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, Nasasrava, Nasanaha, Shirogourava etc. Acharya Sushruta used the term Apeenasa to described 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, Nasasrava, Nasaavarodha and Shirashoola, significant results were obtained in Shirah gourava 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.

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 form 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-Pana: It was done with Go-grhita (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, Anabhishyandi, Na-ati-sankirna and Snigdha Bhogana, 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 karma: Vamana Karma was performed with Madanphal Pippali early morning after Abhyanga and Swedana.
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 Vatakapha 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)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>B.T.</th>
<th>A.T.</th>
<th>Diff.</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kshavathu</td>
<td>2.66</td>
<td>2</td>
<td>0.73</td>
<td>27.5</td>
<td>0.45</td>
<td>0.11</td>
<td>6.20</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nasasrava</td>
<td>2.2</td>
<td>1.53</td>
<td>0.66</td>
<td>30.3</td>
<td>0.61</td>
<td>0.15</td>
<td>4.18</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nasa Avarodha</td>
<td>2.6</td>
<td>1.73</td>
<td>0.86</td>
<td>33.3</td>
<td>0.51</td>
<td>0.13</td>
<td>6.5</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Shiro Gourava</td>
<td>1.6</td>
<td>1.26</td>
<td>0.33</td>
<td>20.8</td>
<td>0.61</td>
<td>0.15</td>
<td>2.09</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Shirashooola</td>
<td>1.73</td>
<td>1.13</td>
<td>0.6</td>
<td>34.6</td>
<td>0.50</td>
<td>0.13</td>
<td>4.58</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Ashrusrava</td>
<td>0.86</td>
<td>0.4</td>
<td>0.46</td>
<td>23</td>
<td>0.51</td>
<td>0.13</td>
<td>3.5</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Mukhadourgard</td>
<td>0.4</td>
<td>0.26</td>
<td>0.13</td>
<td>33.3</td>
<td>0.35</td>
<td>0.09</td>
<td>1.46</td>
<td>&gt;1</td>
</tr>
</tbody>
</table>

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. Swedana causes sweating, dilates the Srotas (micro channels) and helps to cleanse the Srotas as well as brings the adhering Ama Dosha to Kostha for Shodhana.

Vamana Karma (Medicated Emesis): Charak defined Vamana as a process in which morbid Dosha are eliminated through upper channels i.e. mouth. Chakrapani mentions Urdhavabharga 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.

Vamana 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 Dhatu. Owing to the presence of Sukshma Guna and Anupravana properties the Malas or Doshas float because already body has got Smayak Snigdhatu (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.

Figure 1: Conducting Vamana karma

Figure 2: Pittantak Vamana
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, Nasaavaroadh* and *Shirashoolaa*, significant results were obtained in *Shirahgourava* and *Ashrusrava* and insignificant result found in *Mukhadaurgandhya* after the treatment.

REFERENCES

1) Yoga Ratnakar with Vaidyaprabha Hindi commentary by Dr. Indradev Tripathy & Dr. Daya Shankar Tripathy, First edition-1998, Publish by Kashinath Das Academy, Varanishi, Nasarog Adhikar/3-6 p. 737
2) Harrison’s principles of internal medicine, 14th Edition, 1998, Published by Library of Congress cataloguing in – publication, Chapter 30 p.179-81
3) Sushruta Samhita Uttaratantra of Maharshi Sushruta, by Kaviraj Ambika Dutta Shastri, Ninth edition, 1995, Published by Chaukhamba Sanskrit Sansthan, Varanashi, Uttaratantra 23/3. p. 113
4) Charak Samhita Purvvardha, Vidyotini Hindi Commentary by Kashinath Shastry & Edited by Dr. Gangasahaya Pandey, reprint 2012, Published by Chaukhamba Sanskrit Sansthan Varanashi, Sutrasthan 13/53-57, p. 189
5) Charaka Samhita of Agnivesha Uttaradha, Charak Chandrika hindi commentary by Dr. Brahmanandra Tripathi, forwarded by Dr. Prabhakar Janardan Deshpande, edition 11th, 2005, published by Chaukhamba Surbharti prakashan, Kalpasthan 1/14 p. 1080
6) Charaka Samhita of Agnivesha Uttaradha, Charak Chandrika hindi commentary by Dr. Brahmanandra Tripathi, forwarded by Dr. Prabhakar Janardan Deshpande, edition 11th, 2005, published by Chaukhamba Surbharti prakashan, Siddhisthan 1/13-14, p. 1159
7) Charak Samhita Purvvardha, Vidyotini Hindi Commentary by Kashinath Shastry and Edited by Dr. Gangasahaya Pandey, reprint 2012, Published by Chaukhamba Sanskrit Sansthan Varanashi, Sutrasthan 14/1-4 p. 167

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