Research Article

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TREATMENT OF VASOMOTOR RHINITIS WITH SHUNTHYADI TAILA NASYA

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Received on: 22/12/12 Revised on: 29/01/13 Accepted on: 19/02/13

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DOI: 10.7897/2277-4343.04225
Published by Moksha Publishing House. Website www.mokshaph.com

ABSTRACT
Incidence of vasomotor rhinitis is increasing. It is hyper reactivity of vasomotor system of nasal cavity resulting in episodes of excessive sneezing, nasal block and watery rhinorrhoea. Treatment available in modern system of medicine gives temporary relief with side effects. In this study an attempt in made to establish an Ayurvedic treatment as a treatment of choice. 30 patients of vasomotor rhinitis are studied in two groups. Shunthyadi taila nasya is given to experimental group and Anu taila nasya is given to control group. Nasal block, nasal discharge and sneezing are kept as parameters of assessment. Results showed improvement in both groups but effect of treatment was better in experimental group.
Keywords: Vasomotor Rhinitis, Shunthyadi taila nasya.

INTRODUCTION

Busy lifestyle, improper habits of sleep, off and on air Conditioning, fans, coolers, travelling in up-down for jobs, excessive sleep on Sundays and holidays, stress of studies, jobs and economies and improper management of rhinitis for quick relief are the factors which are responsible for increase in incidence of Vasomotor rhinitis.

The specific structures situated at ends of turbinates are erectile tissues, arterio-venous anastomoses (blood spaces) and mucous secretary glands, which perform the function of controlling respiratory cleft and the task of filtration, warming and humidification of inspired air is achieved. This function is controlled by autonomous nervous system in alternating fashion in each nasal cavity physiologically.

Above mentioned etiological factors disturb the balance between sympathetic and parasympathetic stimuli. The controlling mechanism becomes more sensitive and hyper reactive which is the basic pathology of vasomotor rhinitis. Watery rhinorrhoea without fever and body ache, blocked nose, frequent sneezing of unknown etiology, are the clinical symptoms. Less eosinophils in nasal secretions, absence of allergic manifestations, especially itching of eyes and bluish hue of turbinates are points which differentiate it from allergic rhinitis.

Treatment in modern medicine is decongestant nasal drops, steroid drops, systemic decongestants and Vidian neurectomy as a last resort. But these are transiently effective, rebound congestion may occur. Drug dependence and rhinitis medicamentosa may get developed with prolonged use.

In Ayurveda, Vataj pratishyaya and Kshwathu (nij or doshaj) are the diseases similar to vasomotor rhinitis[1]. Etiological factors of vitiating vata dosha are similar to factor responsible for vasomotor rhinitis. Hence vasomotor rhinitis can be considered and treated on the basic of principles of treatment of these diseases.

MATERIALS AND METHODS

Study was conducted at Government Ayurvedic College Hospital, Nanded, Maharashtra, India. In this study Shunthyadi taila nasya was selected as a research drug and Anutaila-nasya was taken as control.

Drugs (Table 1)

Shunthyadi taila[2], prescribed by Vrinda Madhav contains-

Shunthi : Katu-usha-Madhur, snigdha, laghu, vatakapha-hara, Kasa-hara, and shwas-hara.

Kushtha : Tikta-katu-madhur, ushna, ruksha, teekshna, vatakapha-hara and kasahara.

Kana : Katu-anushna-madhur, snigdha, laghu, rechani, vata kapha-hara and rasayan.

Bilwa : Kashaya- Ushna-katu, laghu, deepan, pachan and shulahara.

Draksha : Madhur, kashaya-sheeta-madhur, snigdha, mrudu, sara, kapha hara, shwasa kasa hara

Tila : Madhur, kashaya, Tikta-ushna-madhur sukshma, shodhan, guru, sara, teekshna, vikasi and vata kapha-hara[3].

Anutaila[4] is prescribed for nasya karma in various classics. It is tridosha-hara. It provides indriya bala, twak prasadan, improves bala of skandha, griva and vaksha.

Table 1: Drugs in Shunthyadi taila[6]

i)	Shunthi	*Zingiber officianale*	Dried Rhizomes
ii)	Kushtha	*Saussurea lappa*	Root
iii)	Kana	*Piper longum*	Spike
iv)	Bilwa	*Aegle marmelos*	Root
v)	Draksha	*Vitis vinifera*	Fruit
vi)	Tila taila	*Sesamum indicum*	Seed oil

Inclusion Criteria

- Age: 16-60yrs.
- Patients of vasomotor rhinitis
- Patients of either sex
- Patients ready for drug trial.

Institutional ethical committee clearance for this clinical work was taken as Outward No./GAC/Desk-3/ 6699/2010 Dated 15/12 /2010

Exclusion Criteria

Patients having, nasal polyposis, nasal tumours, CSF rhinorrhoea, atropic rhinitis acute / chronic sinusitis, viral rhinitis, infectious fevers, exanthemetas, pregnant / lactating women, patient on drug i.e. beta blockers. Patients with asthma, eczema or allergy.

Trial drug, Shunthyadi taila was prepared as sneha-paka kalpana in Ras-shastra department and standardized at drug testing laboratory of institute pharmacy.

Patients of vasomotor rhinitis were examined, selected, written consent obtained and randomly allotted to experiment or control groups. 30 patients in each group were studied.

Experiment Group

Localized abhyanga and bashpa swedan at forehead, face and neck was given as pretreatment. Shunthyadi taila nasya, six drops in each nostril, was given. Warm water gargle was given as post treatment. Such nasya was given for 15 days on every alternate day.

Control Group

Anu taila was given for nasya with same measures as in experimental group.

Observation

Observation parameters were recorded on 0^{th}, 8^{th}, 15^{th}, day and post treatment follow-up taken on 30^{th} day. The changes in symptoms were assessed by adopting suitable scoring method on each follow-up.

More numbers of patients were in age group of 16-30 and 46-60. Males were more affected than females. The disease was more common in outdoor workers and urban populations. In vata-kapha prakriti the disease was more common. (Table 2)

Table 2: Observations

	Experimental group	Control group	x^2 value
Age group			
16 – 30	13	13	
31 – 45	7	6	
46 – 60	10	11	$x^2 = 0.124$ P > 0.05
Sex			
Male	17	19	
Female	13	11	$x^2 = 0.28$ P > 0.05
Occupation			
Indoor	9	12	
Outdoor	21	18	$x^2 = 0.65$ P > 0.05
Residence			
Rural	7	9	
Urban	23	21	x^2=0.3409 P>0.05
Prakriti			
V.P.	8	9	
V.K.	13	13	
P.K.	9	8	$x^2 = 0.18$ P > 0.05

Statistical Analysis

To compare both groups at base, line x^2 test was applied. For the parameters nasal block, nasal discharge and sneezing, paired t test was applied to compare the pretreatment and post treatment status in each group. Unpaired t test was applied to compare efficacy of drug in trial and control groups. Level of significance was kept 0.05.

RESULTS

It was found that the effect of treatment was statistically significant in both groups but effect in the experimental group was better and statistically significant. Hence the effect Shunthyadi taila nasya on Vasomotor rhinitis was better than the effect of Anu taila nasya. (Table 3-5)

Table 3: Nasal Block

	Follow-ups	I	II	III	IV
Experimental Group	Mean	1.633	0.466	0.133	0.1
	SD	0.614	0.628	0.345	0.305
Control Group	Mean	1.233	0.566	0.333	0.233
	SD	0.430	0.568	0.479	0.430

Parameters	Paired 't' test		Unpaired 't' test
	Experimental Group	Control Group	
Mean	1.533	1.0	0.533
SD	0.628	0.4504	0.548
SE.	0.114	0.830	0.141
T	13.35	12.04	3.765
P	P < 0.05	P < 0.05	P < 0.05

Table 4: Nasal Discharge

	Follow-ups	I	II	III	IV
Experimental Group	Mean	2	0.733	0.2	0.133
	SD	0.643	0.449	0.406	0.345
Control Group	Mean	1.433	0.566	0.266	0.233
	SD	0.504	0.568	0.449	0.430

Parameters	Paired 't' test		Unpaired 't' test
	Experimental Group	Control Group	
Mean	1.866	1.2	0.666
SD	0.571	0.406	0.495
SE.	0.104	0.074	0.128
T	17.89	16.15	5.203
P	P < 0.05	P < 0.05	P < 0.05

Table 5: Sneezing, Mean sneezing in Follow-ups

Groups	I	II	III	IV
Experimental	2.666	1.366	0.233	0.166
Control	2.2	0.691	0.508	0.504

Parameters	Paired 't' test		Unpaired 't' test
	Experimental Group	Control Group	
Mean	2.5	1.633	0.866
SD	0.682	0.490	0.595
SE.	0.124	0.089	0.153
T	2.06	18.252	5.652
P	P < 0.05	P < 0.05	P < 0.05

DISCUSSION

In day to day life environmental and physio–mental factors affect human life. Changed lifestyle, environmental pollution, stressful life, habits, e.g. smoking, on and off use of A.C., coolers etc. lead to nasal diseases.

Vasomotor rhinitis is episodic nasal obstruction, watery rhinorrhoea and sneezing. In modern medicine, treatment of vasomotor rhinitis is transient and non satisfactory.

To find out a good, cost effective, non-harming Ayurvedic remedy for the patients suffering from vasomotor rhinitis, Shunthyadi taila nasya was used. It contains herbs having ushna, teekshna, snigdha gunas. Tila taila was used for base which was vata – Kapha hara and srotogami. Nasya is recommended for almost all nasal diseases. Here nasya was used as a shodhan and vatakapha shaman purposes.

Shira sthana is Kapha-sthana[5], i.e. head is primary seat of kapha. So Shunthyadi taila nasya was used which contains Ushna veeryatmak dravyas, Katu tikta rasatmak dravyas with Laghu, Snigdha guna which help to clear up all the secretions and make vata sancharan proper. Madhyam Matra of six drops was used because 8 drops uttam matra showed some irritation in pilot study.

Maximum patients were from 16 – 30 age group, males, urban, outdoor, workers, and of vatakapha prakrati. In both groups treatment was effective but better and statistically significant in experimental group.

The effect of Shunthyadi taila nasya can be explained as kaphashodhan and vata shaman. Kaphashodhan is nothing but mucolysis, cleaning and normalizing nasal secretions, decrease in oedema of mucosa and sub mucosal structures. Vata shaman can be explained as decrease in hypersensitivity of mucous membrane to mechanical, thermal and irritational factors. In addition vasomotor response was stabilized to postural, diurnal and physiological variations. This improvement in vasomotor response may give benefits to fight allergens, irritants and infections because many times features of nasal disease were mixed results of vasomotor response, allergies and infections.

Hence Shunthyadi taila nasya is remedy for vasomotor rhinitis.

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Cite this article as:
Khan Nisar Ali, Patil Sandeep Ramakrishna. Treatment of vasomotor rhinitis with Shunthyadi taila nasya. Int. J. Res. Ayurveda Pharm. 2013; 4(2):216-218

Source of support: Nil, Conflict of interest: None Declared