

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-Shohta*. 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), *Kandu*¹ (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 etio-

logical 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 *Badhira*,

Andhata, and *Ghrananasa* etc³. *Kaphaja Pratishyaya* in general is similar to that of chronic simple rhinitis in modern science. This disease is characterized by nasal discharge Post nasal drip, nasal blockage, and headache, heaviness in the head, itching in eyes, throats And palate etc⁴. It *Ayurveda* a detailed description of Pratishyaya and its type *Kaphaja Pratishyaya* is available⁵. Many treatment modalities are also explained by *Acharya Sushruta* for this disease according to condition of patients and progression of disease. *Shirovirechana* aims at removing the vitiated Dosha from the *Shiras*⁶ and it is also been specifically administered with *Swarasa* in the disease predominant with *Kaphaja Dusti* (vitiation). *Vata* is the main doshas and *Kapha*, *Pitta*, and *Rakta* are associated doshas. *Acharya Chakrapanidatta* suggested several treatment modalities and formulation For *Kaphaja Pratishyaya*, *Pippalyadi Avapeedana Nasya* is one among them⁷. It is safe, cost effective and easy to administer. Hence, it is select for the present research work on *Kaphaja Pratishyaya* with special reference to chronic simple rhinitis. This work is intended to assess the role of *Pippalyadi Avapeedana Nasya* in *Kaphaja Pratishyaya* for a period of 7 days in one group and other group *Vyoshadi Gutika* for a period of 30 days. There are various references regarding the usages of *Pippali*, *marich*, *shigru*, and *vidanga* in the management of *Kaphaja Pratishyaya*⁸. These drugs have the qualities like *Katu*, *Ushna*, *Tikshna*, and *Laghu Gunas*. They act as *Kaphavatahara*, *Krimighna*, *Kanduhara*, *Kaphanisaraka Dravya*. Considering the *doshaghnata* and *Karmukata* of the dravyas 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 – *Sunthi* (Zingiber Officinale), *Marich* (Piper Nigrum), *Pippali* (Piper Longum), *Amlavetasa* (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*⁹. *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* (*Embelia ribes*), were taken in equal quantity. Dried well and each drugs were finally powdered separately and mixed thoroughly altogether and preserved^{10,11}. 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 Karma¹²

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 herbals 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

- Mucoïd / 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 Eosinophilic 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

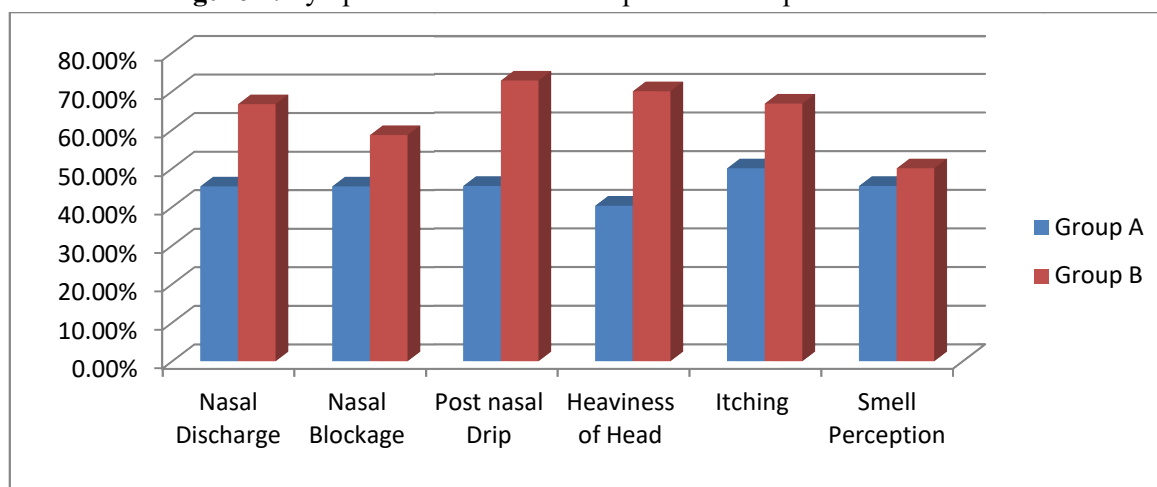
30 patients suffering from *Kaphaja Pratishyaya* were selected for the trial and were randomly divided into 2 groups, each group comprising of 15 patients. The observation on different *Nidaanatmaka* aspect of the patients like Age, sex, socio-economic status, Prakruti, Nidana, Ahara, etc. 30 patients were taken for the study out of which 15 patients of group A were administered *Vyoshadi Gutika* for 30 days and 15 pa-

tients 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

Symptomatic Relief	Group A			Group B		
	BT	AT	(%)	BT	AT	(%)
Nasal Discharge	0.733	0.4	45.42	0.8	0.26	66.75
Nasal Blockage	0.73	0.4	45.42	0.8	0.3	58.75
Post nasal Discharge	0.733	0.4	45.42	0.73	0.2	72.71
Heaviness of head	0.66	0.4	40.3	0.66	0.2	69.94
Itching	0.66	0.33	50	0.8	0.26	66.75
Smell perception	0.73	0.4	45.42	0.8	0.4	50

Figure 1: Symptomatic Relief in Group A and Group B



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-

piratory 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 well¹³. Also the predisposing factors such as heredity, climate and emotional dust, pollen etc.

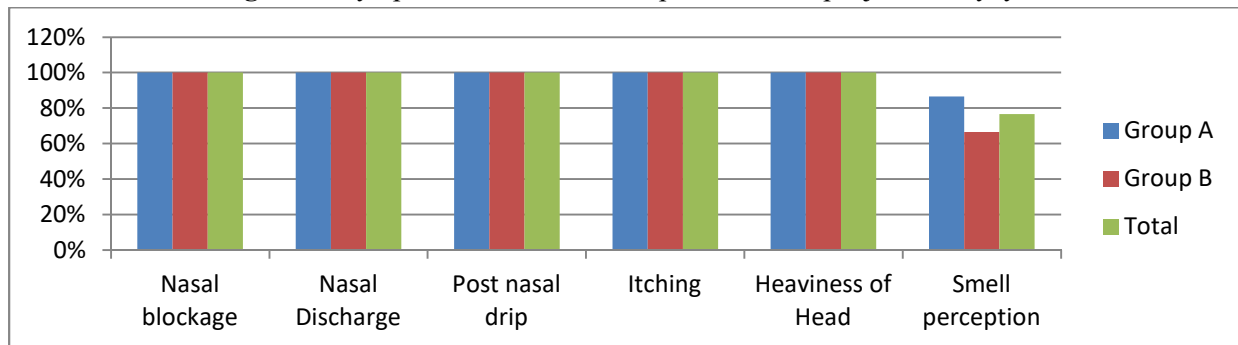
Basic Information Data – Total number of patients examined were 30, patients were from age group of 9 to 60 year, out of them maximum were from age group 40-50 years. According to sex division showed that male were more than female patients. Division

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*.

Occurrences 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.

Figure 2: Symptoms Recorded in 30 patients of Kaphaja Pratishyaya



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 Vagbhata* 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 Pratishyaya*.
- *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.

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NASYA PROCEDURE



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