

A CONTROLLED CLINICAL STUDY ON THE EFFICACY OF VYAGHRI SHUNTYADI KASHAYA IN NAVA PRATISYAYA – A RESEARCH ARTICLE

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ABSTRACT

Background and Objectives: *Pratisyaya*, the most important disease among the *nasa gata rogas* is a condition where there is elimination of *kaphadi doshas* through nose. For the proper management it can be classified as *Nava Pratisyaya* and *Pakwa Pratisyaya*. *Nava Pratisyaya* or *Ama pinasa* is the initial stage of *Pratisyaya* where the *doshas* are in the *amavastha*. Improper management of the acute stage of *Pratisyaya* can result in *Dushta Pratisyaya* and leads to complications like *Badhirya*, *Andhatwa*, and *Aghranatwam*. *Nava Pratisyaya* symptoms mostly resembles with Acute Viral Rhinitis (Common Cold) which is a frequent Infectious disease. *Vyaghri shuntyadi kashaya* having *Deepana –Pachana* and *Kapha Vatahara* property and helps in *Amapachana*. The study aimed to evaluate the efficacy of *Vyaghri shuntyadi kashaya* in *NavaPratisyaya*. **Method:** 40 patients fulfilling the diagnostic and inclusion criteria of *Nava Pratisyaya* of either sex were selected for the study and randomly assigned into two equal groups, Group A and Group B using lottery method. Group A was given *Godhuma* Capsules (Placebo drug) and Group B was given *Vyaghri shuntyadi kashaya* for 7 days and advised to come for follow up study on 14th day. Assessment was done on before treatment, 2nd, 4th, 7th and 14th day. **Results:** Intra group comparison showed significant results in both the groups with a progressive decrease of symptoms. On comparison between the groups, in all the parameters there was statistically significant difference i.e. Group B is more effective than Group A. **Discussion:** The *Vyaghri shuntyadi kashaya* having ingredients *Vyaghri*, *Shunti*, and *Guduchi* and *Pippali choorna* as *anupana* is having *deepana- pachana* nature. Also it is having *kapha-vatahara* property. **Conclusion:** On the basis of the results of this study it can be clearly concluded that *Vyaghri shuntyadi kashaya* provided significant relief in the signs and symptoms of *Nava pratisyaya*

Keywords: *Nava Pratisyaya*, Acute viral rhinitis, *Vyaghri shuntyadi kashaya*

INTRODUCTION

Pratisyaya is explained as the most important disease among the *Nasagata roga*. In *Susrutha Samhitha*, it is given in more detail as a separate chapter. For the proper management, it is classified as *Nava Pratisyaya* and *Pakwa Pratisyaya*.¹ *Nava Pratisyaya / Ama Pinasa* is the initial stage of *Pratisyaya* where *Ama* is involved, leading to symptoms like *Shirogurava*, *Tanu Nasa Srava*, *Aruchi*, and *Kshawathu*.² *Susrutha*, and *Madhavakara* have explained about *Nava Pratisyaya* separately. *Nava Pratisyaya* if not treated in time will lead to *Pakwa Avastha* and further more complications.³

In modern view *Nava Pratisyaya* can be co-related to acute viral rhinitis, also called as common cold, which is a frequent infectious disease. An average adult have 2-4 colds every year. Although mild in nature and of shorter duration, it is a leading cause of sickness and of industrial and school absence.

Most of the time it is self-limiting, but symptoms can last for 2-3 weeks. Sometimes secondary complications like bacterial infections, tonsillitis, sinusitis, otitis media, and pneumonia may arise.⁴

Even though it seems like a trivial clinical problem, the spread of infection is fast and the irritating symptoms hamper everyday activities of the person. Although there is no specific treatment, there are certain interventions that prevent secondary infections and complications and give symptomatic relief. Antibiotics prove be ineffective in this state.⁵

In Ayurveda, management of *Ama pinasa* is told as *pachana* of *Ama* using *katu*, *ushna dravyas*.⁶ *Vyaghri Shuntyadi Kashaya* mentioned in *Ashtanga Hridaya*, *Jwara Chikitsa Adhyaya* is indicated in *Pinasa* and is *Deepana – Pachana*.⁷

By considering the above facts there is a need to develop a treatment protocol which aims at reducing the symptoms and giving relief to the patient. Hence *Vyaghri Shuntyadi kashaya* was opted for the study.

OBJECTIVES OF THE STUDY:

1. To evaluate the efficacy of *Vyaghri Shuntyadi Kashaya* in *Nava Pratisyaya*.

MATERIALS AND METHODS

Study design: Randomized controlled clinical trial

Sampling Method: Simple random sampling method.

Source of Data:

Patients were randomly selected from outpatient department and in-patient department of Shalaky Tantra, Alvas Ayurveda Medical College & Hospital, Moodbidri.

METHOD OF PREPARATION

Collection of Drugs:

Raw drugs were collected from Alvas Pharmacy Mijar and were certified as genuine from the pharmacognostic department of Alvas Ayurveda Medical College, Moodbidri.

Vyaghri Shuntyadi Kashaya contains the following ingredients in equal proportion.

Table 1: Ingredients of Vyaghri shuntyadi kashaya and their proportions

Drug	Botanical Name	Quantity
Vyaghri	Solanum xanthocarpum	Equal Quantity
Shunti	Zingiber officinale	Equal Quantity
Guduchi	Tinospora cordifolia	Equal Quantity

All the drugs are collected in equal parts and made into coarse powder. 8 parts of water is added and boiled till one fourth is left over. The prepared *kashaya* is left for cooling and preservative has been added. Afterwards, they were packed and sealed in 200 ml bottle each.

2. Preparation of Placebo drug

Each empty capsule shell has been filled with 500 mg *Godhuma* powder.

CRITERIA FOR SELECTION OF PATIENT

Diagnostic Criteria: Diagnosis is done based upon presence of *Nasa Srava* with at least any of the other two symptoms mentioned in Classical text.

1. *Siro Gurutwam*, 2. *Aruchi*, 3. *Jwara*, 4. *Angamarda*, 5. *Kshawathu*

Inclusion Criteria

1. Patients between the age group of 16-60 years.
2. Patients fulfilling the diagnostic criteria.
3. Patients having acute viral rhinitis.

Exclusion Criteria

1. Patients who do not give written consent for clinical trials.
2. Patient suffering with other severe systemic disorders.
3. Patients having Allergic rhinitis, Bacterial and other Infective rhinitis, Chronic rhinitis are excluded

RESEARCH DESIGN

Table 2: Intervention

GROUPS	DRUG	DOSE	DURATION
GROUP A	<i>Godhuma</i> Capsule	500 mg twice daily	7 days
GROUP B	<i>Vyaghri shuntyadi Kashaya</i> with <i>Pippali choorna</i> as <i>anupana</i>	50 ml <i>kashaya</i> twice daily	7 days

OBSERVATIONAL PERIOD

Patient was observed on 0th, 2nd, 4th and 7th day of treatment to assess the progress

Follow up – 1 week after the course of treatment

Total study duration – 14 days

ASSESSMENT CRITERIA

Patients were assessed with subjective and objective parameters formulated for Nava Pratisyaya before and after treatment.

Subjective Parameters

- *Siro gurutwa*
- *Nasa srava*
- *Aruchi*
- *Kshavathu*
- *Jwara*

Objective Parameters

- Swollen Turbinates

GRADATION INDEX

Shirogourava:

- 3- Continuous Heaviness,
- 2- Frequent Heaviness
- 1- Occasional Heaviness
- 0- No Heaviness

Nasasrava

- 3- Continuous Nasal discharge
- 2- Frequent Nasal discharge
- 1- Occasional Nasal discharge
- 0- No Nasal discharge

Aruchi

- 1- Present
- 0- Absent

Kshawathu

- 4 >15 sneezing per day
- 3 1-15 sneezing per day
- 2 6-10 sneezing per day
- 1 1-5 sneezing per day
- 0 No sneezing

Jwara

- 1- Present
- 0- Absent

Swollen Turbinates

- 3- 76% - 100 % of total airway space
- 2- 51-75%
- 1- 26-50%
- 0- 0-25%

RESULTS

Table 3: Statistical Result of Individual Assessment Criteria

Group A: Before and After Treatment, Statistical analysis done using paired 't' test. (WITHIN GROUP)

Criteria	BT	AT	BT-AT	%	S.D	S.E	'T' Value	P Value
Nasasrava	2.80	1.50	1.30	46.4%	0.470	0.105	12.365	<0.001
Shirogourawa	2.85	1.35	1.50	52.6%	0.607	0.136	11.052	<0.001
Aruchi	1.00	0.60	0.40	40%	0.503	0.112	3.559	=0.002
Kshawathu	2.55	1.10	1.45	56%	0.759	0.170	8.542	<0.001
Swollen Turbinate	2.60	1.35	1.25	48%	0.550	0.123	10.162	<0.001

Table 4: Statistical Result of Individual Assessment Criteria

Group B: Before and After Treatment, Statistical analysis done using paired 't' test. (WITHIN GROUP)

Criteria	BT	AT	BT-AT	%	S.D	S.E	't' value	P value
Nasasrava	2.80	0.350	2.450	87.5%	0.605	0.135	18.116	<0.001
Shirogourawa	2.55	0.25	2.30	92%	0.571	0.128	18.006	<0.001
Aruchi	1.00	0.10	0.90	90%	0.308	0.068	13.077	<0.001
Kshawathu	2.35	0.20	2.15	91.4%	0.988	0.221	9.731	<0.001
Swollen Turbinate	2.70	1.10	1.90	70.3%	0.553	0.124	15.379	<0.001

Table 5: Comparison of effect of treatment in Group A and Group B after 7th day of treatment

Criteria	Mean Difference		Percentage (%)		'T' Value	P Value
	Group A	Group B	Group A	Group B		
Nasasrava	1.300	2.450	52.6%	87.5%	6.714	<0.001
Shirogourawa	1.500	2.300	46.4%	92%	4.292	<0.001
Aruchi	0.400	0.900	40%	90%	3.794	<0.001
Kshawathu	1.450	2.150	56%	91.4%	1.690	=0.016
Swollen Turbinate	1.250	1.900	48%	70.3%	3.728	<0.001

The difference in the mean values of the two groups in all symptoms is great enough to reject the possibility that the difference is due to random sampling variability. There is a statistically significant difference between the input groups.

DISCUSSION ON RESULTS

❖ Effect of intervention on Nasasrava within the group

Percentage wise relief of symptom in Group B (87.5%) is greater than Group A (46.4%). Here *Nidan*s like *Sheeta Jalapana*, *Sheeta Jalasnana*, *Ati Ambu Pana* leads to vitiation of *Vata* later *Chala Guna* of *Vridhdha Vata* vitiates *Kapha* and expel out through nose called *Nasasrava*. The drugs in *Vyagri shuntyadi kashaya* possess *Katu*, *Tikta* and *Kashaya Rasa* by which they alleviates *Kapha* and by *Ushna*

Virya controls the *Chala Guna* of *Vridhdha Vata* thereby reduces the *Nasasrava*.

❖ Effect of intervention on Shiro gourava within the group.

Wise relief of symptom in Group B (92%) is greater than Group A (52.6%). All the drugs of *Vyaghri shuntyadi Kashaya* possess *Ushna virya* and *dipana – pachana* in nature which do *pacachna* of *kapha* and thus reduces *shirogourava*. *Pippali* is having *shiro-virechaniya* property which expels out the *kapha*.

❖ Effect of intervention on Aruchi within the group.

Percentage wise relief of symptom in Group B (90%) is greater than Group A (40%). This is because *Vyaghri* and *Shunti* in the *Vyaghri shuntyadi kashaya* are having *ruchya* property and also *pachana* action.

❖ **Effect of intervention on *Jwara* within the group**

Percentage wise relief of symptom in Group B (92 %) is greater than Group A (63.6 %). *Guduchi*, a main ingredient in *Vyagri shuntyadi Kashaya*

❖ **Effect of intervention on *Kshawathu* within the group.**

Percentage wise relief of symptom in Group B (91.4 %) is greater than Group A (56 %). *Vyaghri*, *shunti* and *pippali* is having *Vata- Kapha hara* action which is the main *doshas* involved in *kshawathu*.

❖ **Effect of intervention on Swollen Turbinates within the group.**

Percentage wise relief of symptom in Group B (70.3%) is greater than Group A (48 %). *Vyaghri* and *guduchi* is having *shothahara* that is anti- inflammatory property.

Discussion on Comparison between the Groups.

Both the groups have showed statistically significant results at the end of the treatment. As it is a self – limiting disease, at the end of 14th day it is showing statistically significant results in the Group A (Placebo) also. But when the percentage wise relief is compared the improvement is faster in Group B (*Vyaghri Shuntyadi Kashaya* group).

At the end of 7th day , comparison of the mean values of Group A and Group B shows significant difference

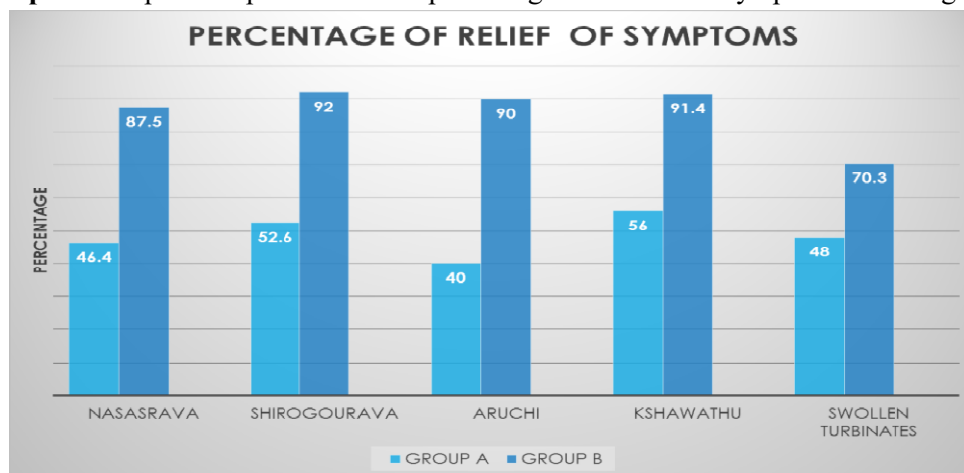
which indicates that group B has better results compared to Group A.

CONCLUSION

Pratisyaya is the most common clinical conditions among *Nasagata rogas*. If the acute stage is not treated properly or neglected, results in *Dushta Pratisyaya* and other complications. *Nava pratisyaya* is the initial stage where *Ama* is involved. In modern view the symptoms resemble with Acute Viral Rhinitis which is a frequent infectious disease. Because of involvement of *Ama*, treatment should be primarily aimed at *Ama pachana*.

In the present clinical trial, Group A and Group B statistical analysis within the groups shows that both the groups have significant results i.e. there is progressive decrease in symptoms. But the comparative analysis of both the groups shows significance difference in the results i.e. Group B is more effective than Group A. In all the symptoms, by the end of 7th day there is marked improvement is seen in group B. Especially in the symptoms like *Aruchi* (90%), *shirogourava* (92%) and *kshawathu* (91.4%). By analysing the percentage wise relief in symptoms at the end of the treatment, we can infer that the Group B (*Vyaghri shuntyadi Kashaya* group) shows faster relief compared to Group A (Placebo group). No side effects were observed during treatment.

Graph 1: Graphical representation of percentage wise relief of symptoms in both groups



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