COMPARATIVE STUDY OF EFFICACY OF VYOSHADI GUTIKA AND PIPPALYADI AVAPEEDANA NASYA IN THE MANAGEMENT OF KAPHAJA PRATISHYAYA W.S.R CHRONIC SIMPLE RHINITIS

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ABSTRACT
Pratishyaya is one of the Commonest Disease and Nasagata Vikara. Kaphaja Pratishyaya is an Irritating disease commonly observed in general practice having 30-40 % prevalence all over the World. Kaphaja Pratishyaya is caused by the vitiation of Kaphaja Doshas and has the Symptoms such as Shukla Sheeta Nasasrava, Nasa - Avarodha, Kandu, Shirogaurava, Akshi-Shotha. These symptoms of Kaphaja Pratishyaya can be correlated to the Chronic simple rhinitis, characterized by nasal obstruction, nasal discharge, itching, Heaviness of The head. Ayurvedic classics many treatment principle are advised for Pratishyaya including Nasya Karma, which has been given most importance in its management. In this article the Study aim to comparatively evaluate efficacy of Pippalyadi Avapeedana Nasya and Vyoshadi Gutika orally in Kaphaja Pratishyaya. Here 30 patients of Kaphaja Pratishyaya were treated in two Groups. 15 patients of Group A treated with Vyoshadi Gutika and 15 Patients of Group B treated with Pippalyadi Avapeedana Nasya, after the enrollment of the Patients in the study vital signs, symptoms of Kaphaja Pratishyaya. The result of this study Indicated that the Group B Highly significant relief in almost all the signs and symptoms in Compare to Group A.

Keywords: Kaphaja Pratishyaya (CSR), Pippalyadi Avapeedana Nasya, Vyoshadi Gutika

INTRODUCTION
Kaphaja Pratishyaya is one of the most commonly disease. Its cardinal sign and symptoms are Kasa (Cough), Aruchi (Anorexia), Nasasrava (Running nose), Nasa Avarodha, (Nasal obstruction), Shirogaurav (Heaviness of Head), Kandu1 (Itching). Acharya Sushruta has devoted one separate chapter to Pratishyaya after explaining Nasagataroga in total. The word Pratishyaya itself indicates that it is a recurrent attack and can precipitate even due to minor etiological factor. Due to its direct contact with external environmental, it is exposed to many microorganism allergans and pollutants present in the Atmosphere due to the increase environmental pollution and busy lifestyle, rhinitis has become a common disease in the present era2. Improper management of Pratishyaya (Coryza) leads to a severe and complicated Condition called Dushta Pratishyaya which is very difficult to treat and cause much complication like Badhirya,
Kapha, Pitta and Kaphaja Dusti are associated doshas. Considering the doshas the study has been taken for the treatment of Kaphaja Pratishyaya. The Vyoshadi gutika drugs have the qualities like Katu rasa, Laghu, Snigdha Guna and Kaphavatahara Dravya.

AIM AND OBJECTIVES

1. To study the disease Kaphaja Pratishyaya in Ayurvedic and modern Parlance.
2. To assess the role of Vyoshadi Gutika for a period of 30 days in Kaphaja Pratishyaya in one group and in other group Pippalyadi Avapeedana Nasya in Kaphaja Pratishyaya for a period of 7 days.

MATERIALS AND METHODS

To evaluate the effect of Vyoshadi gutika and Pippalyadi Avapeedana Nasya in the management of Kaphaja Pratishyaya. Patients with classical feature and diagnosis of Kaphaja Pratishyaya were selected from the O.P.D and I.P.D of shalakya Tantra, Ashwini Ayurvedic College & Hospital Tumkur. All the raw materials were procured and purchased from reliable Ayurvedic raw material vendor (SSN Pharmacy, below purchase herbs drugs mention). Preparation of Vyoshadi gutika and Pippalyadi churna was done in Bhaishajya Kalpana Dept. of AAMC, Tumkur, Karnataka.

Method of Preparations of Vyoshadi Gutika contains as – Sutthi (Zingiber officinale), Marich (Piper Nigrum), Pippali (Piper Longum), Amlavetasara (Garcinia Pedunculata), Chavya (Piper Chaba), Talisa patra (Abies Webbiana), Chitrak (Plumbago Zeylanica), Jiraka (Cuminum Cyminum), Tintidika (Rhus Parviflora), were taken in equal quantity. Dried well and each drugs were powder mixed altogether and properly mixed of ingredients of ¼ quantity of Ela, Twak, Patra, and Jaggery. Vyoshadi Gutika was internal administration for 30 days, 2 Tablets QID (four times in a day) with Hot water.

Preparation of Pippalyadi churna contains as – Pippali (Piper Longum), Marich (Piper Nigrum), Shigru beeja (Moringa Pterygosperma), Vidanga (Emblica ribes), were taken in equal quantity. Dried well and each drugs were finely powdered separately and mixed thoroughly altogether and preserved. Preparation of Pippalyadi swarasa for Avapeedana Nasya -All the drugs were taken in equal quantity sufficient for administration of 6 drops in each nostril for one patient at a time. One part of the Pippalyadi choorna was taken to which one part of Jala was added and kept over night, next day the supernatant water was taken out and then the kalka was taken in fresh cloth and Swarasa was extracted and taken in Gokarna and kept ready for administration. Nasya was administration for 7 days, 6 drops in each nostril once in daily morning on empty stomach.
Method of Nasya Karma

Purvakarma: The Purvakarma of Nasya was performed in a place having sufficient light, devoid of direct flow of wind and dust. Patients were asked to lie down comfortably in supine position on a table and Sthanika mukha Abhyanga was administered with Tila tail after completion of Abhyanga. Mrudusvedana was done by covering the eye.

Pradhanakarma: After Purvakarma, the patient was asked to relax and lie down on a table in Supine position and head portion was made to extend further from the edge of table bending at an angle. The limbs were kept slightly up and spread apart on both the sides. Pippalyadi swarasa were taken in Gokarna (dropper) and 6 drops were administration in each nostril, there after patients was instructed to inhale deeply and was advised to spit out the Utkleshita Kapha reaching up to Throat and Oral cavity.

Pashchatkarma: After performing the Nasya Karma, patient was allowed to relax in supine position. Again mrudu Abhyanga and Sweda was done around face, nose, head, neck, and Chin. Patients were advised to spit out the nasal secretion reaching the throat. Medicated herbs smoke Dhumapana (Haridra, Ghrita) was given Sukoshna Jala for kaval (Mouth gargling). After this, the patient was instructed not to take cold Food or water and avoid exposure to wind, Head bath, dust, and all the regimens which has to be followed at the time of Nasya Karma. After the completion of 7 days treatment, all the patients were advised to attend The O.P.D once in 15 days, up to 2 months for the follow up study.

Criteria for Selection of Patients -

Diagnostic criteria
- Mucoid / mucopurulent nasal discharge
- Nasal blockage
- Post nasal blockage
- Kandu in Nasa, Netra, Gala, Talu.
- Shiro gurutva
- Change in colour of nasal mucosa.
- Swollen Turbinates.
- Difficulty in smell perception.

Inclusion criteria
- Patients between the age group of 8 to 70 years were selected (Relaxing, Tolerable age group & Contraindicated below 8 years & above 70 years) irrespective of sex, Occupation, religion and socio-economic status.
- Kaphaja Pratishyaya taken up for the study.

Exclusion criteria
- Chronicity of disease more than 1 year.
- Other Doshaja Pratishyaya, other than chronic simple rhinitis, Pratishyaya due to Systemic disorder was excluded from the study.
- Age less than 8 years and above than 70 years is excluded.

Investigations: Blood for Hb%, TLC, DLC, and Absolute Eosinophillic Count (AEC).

Assessment Criteria
The assessment was done on improvement in signs and symptoms with the help of suitable scoring method ranging from 0-4. Treatment based on following parameters –
- Nasal Discharge
- Nasal blockage
- Postnasal dripping
- Kandu
- Gurutva
- Colour of nasal mucosa
- Size of turbinate
- Smell perception
- Laboratory investigation (Hb%, TLC, DLC, AEC).

Overall Effect of the Therapy
Overall effect of the therapy was assessed in terms of complete remission, marked improvement, moderate improvement, and mild improvement and unchanged by adopting the following criteria:
- Complete remission - 100% relief in chief complaints and no recurrence during Follow up study were considered as complete remission.
- Marked improvement - More than 75% improvement in chief complaints is record as marked improvement.
- Moderate improvement - Less than 75% and more than 50% improvement in chief complaints is recorded as moderate improvement.
- Mild improvement - Less than 50% and more than
25% improvement in chief Complaints is recorded as mild improvement.
- Unchanged - Less than 25% reduction in chief complaints or recurrence of the Symptoms to the similar extent of severity is noted as recurrence.

**OBSERVATIONS AND RESULTS**

30 patients suffering from *Kaphaja Pratishyaya* were selected for the trial and were randomly divided into 2 groups, each group comprising of 15 patients. The observation on different *Nidaanatmaka* aspect of the patients like Age, sex, socio-economic status, Prakruti, Nidana, Ahara, etc. 30 patients were taken for the study out of which 15 patients of group A were administered *Vyoshadi Gutika* for 30 days and 15 patients of group B were administered *Pippalyadi Avapeedana Nasya* for 7 days. The Effect of the therapy on each parameter of assessment is being explained. There was 45.42% of relief noted in nasal discharge, 45.42% of relief in nasal blockage, 45.42% of relief on Post nasal drip, 40.3% of relief from Heaviness of head, 50% of relief from Itching, 45.42% of Improvement from Smell Perception. There was 66.75% of relief noted in nasal discharge, 58.73% of relief in nasal blockage, 72.7% of relief in Post nasal drip, 69.9% of relief in Heaviness of head, 66.75% of relief in Itching, and 50% of relief in smell perception. The parameters selected for clinical significance before and after treatment are summarized in table no.1 and highly significant ‘p’values (P<0.001).

**Table 1:** Symptomatic Relief in Group A and Group B

<table>
<thead>
<tr>
<th>Symptomatic Relief</th>
<th>Group A</th>
<th>Group B</th>
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<tr>
<td></td>
<td>BT</td>
<td>AT</td>
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<td>Nasal Discharge</td>
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<td>Nasal Blockage</td>
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<td>Post nasal Discharge</td>
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<td>Heaviness of head</td>
<td>0.66</td>
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</tr>
<tr>
<td>Itching</td>
<td>0.66</td>
<td>0.33</td>
</tr>
<tr>
<td>Smell perception</td>
<td>0.73</td>
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</table>

**DISCUSSION**

In today’s world there are some diseases which are rampant and need to be given special attention. Changing lifestyle, increased pollution, urban sprawl and increase resistance to the antibiotics are responsible for increased prevalence of much disease. Nose being exposed to the external environment, is more to all those factors with recurrent infections. Upper res-
Respiratory tract infections are a common problem among all groups (7 to 80 years). The most common problem related with upper respiratory tract is Pratishyaya or Rhinitis, Which in the chronic stage converts into Kaphaja Pratishyaya or chronic simple rhinitis. Coming to the nidana aspect, it has been said that the samanya nidana of Nasa rogas are responsible for the disease Pratishyaya as well. Also the predisposing factors suchs as heredity, climate and emotional dust, pollen etc.

Basic Information Data – Total number of patients examined were 30, patients were from age group of 9 to 60 year, out of them maximum were from age group 40-50 years. According to sex division showed that male were more than female patients. Division showed that more number of patients in this study was of Vatakaphaja prakruti.

Data of Causative Factors- Especially Nidanas found in the patients were as follow: Avashyay sevana 50%, Raja Sevana 43.3% Dhooma Sevana 20%, Atapa Sevana 13.3% were reported. These can either act as Chaya Karana or directly as Prakopa Karana.

Occurences of Cardinal Signs and Symptoms - Among 30 patients of Kaphaja Pratishyaya/Chronic simple rhinitis, 100% had nasal blockage, 100% had nasal discharge, 100% of patients had Post nasal dripping, 100% had itching, 100% had Headache or Heaviness of Head and 76.6% had disturbed Smell perception.

Mode of action of Nasya - A clear description regarding the mode of action of Nasya karma is not available in Ayurvedic classic. Acharya Charaka has described that Nasya is the only gateway to Shirah. (Ch. Si. 2/22), so the medicine administered through Nasa can easily spread to Shirah and get absorbed. Acharya Vaghbhatta has given some more details about the mode of action (As.S.Su. 29/3). It has explained that Nasa being gateway to Shirah, the drug administration through nostril reaches Shringataka, a Sira marma by Nasa Srota and spread in the Murdha (brain), taking route of Netra (Eyes), Shrotra (Ears), Kantha (Throat), and stretches the morbid Doshas from Urdhwajatru and expels them from Uttamanga. Indu commentator of Ashtanga Samgraha opined that Shringataka is situated in the inner side of middle part of the head. Nasya is the chief shodhana procedure selected because this is a procedure which performs Uttamanga shuddhi. Sneha - Sweda which is performed during Nasya Procedure will liquify the Dosha and can easily be expelled by Nasya karma. Dhuma Pana which is performed after Nasya also helps to clear the pathway.

CONCLUSION

- Most of the Nidanas explained in Ayurvedic classics are acting as precipitating or triggering factor like Allergans, Cold substance for Pratishyaya. Vihara Sambhandhi Nidana like exposure to Raja, dhooma, Sheeta Vayu, Jala Krida and disease like Pratishyaya have a significant role in the onset of Kaphaja Pratishyay.
- Kaphaja Pratishyaya is more prevalent in Vatakaphaja and Kaphavataja Prakrithi.
Recurrent attack of cold, allergic rhinitis and vasomotor rhinitis are seen as predisposing factors of chronic simple rhinitis.

Vyoshadi Gutika in Kaphaja Pratishyaya, its efficacy is found to provide mild Relief after the course of 30 days of treatment. Where as moderate relief was observed after 7 days of treatment. Hence the efficacy of Pippalyadi Avapeedana Nasya for 7 days in the management of Kaphaja Pratishyaya is proved to be effective in Kaphaja Pratishyaya with special reference to chronic simple rhinitis.

REFERENCES

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NASYA PROCEDURE

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