

ROLE OF KATPHALADI KWATHA AND ANU TAILA NASYA IN THE MANAGEMENT OF VATAJA PRATISHYAYA (ALLERGIC RHINITIS)

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ABSTRACT

Vataja Pratishyaya or Allergic rhinitis (AR) is a common disease of modern era due to increased exposure to environmental pollution and unhealthy lifestyle. AR patients experience emotional burdens, like feeling tired and miserable and are less productive when their nasal allergies are at their worst, limiting them from doing well at work. The prevalence of AR has increased during the past three decades. According to various international studies it is now estimated that 20% of the general adult population and almost 40% of children have this condition. In Ayurveda a detailed description of *Pratishyaya* and its type *Vataja Pratishyaya* is available which is said to be a condition of less complication and good prognosis.

In the present study, one group was subjected to *Anu Taila Nasya Karma* and other group was given *Katphaladi Kwatha*. Clinical study carried out under designed protocol and results of study were assessed in terms of effect on various symptoms of *Vataja Pratishyaya* (Allergic Rhinitis) and objective criteria such as AEC etc. The present study showed highly significant reduction in the incidence and frequency of the symptoms of *Vataja Pratishyaya* with application of *Katphaladi Kwatha* and *Anu tail nasya*.

Keywords: *Vataja Pratishyaya*, Allergic rhinitis, *Katphaladi Kwatha*, *Anu tail nasya*

INTRODUCTION

Vataja Pratishyaya is mentioned as one of the variety among the six types of *Pratishyayas*. It is mentioned as *Sadhya Vyadhi* (curable). *Acharya Sushruta* has devoted one separate chapter to *Pratishyaya* after explaining *Nasa gata rogas* (diseases of nose). This fact itself shows that *Pratishyaya* has been a major problem to the physicians since long back. *Pratishyaya* is a complex disease involving several symptoms and diverse pathogenesis. *Vata* is the main *dosha* and *Kapha*, *Pitta* and *Rakta* are associated *doshas*. 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 *Badhira* (Deafness), *Andhata* (Blindness), *Ghrananasa* (Loss of smell) etc. Allergic Rhinitis mentioned in modern medicine closely resembles *Vataja Pratishyaya*.¹

It is now estimated that 20% of the general adult population and almost 40% of children have the condition. Of the estimated 60 million Americans affected with AR, approximately 20% have Seasonal Allergic Rhinitis (SAR), 40% have Perennial Allergic Rhinitis (PAR), and 40% have a combination of the two (i.e., PAR

with Seasonal exacerbations) depending on the allergen sensitivity.²

Nasal allergies can make it difficult for people to take part in both indoor and outdoor activities if their symptoms are not well controlled. Because of its prevalence and Health effects, AR is associated with considerable direct and indirect costs. Latest estimates suggest that AR alone results in a staggering \$11.2 billion in healthcare costs, 12 million physician office visits, 2 million days of school absences and 3.5 million lost work days per year. In addition, the presence of co-morbidities such as asthma and sinusitis further increase AR-related treatment costs.²

NEED FOR THE STUDY

Many treatment modalities are explained in modern system of medicine like Corticosteroids, anti-allergic etc but none of them are totally effective in curing the disease as well as preventing its recurrence, moreover they have their own side effects. So, there is a need for more effective treatment to eradicate this problem from root base. For this purpose an effort was put in to evaluate the efficacy of *Katphaladi Kwatha* and *Anu Tail Nasya* in series of patients suffering from *Vataja Pratishyaya* (Allergic rhinitis).

AIMS AND OBJECTIVES

1. Comparative study of the *Anu Taila Nasya* and *Katphaladi Kwatha* in the management of *Vataja Pratishyaya*.

MATERIALS AND METHODS

1. Selection of patients

Patients attending the O.P.D. and I.P.D. of P.G. Department of *Shalakyata Tantra*, NIA, Jaipur Rajasthan, with Signs and Symptoms of *Vataja Pratishyaya* (Allergic Rhinitis), aged between 12 and 70 years

were selected for the study. A total number of 40 patients were registered and divided into two groups (group A – 20 patients, group B – 20 patients). A regular record of the assessment of all patients was maintained according to proforma prepared for the purpose.

Inclusion criteria:

1. Patient willing to participate in the trial
2. Patients between 12 to 70 years of age
3. Patients presenting with signs and symptoms of *Vataja Pratishyaya* mentioned in Ayurvedic classics and of Allergic rhinitis according to modern texts.³

Exclusion criteria:

1. Patients below the age of 12 years and above 70 years
2. Patients not willing for trial
3. Those having history of Hypertension and Diabetes mellitus or associated with obesity.
4. Those with any chronic debilitating infectious disease.
5. Those with any inflammatory disease and those requiring surgical
6. Other *Doshaja Pratishyaya*, (other than *Vataja Pratishyaya* and Allergic rhinitis), *Pratishyaya* due to systemic disorders (like T.B., Syphilis).

2. Selection of drugs

Proposed formulation

Nasya - medicaments administered through nose are called as *Nasya*.

I. *Anu taila nasya*: *Anu Taila* was prepared by *Mridu Taila Paka* and was administered as *Nasya*.

II. *Katphaladi Kwatha* (For oral use): All the components of *Katphaladi Kwatha* were made into *yavakuta* (course powder) form. Then *Kwatha* was prepared by adding 16 times of water of total weight of crude

drugs. It was allowed to boil till 1/4th of water remained. It was filtered, mixed with 1tsf *Ardraka swaras* and taken orally.

3. Pre treatment observations

1. Consent: A written consent was taken from all the patients before inclusion in the trial.

2. Proforma: All the patients have been studied along with registration by noting down their demographic profile including their age, sex, address, occupation, education, socio economic status, marital status, addictions, dietary habits etc. After preliminary registration, patients were subjected to detailed case history taking, physical, general and systemic examinations. During this all other relevant information like *Ashtavidha pariksha* and *Dashavidha pariksha* including assessment of *Sharirika Prakriti* and *Manasika Prakriti* (based on features described in classical texts) etc. were noted in a detailed Proforma

4. Administration of drug and treatment schedule

In the present study 49 clinically diagnosed patients of *Vataja Pratishyaya* (Allergic Rhinitis) were registered and randomly divided into two groups.

i) Group A: 26 patients of *Vataja Prati-shyaya* (Allergic Rhinitis) were enrolled in this group out of which 6 patients dropped out and only 20 patients completed the trial. Patients were advised *Anu Taila Nasya*.

ii) Group B: 23 patients of *Vataja Prati-shyaya* (Allergic Rhinitis) were enrolled in this group out of which 3 patients dropped out and only 20 patients completed the trial. Patients were advised *Katphaladi Kwatha* orally.

The patients were selected irrespective of their Caste, Creed, Race, and Religion and socioeconomic status.

Drugs and Posology

1. Drugs

(a) *Katphaladi Kwatha* (*Yoga Ratnakara, Nasaroga chikitsa*)⁴

Table 1: Ingredients of *Katphaladi Kwatha*

Sl No.	Drugs	Latin Name	Part Used
1.	<i>Katphala</i>	<i>Myrica sapida</i>	Bark
2.	<i>Pushkarmoola</i>	<i>Inula racemosa</i>	Root
3.	<i>Karkatshringi</i>	<i>Pistacia integerrima</i>	Gall
4.	<i>Shunthi</i>	<i>Zingiber Officinale</i>	Rhizome
5.	<i>Marich</i>	<i>Piper nigrum</i>	Fruit
6.	<i>Pippali</i>	<i>Piper longum</i>	Fruit
7.	<i>Krishna jeeraka</i>	<i>Carum carvi</i>	Seed
8.	<i>Yavasa</i>	<i>Alhagi Camelorum</i>	<i>Panchanga</i>

(b) *Anu taila (Charaka Chikitsa 26/139-140)*⁵

Table 2: Ingredients of *Anu Taila*

Sl No.	Drugs	Latin name	Part used
1.	Goat Milk		
2.	<i>Tila</i>	<i>Sesamum indicum</i>	Seed
3.	<i>Mulethi</i>	<i>Glycyrrhiza gllabra</i>	Root
4.	<i>Rasana</i>	<i>Pluchea lanceolata</i>	Root

5.	<i>Saindhava Lavana</i>		
6.	Distilled Water		
7.	<i>Dashmoola</i>		
a.	<i>Patala</i>	<i>Stereospermum suaveolens</i>	Root
b.	<i>Shyonaka</i>	<i>Oroxylum indicum</i>	Root
c.	<i>Bilva</i>	<i>Aegle marmelos</i>	Root
d.	<i>Gambhari</i>	<i>Gmelina arborea</i>	Root
e.	<i>Agnimantha</i>	<i>Premna mucronata</i>	Root
f.	<i>Gokshura</i>	<i>Tribulus terrestris</i>	Root
g.	<i>Shalparni</i>	<i>Desmodium gangeticum</i>	Root
h.	<i>Prishnaparni</i>	<i>Ureria picta</i>	Root
i.	<i>Brihati</i>	<i>Solanum indicum</i>	Root
j.	<i>Kantkari</i>	<i>Solanum surattense</i>	Root

Anu Taila

Dose: 8-10 drops in each nostril for 7 days in the morning empty stomach

Duration: 1 month (2 sittings with 7 days gap)

Route and form of Administration: Nasal in the form of *Marsha Nasya*

Katphaladi Kwatha

Dose: 20-40 ml twice daily

Duration: 1 month

Anupana: *Ardraka Swarasa*

Route of administration: Oral

Follow up – All the patients were followed up at a regular interval of 15 days for 2 months

Diet Recommendation: All patients were advised to follow the *Pathyapathya* during the trial period as described in classical Ayurvedic texts.

Laboratory investigations:

- Haematological examination: Hb, RBS, TLC, DLC, ESR and AEC
- Urine examination: Routine and Microscopic

These were performed to exclude any systemic disorder and to assess the general condition of the patient.

Assessment criteria:

Assessment of effects of therapy was done on the basis of various subjective and objective criteria. For the purpose of assessment, a detailed research proforma was prepared incorporating various parameters like *Dashavidha pariksha*, *Ashtavidha pariksha* etc. Assessment was done every 15 days during the entire study period.

For assessment of the efficacy of the trial therapy, following parameters were adopted:

- Clinical (subjective) - As per modern and Ayurvedic classics clinical features of *Vataja Pratishyaya* and allergic rhinitis were considered and to assess the overall effect of therapies a special scoring system was also adapted.
- Investigational (objective) - Standard Laboratory methods were used for related investigations.

Criteria for overall assessment:

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

- 1) Cured: 100% relief in signs and symptoms
- 2) Marked improvement: More than 76% and less than 99% relief in signs and symptoms
- 3) Moderate improvement: More than 51% and less than 75% relief in signs and symptoms

- 4) Mild improvement: More than 26% and less than 50% relief in signs and symptoms
- 5) Unchanged: Below 25% relief in the signs and symptoms

Statistical evaluation of the results:

All the calculations were calculated through ‘Graph Pad in Stat’ Software. The Data from the entire variable was collected and statistically analysed. The improvement in the status of patients was assessed on the grades of various variable compared between pre trial and post trial values (Based on the mathematical means and its difference) and also the student’s paired ‘t’ test was applied.

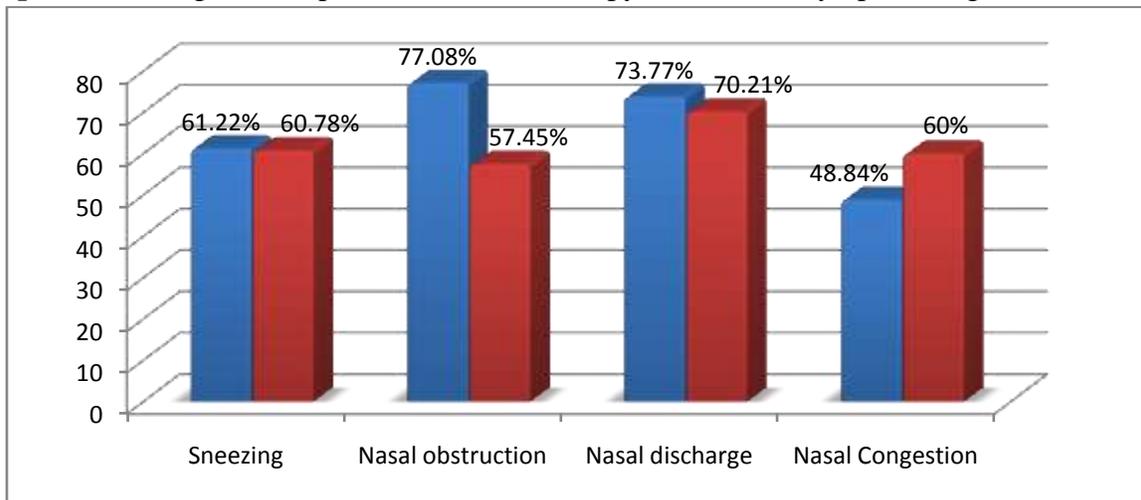
OBSERVATIONS AND RESULTS

Allergic Rhinitis is most common worldwide disorder affecting any age group of either sex, is well known for its recurrence and chronicity. Allergic Rhinitis has no direct reference in any of the Ayurvedic classical literature. However almost all signs and symptoms of *Vataja Pratishyaya* are similar to Allergic Rhinitis, hence it can be co-related with *Vataja Pratishyaya*. Maximum numbers of patients were married (67.50%) Hindus (67.50%) males (72.50%) of age group 11-30 yrs (50%). Most of them

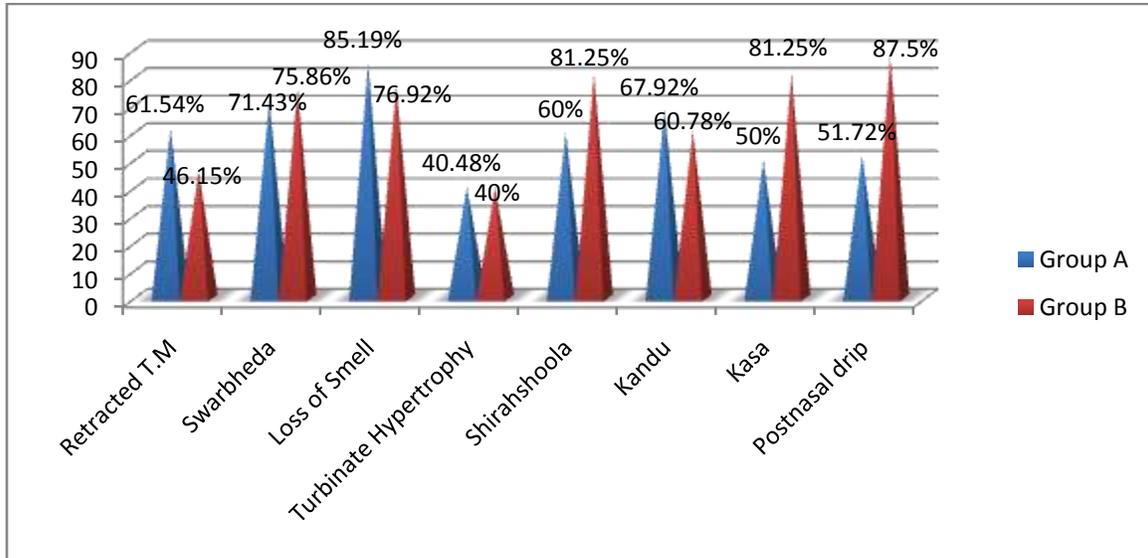
were students (27.50%) and servicemen (22.50%) belonging to middle class (52.50%) and from urban area (82.50%) because males are usually involved in outdoor work. Approx.60% of patients was having family history of allergy Most of them were leading sedentary lifestyle (70%) and were living in dusty surroundings (82.50%). Almost all the patients (100%) had symptoms of allergic rhinitis such as nasal discharge, sneezing, itching, nasal congestion etc. Max. No. of patients were of *Vata kapha prakriti* (55%) and *Rajasika prakriti* (80%) with *Madhyama koshta* (72.50%). *Raja sevana* (inhalation of dust) (72.50%), *Atikrodha* (Anger) (77.50%) and *Vishamashana* (62.50%) were found as predominant nidanas of the disease in majority of patients.

In the present study total 49 patients of *Vataja Pratishyaya* (Allergic rhinitis) were registered irrespective of their age, sex, religion etc, among which 40 patients completed the trial while 9 (Group A-6 and Group B-3) patients left the trial against Medical advice (LAMA). The effects of the therapy are presented according to the number of patients that completed the trial in each groups 20 – 20 patients.

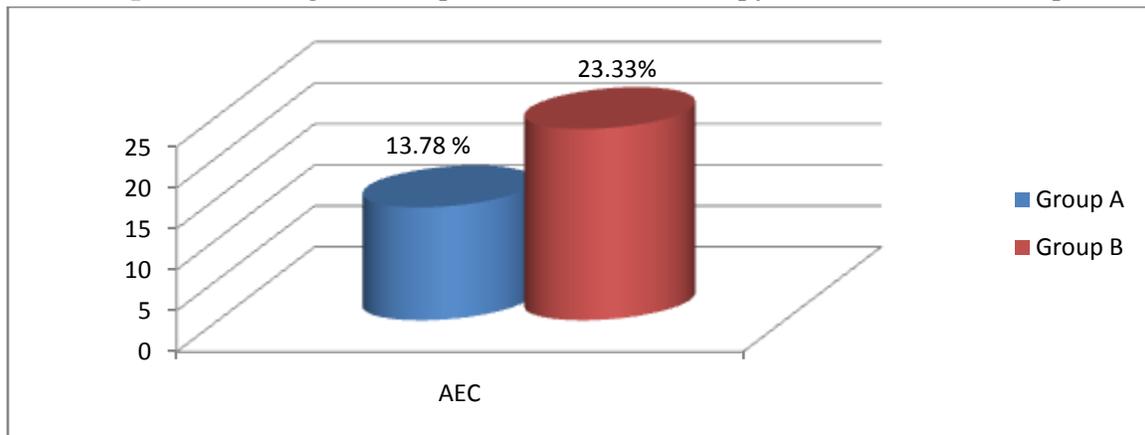
Graph 1: Showing the comparative effect of therapy on Cardinal symptoms/sign in both Groups



Graph 2: Showing the comparative effect of therapy on associated symptoms in both groups



Graph 3: Showing the Comparative effect of Therapy on AEC in both Groups



DISCUSSION

Most people believe that Ayurveda is a science of occasional success but on the contrary it encompasses effective drugs for safer management of many conditions. Symptoms of *Vataja Pratishyaya* like *Kshavathu* (Sneezing), *Nasavarodha* (Nasal obstruction), *Tanusrava* (Watery nasal discharge), *Gandha hani* (Loss of smell) etc. are more related with symptoms of Allergic rhinitis. So, Allergic rhinitis can be correlated with *Vataja Pratishyaya*. In the study, *Nasya* is the chief *Shodhana* procedure selected because it is the one and only procedure which can perform *Uttamanga* (Supra

clavicular region) *Shuddhi*. Due to *Sukshma* and *Vyavayi guna*, *Anutaila* possess a good spreading capacity through minute channels. *Tikta, katu rasa, Laghu Tikshna guna, Ushna veerya* and *Katu vipaka* make *Srotho shodakatwa* (Clearance of obstruction in srotasas i.e channels of the body). By the above two properties the *Nasya* drug removes the obstruction of natural sinus ostia and facilitate the drainage of purulent discharge. *Indriya dardya karatwa* (provide strength to sense organs), *Balya* (increases strength), *Preenana* and *Brimhana* (nourishes the body) properties can increase general and local immunity. *Madhura rasa,*

Sheeta veerya, *Snigdha guna* and *Tridosha hara* properties⁶ will promote the nourishment of *Dhatus* which ultimately increases the general and local immunity. This immunomodulation will reduce the inflammatory process in nasal cavity and sinuses.

Majority of ingredients possess anti-inflammatory activity. Therefore, *Anu Taila* exerts a marked anti-inflammatory effect on the nasal mucosa by inhibiting the release of inflammatory mediators from the Mast cells and Basophils, and by blocking the inflammatory effect of Leucocytes in the nose.

Most of the drugs in *Katphaladi Kwatha* are having *Katu*, *Tikta rasa*, *Laghu*, *Ruksha guna*, *Ushna veerya*, *Katu vipaka* and *Vata Kaphahara* properties.⁶ All the above properties are very useful to remove the *Srotho rodha* (obstructions in various channels of the body) and promote the expulsion of Vitiated *doshas*. *Agni Deepana* action will cause increased food intake and retain the *Samyaka Dhatu Parinama* which is responsible for increased nutrition of body as well as immunity. Anti-inflammatory property of ingredients will reduce the inflammatory process in nose. Antibacterial activity arrests the secondary infection and prevents recurrence of the disease. All these above factors will ultimately lead to *Vataja Prathishyaya Shamana* (relieve symptoms of Allergic Rhinitis). No adverse and toxic effects were observed during the trial and after the treatment. In the study both the drugs are having highly significant results in *nasasrava* (Rhinorrhoea), Nasal obstruction, sneezing and nasal congestion.

CONCLUSION

Anu Taila gave better result in *Kshavathu* (Sneezing), *Nasavarodha* (Nasal obstruction), *Tanusrava* (Watery nasal dis-

charge), Retracted Tympanic Membrane, *Gandhahani* (Loss of smell), *Kandu* (Itching) and turbinate hypertrophy. *Katphaladi Kwatha* is better in relieving nasal congestion, *Kasa* (Coughing), *Swarbheda* (Hoarseness of voice), *Shirahshoola* (Headache) and Post nasal drip.

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