

A Clinical evaluation of Haridra Khanda & Pippalyadi Taila Nasya on Pratishyaya (Allergic Rhinitis)

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ABSTRACT : Allergic rhinitis is one of the most common and most prevalent ailment, familiar to all with an equal distribution more or less through out the world, rather without any exception to the developed and under developed countries. Bronchial asthma is the main complication of allergic rhinitis because patients of nasal allergy have four times more risk of developing bronchial asthma. In modern medical system a wide range of antibiotics and decongestants is available, but these drugs give only symptomatic relief. So it is need of hour to develop a treatment protocol, which helps the patients to overcome this pathetic condition hence this problem was selected for the study taking all these points into consideration. In this present study *Pippalyadi taila* for *Nasya* therapy and *Haridra khanda* as oral drug was selected. Total 32 patients were registered and randomly divided into two groups. In group A *Haridra khanda* and in group B *Pippalyadi taila Nasya* along with *Haridra khanda* were given for 2 months. The effect of therapy in both groups was assessed by a specially prepared proforma. In both the groups an apparent difference in all the signs and symptoms was observed. In oral group and combined group maximum number of patients i.e., 45.45% and 53.33% respectively showed marked improvement.

Key words : Pratishyaya, Allergic Rhinitis, Haridra Khanda, Pippalyadi Taila.

INTRODUCTION

Allergic rhinitis is one of the most common and most prevalent ailment, familiar to all with an equal distribution more or less through out the world, rather without any exception to the developed and under developed countries. It is unsolved mystery of medicine and can be traced to the days of Hippocrates - the father of Modern medicine. It is difficult to treat and is seldom cured, but it may improve and is never a fatal illness. However Allergic rhinitis may act as the forerunner of asthma.

In *ayurveda* concept of allergy can be scientifically explained under '*Asatmyaja vyadhi, viruddhahara, dushivisha & ritu sandhi* etc. The concept of *viruddhahara* can be related with food allergens¹. *Viruddhahara* may give rise to many chemical reactions in our body. They may also interfere with the normal metabolism of our body and another important concept is of *dushivisha*. Acharya Charaka² has clearly mentioned that *dushivisha* leads to blood vitiating disorders like *Kitibha, Kotha*, etc. which can be compared with allergic reactions. Concept of environmental allergy is scientifically explained under

the heading of '*ritu sandhi*'. Vagbhata has mentioned that³ if *ritu charya of ritu sandhi* is not followed it gives rise to *astamyaja roga, tridosha prakopa* and vitiation of *dhatu*.

In *Ayurveda* three types of treatment i.e. *samshodhana, samshamana & nidana parivarjana* are described for each & every disease⁴. Among these prime importance is given to *shodhana* followed by other treatments. *Pratishyaya* is well known for its recurrence & chronicity. Recurrence of the disease occurs when the vitiated *doshas* have not been evacuated completely. In such condition *doshas* reside in their latent stage & give rise to the same disease when they come in contact of aggravating factors⁵. Allergic Rhinitis is recurring frequently & attaining the *Jeerna avastha* & as per Charaka⁶, *Nasya* is the line of treatment. Continuous sneezing is also a main symptom of Allergic rhinitis, Therefore *Pippalyadi taila*⁷ for *Nasya* therapy has been selected, which is given in *kshavathu adhikara*.

Many preparations have been mentioned in the *Ayurvedic* texts for the treatment of *Pratishyaya*. In the present study main formulation for controlling the allergic condition, which acts on immunity i.e. *Haridra khanda*⁸ has been selected as oral drug because it has been used not only as *Rogahara* agents but also as *vyadhi kshamatvakara*. The drugs mentioned in *Haridra khanda* are *Haridra, Triphala, Trikatu,*

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Trijata, Vidanga, Goghrita, Sita etc. It also has the properties like *medhya, rasayana, balya, brimhana, agni deepana, pachana, shothahara, jwarahara* and which promotes the physical and mental health of the patient. In this study equal importance has been given to disease alleviation as well as increasing the resistance power of the patient.

Aims & Objectives :

- 1) To know the efficacy of the *Pippalyadi taila* as *Nasya*.
- 2) To know the systemic action of *Haridra khanda*.

MATERIAL AND METHODS

The patients were selected from the O.P.D. of Deptt. of *Shalakya* of I.P.G.T. & R.A., G.A.U., Jamnagar hospital. Total 32 patients between the age group of 16 to 50 years, fulfilling the criteria for the diagnosis of the disease were registered for the present study and randomly divided into two groups. Among them, 6 patients left the treatment before completion of the therapy.

Inclusion Criteria : Uncomplicated patients with signs & symptoms of Allergic Rhinitis and those between 16 to 50 years were included.

Exclusion Criteria : Patient below 16 and above 50 years, suffering from Rhinitis caused by virus, bacteria etc. Atrophic rhinitis, Rhinitis sicca and systemic diseases like T.B., D.M. etc. were excluded.

Ethical Clearance : Institutional Ethical Committee of I.P.G.T. & R.A., Gujarat Ayurved University, Jamnagar approved the design of the study. Written consent before the start of the trial with freedom to withdraw from the study at any time without giving any reason was taken.

Grouping of Patients :

Group A : *Haridra khanda* (Orally)

Group B : *Pippalyadi taila (Nasya) + Haridra khanda* (Orally)

Haridra khanda Dose : 06 grams twice a day.

Pippalyadi taila Nasya Dose : 4-8 drops in each nostril, 3 sittings of 7 days each with one week interval.

Follow Up : 2 months

Criteria for Assessment : The assessment was done on improvement in signs and symptoms with the help of suitable scoring method ranging from 0 - 4 e.g. *Kshavathu* (Sneezing), *Nasavarodha* (Nasal obstruction), *Nasavrava* (Rhinorrhea), *Kasa* (Cough), *Shirah shoola* (Headache), *Kandu* (Itching), *Bhutwa Bhutwa* (recurrence), *Aruchi* (tastelessness), *Swarabheda* (Hoarseness of voice), *Jwara* (fever), *Shirogaurava* (Heaviness in head), *Shwasa Kashtata* (difficulty in respiration) and *Gandha hani* (anosmia). Over all assessment of the therapy was done as follows -

- 1) Complete remission : 100% relief in the signs & symptoms.
- 2) Markedly Improvement : More than 76% & less than 99% relief in the signs & symptoms.
- 3) Moderately Improvement : More than 51% & less than 75% relief in the signs & symptoms.
- 4) Mild Improvement : More than 26% & less than 50% relief in the signs & symptoms.
- 5) Unchanged : Below 25% relief in the signs & symptoms.

OBSERVATIONS

Total 32 patients were registered (15 in Group A and 17 in Group B), out of which 26 completed (11 in Group A and 15 in Group B) and 6 discontinued (4 in Group A and 2 in Group B). Observations of all 32 patients are described as follows:

Half i.e. 50% of the patients reported in the age group of 16-25 years, followed by 31.25% patients in age group of 26-35 years. Nearly one third i.e. 31.25% of patients were students, followed by 28.13% housewives. More than one half i.e. 56.25% of the patients come from urban area. Maximum aggravating factor obtained was dust in 93.75% of patients. Pollution was another factor found in 46.87% of patients. Maximum number of patients i.e. 62.5% was having preference for *madhura rasa* followed by *lavana rasa*, which was preferred by 40.62% of the patients.

RESULTS

Comparative result of Oral Group and Combined Group on the chief and associated symptoms of *Pratishyaya* (Allergic Rhinitis in 26 patients).

Effect of therapy on kshavathu : Before treatment the mean score of kshavathu in group A was 2.73 which was reduced to 1.18 after treatment with

56.66% relief and the mean score of *Kshavathu* in group B was 3.2 before treatment, which was reduced to 0.93 after treatment with 70.83% relief. Both the results were statistically highly significant ($p < 0.001$).

Effect of therapy on nasavarodha : In group A the mean score of *nasavarodha* before treatment was 1.7 which was reduced to 0.6 after treatment with 64.70% relief. It was statistically highly significant ($p < 0.01$). The mean score of *nasavarodha* before treatment was 2 in group B which was reduced to 0.26 after treatment with 86.67% relief. It was statistically highly significant ($p < 0.001$).

Effect of therapy on nasa srava : Before treatment the mean score of *nasa srava* in group A was 1.82 which was reduced to 0.36 after treatment with 80% relief. The mean score of *nasa srava* in group B was 2.4 before treatment which was reduced to 0.47 after treatment with 80.55% relief. Both the results were statistically highly significant ($p < 0.001$).

Effect of therapy on kasa : In group A the mean score of *kasa* before treatment was 1.25 which was reduced to 0 after treatment with 100% relief. It was significant ($p < 0.05$). The mean score of *kasa* in group B was 1.8 before treatment which was reduced to 0.3 after treatment with 83.33% relief. Both the results were statistically highly significant ($p < 0.001$).

Effect of therapy on shirah-shoola : In group A the mean score of *shirah-shoola* was 1.38 before treatment which was reduced to 0.13 after treatment with 90.90% relief. It was highly significant ($p < 0.01$). The mean score of *shirah-shoola* in group B was 1.33 before treatment which was reduced to 0 after treatment with 100% relief. It was statistically highly significant ($p < 0.001$).

Effect of therapy on kandu : Before treatment the mean score of *kandu* in group A was 1.82 which was reduced to 0.55 after treatment with 70% relief. The mean score of *kandu* in group B was 2.0 before treatment which was reduced to 0.62 after treatment

with 69.23% relief. Both the results were statistically highly significant ($p < 0.001$).

Effect of therapy on recurrent attack : In group A the mean score of recurrent attack was 1.82 before treatment which was reduced to 0.73 after treatment with 60% relief. It was statistically non-significant ($p < 0.01$). The mean score of recurrent attack in group B was 2.27 before treatment, which was reduced to 0.93 after treatment with 52.82% relief. It was statistically highly significant ($p < 0.001$).

Effect of therapy on shwasa : Before treatment the mean score of *shwasa* in group A was 0.73, which was reduced to 0.09 after treatment with 87.5% relief. It was statistically highly significant ($p < 0.01$). The mean score of *shwasa* in group B was 0.27 before treatment, which was reduced to 0.13 after treatment with 75% relief. It was statistically non-significant ($p > 0.05$).

Effect of therapy on gandha hani : Before treatment the mean score of *gandha hani* in group A was 0.45, which was reduced to 0.18 after treatment with 60% improvement. The mean score of *gandha hani* in group B was 0.2 before treatment which was reduced to 0.07 after treatment with 66.67% improvement. The results were statistically non-significant ($p > 0.05$).

Effect on haematological value : No significant change was noticed in TLC, DLC & ESR of the patients, while in AEC 25% improvement in group A and 30.18% improvement in group B was noticed as significant ($p < 0.01$).

Overall Effect of Therapy on 26 Patients of Pratishyaya :

The overall effect of therapy showed that in Group B i.e., Combined Group 53.33% patients had marked improvement, followed by 40% moderate improvement and 6.66% had mild improvement. In Oral group i.e., Group A marked improvement was seen in 45.45% 36.36% had moderate improvement, 18.18% had mild improvement. Not a single case was noted unchanged in any group (Table No. 1).

TABLE NO. 1 : EFFECT ON CARDINAL SYMPTOMS OF 11 PATIENTS OF GROUP A

Cardinal symptoms	n	Mean score		% Relief	SD	SE	t	p
		BT	AT					
Kshavathu	11	2.73	1.18	56.66	0.68	0.20	7.45	$p < 0.001$
Nasavarodha	10	1.7	0.6	64.70	0.73	0.23	4.71	$p < 0.01$
Nasa srava	11	1.82	0.36	80	0.52	0.15	9.23	$p < 0.001$
Kasa	4	1.25	0	100	0.50	0.25	5	$p < 0.05$
Shirah shoola	8	1.38	0.13	90.90	0.70	0.25	5	$p < 0.01$
Kandu	11	1.82	0.55	70	0.78	0.23	5.36	$p < 0.001$
Bhutwa - bhutwa	11	1.82	0.73	60	0.83	0.25	4.35	$p < 0.01$

TABLE NO. 2 : EFFECT ON CARDINAL SYMPTOMS OF 15 PATIENTS OF GROUP B

Cardinal symptoms	n	Mean score		% Relief	SD	SE	t	p
		BT	AT					
Kshavathu	15	3.2	0.93	70.83	0.91	0.23	9.60	p<0.001
Nasavarodha	15	2	0.27	86.66	0.92	0.23	7.22	p<0.001
Nasa srava	15	2.40	0.47	80.55	0.82	0.21	9.03	p<0.001
Kasa	10	1.8	0.3	83.33	0.5	0.15	9.48	p<0.001
Shirah shoola	12	1.33	0	100	0.5	0.14	9.15	p<0.001
Kandu	13	2	0.62	69.23	0.86	0.24	5.74	p<0.001
Bhutwa - bhutwa	15	2.27	0.43	58.82	0.82	0.24	6.25	p<0.001

TABLE NO. 3 : OVERALL EFFECT OF THERAPY ON 26 PATIENTS OF PRATISHYAYA-ALLERGIC RHINITIS :

Total Effect	Group A	%	Group B	%
Complete remission (100%)	0	0	0	0
Marked improvement (75-99%)	5	45.45	8	53.33
Moderate improvement (50-74%)	4	36.36	6	40
Mild Improvement (25-49%)	2	18.18	1	6.66
Unchanged (<25%)	0	0	0	0

DISCUSSION

Disease : The entity *Pratishyaya* covers a broad spectrum of nasal and para nasal infections. This disease can occur as a separate entity, or as a symptom of a systemic pathology or as a complication of other diseases. Improper management can lead this simple disease to a dangerous stage of complication. General causative factors of nasal disorders are responsible for the disease *Pratishyaya* as well. The predisposing factors such as heredity, climatic and emotional disturbances too have their role in its causation.

Selection of Drug : *Nasya* is the chief *shodhana* procedure selected because this is the one and only procedure, which can perform *uttamanga shuddhi*. *Snehana* and *swedana*, which are performed during *nasya* procedure, liquefies the doshas and can be expelled by *nasya*. Continuous sneezing is also a main symptom of Allergic rhinitis that is *Pratishyaya*. Therefore *Pippalyadi taila* for *nasya* therapy has been selected in this study.

The main formulation for controlling the allergic condition, which acts on immunity, i.e. *Haridra khanda*. It also has the properties like *Medhya*, *Rasayana*, *Balya*, *Brimhana*, *Agni Deepana*, *Pachana*, *Shothahara*, *Jwarahara* and which will promote the physical and mental health of the patient. *Haridra khanda* is one among *Khanda paka*, but the form of medicine was changed to granules (*Haridra khanda* granules) in order to avoid fungal growth, which is usually seen over the *Khanda kalpana* because of the humidity in Jamnagar.

Clinical study :

Observation: Age : From the table it is seen that maximum no. of patients i.e. 50% were from the age group of 16-25 years.

Occupation : The occupation of the patients in the study shows that students were in maximum no. (31.25%). Poor hygiene, polluted weather, dust, their fast and changing life style, have an important role on students. This adolescent period is also one, which marks the change in a person from childhood to adulthood. This is the period wherein the hormones are unstable and subtle changes start occurring in the body. Here as a result the immunity also is challenged and the person is exposed to infections and allergies easily.

Habitat : Maximum no. of patients (71.85%) were from Jamnagar city, of which 56.25% of the patients were from urban area and 15.6% were actually living very close to the sea belt. Jamnagar lies on the seacoast so people residing here have maximum exposure to its humid climate. Again pollution in the cities is much more as compared to the rural settings, hence maximum patients suffering from disease like allergic rhinitis.

Dominant Rasa : Maximum liking was observed for *Madhura* (62.5%), *Lavana* (40.62%), *Katu* (31.25%) *rasas*. These *rasas* are responsible for *Kapha & Vata vridhhi* to some extent, and also *Pitta prakopa*. Due to *ashraya ashrayi bhava* of *Pitta & Rakta*, *Rakta* is also vitiated. In brief due to intake of these *rasas*, there is vitiation of *dosha & dushya*, which are responsible for the disease *Pratishyaya*.

Effect of therapies : In Group A, 11 Patients used *Haridra khanda* as oral drug, none of the patients had

complete remission, 45.45% (5 patients) showed marked improvement, 36.36% (4 patients) showed moderate improvement and 18.18% (2 patients) showed mild improvement in signs and symptoms. The therapy was statistically highly significant in Sneezing, Nasal obstruction, Rhinorrhea, Headache, Itching and Recurrent attacks, whereas significant result was obtained in Coughing and Absolute eosinophil count. The results were non significant in TLC and ESR.

In Group B, 15 Patients used *Haridra khanda* as oral drug along with *Pippalyadi taila nasya*, none of the patients had complete remission, 53.33% (8 patients) showed marked improvement, 40% (6 patients) showed moderate improvement and 6.66% (1 patients) patients showed mild improvement in signs and symptoms. The therapy was statistically highly significant in all the cardinal symptoms like Sneezing, Nasal obstruction, Rhinorrhea, Headache, Itching, Recurrent attacks and Coughing and significant result was obtained in Absolute eosinophil count. The result was non significant in TLC and ESR.

Overall effect of Therapies : Out of total 26 patients, none of the patient showed complete remission in both groups. The 13 patients i.e.50% were found with marked improvement with 5 patients in group A and 8 patients in group B. The 10 patients i.e.38.46% were found with moderate improvement 4 patients in group A and 6 patients in group B. The 3 patients i.e.11.54% were found with mild improvement 2 patients in group A and 1 patient in group B. No one patient was found in unchanged category in both the groups.

Probable Mode of Action of Drug :

Haridra Khanda^{9 to 13} : *Haridra khanda* is having *Rasayana*, *Jeevaniya*, *Balya*, *Brimhaniya*, *Ojovardhaka*, *Ayurvedhaka*, *Dhatuposhaka* properties, which indirectly increase the *vyadhikshamatva*.

In *Haridra khanda*, it is seen that the said compound is of *Vayu* (35%), *Prithvi* (23%), *Agni* (18%) predominance as described in the section devoted to drug review. Thus, since the process of *Rasayana* invariably involves regeneration of the *dhatu*s. Hence *Haridra khanda* may undoubtedly augment the process of tissue resistance or repair.

Pratishyaya results from the vitiation of *Vata* and *Kapha*. Various ingredients of *Haridra khanda* having *Vata Kapha shamaka* (34%), *Tridosha shamaka* (33%) properties, which help to bring the affected *doshas* in normal level.

Pippalyadi Taila :^{14 to 17}

Due to *Laghu* and *Vyavayi guna*, *Pippalyadi taila* possess a good spreading capacity through minute channels. *Tikta Katu rasa*, *Laghu Tikshna guna*, *Ushna veerya* and *Katu vipaka* probably do *Srothoshodhana*. By the above two properties the *nasya* drug removes the obstruction and facilitate the drainage of discharge. *Balya*, *brimhana*, *rasyana*, etc. properties can increase general and local immunity. This immunomodulation will reduce the inflammatory process in nasal cavity and sinuses. Majority of ingredients possess anti-inflammatory activity, which also prevent the inflammatory process. Relieving of symptoms take place due to *kapha-vata doshghnata* of the *taila*. Antibacterial, Antiviral etc. properties of ingredients will arrest the secondary infection. *Taila* is the best drug for *vata dosha*, here the chronicity of the disease indicates aggravation of *vata dosha*, so oil preparation may be the best form for conditions like Allergic rhinitis.

CONCLUSION

Allergic Rhinitis is most common worldwide disorder affecting any age group of both sexes, is well known for its recurrence & chronicity. Allergic Rhinitis has no direct reference in any of the Ayurvedic classical literature. However almost all signs & symptoms of *Vataja Pratishyaya* are similar to Allergic Rhinitis. Hence it can be co-related with *Vataja Pratishyaya*.

Description of Allergy & allergic disorders can be seen in *Brihatrayi* under heading of *Ritu sandhi*, *Virudha ahara* & *Dushivisha* all of them are the results of an *Asatmyaya Vyadhi*. *Shodhana* as well as *shamana* therapy have been indicated for treating *Pratishyaya* among which *nasya karma* has been given prime importance.

Clinically combined group gave better results compared to only oral drug group. suggesting importance of *Shodhana karma* i.e. *Nasya karma* in treating *Pratishyaya*. No significant variation was observed in the haematological parameters in any of the treated groups except AEC.

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हिन्दी सारांश

हरिद्रा खण्ड एवं पिप्पल्यादि तैल नस्य के प्रभाव का प्रतिश्याय व्याधि पर चिकित्सकीय अध्ययन

छाया भक्ति, मंजूषा राजगोपाल, ए. के. शाह एवं नारायण बावलत्ती

प्रतिश्याय समाज में सामान्य रूप से पायी जानेवाली व्याधि है। आधुनिक चिकित्सा विज्ञान में इस व्याधि की लाक्षणिक चिकित्सा उपलब्ध है। प्रस्तुत अध्ययन में पिप्पल्यादि तैल नस्य एवं हरिद्रा खण्ड औषधि चिकित्सा में प्रयुक्त की गयी। कुल ३२ रूग्णों को पंजीकृत करके दो समूहों में बाँटा गया। समूह 'ए' में हरिद्रा खण्ड तथा समूह 'बी' में पिप्पल्यादि तैल नस्य के साथ साथ हरिद्रा खण्ड दो महिनो तक दिया गया। समूह 'ए' में ४५.४५% तथा समूह 'बी' में ५३.३३% रूग्णों में अच्छा सुधार पाया गया।

