



Research Article

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EFFECT OF SHADBINDU GHRITA NASYA AND HARIDRAKHANDA IN PRATISHYAYA: ALLERGIC RHINITIS

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ABSTRACT

Among Nasagath Rogas, most of the acharyas described pratishyaya with its complications which proves the seriousness of the disease. Acharya susruta clearly mentioned in Uttar tantra that Pratishyaya is the disease condition in which Vata and Kapha dusti was observed. Allergic Rhinitis is a disease characterized by sudden and frequent attacks of sneezing, profuse watery nasal discharge associated with nasal obstruction which is intermittent, watering of the eyes, heaviness of head, respiratory distress and anosmia. The present study aims to comparatively evaluate the clinical efficacy of shadbindu gritha nasya with haridra khanda internally in pratishyaya. The principle objective of the study is to find a most effective, economical and simple treatment for pratishyaya. Here 45 patients of pratishyaya- Allergic Rhinitis were treated in 3 groups. 15 patient of group A treated with Shadbindu gritha Nasya. 15 patient of group B treated with Haridra khanda orally. 15 patient of group C treated with both Shadbindu gritha nasya and haridra khanda as a combined therapy. After the enrollment of the patients in the study, vital signs and symptoms of Pratishyaya- Allergic rhinitis such as Nasa srava, Khavatu, Nasa avarodha, gala talu shuskata, were studied before and after the treatment. The results of the study indicated that the group c bestowed with highly significant relief in almost all the signs and symptoms in comparison to group A and group B.

Keywords: Pratishyaya, allergic rhinitis, shadbindu gritha, haridra khanda.

INTRODUCTION

The disorder of nasa have been described widely by all the Acharyas. Acharya Susruta has described 31 nasagatha rogas¹. Among them pratishyaya is one of the most important disease. He has described the disease very elaborately including its complications as diseases of eyes, nose and ear. On the basis of signs and symptoms, the disease pratishyaya can be compared to allergic rhinitis in modern medicine characterized by sudden and frequent attacks of sneezing, profuse watery nasal discharge associated with nasal obstruction which is intermittent watering of eyes, heaviness of head, respiratory distress and anosmia². Allergic reaction is produced when the body comes in contact with allergens little dust, dander, pollens then certain chemicals are produced in the body called histamines which releases into the blood stream and produces symptoms like excess mucus production, swelling of affected tissues, itching, sneezing, rashes etc., The treatment modalities adopted are, administration of antihistamines, nasal decongestants, steroids, electro- cautery, sub mucosal diathermy and turbinectomy³. With all these sophisticated methods and technique the patients are not satisfied as they don't have complete relief and chances of reoccurrence are more. Hence these hindrances of western medicine have stressed upon to find out an effective simple treatment which can overcome the symptoms of allergic rhinitis and prevent its further reoccurrence by enhancing the body immunity, so from the repeated advocacy by acharya Sushruta, acharya charaka⁴ and other ancient acharyas of Indian Medicine, it has been decided to try Shadbindu gritha nasya and Haridra khanda both locally and systemically in the management of Pratishyaya- Allergic Rhinitis. Hence

keeping the above points in the mind the present study was undertaken.

MATERIALS AND METHODS

Preparation of shadbindu ghritha and Haridra khanda⁵

Shadbindu ghritha: Brungaraja, Lavanga, Yastimadhu, Kusta, Shunti all equal parts, 4 parts of moorchita ghritha and 16 parts water was added and boiled on mrudhu agni till madhyama paka of sneha was attained. Then it was filtered and used for Nasya.

Haridra khanda: Haridra choorna, godugdha, gogrutha, Sharkara, prakshepaka dravyas, shunti, Mariachi, pippali, twak, ela, patra, vidanga, Trivrutha, Amalaki, Vibhitaki, Haritaki, Nagakeshara, Musta, loha bhasma. Haridra choorna was boiled with milk, when it became a thick paste, it was fried with gritha, when gritha starts to separating the paste, frying was stopped. In a separate vessel, sugar syrup was prepared with water up to string consistency (Tantu paka). At this stage the fire was stopped and fried haridra pulp was added and fine powder of prakshapaka dravyas were added and mixed well. This was stored in a glass jar.

Examination of the patient: A Performa including history, symptomatology, astha sthana pariksha, nasal examination including anterior and posterior rhinoscopy were made.

Subjective parameters: nasasrava, nasa avarodha, kshavatu gala talu shuskata, shira shoola.

Objective parameters: AEC - absolute eosinophilic count, Nasal smear test.

Table 1: Study design

Group	Aushadha	Prayoga	Nereekshana
A	Shadbindu ghrita navana Nasya 6 drops in each nostril.	For 7 days	30 days
B	Haridra khanda abhyantara 6 g bd/ day	For 7 days	30 days
C	Shadbindu grutha Nasya + haridra khanda 6 g bd/day	For 7 days	30 days

Ethical Clearance

The study was cleared by the ethical committee of the institute. Written consent from each patient willing to participate in this study was taken before the treatment.

Criteria for assessment of response

Results obtained after clinical study is categorized into good response, moderate response, poor response and no response, based on following criteria.

Good response

Total relief from all the symptoms with significant changes in objective parameters at the end of the treatment and complete control in follow up period.

Moderate response

Satisfactory relief from the symptoms with acceptable improvement in objective parameters at the end of the treatment with no reoccurrence in follow up period.

Poor response

Mild relief from all symptoms with no changes in objective parameters at the end of the treatment.

No response

No relief in any of the symptoms with no improvement in objective parameters, with or without deterioration.

Statistical Test

For the statistical interpretation of the results obtained at the end of the treatment Wdeoxon- signed rank test an extension of paired ‘t’ test was applied. Based on the mode of response, the results were analyzed.

OBSERVATION AND RESULTS

The observation made in the present series of 45 patients (divided into 3 groups as A, B and C) each group comprised of 15 patients, were as follows.

In group A: Out of 15 cases 5, Patients (33.33 %) had shown good response, 7 patient (46.66 %) showed moderate response and 3 (20 %) patients shown poor response.

In group B: Out of 15 cases, 4 cases showed good response, 7 patients (46.66 %) showed moderate response and 4 (26.66 %) patient showed poor response.

In group C: Out 15 cases 6 (40 %) Patients shown good response, 8 (53.33 %) Patients shown moderate response and 1 (6.66 %) has shown poor response.

So totally out of 45 cases, 15 cases (33.33 %) good response, 22 (48.88 %) cases has shown moderate response and 8 cases (17.77 %) has shown poor response.

Table 2: Assessment of overall result in group A, group B and group C at the end of the treatment

S. No	Response	Group A		Group B		Group C		Total	
		No	%	No	%	No	%	No	%
1	Good	5	33.33 %	4	26.66 %	6	40.00 %	15	33.33 %
2	Moderate	7	46.66 %	7	46.66 %	8	53.33 %	22	48.88 %
3	Poor	3	20.00 %	4	26.66 %	1	6.66 %	8	17.77 %
Total		15	100 %	15	100 %	15	100 %	45	100 %

DISCUSSION

Pratishayaya, one of the nasaroga is explained by acharyas in detail in all classical books. It is considered as the most important disease as, if it is neglected or not treated properly leads to complication such as diseases of ear, throat, head. So it must be treated in time with proper medicines. Pratishayaya is a disease with vata kapha predominance. The nidanas include vegadharana, raju, dhooma, dhuli sevena, sheetaambupana, divaswapna mitya ahara viharas⁶. The samprapti as told in the classics is the nidhana causes vitiation of vatadosha. It gets vimargamana and gets sanchaya in moordha pradesha. There it further deranges khapadi doshas and causes pratigamana of kaphadi doshas leading to continuous out flow of doshas⁷ through nose. In contemporary medical science the lakshana of pratishyaya can be correlated to Allergic Rhinitis. The lakshanas of Pratishayaya include nasosraava, kshavatu, talu gala shuskata nasavarodha, shirah shoola, nethra kandu, srava and sometimes gandha gnana nasha. The symptoms of allergic rhinitis are same as frequent sneezing, rhinorrhora, nasal obstruction and irritation in throat, nose, eyes, headache and anosmia. In

the present study of 45 cases, it was found that the youngest patient was 16 year old and the oldest patient was 64 years old. It is clear from the observation that the incidence is more in 2nd and 3rd decades of life of 16-25 years out of 16 cases, 8 cases (50 %) had shown good response. In age group of 26-35 years, out of 10 cases, 4 cases (40 %) has shown good response, in 36-45 years group out of 7 cases 2 cases (28.88 %) and in 46-55 years out of 8 case only 1 case shown good response to the treatment. So it is clear that patient in the 2nd and 3rd decade of life have shown better result than other age group in the study. With respect to response, out of 24 males, 9 (37.5 %) have shown good response and out of 21 females, 6 (28.57 %) have shown good response. Male show better result compared to females.

Occupation

Occupation plays an important role in causing allergic rhinitis. The person who are exposed to dust, air pollution, pollens and outer environment, irritants, smoke have higher incidence of getting allergic rhinitis. It is clear from the study that high incidence was seen in outgoing

people and better results were seen in students and housewife.

Chronicity of disease

In majority of cause, allergic rhinitis is seen seasonal disease and the symptoms aggravates whenever the patient is exposed to dust, pollen and other allergens. It was observed from the results that good response is seen in patients with duration of disease below 1 year. Moderate response was seen in patient with duration between 2-3 years. So the lesser the duration of the disease, more the response to the treatment was observed. In the present study of 45 cases, all the symptoms of Nasarava, Kashavatu, nasaavarodha, gala shuskata, shirshashoola were the main symptoms. In every few case there was itching of the body skin, nethrasrava in 2 cases there were very mild deviation of Nasal septum. There was no nasal bleeding maggots present in any of the cases.

Detailed nasal examination in all the cases revealed.

- Hypertrophied turbinate's in varying degree
- Hyperemia of nasal mucosa.

Response

- In group A: Treated with shadbindu gritha nasya. Out of 15 cases, 6 (33.33 %) patient have shown good response, 7 (46.66 %) patient have shown moderate response and 3 (20 %) patient have shown poor response for the treatment.
- Group B: Treated with haridrakhanda as internal medication, out of 15 cases, 4 (26.66 %) patient shown poor response to the treatment.
- Group C: Treated with both shadbindu ghrita nasya and haridrakhanda as internal medication, out of 15 cases, 6 (40 %) cases has shown good response, 8 (53.33 %) cases had moderate response and 1 (6.66 %) has shown poor response to the treatment.

The percentage of improvement in group A was 62.50 %. The patient of group B treated with haridrakhanda has the improvement of 56.05 %. Group C patients who were treated with both nasya and haridrakhanda have better result of all the 3 groups. The percentage of improvement was 70 % without reoccurrence of the disease in follow up period. The reason for this may be nasya acts locally in reliving the symptoms of nasarava, nasavarodha etc. Thus helps as curative aspect for the disease. The abyantara chikitsa of haridrakhanda acts as profilactic measures in treating the disease.

Probable mode of action

Pratishayaya is a vatakapaja vyadhi and to treat the disease these two doshas should be maintained properly. The symptoms of pratishayaya include nasarava, kshavatu, nasaavarodha, shirah shoola, gala-talu shuskata and these are mainly kaphaja symptoms. So the treatment should be aimed on relieving avarodha by pacifying kaphadosha and shoola. Shuskata of vatadosha should be controlled by pacing vatadosha. Nasayakarma is one of the panchakarma procedure which acts as shodhana of jatrudwabhaga^{1,6}. It is a unique procedure mentioned in classic especially in the management of nasarog and

shirorog. It not only clears the local pathology but also acts on the sense perception of smell. Locally nasya may acts as sravahara, shothahara. Srothosodana regenerates nasal mucus membrane. The preoperative procedure like snehana, swedana pacifies vatadosha. The main procedure i.e., installation of medicine into the nose acts as srotoshodana and it is away of vyadhipratyanika chikitsa. The post operative procedure like kavala, gandoosha acts as sleshmahara, sravahara. Systemically, the medicine that is installed in nose may stimulate certain centres which control these symptoms (sneezing). Some medicine may controls neurologic dysfunctioning to release pain (headache)

Shadbindu ghrita nasya

- The ingredients of shadbindu ghrita such as lavanga, shunti, kusta are teeksha and acts as kaphanissaraka srotoshodaka and avarodhara. The rooksha guna of these drugs acts as sravahara. The ushna veerya helps in pacifying vata and kaphadosha.
- The rasayana properties of brungaraja, yastimadu and grutha helps to revitalizes sleshmavarna kala of nasa.
- Grutha, which is sukshma has the ability to penetrate into sukshma srothas to relive avarodha and in also acts as tridosha samaka.
- Grutha, kusta, lavanga, shunti are having volatile oil. These are rich in lipids and proteins, which stimulates olfactory bulb in the brain and there by relieves anosmia.
- The antibacterial property of kusta, shunti, brungaraja, lavanga help in prevention of secondary infection.

Internal medication

For all the disease as such the best and most used route of administration of medicine is oral route. The medicine that is taken orally will pass the process of metabolism and there by it will give the desired effect.

Haridrakhanda

Haridrakhanda is a well known formulation that is told in classics for all allergic condition.

- The main ingredients i.e. Haridrakhanda is ushna veerya, katu vipaka, laghuruksaguna. This pacifies both vata and kapha doshas. It is also krimigna, kandoogna. The teekshana guna helps in penetration of the drug into suksma srotas and thereby clears sroptoavarodha. The rooksha guna acts as sravahara.
- Haridra is proved to be having antihistamine property. This antihistamine property will control the symptoms that are produced by the histamine that is released when the allergen is inhaled.
- The antioxidant property of haridra scavenges the free radicles and thus enhances the body immunity and there by prevents further reoccurrence of the diseases.
- The other ingredients of haridrakhanda such as twak, ela, patra are teekshna helps as srotoshodaka, ushna veerya acts as vatakapaja samaka
- Pippli, vidanga, trivrit are teekshana and krimigna helps to prevent secondary infection.
- Mareecha, shunti, ela acts as kandughna, dourgandyahara and avarodhahara respectively.

- The alkaloids present in haridrakanda act as detoxifying agents and normalize protein synthesis which is altered in hypersensitive reaction.
- Generally alkaloids are used as highly potent medicaments and possess curative properties.

From the statistical analysis over the reduction of clinical feature of pratishyaya 't' calculated value was compared with 't' table value at 1 % and 0 % level of significance and the response of the testament is proved to be significant in all the parameters of all the groups.

CONCLUSION

Pratishyaya had got simulation with Allergic rhinitis which is the burning problem in the present generation and as there was no successful management for these conditions in allied science hence present clinically study was designed. Superior clinical therapeutic efficacy was found with the combined medicaments of patient treated with nasya karma (Group C) when compared with that of patients with nasya karma (Group A) or oral medication alone (Group B). The insignificant responses found with Group B and Group A patients reveal that oral medication with signal drug therapy alone is not sufficient to manage this condition. The response obtained after 7 days treatment and one month follow up study reveals that the classical drug as well as therapy succeeds in breaking samprapthi of clinical conditions. These treatment

modalities will definitely acts both as curative and prophylactic ways. Finally early diagnosis and adequate treatment for this condition definitely reduces the symptoms of pratishyaya.

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