



A STUDY ON THE EFFICACY OF SHADBINDU TAIL PRATIMARSH NASYA ALONG WITH ANULOM VILOM PRANAYAMA IN MANAGEMENT OF PEENAS (CHRONIC RHINITIS)

Priyanka Inaniyan¹, Pramod Kumar Mishra², Jyoti Prajapati³

1. P.G. Scholar, P.G. Department of Swasthvritta and Yoga, UPGIAS&R, Karwar, Jodhpur, India
2. Professor and H.O.D. P.G. Department of Swasthvritta and Yoga, UPGIAS&R, Karwar, Jodhpur, India
3. P.G. Scholar, P.G. Department of Swasthvritta and Yoga, UPGIAS&R, Karwar, Jodhpur. India

Corresponding Author: chaudhary.priya87@gmail.com

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ABSTRACT

Peenas (Catarrh) is an inflammatory disease of respiratory mucosa accompanied by sneezing, cough, headache, rhinorrhoea, and itching in the throat and eyes. This cascade challenges the management of the disease and ultimately leads to a negative impact on the quality of life of the patient. The study is focused to compile this scattered indigenous knowledge on *Peenas* and findings of Ayurveda medicine and pranayama to explore the diagnosis and management of *Peenas* in Ayurveda. In the management of *Peenas*, *Shadabindutaila Pratimarsha Nasya Karma* is identified in *Rasatantrasara* and *Siddhaprayog Sanghrah*. And *anulom vilom pranayama*, mentioned in Patanjali yog sutra. *Pratishyaya* is the most frequent ailment of *Pranvaha Strotas*, which affects people of all ages and genders. It's well-known for its recurrence and chronicity. The signs and symptoms, as well as the underlying causes, are more akin to chronic rhinitis.

Rhinitis is regarded as a pathologic illness that places a heavy financial burden on healthcare systems across the globe. The fact that it poses a danger for various ailments such as sinusitis, asthma, learning difficulties, behavioural disorders, and psychological impairment emphasises its economic impact even more. Chronic rhinitis is an acute, recurring, and episodic kind of sickness that accounts for 30% of all disorders and affects around 26% of the population. It makes the sufferer feel uneasy and disrupts their daily routine.

Keywords: Peenas, Shadabindutaila Pratimarsha, Nasya Karma, Chronic rhinitis, Pranayama

INTRODUCTION

The nasal tube is a common site for infection and allergies, as well as a spot where the respiratory system and the outside world collide. *Pinasa* (Carrh) refers to a heterogeneous group of nasal disorders characterized by nasal blockage, heating sensation as in fumes emitting from the nostrils, rhinorrhoea, sensation loss of taste and smell which are also similar to the clinical features of Pratishtyaya (common cold) such as *Kshavathu* (sneezing), *Gala*, *Talu*, *Ousthta Shosha* (dryness of throat, palate, and lips), *Nasa Shrava* (runny nose), *Kasa* (persistent cough) and *Shirah Shula* (headache). Chronicity and remission are common to this disease, and it may develop *Shwasa* (bronchial asthma), *Nasa Arshas* (nasal polyps), and *Mhurda Roga* (establishment of the various diseases in the head) which may decrease quality of life, aggravate comorbid conditions and require significant medical attention. The study is focused to compile this scattered indigenous knowledge on *Pinasa* and findings of Ayurveda medicine and pranayama to explore the diagnosis and management of *Peenas* in Ayurveda. The study revealed that the *Pinasa* has been considered a collective phenomenon of *Pratishtyaya*, *Dushta Pratishtyaya*, and *Apinasa*. *Snehana* (oleation), *Swedana* (fomentation), and *Nasya* (inhalation) pranayama were mentioned as external treatment modalities in Ayurveda medicine. Decoctions, pills, *Kalka*, *Choorna*, and porridge were administered as internal remedies in both the medical system with different formulae while *Nidana Parivarjana* and *Pathyapathya Sewana* were considered as preventive measures. All Acharyas in Ayurveda have spoken about *Nasya Karma* for *Pratishtyaya*.

Pratimarsho bhavet sneho nirdosha ubhyarthakrit (ch. si. 09/92) *Pratimarsh Nasya* does not cause complications and is both *Snehana* and *Shodhana*. *Urdhvjatruvikarshu visheshaat nasyamishyte, Nasa hi shirso dwarm ten tadvyapya hanti taan* (A.H.SU. 20/01). *Nasya Karma* is specially used for the disease above the Neck region because the Nasal track is the way for medications to effect the head.

tasmīn sati śvāsaprasvāsayorgativicchedaḥ prāṇāyāmaḥ // Patanjali Yogasutra 2/49

Prāṇāyāma is the practice of breath control in yoga and is a distinct breathing exercise on its own, usu-

ally practised after asanas. In texts like the Bhagavad Gita and the Yoga Sutras of Patanjali, and later in Hatha yoga texts, it meant the complete cessation of breathing. *Ayurvedacharya* has praised the role of *nasya Karma* in *urdhav jatrugat vikar* along with *anulom vilom pranayama* i.e., Alternate nasal breathing exercise, in resolving clinical features of chronic rhinitis.

Aims and Objectives

1. To study efficacy of *Shadbindu taila Pratimarsh Nasya* in Chronic Rhinitis along with *anulom vilom pranayama*.
2. To develop evidence base support for the effect of *Shadbindu taila nasya & anulom vilom pranayama* as mentioned in our ayurvedic literature.
3. Taking the above-said point into consideration, we have a plan to study & *Shadbindu taila Pratimarsha Nasya* and *anulom vilom pranayama* in the management of Chronic Rhinitis which includes patients' history, signs, symptoms, diagnosis, clinical examination & management by above said trial drugs.

Signs & Symptoms:

Acharya Sushruta described the symptoms as *Shirogurutwama*, *Kshawathu*, *Angamarda*, and *Parihritromta*. (S.S.UT.24/5) According to Acharya Videha, *Ghrandhumayanam*, *Kshavathu*, *Taludaranam Kantadhawansa*, *Mukhasrava*, *Shirasahpuranam*. If the above symptoms increase, then *purvarupavastha* is changed into *Rupavastha*. Acharya Videha also described the symptoms of *Tivravastha* of *Pratishtyaya* which are as such *Sravadhikya*, *Nasanaha*, *Ashrusrava*, *Jwara*, *Daurvalya*, and *Shirahashoola*. Acharya Videha also described the symptoms of *Upshamavastha* of *Pratishtyaya* which are thick and sticky *Nasasrava*, the opening of *Nasasrota*, starting of natural respiration, and the Stopping of *Srava*. Acharya Charaka: *Shirahashoola*, *Shirogurav*, *Ghranviplava*, *Jwara*, *Kasa*, *Kaphotklesha*, *Swarabheda*, *Indriya Asamarthatva* (C.S.Chi.8/48-49) Maharishi Kashyapa: *Daugandhta*, *Parikledita* etc. (K.S.Chi.12/4)

According to Acharya Sushruta: *Badhira* (Deafness), *Andhata* (Blindness), *Aghranam* (Bodyache), *Ghornayanamayam* (Severe Eye disease), *Kasa* (Cough), *Agnisada* (Loss of Appetite), *Shotha* (Oedema). The *Sadhya Pranahara Marma* (Vital point)

Shringataka (Temporal lobe) is the union point of *Srotas* (Channels) of *Jihwa* (tongue), *Akshi* (Eyes), *Nasika* (Nose), and *Shravanendriya* (Ears). *Pratishyaya* leads to the deterioration of this *Marma* and causes complications. The *Upadrava* of *Pratishyaya* is mostly due to the anatomical relationship and the common blood supply of the organs through which the infections travel.

MATERIAL AND METHODS

STUDY DESIGN

Type of Study – Present Clinical trial is a randomized, therapeutically trial consisting of 30 patients’ important components are the Cases, the parameters for evaluation of results, and the treatment.

SOURCES OF DATA Cases suffering from *Peenasa* (Chronic Rhinitis) who were fulfilling the inclusion, exclusion, and diagnostic criteria were chosen from the O.P.D & I.P.D of *Swasthavritta & Yoga* and *Kayachikitsa department* of University College of *Ayurveda*, DSRRAU, Jodhpur. 30 cases were registered in total for the current trial.

COLLECTION OF TRIAL DRUG. The trial drug *shadbindu taila* was prepared in the pharmacy of UPGIAS&R, Jodhpur. *Anulom vilom pranayama* was also done with this clinical drug trial.

INCLUSION CRITERIA:

Cases between the ages of 12-70 years were selected.

PLAN OF STUDY

Cases will signs and symptoms of *Peenas* (Chronic Rhinitis) as explained in classics either one, all symptoms were selected.

EXCLUSION CRITERIA:

- Cases with infective chronic lung diseases and other upper respiratory tract disorders like D.N.S, Nasal polyps, Tumours, etc.
- Cases *Ayogya* for *Nasya* were excluded.
- Cases with systemic illness were excluded.

WITHDRAWL CRITERIA:

- If the case wants to withdraw from a clinical trial.
- During the course of the trial, if any serious conditions occur or any serious adverse effect is seen it requires emergency treatment.
- Noncompliance of Cases.

During the course of treatment if the patient gets pregnant.

Consent form- Before the start of the trial cases that took part in the trial were made aware of the positive and negative effects of therapy in advanced in a language they could understand and were requested to sign up the drafted consent form in the presence of the Supervisor.

Follow up study

Cases were asked to report in the O.P.D every 15 days for follow-up.

Duration of trial: 3 months.

Intervention	No. of registered cases	Cases completing the trial	Duration of trial
<i>Pratimarsha Nasya along with anulom vilom pranayama</i>	30	30	3 months

Cases without any discrimination based on sex, religion, caste, age, etc are randomly in a single group.

Drug administration Schedule with Dosage and Timings.

Drug	Dose	Duration	<i>Sevan kala</i>
<i>Shadbindu tail pratimarsha nasya</i> <i>Anulom vilom</i>	2drops per nostril after mild <i>Snehana</i> and <i>Swedana</i> . 40 cycles	Right from day 1 to 90 days. For 3 months	1. Just After Waking Up in Morning 2. Before going to bed at Night. Regularly in the morning and evening with an empty stomach.

Assesment

Subjective Criteria include-

1. *Kshavthu* (Sneezing)
2. *Jalabha strava*
3. *Aanaddhapihita nasa*
4. *Shirashoola*
5. *Swarbheda*
6. *Ghraan haani*
7. *Virasta*
8. Postnasal drip

Objective Crieteria: E.S.R

Gradation of associated signs and symptoms of Peenasa (Pratishyaya):

ABSENT	0
MILD	1
MODERATE	2
SEVERE	3

SELECTION OF THE DRUG

Siddha Taila (medicated/processed oil) is prepared by protracted boiling of the *Sneha Dravya* (base oil) with prescribed *Drava Dravya* (liquid drug) and *Kalka Dravya* (drugs used as a fine paste) to dehydration or near dehydration. This process results in the transfer of some therapeutically active principles of the ingredients into the base oil. Thus, *Taila Paka Vidhi* (traditional method of *Taila* preparation) assures the enrichment of *Sneha dravya* with the active principles of the ingredients. *Tikta-katu rasa* increases, *kaphadhatvagni*; *ushna-tikshnaguna* decreases excessive *kapha* production *Madhur Vipak balya* to the nasal mucosa. *Snigdha Guna* stabilizes vitiated *vata pitta dosha*. There is a considerable decrease in symptomatic relief with *shadbindu tail Nasya karma*. *Shadbindu tail* has anti-inflammatory, anti-viral, and antibacterial properties. Therefore, it can help fight infection of the sinuses and reduces inflammation in chronic rhinitis. it is mainly due to *Kapha Vataj prakriti*, the trial drug utility is based on the fact that it directly acts on *kapha dosha* & decreases excessive *kapha* as *shadbindu tail* is for upper respiratory tract infection but is very effective in allergic rhinitis. It is one of the famous *Nasya* oils used in Ayurveda *shadbindu* oil the main medicine used in *Nasya pan-chakarma* therapy. the symptoms of *pinasa* resemble *vata kaphaj Pratishyaya*. Various *Ayurvedic* texts have described *Shadbindu taila* as one of the best medicinally infused oil for nasal instillation. The following reference is taken from *Rasendrasaar Sanghrah* and *Siddhaprayog Sanghrah*. In the same context, *Acharya* advocates the benefits of *Nasya* for the betterment of sense organs. *Urdhwajatrugata Rogas*. *Shadbindu taila* consists of 10 solid drugs and 2 *Drava dravya*, *Tila Taila*, and *Aja dugdha*.

This is one round of *Anulom Vilom pranayama*, and such 40 cycles are repeated.

OBSERVATIONS

The results are presented in the following sections:

1. The first part incorporates the general observations viz. age, sex, religion, etc.
2. The second section deals with the results of therapy evaluated on the basis of improvement in signs and symptoms.

In this study maximum number of patients among the registered patients belongs to Jodhpur i.e., 93.34% while 03.34% of patients belong to Sikar and Kota respectively. The above table indicates that the maximum number of registered patients were male i.e.,70%, while 30% of patients were female. From the above table, it is depicted that all patient belongs to the Hindu religion i.e., 100%, and 0 patients were reported from other community. From the above table, it can be depicted that the maximum patient were of the middle class i.e., 66.67%. while the upper middle constitutes 30 % and the lower middle class constitutes 3.34%. In the present study maximum number of patients belong to urban residential areas i.e., 70% while that of rural residence was 30%. The above table depicts that a maximum of 60% of patients were graduates while 16.67% of patients were of senior secondary qualification. 13.34 % of patients were educated to secondary level while 6.67% were with primary education and 3.34% were post-graduation education. The above table depicts that a maximum of 60% of patients were graduates while 16.67% of patients were of senior secondary qualification. 13.34 % of patients were educated to secondary level while 6.67% were with primary education and 3.34% were post-graduation education. The above table states that among registered patients, the maximum number of patients were reported to have a vegetarian diet i.e.,56.67% while 43.34% of patients were having a mixed type of diet as daily food. 73.34% of patients reported a history of allopathic treatment; 26.67% of patients admitted a history of

ayurvedic treatment while. 26.67% of patients noted a family history of similar complaints. As per the above table, the maximum i.e., 65.57% had a history of normal bowel habits while 27.86% of patients possess a history of constipation. 06.55% depicted a history of abnormal bowel habits. The above table reveals that a maximum number of patients were having *Madhyama Koshta* i.e., 50% while 26.67% of patients were having *Mridu Koshta* and 23.34% of patients were of *kroora Koshta*. The above table reveals that a maximum number of patients were having *Sama Agni* and *Vishama Agni* i.e., 36.67% while 20% of patients were having *Tikshna Agni* and 6.67% of patients were having *Manda Agni*. As per the above table maximum i.e., 46.67% of patients were of *Vata-Pitta Prakriti*, 33.34% of patients in this study were of *Vata- Kapha Prakriti* whereas 20% were of *Kapha -Pitta Prakriti*. As per the above table maximum i.e., 53.34% of patients in this study were of *Rajasika Prakriti* whereas 43.34% were of *Tamasika Prakriti*. 3.34% belonged to *Satwika Prakriti*. In this study, the above table suggests that a maximum i.e. 46.67% of patients were of *Mamsa Sara*, 33.34% of patients were of *Twaka Sara* and 20% of patients were of *Meda Sara*. In this study maximum i.e., 50% of patients were having *Madhyama Samhanana*, 36.67% of patients were having *Pravara Samhanana* & 13.34% of patients were having *Avara Samhanana* as shown in the above table. As per the above table maximum i.e., 70% of patients were of *Sarva Rasa*

Satmya whereas 26.67% were of *Vyamishra Satmya*. 3.34% of patients were having *Satmya* of *Eka rasa Satmya*. The above tables depict that the maximum number of patients, 60% were of *Madhyama Satva*, 23.34% of patients were of *Pravara Satva* and 16.67% were patients of *Avara Satva*. Out of 60 patients, a maximum i.e., 50% of patients were having *Madhyama Ahara Abhyavarana Shakti*, 43.34% were having *Pravara Abhyavarana Shakti* and 6.67% were having *Avara Abhyavarana Shakti* as per above table, maximum i.e., 56.67% patients were having *Madhyama Ahara Jarana Shakti*. 33.34% of patients were of *Pravara Ahara Jarana Shakti*, and 10% of patients were having *Avara Ahara Jarana Shakti*. In the present study, it was observed that the majority of the patients i.e., 43.34% were having *Madhyama Vyayama Shakti* while 33.34% were having in *Avara* and 23.34% were having *Pravara Vyayama Shakti*. The above table shows that 53.34% of patients were having more than 1 year as the duration of illness and 26.67% of patients were having duration then 1 year 20% of patients were having a history of 1 month to 1 year of duration. The above table shows that 70% of patients were having a gradual onset of illness whereas 30% of patients had an acute onset of pain. The above table shows that only 3.34 70% of patients were having the presence of *Mansika Hetu*.

CLINICAL PROFILE

Table 26: Subjective Parameters

Subjective Parameter	Number of Patients	Percentage (%)
<i>Kshavathu</i>	30	100.0%
<i>Jalabha Strava</i>	27	90.00%
<i>Aanaddha pihita Nasa</i>	27	90.00%
<i>Shirashoola</i>	28	93.34%
<i>Swarabheda</i>	28	93.34%
<i>Graan haani</i>	26	86.67%
<i>Virasta</i>	28	93.34%
Post-nasal drip	24	80.00%

Results: Wilcoxon signed-rank test was applied to assess the effect of therapy in the same individuals (before and after treatment).

Overall Assessment: n= 30

Improvement		Range		No Of Patients		% Change	
No change		Up to 25% relief		04		13.34%	
Mild improvement		26-50% relief		13		43.34	
Moderate improvement		51-75% relief		13		43.34	
Marked improvement		Above 76%		00		08.34	
Complete improvement		100% relief		00		0.00	

'n'	Subjective Parameter	Mean Score		Diff	% Re- lief	S.D.	S. E	W	'P'	S
		B.T.	A.T.							
30	Kshavathu	2.30	1.10	1.20	52.17	0.40	0.07	465	<0.0001	ES
27	Jalabha Strava	1.70	1.62	0.62	37.00	0.49	0.09	153	<0.0001	ES
27	Aanaddha pihita Nasa	1.66	0.85	0.81	47.14	0.62	0.11	190	<0.0001	ES
28	Shirashoola	1.46	0.82	0.64	43.90	0.48	0.09	171	<0.0001	ES
28	Swarabheda	1.78	1.00	0.78	44.00	0.68	0.12	171	<0.0001	ES
26	Graan haani	2.00	0.84	1.15	57.69	0.92	0.18	171	<0.0001	ES
28	Virasta	1.78	1.00	0.78	44.00	0.68	0.12	171	<0.0001	ES
24	Postnasal drip	1.16	0.50	0.56	57.14	0.56	0.11	120	<0.0001	ES

RESULT

Table 4.1: EFFECT OF Therapy on Subjective Parameter of Group A n=30

Table 4.1: EFFECT OF Therapy on Objective Parameter n=30

'n'	Objective Pa- rameter	Mean Score		Diff	% Relief	S.D.	S. E	't'	'P'	S
		B.T.	A.T.							
30	ESR	48.03	18.30	29.73	61.90	17.04	3.11	9.554	<0.0001	ES

DISCUSSION

Effect of Therapy on Subjective Parameters (Intra-group Study):

‡ **Effect of therapy on Kshavathu**

In Group, around 52.17% relief was seen with p - a value <0.0001 which shows that there is extreme significance.

‡ **Effect of therapy on Jalabha Strava:**

In Group, around 37% of relief was noticed with a p-value < 0.0001 which shows the data was very significant.

‡ **Effect of therapy on Aanaddha pihita Nasa:**

In Group, with 47.14% relief and p-value < 0.0001 the data shows extreme significance.

‡ **Effect of therapy on Shiras Oola:**

In Group, with 47.14% relief and p - value< 0.0001, the data shows extreme significance.

‡ **Effect of therapy on Swarabheda:**

In Group, with 44% relief and p - value< 0.0001 shows that the data is extremely significant.

Effect of therapy on ghraan haani

In Group, with 57.69% relief and p - value< 0.0001 shows that the data is extremely significant.

Effect of therapy on virasta

In Group, with 44% relief and p - value< 0.0001 shows that the data is extremely significant

Effect of therapy on postnasal drip

In Group, with 57.14% relief and p - value< 0.0001 shows that the data is extremely significant.

Effect of therapy on objective Parameters (Intra-group Study)

‡ **Effect of therapy on E.S.R**

Group A, with a relief of 61.90% and a p-value of 0.0001, shows that the data is extremely significant.

Probable Mode of Action

The main action of the shadbindu tail is on the nasal cavity sinuses and upper part of the body including the brain, scalp, hair, jawbone, mouth, and eyes, here are some main uses and benefits of the shadbindu tail.

Shadbindu tail; it can be concluded that this *kalpa* may have the following properties.

Tikta-katu rasa increases, *kaphadhatvagni*; *ushna-tikshnaguna*

- decreases excessive *kapha* production *Madhur Vipak balya* to the nasal mucosa. *Snigdha Guna* stabilizes vitiated *vata pitta dosha*. There is a considerable decrease in symptomatic relief with *shadbindu tail Nasya karma*. *Shadbindu tail* has anti-inflammatory, anti-viral, and anti-bacterial properties. Therefore, it can help fight infection of the sinuses and reduces inflammation in Chronic rhinitis. *Shadbindu taila* has *Tridoshaghna* and *Pratishyayahara* properties due to these qualities; *Shadbindu taila* is potent to arrest the Signs and Symptoms of *Peenas* (C.R.). The *Rasayana Guna* of *Shadbindutaila* promote normal olfaction.
- Since the nature of the medicine is oil-based and by instilling it in the nose it creates an oily layer over the Nasal mucosa and thus trapping the allergen on the Nasal mucosa itself.
- Normal ciliated columnar Epithelium of Nasal mucosa is maintained by the *Tarpaka* and *Brihana* qualities of the *Nasya* and therefore prevents the stagnation of Nasal Mucosa.
- Crust formation is prevented by the oily media created by the *Shadbindutaila Nasya* over the mucosal lining.
- The presence of *Dipana* and *Pachana* drugs helps in regularizing the *Mandagni*. Thereby arresting the *Pratishyaya* caused by *Mandagni*.
- *Tridoshaghna* and *Kaphavata Shamaka* properties of the drugs present in *Shadbindutaila* help in pacifying the predominant *Doshas*.
- The *Vatahara*, *Tridoshahara*, *Shamana*, and *Snehana* are capable of reducing *Peenasa Pratishyaya*.
- Nasal pathology is corrected; improvement in Local hygiene and C.R. gets controlled.
- These all Points help in proving *Shadbindutaila* as a Drug of Choice for the cure and prevention of CR

Probable Mode of Anulom Vilom Pranayama

Keeping in mind the pranayama therapy, according to the demand of the present time, *anulom vilom* has been selected. The most important responsible factor for ciliary health is oxygenation of the *cilias*, which is maintained both by diffusion from the circulating blood as well as from the surface itself. This particular observation also encourages evaluating an extremely popular and timely tested oxygenation breathing exercise viz.,” *Anuloma -Viloma Pranayama*” (AVP) in this present study.

CONCLUSION

Following the completion of the observations, results, and debate, the following conclusions can be drawn:

because of excessive *Vata kapha vardhak aahaar vihara* and other etiological reasons, *Peenas* are becoming more common. It is quite challenging to link *Peenas* to chronic rhinitis. It can be linked to *Peenasa* based on *nidana* and *Lakshana*, however, the word *Peenas* shouldn't be limited to just Chronic Rhinitis. The combined effect of *Pratimarsha Nasya* and *anulom vilom pranayam* was the most beneficial part of this study. In the sample used for the trial, *Nidana* which was mentioned for *Peenas* received good praise. Among the *Nidana* discussed majorly inflicting ones are *Dhuma*, *Atibhasana*, *Vegadharan*, *Rajasevana*, and *Atyasheetambu pana*. At the conclusion of the trial, there were optimistic signs of improvement. Participants in the trial were previously observed avoiding foods and activities that aggravate *vata kapha dosha* in the body with *rakta dosha*. Since the majority of cases hailed from the urban area the predisposing factor for them was *Vata kapha vardhaka aahara vihara*. The patient might readily use *anulom vilom* and *Pratimarsha Nasya* for a longer period of time due to their affordability and effectiveness. By generating a conducive atmosphere that aids in capturing viruses and other inhalant allergens, *Pratimarsha Nasya* also contributes to enhancing the health of the nasal passage. *Pratimarsha Nasya* also aids in the prevention of *Urdhwajatrugata Vikara*. It

is essential to conduct a study with high sample sizes in order to track *Peenas* relapses following treatment.

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