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## "CLINICAL STUDY ON THE EFFICACY OF SHIGRU TAILA NASYA IN THE MANAGEMENT OF VATAJA PRATISHYAYA W.S.R. TO ALLERGIC RHINITIS"

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### ABSTRACT

Allergic rhinitis is one of most common allergic disease. Reported incidence of allergic rhinitis in India ranges between 20-30%. Studies have shown that prevalence of allergic rhinitis has been increasing in India over past few years. Allergic Rhinitis is not a life-threatening condition but complications can occur and the condition can significantly impair the quality of life, sleep and work performance. Vataja Pratishyaya is a common disorder explained in Ayurveda having similar signs and symptoms of Allergic Rhinitis. There is a vitiation of Vata and Kapha doshas resulting in excessive sneezing, blocking of the nose, watery discharge, dryness of the mouth, constant pain in the temples and disorders of voice. None of the allopathic treatment modality is totally effective in curing the disease as well as to prevent its recurrence. Moreover, they have their own side effects. For this purpose, an effort is put into to find the effective treatment in series of patients suffering from Vataja Pratishyaya which is well known for its recurrence and chronicity. The study was aimed to evaluate the efficacy of Shigru Taila Nasya Karma (Group A) and to study the comparative effects with the control group (Group B) treated with Shadbindu Taila Nasya Karma. Both had provided significant relief in the patients suffering from Vataja Pratishyaya. Group A have showed 56.72% success rate while Group B have showed 45.36% success rate. There were no complications observed during the treatment and in follow up period. It can be concluded that both are same in terms of effect at 0.05% level of Significance. The medicines are easily available, cost effective. Hence to conclude, Shigru Taila and Shadbindu Taila Nasya is a safe, effective medicine which can be easily prescribed with least complications.

**KEYWORDS :** Vataja-Pratishyaya, Nasya-karma, Taila, Allergic Rhinitis

### INTRODUCTION

Vataja Pratishyaya is a first and foremost type of Pratishyaya in which there is a vitiation of vata and kapha doshas resulting in excessive sneezing, blocking of the nose, watery discharge, dryness of the mouth, constant pain in the temples and disorders of voice. It is compared with allergic rhinitis because most of the signs and symptoms are similar. It is the commonest one among all types of allergic reactions as nasal passage is a chief source of contact with all types of inhalant allergens and external environment. It is not a life-threatening condition but complications can occur and the condition can significantly impair the quality of life, sleep and work performance. So there is a need for an effective treatment to eradicate this problem from root base. For this purpose, an effort is put into find the effective treatment in series of patients suffering from Vataja Pratishyaya which is well known for its recurrence and chronicity. Considering these factors this study is taken up where in the efficacy of Shigru Taila Nasya has been selected as treatment of Vataja Pratishyaya.

In order to study the significance of this method of treatment, a study on another group of patients of Vataja Pratishyaya with Shadbindu Taila Nasya Karma, which has already been established by previous study, is also taken up.

### AIMS & OBJECTIVES

- 1) Conceptual and clinical studies on Vataja Pratishyaya w.s.r. to Allergic Rhinitis and its management with Ayurvedic Principles.
- 2) Clinical evaluation of the role of Shigru Taila Nasya - trial drug & Shadbindu Taila Nasya - control drug (which is an established study) in 2 different groups in the management of Vataja Pratishyaya (Allergic Rhinitis) on various scientific parameters.
- 3) Comparison of above mentioned trial & control drugs on various scientific and statistical parameters.

### MATERIALS AND METHODS

The study was conducted under a strict protocol to prevent bias and to reduce the sources of error in the study.

#### Selection Of Cases- Sources Of The Data

Patients with classical features of Vataja Pratishyaya were selected from the O.P.D of Shalakyta Tantra, Government Ayurvedic College & Hospital, Patna.

#### Number of Cases-

A total of 40 cases were planned to include in the clinical trial.

#### Inclusion Criteria:

- Patients between the age of 10 to 50 years were selected irrespective of sex, occupation religion and socio economic status.
- Patients having specific lakshanas of Vataja Pratishyaya were only taken up for the study.

#### Exclusion Criteria:

- Patients below 10 years and above 50 years of age.
- Other Doshaja Pratishyaya, other than Vataja Pratishyaya.
- Patients suffering from other systemic infectious disease.
- Patient suffering with Nasal polyps, or any other nasal mass or DNS.

#### Grouping Of Patients -

Cases registered for the study were randomly allotted into 2 groups namely Group-A and Group-B with 20 patients in each group.

#### Group A-

Trial Drug - Shigru Taila Nasya was administered for seven days followed by a gap of 7 days total 3 sittings, 6 drops in each nostril once in morning daily on empty stomach.

#### Group B-

Control Drug - *Shadbindu Taila Nasya* was administered for seven days followed by a gap of 7 days total 3 sittings, 6 drops in each nostril once in morning daily on empty stomach.

**Pathya-apathya -**

All patients were advised to follow the *Pathya-apathya* during the trial period that are beneficial for nose.

**Diagnostic Criteria Adopted**

**Assessment Criteria-**

For assessment of the efficacy of the trial therapy, following parameters were adopted.

- **Subjective** parameters (Clinical)
- **Objective** parameters (Investigation)

**Subjective parameters (Clinical)**

Assessment of Clinical features- *Mukhashosha* (Dryness in oral cavity), *Bhrisama Kshava* (Paroxysms Sneezing), *Ghranapurodhā* (Nasal obstruction), *Shirovyatha* (Headache), *Nistodadantashankha* (Pricking type of pain in teeth and temporal region), *Nasasrava* (Watery nasal discharge), *Swarasada* (Hoarseness of voice), Inferior turbinate hypertrophy etc.

**Objective parameters (Investigation)**

Laboratory Investigation: AEC, ESR

**OBSERVATION & RESULTS-**

**Table No. 1: Statistical presentation of all clinical features in group A (20 patients) of *Vataja Pratishyaya* treated with *Shigru Taila***

Signs and symptoms	n	Mean		%	SD	SE	t value	P value	Res ult
		BT	AT						
Mukhashosha	2	1	0.5	50	0.70	0.5	1	>0.05	NS
Kshavathu	20	3.45	1.30	62	0.74	0.16	12.90	<0.001	HS
Nasal obstruction	20	1.5	0.65	56.66	0.48	0.10	7.76	<0.001	HS
Headache	15	1.5	0.5	65.21	0.65	0.16	5.91	<0.001	HS
Nistodadanta Shankh	1	1	0	100	0	0	0	-	NS
Nasasrava	20	2.1	0.7	66.66	0.50	0.11	12.45	<0.001	HS
Swarasada	5	1	0.6	40	0.54	0.24	1.63	>0.05	NS
Inferior turbinate hypertrophy	18	1.27	0.94	26.08	0.48	0.11	2.9	<0.05	S

**Table No. 2: Hematological effect of therapy on objective parameter in group A**

Lab investigations	n	Mean		%	SD	SE	t value	P value	Res ult
		BT	AT						
AEC	20	699	259.1	62.93	457	102.19	4.30	<0.001	HS
ESR	20	26	16.2	37.69	16.26	3.63	2.69	<0.05	S

**Table No. 3: Statistical presentation of all clinical features in group B (20 patients) of *Vataja Pratishyaya* treated with *Shadbindu Taila***

Signs and symptoms	n	Mean		%	SD	SE	t value	P value	Res ult
		BT	AT						
Mukhashosha	4	1	0.75	25	0.5	0.25	1	>0.05	NS
Kshavathu	20	2.9	1.15	60.34	0.85	0.19	9.19	<0.001	HS
Nasal obstruction	20	1.45	0.65	55.17	0.52	0.11	6.83	<0.001	HS
Headache	15	1.6	0.6	62.5	0.53	0.13	7.24	<0.001	HS
Nistodadanta Shankh	2	1	0.5	50	0.70	0.5	1	>0.05	NS
Nasasrava	19	2.26	0.78	65.11	0.51	0.11	12.52	<0.001	HS
Swarasada	4	1	0.75	25	0.5	0.25	1	>0.05	NS
Inferior turbinate hypertrophy	15	1.26	1	21.05	0.45	0.11	2.25	<0.05	S

**Table No. 4: Hematological effect of therapy on objective parameter in group B**

Lab investigations	n	Mean		%	SD	SE	t value	P value	Res ult
		BT	AT						
AEC	20	582.3	249.65	57.12	373.31	83.47	3.98	<0.001	HS
ESR	20	22.25	15.05	32.35	15.55	3.47	2.07	>0.05	NS

**Table No. 5: Overall effect of therapy**

PARAMETERS	GROUP A % (Overall relief)	GROUP B % (Overall relief)
Mukhashosha	50	25
Kshavathu	62	60.34
Nasal obstruction	56.66	55.17
Headache	65.21	62.5
NistodadantaShankh	100	50
Nasasrava	66.66	65.11
Swarasada	40	25
Inferior turbinate hypertrophy	26.08	21.05
AEC	62.93	57.12
ESR	37.69	32.35

**DISCUSSION**

**Effect of therapy -**

***Mukhashosha* (Dryness in mouth) -**

*Mukhashosha* is caused due to vitiated *Vatadosha*. Almost Drugs of *Shigru Taila* and *Shadbindu Taila* are having *Vatakapha hara* property, so in present study *Mukhashosha* reduced 50% in group A (p>0.05) and 25% in group B (p>0.05) both values were statistically not significant.

***Kshavathu* (Sneezing) -**

*Kshavathu* is caused because of vitiated *vata doshas*. Here, both trial and control drugs are oil preparation and having *Ushna virya* that helps in *Vatashamana*. So in present study *Kshavathu* reduced, 62% in group A (p<0.001) and 60.34% in group B (p<0.001) both values were statistically highly significant.

***Ghranoprodha* (Nasal obstruction) -**

*Ghranoprodha* is caused because of *Vridha Kapha dosha*, here both drugs are having *Ushna Virya*, *Teekshna*, *Ushna guna*, which reduces *Kapha*, and thus clears the *Nasavarodha*. So in present study *Nasavarodha* reduced, 56.66% in group A (p<0.001) and 55.17% in group B (p<0.001) both values were statistically highly significant.

***Shirovyatha* (Headache) -**

It could be hypothesized that *Nasya* acts at local as well as general level, by the direct contact with nerve terminals or uptake of the drugs by the nasal mucosa.

Trigeminal nerve through its trigeminal vascular system is deeply involved in the genesis and Maintenance of pain in headache.

The nasal mucosa which comes into direct contact with drug applied is supplied by both the ophthalmic and maxillary branches of Trigeminal nerve. Direct counter irritation or stimulation of these nerve terminals could cause distal changes in the trigeminal ganglion itself. The result of these hypothetic changes in the firing of trigeminal neurons could lead to alleviation of pain. So in this study *Shirovyatha* reduced, 65.21% in group A (p<0.001) and 62.5% in group B (p<0.001) both values were statistically highly significant.

***Nistodadantashankha* (Pricking type of pain in teeth and temporal region) -**

*Nistodadantashankha* causes due to vitiated *Vata doshas*. Allmost all drugs of *Shigru Taila* and *Shadbindu Taila* are having *Ushna virya*, *Vatakapha hara* property. So in this study

in group A *Nistodadantashankha* symptoms has present in only one patient, so its effect cannot be calculated statistically. In group B *Nistodadantashankha* reduced 50% ( $p > 0.05$ ) which was statistically not significant.

#### **Nasavrava (Watery nasal discharge) –**

*Nasavrava* causes due to vitiated *Vata* and *Kapha doshas*. Almost all drugs of *Shigru Taila* and *Shadbindu Taila* are having *Ushna virya*, *Vatakapha hara* property, so in present study *Nasavrava* reduced 66.66% in group A ( $p < 0.001$ ) and 65.11% in group B ( $p < 0.001$ ) both values were statistically highly significant.

#### **Swarasada (Hoarseness of voice) –**

*Swarasada* is caused due to vitiated *Vatadosha*, because of increase of *Ruksha guna*, so here *Ushna virya* of both drugs and *Snigdha guna* of *Taila* helps in correction of *Ruksha guna* of *Vatadosha*.

So in present study *Swarasada* reduced 40% in group A ( $p > 0.05$ ) and 25% in group B ( $p > 0.05$ ) which was statistically not significant.

#### **Inferior turbinate hypertrophy –**

Almost all drugs of *Shigru Taila* and *Shadbindu Taila* are having anti-inflammatory action and *Vatakapha hara* property, which reduces the inflammatory process. So in present study, this sign reduced in 26.08% in group A ( $p < 0.05$ ) and 21.05% in group B ( $p < 0.05$ ) which was statistically significant.

#### **AEC (Absolute Eosinophil count) –**

Anti-bacterial property of both drugs reduce the infection, and *Rasayana* property of drugs boost up immunity. Both these properties may have effect on AEC. So in present study, improvement in AEC in group A is 62.93% ( $p < 0.001$ ) and 57.12% in group B ( $p < 0.001$ ), which was statistically highly significant.

#### **ESR (Erythrocyte sedimentation Rate) –**

Anti-bacterial, property of both drugs reduce the infection, this property may have effect on ESR. So in this study, haematological improvement for ESR in group A is seen in 37.69% ( $p < 0.05$ ) which was statistically significant, but 32.35% in group B ( $p > 0.05$ ) which was statistically not significant.

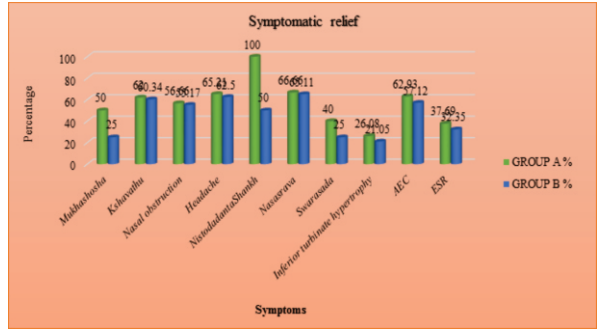
### **CONCLUSION**

In Ayurvedic classics, *Pratishyaya* has been mentioned as a separate chapter due to its importance. Most of the *Nidan*s are acting as trigger factor for *Pratishyaya* specially *Viharja Nidan*s like exposure to *rajah*, *dhooma*, *anila*, *jala krida* are more prone for causing *Vataja Pratishyaya*. Improper management of this acute stage will lead the disease to a chronic phase i.e.

*Dusta Pratishyaya* which has so many complications and also poor prognosis. The study was aimed at evaluating the efficacy of *Shigru Taila Nasya Karma* and to study the comparative effects of this with the control group treated with *Shadbindu Taila Nasya Karma*.

Overall Assessment of the results showed that the patients of Group A who were treated with *Shigru Taila Nasya Karma* have showed 56.72% success rate. Patients of Group B who were treated with *Shadbindu Taila Nasya Karma* have showed 45.36% success rate. There were no complications observed during the treatment and in follow up period.

**It can be concluded that *Shigru Taila* & *Shadbindu Taila* are same in terms of effect at 0.05% level of Significance.**



**Chart No. 1:** Statistical presentation of all clinical features after treatment in Group A & Group B

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