

A clinical study of Vyoshadivati and Pathadi Taila Nasya on Apinasa - Atrophic Rhinitis

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ABSTRACT : Among Nasagata Rogas most of the Acharyas described Apinasa including its complication which proves the seriousness of the disease. Acharya Sushruta clearly mentioned in Utttar tantra that Apinasa is the disease condition in which Vata and Kapha Dushti was observed. Atrophic Rhinitis is a chronic nasal disease characterized by progressive atrophy of the mucosa and underlying bone of the turbinates and the presence of a viscid secretion which rapidly dries and forms crust, which emits a characteristic foul odour sometimes called ozaena castench. In this study, 100 patients of Apinasa-Atrophic Rhinitis were treated in four groups. The 40 patients of 'V' group were treated with Vyoshadivati orally; the 20 patients of 'P' group were treated with Pathadi Taila in Nasya form. In group 'VP' the 20 patients were treated with Vyoshadi Vati and Pathadi Taila as a combined therapy. Group 'C' was a control group and 20 patients of this group were treated with placebo therapy. After the enrollment of the patients in the study, vital signs and symptoms of Apinasa-Atrophic Rhinitis such as nasal blockage, dryness of nose, nasal discharge etc. were studied before and after the treatment. The results of the study indicate that the "VP" group bestowed highly significant relief in almost all the signs and symptoms in comparison to 'V' and 'P' groups.

Key words : Apinasa, Atrophic Rhinitis, Vyoshadi Vati, Pathadi taila, Nasya.

INTRODUCTION

The disorders of Nasa have been described vividly by all the Acharyas. Acharya Sushrut has described thirty one Nasagata Rogas, among them Apinasa is one of the most important. He has described the disease very elaborately including its complications. Same way, all other Acharyas have given the details of the disease. They have spoken of some more details like its varieties.¹

On the basis of signs and symptoms, the disease Apinasa can be compared to Atrophic Rhinitis in modern medicine. This is a chronic inflammatory condition of nose characterized by atrophic changes of mucosa of nose and turbinates. There are two forms of disease i.e. Primary and secondary. The main presenting symptoms of the patient include dryness of nose, nasal obstruction, headache and sometimes epistaxis.^{2,4}

The treatment of the particular disease has never been satisfactory and therefore a number of treatments were advised to relieve this condition. Therefore, it is necessary to find out some simple group of drugs as a remedy to the disease which should not only give the relief but also be free from side effects. So, from the repeated advocacy by Acharya Sushrut and other

ancient Acharyas of Indian Medicine it has been decided to try Vyoshadi Vati and Pathadi Taila Nasya to be carried out both locally and systematically in the management of Apinasa-Atrophic Rhinitis. Hence keeping the above points in the mind the present study was undertaken.

Aims and Objectives :

1. Textual exploration to evaluate the effect of the trial drug on Apinasa.
2. To find out the efficacy of the trial drug.
3. To know the effect of drug on signs and symptoms of Atrophic Rhinitis.
4. To know the effect of drug over the chronicity of disease.

Selection of Patients :

Source of data: Patients of Apinasa-Atrophic Rhinitis fulfilling the inclusion criteria attending O.P.D. of Shalakaya Tantra I.P.G.T. & R.A., G.A.U, Jamnagar. A detailed proforma was prepared incorporating Ayurvedic & Modern points. Trial drug was prepared in the Pharmacy of Gujarat Ayurved University.

Inclusion Criteria :

The patients having the salient features of Apinasa-Atrophic Rhinitis and free from any associated complications were selected for the clinical study randomly irrespective of sex, age, caste etc.

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Assessment Criteria :

The efficacy of the therapy was assessed on the basis of subjective criteria. For statistical analysis multidimensional scoring was given according to the severity of symptoms.

Drug delivery & Duration :

Group- 'V'- Patients were administered Vyoshadi Vati 2 Tab.(500mg) three times a day for one month with warm water.

Group- 'P'- Patients were administered Pathadi Taila in Nasya form six drops in each nostril once a day for one month.

Group- 'VP'-In this group of patient's, combination of both drugs was given for one month.

Group- 'C'-In this group, placebo therapy was given with capsules filled with wheat powder as a control group.

Diet Recommendation : Patients were advised to follow Pathya Ahara and Vihara as mentioned in classics.

Follow-up of the Treatment : Every patient was assessed after the completion of the course of treatment for two months.

Statistical Test:

The obtained data on the basis of observations were subjected to statistical analysis in term of mean, standard deviation, and standard error and unpaired 't' test was considered at the level of $p < 0.001$ as highly significant, $p < 0.05$ or $p < 0.01$ as significant and $p < 0.10$ or $p > 0.01$ as insignificant to carry out the results.

MATERIAL & METHODS**Preparation of Vyoshadi Vati and Pathadi Taila :**

The Vyoshadi Vati (Ashtanga.Uttar.21/6, Shara.Madh.Vati chapter) contains Shunthi, Maricha, Pippali, Amlavetasa, Chitraka, Ela, Jaggery etc. total 13 drugs. This drug contains 47% Vata Shamaka, 44% Kapha Shamaka properties. Firstly fine powder of all the twelve drugs were taken in mentioned quantity, they were pounded with Jaggery and after wards the pills were made each of 500mg in weight^{6,7,9,11}.

The Pathadi Taila contains Patha, Haridra, Daru Haridra, etc total eight drugs. This contains 75% of Tikta Katu Rasa, 75% Tikshna Guna, 87.50% Ushna Virya, 75% Katu Vipaka, 87.50% Kapha-Pitta Shamaka properties. The Taila was prepared as per Taila Paka Kalpana from the classics and preserved in glass bottles.

Due to above properties the present combination selected to know its effect in treating Apinasa-Atrophic Rhinitis.

Design of Study :

The study was conducted on 110 diagnosed cases of Apinasa. Patients were selected from OPD, Dept of Shalakya, I.P.G.T. & R.A., G.A.U. Jamnagar. Out of which 10 patients left the treatment in the initial stage of the trial. Remaining 100 patients were divided into four groups.

Ethical Clearance :

The study was cleared by the ethical committee of the institute. Written consent from each patients willing to participate was taken before the start of the study. For those patients who were unable to read or write, consent of their relative was taken. Patients were free to withdraw their name from the study at any time without giving any reason.

Overall Effect of Therapy :

- (1) Cured : 100% achievement in sign and symptoms.
- (2) Complete Remission : 75% to 99% relief in sign and symptoms and no recurrence during follow up study.
- (3) Markedly Improved : 51% to 74% improvement in sign and symptoms.
- (4) Improved : 26 % to 50% achievement in sign and symptoms.
- (5) Unchanged : Below 25% achievement in sign and symptoms.

OBSERVATIONS AND RESULTS

In the present study, 32% patients belong to the age group of 20-30 years, 63% patients were male, 34% were graduates and maximum patients were from middle class.

Total effect of therapies :

- ♦ In group 'V', statistically highly significant ($p < 0.001$) relief have shown in signs and symptoms like Nasa Prakleda (84.12%), Nasa Avarodha (75%), Kshavathu (75%) (Table no. 1).
- ♦ In group 'P', statistically highly significant ($p < 0.001$) relief was observed in Kshavathu (71.42%) (Table no. 2).
- ♦ In group 'VP', statistically highly significant ($p < 0.001$) relief was observed in signs and symptoms like Kshavathu (83.33%), Nasa Avarodha (82%), Ati Nasa Strava (81.08%), Nasa Shosha (80.85%) (Table no. 3).

- ♦ In group 'C', all the results are statistically insignificant at the level of $p > 0.05$.
- ♦ In group 'V', 27.50 % of the patients showed complete remission whereas 72.50 % patients were found markedly improved.
- ♦ In group 'P', 20 % of patients attained complete remission in all signs and symptoms, whereas 75 % patients were found markedly improved and 5% patients got improved.
- ♦ In group 'VP', 70 % of the patients showed complete remission where as 30 % patients were found markedly improved.
- ♦ In group 'C', 100% patients were observed unchanged.

TABLE NO. 1 : THE EFFECT OF "V" THERAPY ON CARDINAL SIGNS AND SYMPTOMS OF 40 PATIENTS OF APINASA :

Signs & Symptoms	Mean score		% relief	S.D	S.E	t	p
	BT	AT					
Nasa Avarodha	2.3	0.6	75.66	1.357	0.214	4.89	< 0.001
Nasa Shosa	1.9	0.6	68.42	1.291	0.204	6.66	< 0.001
Nasa Prakleda	1.5	0.4	84.12	1.308	0.206	5.19	< 0.001
Nasa Daha	1.3	0.4	69.23	1.446	0.228	3.93	< 0.001
Ati Nasa Strav	1.8	0.5	72.60	1.542	0.243	4.40	< 0.001
Gandha Rasa Agyanata	1.3	0.4	69.23	1.446	0.228	3.93	< 0.001
Angamarda	0.8	0.2	71.83	1.109	0.175	2.85	< 0.01
Shiro Gaurava	2.0	0.6	70.37	1.285	0.203	3.44	< 0.01
Kshavathu	2.0	0.5	75.00	1.357	0.214	4.89	< 0.001
Jvara	0.75	0.30	60.00	1.109	0.175	2.99	< 0.01
Nasagata Rakta Strava	1.2	0.3	72.34	1.264	0.200	3.50	< 0.01

TABLE NO. 2 : THE EFFECT OF "P" THERAPY ON CARDINAL SIGNS AND SYMPTOMS OF 20 PATIENTS OF APINASA :

Signs & Symptoms	Mean score		% relief	S.D	S.E	t	p
	BT	AT					
Nasa Avarodha	2.2	0.7	68.18	1.394	0.311	4.89	< 0.001
Nasa Shosa	2.25	0.8	64.44	1.410	0.315	3.48	< 0.01
Nasa Prakleda	1.3	0.5	61.53	1.208	0.270	2.77	< 0.05
Nasa Daha	1.8	0.7	61.11	1.450	0.324	3.08	< 0.01
Ati Nasa Strav	2.1	0.65	69.04	1.605	0.359	4.17	< 0.001
Gandha Rasa Agyanata	2.25	0.7	68.88	1.293	0.289	3.11	< 0.01
Angamarda	1.0	0.4	60.00	1.051	0.235	2.12	< 0.05
Shiro Gaurava	2.25	0.7	68.88	1.399	0.312	3.83	< 0.01
Kshavathu	2.10	0.6	71.42	1.429	0.319	5.00	< 0.001
Jvara	1.0	0.5	50.00	0.875	0.195	1.78	> 0.05
Nasagata Rakta Strava	1.45	0.5	65.51	1.297	0.290	3.44	< 0.01

TABLE NO. 3 : THE EFFECT OF "VP" THERAPY ON CARDINAL SIGNS AND SYMPTOMS OF 20 PATIENTS OF APINASA :

Signs & Symptoms	Mean score		% relief	S.D	S.E	t	p
	BT	AT					
Nasa Avarodha	2.5	0.45	82.00	1.496	0.334	4.93	< 0.001
Nasa Shosa	2.35	0.45	80.85	1.454	0.325	3.99	< 0.001
Nasa Prakleda	1.65	0.40	75.75	1.348	0.307	4.47	< 0.001
Nasa Daha	2.15	0.60	72.09	1.218	0.272	4.77	< 0.001
Ati Nasa Strav	1.85	0.35	81.08	1.399	0.312	5.75	< 0.001
Gandha Rasa Agyanata	1.95	0.50	74.35	1.490	0.334	4.03	< 0.001
Angamarda	0.85	0.20	76.47	1.399	0.312	3.83	< 0.01
Shiro Gaurava	2.35	0.50	78.72	1.361	0.304	3.94	< 0.001
Kshavathu	2.10	0.35	83.33	1.447	0.323	5.87	< 0.001
Jvara	1.30	0.45	65.38	1.356	0.303	3.46	< 0.01
Nasagata Rakta Strava	1.60	0.35	78.12	1.297	0.290	3.44	< 0.01

TABLE NO. 4 : TOTAL EFFECT OF THERAPY :

Result	Group-V		Group-P		Group-VP		Group-C	
	Pts.	%	Pts.	%	Pts.	%	Pts.	%
Cured	00	00.00	00	00.00	00	00.00	00	00.00
Complete Remission	11	27.50	04	20.00	14	70.00	00	00.00
Markedly Improved	29	72.50	15	75.00	06	30.00	00	00.00
Improved	00	00.00	01	05.00	00	00.00	01	05.00
Unchanged	00	00.00	00	00.00	00	00.00	00	00.00

DISCUSSION

Acharya Sushruta states that the disease Apinasa may ultimately give rise to many complications, which prove the seriousness of the disease. On the basis of signs and symptoms, the disease Apinasa can be compared to Atrophic Rhinitis in modern medicine.

A combination of antihistamines and vasoconstrictive agents has also not been useful in good percentage of patients. Similarly, local application of nasal drops with and without corticosteroid has also proved and disproved so far as the ultimate effectiveness is concerned^{3,8,10}. To treat the disease in a proper way, it is necessary to know the causative factors and the disease process. The study of literature shows that this clinical entity results from the vitiation of Vata and Kapha and leads to the formation of Apinasa. The aetiopathogenesis brings out the fact that its causative factors are Vata and Kapha. So, any drug advocated for this particular disease should have properties to bring their basic causative factors to their normal level. Hence, the drug selected may possess Vata and Kapha Shamaka properties.⁵

In this present study, 32 % patients were belonging to age group of 20-30 years, 63 % patients were male, 34% patients were students, 51% from middle class, 47% patients having Mandagni, 56% having Vata-Kapha Prakriti, maximum number of the patients 55% were observed with Madhyama Abhyavaharana Shakti and Madhyama Jaranashakti, 25% patients in 3 to 4 years chronicity group. Patients found Shitambu Sevana (69%) and Vega Sandharana (65%). In patients of Apinasa observed Nasa Avarodha (79%), Nasa Shosha (75%), Kshavathu (78%).

The mode of action of the drug under trial can be understood on the basis of inherent properties of the drugs.

Vyoshadivati enhances the functions of Jatharagni due to its Deepana, Pachana action, having Katu-Tikta and Ushna properties removes the Amadosha ultimately stimulates the Dhatwagnis. By virtue of Tridosahara Karma normalizes the hindrance of three Doshas. At the level of Agni, due to the Laghu and Rukshana Guna

of the recipe, the absorption of Ama at the level of channels removes the Srotovarodha. The correction of Doshas will also be done by virtue of the Vata Kaphahara properties of Vyoshadivati.

Tila Taila Medicated with the indigenous drugs like Patha, Haridra, Pippali etc. adopt and perform the activities of its constituents without losing the same its own by improvising the qualities of Rasadi Dhatus and Ojasa. The Madhura Vipaka of Tila Taila has a Pitta Shamaka Guna and specifically potentiating the Vata. The correction of the Doshas will also be done by virtue of the Vata Kapha Shamaka properties of Pathadi Taila with their Tridoshasamaka properties the therapy was helping in eliminating the causative factors of Apinasa and normalizing the Shirah and Nasa Pradesha particularly^{12, 13, 14}.

Regarding the action of Nasya Karma it can be speculated that Doshas Dushya Sammurchhana ultimately leading to Sthana Samshraya in the cases of chronic phase of this disease is very much strong.

Hence, an attempt should be made to break this process. The local as well as the systemic applications of the oral drug would be beneficial for the Samprapti-Vighatana in the proper ways. Through the Nasya Karma by the Tikshna, Ushna, Vata-Kapha Shamaka properties of Pathadi Taila it expels the Shirastha Doshas and Taila has provided the proper Snehana alternatively, so that vitiated Doshas may come in its physiological state.

CONCLUSION

Owing to the dichotomous activity of the recipe, the effect of the test drug is counter acting on all the cardinal signs and symptoms of Apinasa-Atrophic Rhinitis. By going through the above given action of the Vyoshadivati and Pathadi Tail combined therapy showed better effect in comparison to this drugs given alone. The relief shown by the combined "VP" therapy is remarkable in this disease because these disease is progressive in nature has tendency towards to incurability. On this ground it can be deduced that along with proper internal medication and equally external medication with Nasya therapy have an effect in management of Apinasa.

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हिन्दी सारांश

व्योषादि वटी तथा पाठादि तैल नस्य का प्रयोग अपीनस एट्रोपिक राइनाइटिस के संदर्भ में

धर्मेन्द्रसिंह बी. वाघेला, कुलवन्त सिंह, के. एन. पानसरा, नारायण बी. एवं एम. गंगामा

नासागत रोगों के अन्तर्गत सभी आचार्यों ने अपीनस रोग को उपद्रव के साथ बताया है, जिससे इस रोग की गंभीरता की प्रतीति होती है। आचार्य सुश्रुत ने उत्तर तंत्र में अपीनस को वात तथा कफ की दृष्टि से होनेवाला व्याधि बताया है। एट्रोपिक राइनाइटिस नासा रोग की जीर्ण अवस्था है, जिसमें नासागत म्युकोसा तथा टर्बिनेट का क्रमानुसार क्षय होता है तथा उसमें से पिच्छिल स्राव होता है। यह स्राव तुरंत शुष्क हो जाता है, जिससे नासा में क्रस्ट बनता है, जिससे दुर्गन्ध आती है उसे ओजीना कहते हैं। इस अभ्यास में अपीनस एट्रोपिक राइनाइटिस के सौ रोगियों को चार विभाग में विभक्त किया गया। समूह 'वी' में चालीस रोगियों को व्योषादि वटी आभ्यान्तर प्रयोग के लिये दिया गया तथा समूह 'पी' में पाठादि तैल नस्य का बीस रोगियों पर प्रयोग किया गया। समूह 'वीपी' में बीस रोगियों पर व्योषादि वटी आभ्यान्तर तथा पाठादि तैल नस्य के रूप में प्रयोग किया गया। समूह 'सी' में बीस रोगियों को प्लेसिबो चिकित्सा दी गई। रोगियों का पंजीकरण करने के बाद अपीनस एट्रोपिक राइनाइटिस के लक्षण जैसे नासावरोध, नासाशुष्कता, नासा स्राव इत्सादि का चिकित्सा पहले तथा चिकित्सा बाद में अभ्यास किया गया। चिकित्सा के परिणामों से पता चलता है कि समूह 'वीपी' में ज्यादातर लक्षणों में समूह 'वी' तथा समूह 'पी' के संदर्भ में अच्छे परिणाम प्राप्त हुए हैं।

गुजरात आयुर्वेद युनिवर्सिटी