ROLE OF TRIKATU TAILA NASYA IN THE MANAGEMENT OF KAPHAJA SHIRASHOOLA W.S.R. TO MAXILLARY SINUSITIS

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ABSTRACT

Shalakya tantra comprises the study of diseases affecting the organs situated above Jatru (clavicle) and their treatment Kaphaja Sirasoola is one among the sirasoola mentioned in classics. Hence kaphaja sirasoola is taken as clinical study by administration of nasya under two groups and compare the effect. In the present clinical study patients were divided into 2 groups with 20 patients in each group. Group A patients were given Trikatu Taila Nasya and Group B patients were given Sarsapa Taila Nasya. The Sarsapa Taila Nasya was given to compare the efficacy with that of Trikatu Taila.

INTRODUCTION

Headache is a term used for pain felt anywhere in the head and described under the heading of Sirasoola. Kaphaja Shira Shoola is one among the ten types of Shirorogas, explained by Vagbhatacharya. The cardinal features of Kaphaja Shira Shoola include mild / moderate head ache and heaviness of head. The headache persists throughout the day and it may increases in night. This condition is commonly associated with nasal discharge, nasal obstruction and post nasal discharge. Most of the clinical features are correlated with the signs and symptoms of maxillary sinusitis. Nasya Karma is considered as a prime treatment modality in all types of Shiroroga and also in Kaphaja Shira Shoola. Vagbhatacharya has described Trikatu Taila Nasya in the management of Kapaja Shira Shoola. Here, Trikatu Taila possess the components like Sunthi(Zingiber Officinale), Marica (piper nigrum), Pippali(piper longum) and tila Taila(sesamum indicum), which was prepared according to Sneha Paka Vidhi as mentioned in our classics and sarasapata Taila was used as a base for this preparation. This work is intended to know the efficacy of the Trikatu Taila and Sarsapa Taila as Nasya Karma.

MATERIALS AND METHODS

Aims and Objectives of the Study: To evaluate the effect of Trikatu Taila Nasya in the management of Kaphaja Shira Shoola wsr to maxillary sinusitis.

Inclusion Criteria

• Patients belonging to the age group of 7 to 60 years.
• Patients were selected irrespective of sex, occupation, religion,
• Socio–economic status etc
• Those fit for Nasya Karma.
• Chronicity of the disease less than 1 year.

Exclusion Criteria

• Patients suffering with other types of Shiroroga.
• Chronicity of the disease more than 1 year.
• Patients with complications of chronic maxillary sinusitis such as Orbital cellulites,
Osteomyelitis of maxillary bone etc., were excluded.

- **RESEARCH DESIGN:**
  - The patients diagnosed as kaphaja sirasoola were randomly divided into the 2 groups of treatments each group has 20 patients.
  - Group A: *Nasya* with *Trikatu Taila* was administered once daily in the morning before food for seven days. The dose was 8 drops in each nostril.
  - Group B: *Nasya* with *Sarasapa Taila* was administered once daily in the morning before food for seven days. The dose was 8 drops in each nostril.

### Criteria for Assessment of the Results:
Assessment of the effects of the treatment was done after the treatment based on improvement on the following signs and symptoms and X-Ray:
1. Headache
2. Heaviness of head
3. Nasal blockage
4. Nasal discharge
5. Foul smell in the breath
6. Puffiness of face
7. X-ray, PNS view

### OBSERVATIONS

#### Showing Incidences of Symptoms in Patients

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Group A</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of patients</td>
<td>%</td>
<td>No. of patients</td>
<td>%</td>
<td>No. of patients</td>
<td>%</td>
</tr>
<tr>
<td>Headache</td>
<td>20</td>
<td>26</td>
<td>20</td>
<td>24</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>Heaviness of head</td>
<td>20</td>
<td>26</td>
<td>20</td>
<td>24</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>Nasal blockage</td>
<td>20</td>
<td>26</td>
<td>20</td>
<td>24</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>Nasal discharge</td>
<td>15</td>
<td>19</td>
<td>17</td>
<td>20</td>
<td>32</td>
<td>20</td>
</tr>
<tr>
<td>Foul smell from the breath</td>
<td>02</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>03</td>
</tr>
<tr>
<td>Puffiness of face</td>
<td>01</td>
<td>01</td>
<td>03</td>
<td>04</td>
<td>04</td>
<td>02</td>
</tr>
</tbody>
</table>

Among 40 patients of *Kaphaja Shirasoola,* 40 (25%) of patients have headache, 40 (25%) have heaviness of head, 32 (20%) have nasal discharge, 05 (03%) have foul smell in their breath, 40 (25%) have nasal obstruction and 04 (02%) have puffiness of face.

**Graph 1: Showing incidence of symptoms**

**SYMPTOMS**

- **GROUP A**
- **GROUP B**

**Showing P.N.S X-Ray observations**
Out of 40 patients of Kaphaja Shira Shoola, 05 (17%) of patients PNS x-ray shows clear sinuses and 25 (83%) patients PNS x-ray shows haziness in the sinuses.

**RESULTS**

Showing the percentage of improvement / relief in the symptoms of Kaphaja Shira Shoola in Group A and B after treatment (i.e. after 7 days of treatment)

<table>
<thead>
<tr>
<th>Reduction in %</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in headache</td>
<td>87.5%</td>
<td>52.94%</td>
</tr>
<tr>
<td>Reduction in heaviness of head</td>
<td>96%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Reduction in nasal discharge</td>
<td>94.4%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Reduction in foul smell from breath</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Reduction in nasal obstruction</td>
<td>56.75%</td>
<td>100%</td>
</tr>
<tr>
<td>Reduction in puffiness of face</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**GRAPH 3: Showing over all percentage of improvement / relief in the patients of Group A and Group B after treatment**
DISCUSSION

40 patients of Kaphaja Shira Shoola (maxillary sinusitis) were categorized under two groups. Out of which, first group of patients was administered with Trikatu Taila Nasya and in second group Nasya with Sarasapa Taila was administered. Trikatu has the properties such as Shoolaghna, krimighna, and is kaphaghna. Acharya Vagbhata opines that drugs like Vidanga, Sarashapa and Trikatu can be used as independently in the form of avapeedana Nasya or Pakva taila for Marsha /Pratimarsha Nasya. Hence the drug used in the form of Taila as Marsha Nasya in Kaphaja Shira Shoola acts as Dhosha Pratyaniya Dravya. Trikatu due to krimighna property controlled the infection; due to Kapha hara property scraped out the waste collection of the sinuses and due to its Shoolaghna property relieved the head ache. The properties in Trikatu are said to have Anti-bacterial and Analgesic effect. Sarasapa Taila has the properties such as Kaphahara, Krimihara and Lekhana property. Sarasapa Taila gives the unctuous coat on the mucosa, restricts the crust formation and promotes the entry of drug in to the sinuses. Stem inhalation helps to reduce the pain and irritation of the somatic constriction and enhances the drug absorption due to heat stimulation by local fomentation and vasodilatation. Thus, the above mentioned drugs (Triktu taila / Sarasapa Taila) and the procedure (Nasya Karma) have the properties to cheek the pathology as per Ayurveda in Kaphaja Shira Shoola. The same is proven effective in the present clinical study.

CONCLUSION

- Kaphaja Shira Shoola is one among the types of Shirorogas.

- Patients of both the Groups responded to Nasya Karma. follow up after the end of two months reveled less recurrence in Group A and than in Group B

- Trikatu Taila Nasya proved effective with high significant results in seven days duration and Sarasapa Taila Nasya proved less effective comparatively in seven days duration.

- Hence the efficacy of Trikatu Taila Nasya is proved effective in the management of Kaphaja Shira Shoola.

REFERENCES


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