

ROLE OF VAMANA KARMA IN THE MANAGEMENT OF PEENASA (SINUSITIS)

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ABSTRACT

Peenasa is a disease of *Kapha vata* dominance situated in *Jatrurdhva* characterized by *Kshavathu*, *Nasavrava*, *Nasanaha*, *Shirogurava* etc. *Acharya Sushruta* used the term *Apeenasa* to describe *Peenasa*. The sign and symptoms of *Peenasa* can be correlated with sinusitis in modern system of medicine. Sinusitis is a chronic troublesome disease which is having impact on physical, financial and social aspects of life. Incidence is high both in India and abroad. As *Vamana* is indicated in *Peenasa*, the present study was conducted on 30 clinically diagnosed patient of *Peenasa* (Sinusitis) to evaluate its efficacy. Highly significant results were obtained in *Kshavathu*, *Nasavrava*, *Nasaavarodha* and *Shirashoola*, significant results were obtained in *Shirah gurava* and *Ashrusrava* and insignificant result found in *Mukhadaurgandhya* after the treatment.

Keywords: *Peenasa*, *Vamana*, Sinusitis

INTRODUCTION

Peenasa is described as *Vatakaphaj Vyadhi*. *Acharyas* mentioned that *Peenasa* is a *Krichasadhya Vyadhi*.¹ *Ayurveda* has broadly clarified treatment into three parts i.e. *Nidan Parivarjana*, *Shodhan* and *Shaman Chikitsa*. *Acharya Charak* had specially designed a peculiar treatment for it. The description of *Peenasa* can be interpreted with sinusitis. Modern medical science attributes this condition as inflammation of the paranasal sinuses, which may be due to infection, allergy, or autoimmune issues. Sinusitis is the inflammation of the mucosa of any one or all of the paranasal sinuses. When all sinuses are involved it is called as pansinusitis.²

The clinical condition similar to *Peenasa* in modern medical science is described by the term sinusitis. The worldwide incidence of sinusitis is recorded as 31 million cases in US that is

146 per 1000 population, and in Indian incidence is estimated that 134 million Indians are suffering from chronic sinusitis. One in eight Indian suffers from sinusitis caused by the inflammation of the Para nasal sinuses. Among Indians this disease is more widespread than diabetes, asthma or coronary heart disease.

In modern medicine, treatment of sinusitis is general and local management. In general management use of antibiotics, decongestants, analgesics, and anti-histamines are used. As local treatment use of nasal decongestant drops, steam inhalation, fomentation or short wave diathermy, adrenaline may be applied in the region of middle meatus to decongest the mucosa, and antoral puncture.

With advent of modern drugs, the pattern of disease has grossly changed, where the drugs only assuage the symptoms temporarily and the underlying pathology goes on progressively to worsen

the condition. Though ample research is being carried out for alleviating the disease and new avenues are being explored for treating early stage of the disease.

Taking into consideration, its poor prognosis and nature of chronicity, the disease was selected, to find a measure that could help in restoring quality in life of patients. Although a number of projects have been carried out using the principle of *Charaka* at various research institutes, we have evolved a different pattern of treatment which falls under the principles boundaries of *Acharya Sushruta* in which *Shodhana* i.e. *Vamana Karma* clearly mentioned for the treatment of *Peenasa*.³

AIMS AND OBJECTIVES

To evaluate the efficacy of *Vamana Karma* in the management of *Peenasa*

MATERIAL AND METHOD

Patient fulfilling inclusion & exclusion criteria were selected from OPD, IPD, P.G. department of *Panchakarma*, National Institute of Ayurveda, Jaipur.

Inclusion criteria

- Age between 18 to 65 years.
- Presence of cardinal features of *Peenasa* (sinusitis).
- History of at least 4 episodes in last 1 year.
- Patients fit for *Vamana Karma*.

Exclusion criteria

- Age below 18 and above 65 years.
- Patients suffering from severe systemic disorders like HTN, D.M, cardiac and respiratory pathology, renal pathology etc.
- Patients who are not fit for *Nasya* and *Vamana Karma*.

Investigations performed

Following investigations were advised to exclude the cases as per the exclusion criteria as mentioned earlier: Blood for TLC, DLC, ESR, Hb %, AEC, X-ray PNS.

Criteria for assessment

Subjective improvement

1. *Kshavathu* (Sneezing)
2. *Naasa Srava* (Nasal Discharge)
3. *Naasa Avarodha* (Nasal Blockage)
4. Assessment of *Shira gourav* and *Shirashoola*
5. *Mukha Dourgandhya* (Halitosis)

Above mentioned subjective criteria are grading from 0-4 and assessed after and before treatment according to severity from absence of symptom, mild, moderate and severe etc.

Duration: 15 days duration for treatment including *snehapana*, *samsarjan krama* and follow-up after two months.

Management of patients: After diagnosis, the patients were registered for *vaman karma*.

Poorva-karma

Deepan – Pachana: It was done to correct the appetite of the patient.

Snehana-Pana⁴: It was done with *Goghrita* (cow's ghee) up to the appearance (duration of minimum 3 to maximum 7 days) of *Samyaka Snigdha Lakshana*. During this time period patients were instructed to follow special code and conduct, which include *Ahara* and *Vihar*.

Ahara – Drava, Usna, Anabhishtyandi, Na-ati-sankirna and *Snigdha Bhojana*, warm water.

Vihar – Bramhachari jeevana, avoid day sleep, not suppress natural urges, avoiding heavy exercise, loud speak, anger, depression, too much cold, hot and airy places.

Abhyanga and Swedana – After completion of *Snehapana*, patients had under gone with *Abhyanga* with *Dashamool Tail* and *Swedana* with *Dashmool- kwath steam* for 3 days.

Pradhana karma⁵: *Vamana Karma* was performed with *Madanphal Pippali* early morning after *Abhyanga* and *Swedana*.

Paschat karma

According to the *Vaigaki*, and *Antaki Lakshana* patients were advised for *Samasarjana Krama*.

OBSERVATIONS AND RESULTS

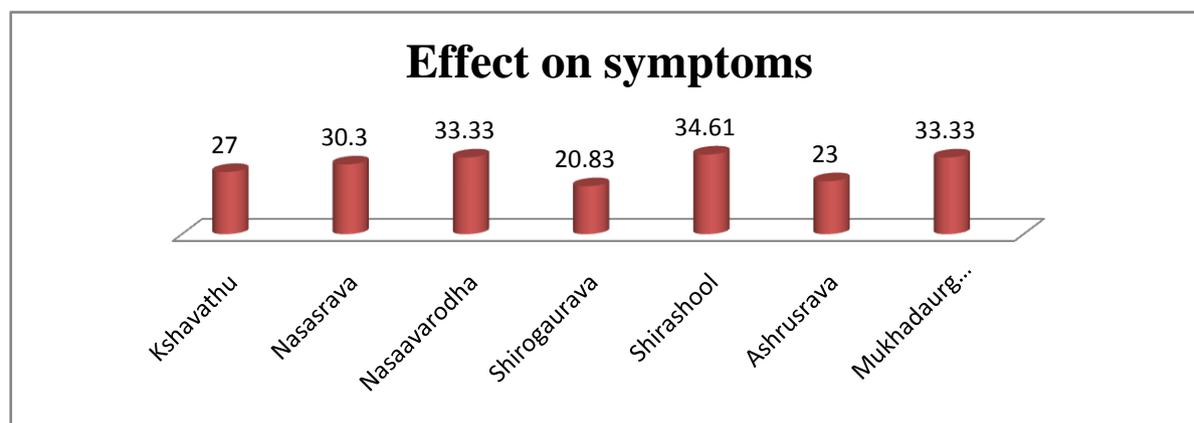
The observations made on the 30 patients of *Peenasa* of this series showed that maximum number of patients 56.6% were in the age group of 20-30 years, male and female were 66.67% and 33.33% respectively, majority of patients, were *Hindu* i.e. (83.33%), maximum 56.67% were student. 43.33% were from lower middle socio-economic status, maximum 56.67% were living in urban area, Maximum number of patients i.e. 53.33% had positive family history of allergy. Maximum number of patients i.e. 83.33% were *Niramisha* food habit, maximum number of patients i.e. 50% were having history of *Vishamashana*, Dominant *Rasa* wise maximum number of patients i.e. 50%

were having preference of *Madhura Rasa*. Appetite wise 50% had good appetite. Maximum number of patients i.e. 67.67% was giving history of regular bowel habit. 83.33% had Sound sleep. Bathing habit wise maximum number of patient's i.e.70% had habit of cold water bathing, Nature of work wise maximum number of patients i.e. 50% had history of moderate work. Distribution of patients according to *Prakriti* of the patient, most of the patients of the study group belonged to *Vatakaphaja Prakriti* i.e 63.33%, *Kostha* wise 36.67% were *Madhyam Kostha*. Thirty patients were given *Snehapana* prior to *Vamana Karma* and *Samyak Snigdha* wise distribution in 4-6 days i.e. 66.67%. Thirty patients were subjected to *Vamana Karma* and *Veigiki Suddhi* wise distribution of patient maximum eight *Vegas* were observed in 66.67% of patient.

Table 1: Clinical improvement in the symptoms of Peenasa (Sinusitis)

| Symptoms | B.T. | A.T. | Diff. | % | S.D. | S.E. | t | P |
|----------------------|------|------|-------|-------|------|------|------|--------|
| <i>Kshavathu</i> | 2.66 | 2 | 0.73 | 27.5 | 0.45 | 0.11 | 6.20 | <0.001 |
| <i>Nasavrava</i> | 2.2 | 1.53 | 0.66 | 30.30 | 0.61 | 0.15 | 4.18 | <0.001 |
| <i>Nasa Avarodha</i> | 2.6 | 1.73 | 0.86 | 33.33 | 0.51 | 0.13 | 6.5 | <0.001 |
| <i>Shiro Gourava</i> | 1.6 | 1.26 | 0.33 | 20.83 | 0.61 | 0.15 | 2.09 | <0.05 |
| <i>Shirashoola</i> | 1.73 | 1.13 | 0.6 | 34.61 | 0.50 | 0.13 | 4.58 | <0.001 |
| <i>Ashrusrava</i> | 0.86 | 0.4 | 0.46 | 23 | 0.51 | 0.13 | 3.5 | <0.05 |
| <i>Mukhadourgand</i> | 0.4 | 0.26 | 0.13 | 33.33 | 0.35 | 0.09 | 1.46 | >1 |

Graph 1: Effect on symptoms



DISCUSSION

Abhyantara Snehapana (internal oleation) with cow's ghee. *Ghrita* is best known for its *Vata*, *Kapha* and *Pitta Shamak* property, which helps to bring the vitiated *Doshas* from *Shakhas* to *Kostha*.

Swedana (Sarwanga Swedana) (Fomentation/Sudation Therapy): *Swedana* removes *Stambha* (stiffness), *Gaurava* (Heaviness), *Shita* (coldness) and produces sweating indicating different effects achieved by *Swedana*⁷. *Swedana* causes sweating, dilates the *Srotas* (micro channels) and helps to cleanse the *Srotas* as well as brings the adhering *Ama Dosh*a to *Kostha* for *Shodhana*.



Figure 1: Conducting Vamana karma

Probable mode of action of Vamana

Vaman Dravyas are having the properties *Vyavayi* and *Vikasi* by virtue of *Veerya* (Potency) they get quickly circulate in to large and small capillaries of the body. It pervades all over the body. By virtue of its *Ushna* and *Teekshna* properties, the accumulated *Doshas* get liquefied and breakup in to small pieces at cellular level. *Doshas* started melting in the body due to *Ushna Guna*, we can observe the perspiration (*Swede Pradurbhava*) on patient's forehead or sometimes whole body. Because of its *Vikashi Guna*, it detaches the *Malas* from

Vamana Karma (Medicated Emesis):

Charak defined *Vamana* as a process in which morbid *Dosha* are eliminated through upper channels i.e. mouth. *Chakrapani* mentions *Urdhavabhaga* as *Urdhavamukha*. *Bhavaprakasha* also has same opinion for *Urdhva* as *Mukhamarga*. *Vamana* is a process in which *Apakva Pitta* and *Kapha* are removed forcefully through upper channels.

Sansarjan Karma (Post Procedure diet and regimen): *Vamana Karma* temporarily diminishes the *Kosthagni* (Digestive fire). *Peyadi Samsarjan Krama* was given as post *Shodhana* regimen to regulate the ignited *Agni*.



Figure 2: Pittantak Vamana

Dhatus. Owing to the presence of *Sukshma Guna* and *Anupravana* properties the *Malas* or *Doshas* float because already body has got *Smayak Snigdhat*a (internal oleation) and pass through smallest capillaries and ultimately *Malarupi Kapha* reaches to stomach. *Vamana Karma* is radical therapy to treat *Kapha* disease. *Vamana karma* corrects the pathology by eliminating disease causative factor *Kapha* from its main site of accumulation. *Vamana* cleanses the different types of toxic materials from the body.

CONCLUSION

In *Ayurvedic* classics, the term *Peenasa* covers a broad spectrum of nasal and paranasal infections. Based on the signs and symptoms it can be compared with sinusitis which is a notorious disease which makes the person physically, financially and mentally weak. *Vamana Karma* is the procedure amongst the *Panchakarma* for the elimination of vitiated *Kapha Dosha* indicated in *Peenasa*. Highly significant results were obtained in *Kshavathu*, *Nasasrava*, *Nasaavarodha* and *Shirashoola*, significant results were obtained in *Shirahgourava* and *Ashrusrava* and insignificant result found in *Mukha daurgandhya* after the treatment.

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