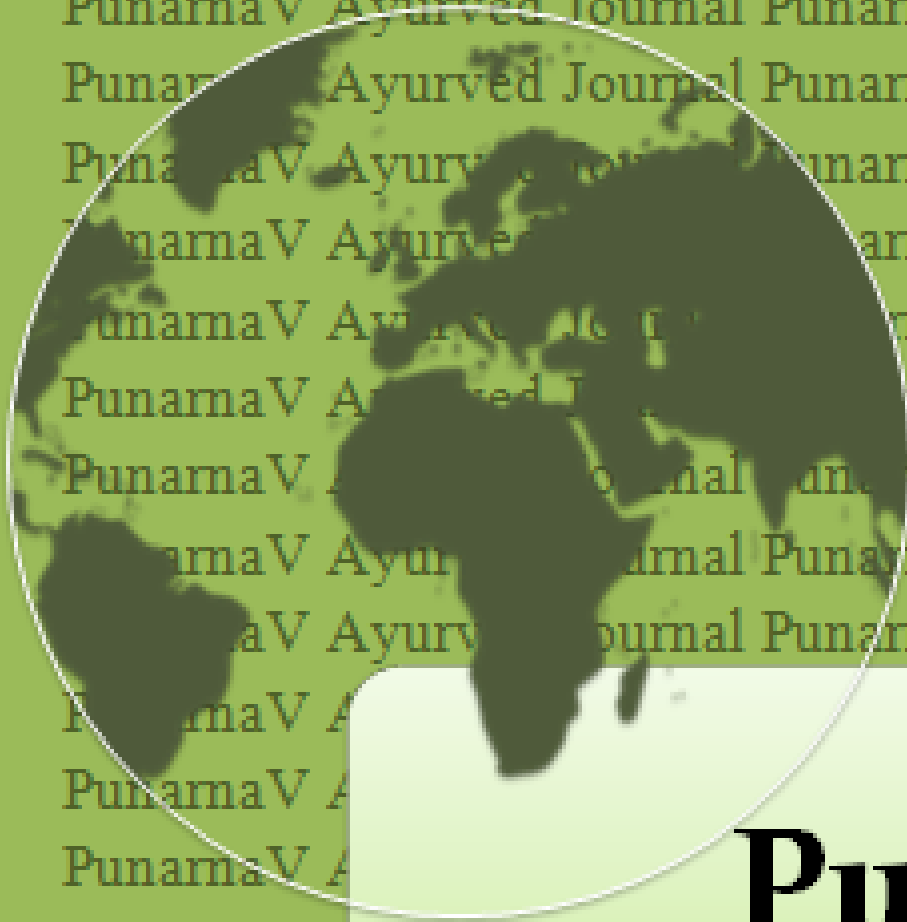


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ROLE OF CHITRAKA HARITAKI AVALEHA, SHUNTYADI TAILA NASYA WITH AND WITHOUT DHUMAPANA IN THE MANAGEMENT OF VATAJA PRATISHYAYA (ALLERGIC RHINITIS)

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ABSTRACT:

Allergic rhinitis is the common allergic disease worldwide and affects about 18% to 40% of the general population. It is a common, symptomatic disorder induced by allergen and subsequent Immunoglobulin E (IgE)-mediated inflammation on the membrane of the nose. It is one of the challenging problem for both the patients and the physician or surgeon, because it recurrent rate is very high, until and unless the patients find out the exact cause of the allergy. There is hundreds of allergen which may cause allergy to a person, it is not so simple to find out which allergen will cause allergy. The symptoms of Allergic Rhinitis and Vataja Pratishyaya were very similar so an attempt is made to find out the efficacy of complete treatment i.e. oral medicine, Nasya, and Dhumapana, so that a permanent relief to the patients suffering from Vataja Pratishyaya will obtain. Total 34 patients were registered for the study of Vataja Pratishyaya (Allergic Rhinitis). The patients were randomly divided into two groups, Group A and Group B. Four patients two from each group left the treatment. All these patients were treated with Chitraka Haritaki Avaleha orally and Nasya with Shuntyadi Taila in group A and in group B Dhumapana of Shatahvadi Churna was administered after Nasya Karma. The result of the study was encouraging during the treatment time but recurrence rate start after fortnight of the follow up observation.

KEY WORDS: Chitraka Haritaki Avaleha, Dhumapana, Nasya, Shuntyadi Taila, Shatahvadi Churna, Vataja Pratishyaya,

INTRODUCTION

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This era is known as era of technology, information, industrialization and urbanization, for comfort and growth of economy we explore and exploit the nature and in return it gives us an adverse impact on our health. The climatic condition changes to the extreme from season to seasons, air gets polluted which leads to many respiratory tract problem and allergies.

Nose is a sense organ which performs two functions i.e. olfactory and respiratory. Due to its direct contact with external environment it is exposed to lot of microorganisms & pollutants present in the atmosphere. Due to the increased environmental pollution and busy life, rhinitis is a common disease in this present era.

Prathishyaya by word itself indicates that it is a recurrent attack and can precipitate even due to minute etiological factors. *Vata* is the main *Dosha* and *Kapha Pitta* and *Rakta* are associated *Doshas*¹. Improper management of

Prathishyaya leads to a severe and complicated condition called *Dushta Prathishyaya* which is very difficult to treat and causes lot of complications like *Badhirya*, *Andhata*, *Ghrananasa* etc.² In *Sushruta Samhita Uttaratantra* 24th chapter, *Acharya Sushruta* has devoted one separate chapter to *Prathishyaya* after explaining *Nasagataroga* in 22th chapter. This fact itself shows that *Prathishyaya* has been a major problem to the physicians since long back. *Acharya Charaka* has described the disease *Pratishyaya* in the chapter of *Rajyakshma Chikitsa* in *Chikitsa Sthana*³. In *Ashtanga Sangraha* and *Ashtanga Hridaya*⁴ has describe similar fashion about the symptoms and treatment procedure as that of *Sushruta* and *Charaka*.

Vataja Pratishyaya (Allergic Rhinitis) is one of the very common problem in the *Nasagata Roga*, its look like a simple disease but on the long run it bring a lot of complications and it is the front runner of Asthma, sinusitis etc. *Vataja Pratishyaya* is very much prevalent in the society now a day, probably because of increasing pollution and changing life styles. Patients are visiting from one ENT clinic to other for a permanent cure, even after a long term therapy also, there are no absolute cure to the disease.

Long standing nature of the disease, puts the patient in an immuno-

compromised state. Patient will be in a physical and mental challenged condition due to the symptoms like Paroxysmal sneezing, Nasal obstruction, Watery Nasal discharge, Headache etc. Allergic rhinitis must be regarded as a serious condition, because it can impact negatively on the quality of life of sufferers not only by producing severe symptoms but also by producing complications. Long-term drug administration and diet restriction make the patient weak.

By considering all these factors it can be concluded that our approach should treat the disease condition as well as promote the immunity, physical and mental health of the patient. So an attempt was made to treat the disease by improving the immune system by giving *Chitraka Haritaki Avaleha* which is one the good immunomodulator, *Shodhana Karma* by *Nasya* followed by *Dhumapana* which help to remove the remaining *Kapha Dosha*. It is believed that by doing *Dhumapana* it clear the *Srotasa* in the *Urdhvagatabhaga* and help in the free movement of *Vata Dosha*.

AIMS AND OBJECTIVE

1. A conceptual study of *Vataja Pratishyaya* vis a vis Allergic Rhinitis.
2. To evaluate the efficacy of trial drug on *Vataja Pratishyaya*- Allergic Rhinitis with & without *Dhumapana*.

3. To see clinically the toxic or side effect of the therapy if any.

MATERIAL AND METHODS

CRITERIA FOR SELECTION:

Patients fulfilling the following diagnostic criteria which are based on *Vataja Pratishyaya* (Allergic Rhinitis) were randomly select for study.

The symptoms of *VatajaPratishyaya* (Allergic Rhinitis)

Nasal obstruction, paroxysmalsneezing, irritation in the nose, watering discharge, dryness in throat, headache and anosmia.

Criteria for Exclusion

1. Patients suffering from any chronic debilitating disease like Diabetes mellitus, Tuberculosis, Chronic Sinusitis etc. and with other nasal pathology was excluded from study.
2. Cases which required surgical intervention was excluded.
3. Patients age below 16 years and above 70 years was excluded.

GROUPING

Group-A: Total 17 patients were registered out of which 2 patients drop out. In this group oral medicine *Chitraka Haritaki Avaleha* and *Nasya* was given.

Group-B: Total 17 patients were registered out of which 2 patients drop out. In this group oral medicine *Chitraka Haritaki Avaleha*, *Nasya* with *Shuntyadi Taila* and followed by *Dhumapana* with *Shatahvadi Churna*.

DOSE

1. *Chitraka Haritaki Avaleha* 5 gm, two times a day with luke warm water for the period of one month in both the groups.
2. *Shuntyadi Taila Nasya* 5 days, 8 drops in each nostril, for 3 sitting with the gap of 5 days from each sitting.
3. *Dhumapana* with *Shatahva* for group B patients after *Nasya Karma*

PREPARATION OF DRUGS

The trial drugs were prepared at Pharmacy of Gujrat Ayurved University, Jamnagar.

1. *Chitraka Haritaki Avaleha*⁵ contains *ChitrakaMula*, *Amlaki*, *Guduchi*, *DashaMula*, *Haritaki Churna*, *Trikatu Churna*, *Trijata Churna*, *Guda* (Jagery), *Madhu*, *YavaKshara*.
2. *ShuntyadiTaila*⁶ contains *Shunti*, *Kustha*, *Pippali*, *Bilva*, *Draksha*, *TilaTaila*.
3. *Shatahvadi Churna*⁷ contains *Shatahva*, *Tvaka*, *Bala*, *Shyonaka*, *Eranda*, *Bilva*.

FOLLOW UP STUDY

Patients were asked to attend the O.P.D for one month for the follow up study.

PROFORMA

A special proforma was prepared for the evaluation of the etiopathogenesis and assessment of treatment efficacy. A detailed history was taken, & simultaneously general and systematic examinations of the patients were done having signs & symptoms suggesting of *Vataja Pratishyaya* (Allergic Rhinitis).

CRITERIA OF ASSESSMENT

Assessment of the effect of treatment was done on the basis of relief in subjective & objective signs & symptoms of *Vataja Pratishyaya* (Allergic Rhinitis) through statistical analysis & other tests.

Criteria for overall assessment

The total effect of the therapy was assessed considering the following criteria.

1. Complete Remission: 100% relief in objective and subjective signs and symptoms.
2. Marked improvement: 76 – 99% relief in objective and subjective signs and symptoms.
3. Moderate improvement: 51 – 75% relief in objective and subjective signs and symptoms.
4. Mild improvement: 26 – 50% relief in objective and subjective signs and symptoms.

5. Unchanged: Below 25% relief in objective and subjective signs and symptoms.

OBSERVATION AND RESULT

Out of 34 patients registered maximum (64.71%) patients were at the age group of 26-40 yrs. Higher incidence were male (55.89%). Hindu patients maximum (82.36%). Middle classes patients were more affected (52.94%).

On cardinal symptom 100% patients were reported of *Kshavathu*, *Nasavarodha* 85.29% , *NasaSrava* 88.23%, *Kandu*. 58.82%.

Total effect of the therapy

Effect on cardinal symptoms of group A

– Highly significant results were obtained in the symptoms i.e. $p < 0.001$. *Kshavathu* was relieved by 73.07%. *Nasanahawas* relieved by 66.63%, *Kasawas* relieved by 43.75%. *Kandu* relieved by 31.25% and *Bhutwa Bhutwa* relieved by 41.30%. Significant result obtain i.e., $p > 0.01$. *NasaSrava* was relieved by 53.12%, and *ShirahShoola* was relieved by 50%. Table no.1

Effect on associated symptoms of group A

– Significant results were obtained in *Swarabheda* i.e., $p > 0.01$ with the relieved of 50%, *Gandha Hani* with a relief of 38.09%. Table no. 2

Effect on cardinal symptoms of group B – Highly significant results were obtained in

Kshavathu, *NasaSrava*, *Nasavarodha*, *Bhutwa Bhutwa* i.e. $p < 0.001$. Significant results were obtained in, *ShirahShoola*, *Kandu* i.e. $p > 0.05$. Insignificant result was obtained in *Kasa*. *Kshavathu* with a relief of 56.52%. *ShirahShoola* was relieved by 43.75% *NasaSrava* with a relief of 67.74%. *Kandu* with relief of 50% *Nasavarodha* with a relief of 44%, *Bhutwa - Bhutwa* with a relief of 38.46%. Table no.3

Effect on associated symptoms of group B

– Significant results were obtained in *Swarabheda* i.e. $p > 0.05$. No significant result in *Aruchi*, *Jwara* and *GandhaHani*. Table no.4

Overall effect of therapy – Marked improvement was found in 6.66% in group A and 6.66% in group B. Moderate improvement was observed in 60% in group A and 46.66% in group B. Mild improvement was observed in 26.66% in group A and 40% in group B. No change 6.66% in group A and 6.66% in group B. No patient get complete remission in both the groups. Table no. 5

Effect of therapy in Recurrence–

Recurrence within less than 1 month was found in 60% of patients in group A and 53.33% of patients in group B, while 40% of patients had no recurrence during the follow up in group A and 46.66% of patients in group B. Table no.6

DISCUSSION

Vataja Pratishyaya (Allergic rhinitis) is one of the most common ENT disorder and it is one of the challenging problems of all ENT surgeon's, the disease look simple but it doesn't bring satisfactory relief to the patients after repeated visiting the ENT clinic. Repeated attack and improper management of the disease leads to many complications like recurrent of asthma, sinusitis, Nasal polypi, serous otitis media, orthodontic problems⁸ etc

Long standing nature of the disease, puts the patient in an immuno-compromised state especially with those patients taking steroid for longer duration. Patient will be in a physical and mental challenged condition due to the symptoms like paroxysmal sneezing, nasal obstruction, watery nasal discharge, headache etc. While treating the *Prathishyaya*, special attention should be given to the stages of the disease because the treatment approaches of *Amavastha*, *Pakwavastha* and *Dushtastages* are entirely different. The medicines used in each of these stages will also be different. Along with the medicines if *Pathyapathya* is also prescribed in the line of treatment for the disease, it will go a long way to improve the quality of life and immunity.

**Probable mode of action of
ChitrakaHaritakiAvaleha:**

Chitraka and *Haritaki* are the main component, as the name suggested *Chitraka Haritaki Avaleha*. *Chitraka* has the inherent basic properties to digest the *Ama* and also is the drug of choice for *Deepana Pachana*. *Chitraka* has *Katu Vipaka* and *Usna Veerya* these properties help in digesting the vicious *Kapha*⁹.

The other drug is *Haritaki*. *Haritaki* contain five *Rasa* except *Lavana* with *Kashaya* predominance. It has inherent properties for absorption of secretion in the body. It also help in bringing the *Vayu* downward¹⁰. The other combination drug helps to give resultant action in *Vataja Pratishyaya*. *Amlaki, Guduchi* are the well known drugs for rejuvenation.

In the process of decoction being prepare from *Dashamoola* is known to alleviate *Kapha* and *Vata*. In almost all of the disease predominant by *Vata* in Vitiation, mainly, these drugs are capable of reducing the symptoms pertaining to *Vata* disorder in the body where the free movement of *Vata* is needed. The *Guda* (Jagery) is also having important actions like *Vataghna, Balya, Vrishya* etc.

The receipt has to get concentrated by adding *Trikatu* and *Trijata* along with *YavaKshara* in proper dose as prescribed in text. *Trikatu – Pippali, Maricha, Shunti* are having *VataKapha Haraka, Deepana, Pachana* properties. *YavaKshara* helps in

the penetration of the medicine to the target site.

Probable mode of action of Shuntyadi Taila

Due to *Laghu* and *Vyavayi Guna* of *Shuntyadi Taila* possess a good spreading capacity through minute channels. *Avarana Bhedana* may takes place due to *Tikshnata* and *Ushnata* of *Shuntyadi Taila*. *Tikta Katu Rasa*, *Laghu Tikshna Guna*, *Ushna Veerya* and *Katu Vipaka* makes *Srotoshodakatwa*. By the above two properties the *Nasya* drug removes the obstruction and facilitate the drainage of discharge. *Balya*, *Brimhana*, *Rasayana*, etc. properties can increase general and local immunity. *Madhura Rasa*, *Sheeta Virya*, *Snigdha Guna* and *Tridosha Shamaka* properties promote the nourishment of *Dhatu*s, which ultimately

increases the general and local immunity. *Taila* is the best drug for *Vata Dosha*, here the chronicity of the disease indicates aggravation of *Vata Dosha*, so oil preparation may be the best form for conditions like *Vataja Pratishyaya* (Allergic rhinitis).

Probable mode of action of Shatahvadi Churna Dhumapana:

The exact scientific mode of action of *Dhumapana* is not mention in any of the classic texts. According to *Ayurveda* it is believed that proper *Dhumapana* can clear the channels in the supra-clavicular region and the respiratory tract, thereby preventing as well as curing disease in these regions¹¹. The contents of *Shatahvadi Churna* have *Madhura Rasa* predominant, *Snigdha Guna* and they have the *Vata- Kaphara* properties.

CONCLUSION

Allergic Rhinitis is most common worldwide disorder affecting any age group of both sexes, is well known for its recurrence & chronicity. Allergic Rhinitis has no direct reference in any of the *Ayurvedic* classical literature. However almost all signs & symptoms of *Vataja Pratishyaya* are similar to Allergic Rhinitis. Hence it can be co-related with *Vataja Pratishyaya*.

Description of Allergy & allergic disorders can be seen in *Brihatrayi* under

heading of *Ritu Sandhi*, *Virudha Ahara* & *Dushivisha* all of them are the results of an *Asatmyaja Vyadhi*. *Shodhana* as well as *Shamana* therapy have been indicated for treating *Pratishyaya* among which *Nasya Karma* has been given prime importance. Both the group shows significant result in subjective symptoms, in which group B was expected to give a better result because of total treatment i.e oral medicine, *Nasya* and *Dhumapana*.

No significant variation was observed in the haematological parameters in any of the treated groups except Nasal smear. Recurrent was high in both the groups since the study is of small sample a final conclusion cannot be drawn.

Table no. 1 Effect on cardinal symptoms of 15 patients of group A

Cardinal symptoms	n	BT	AT	% Relief	SD	SE	t	P
<i>Kshavathu</i>	15	26	7	73.07	0.79	0.20	6.14	p<0.001
<i>Nasanaha</i>	14	33	12	66.63	0.65	0.17	8.62	p<0.001
<i>NasaSrava</i>	13	32	15	53.12	1.31	0.36	3.58	p>0.01
<i>Kasa</i>	10	16	9	43.75	0.48	0.15	4.58	p<0.001
<i>ShirahShoola</i>	7	14	7	50	0.57	0.21	4.58	p>0.01
<i>Kandu</i>	9	16	11	31.25	0.72	0.24	2.29	p<0.05
<i>Bhutwa – Bhutwa</i>	15	46	27	41.30	0.72	0.18	6.75	p<0.001

Table no. 2 Effect on associated symptoms of 15 patients of group A

Associated symptoms	n	BT	AT	% Relief	SD	SE	t	P
<i>Aruchi</i>	6	11	5	54.54	0	0	-	-
<i>SwaraBheda</i>	8	14	7	50	0.64	0.22	3.86	p>0.01
<i>Jwara</i>	2	3	1	66.66	0	0	-	-
<i>Shwasa</i>	1	2	1	50	-	-	-	-
<i>Gandha Hani</i>	6	21	13	38.09	1.50	0.61	2.16	p<0.05

Table no.3 Effect on cardinal symptoms of 15 patients of group B

Cardinal symptoms	N	BT	AT	% Relief	SD	SE	t	P
<i>Kshavathu</i>	15	23	10	56.52	0.63	0.16	5.24	p<0.001
<i>Nasanaha</i>	12	25	14	44	0.51	0.14	6.16	p<0.001
<i>NasaSrava</i>	14	31	10	67.74	1.22	0.32	4.58	p<0.001
<i>Kasa</i>	7	9	7	22.22	0.75	0.28	1	p<0.05
<i>ShirahShoola</i>	9	16	10	43.75	0.48	0.16	4.34	p>0.01
<i>Kandu</i>	6	8	4	50	0.51	0.21	3.16	p>0.05
<i>Bhutwa – Bhutwa</i>	15	52	31	38.46	0.48	0.12	10.58	p<0.001

Table no. 4 Effect on associated symptoms of 15 patients of group B

Associated symptoms	n	BT	AT	% Relief	SD	SE	t	P
<i>Aruchi</i>	4	7	5	28.57	0.57	0.28	1.73	p<0.05
<i>SwaraBheda</i>	6	14	7	50	0.98	0.40	2.90	p>0.05
<i>Jwara</i>	3	3	1	66.66	0.57	0.33	2	p<0.05
<i>Gandha Hani</i>	2	3	1	66.66	0	0	-	-
<i>Shwasa</i>	-	-	-	-	-	-	-	-

Table no.5 Overall effect of therapy

Total Effect	Group A	%	Group B	%
Complete remission	0	0	0	0
Marked improvement	1	6.66	1	6.66
Moderate improvement	9	60	7	46.66
Mild improvement	4	26.66	6	40
No change	1	6.66	1	6.66

Table no.6 Effect of therapy in Recurrence

Recurrence	Group A	%	Group B	%
Present	9	60	8	53.33
Absent	6	40	7	46.66

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