



Research Article

CLINICAL STUDY TO COMPARE THE EFFICACY OF NASYA KARMA WITH SHIGRU TAILA AND VIDANGADYA TAILA IN VATAJA PRATISHYAYA (ALLERGIC RHINITIS)**Vasant Patil^{1*}, Chennamma Uppin², Sanjay Gupta³, Veerayya Hiremath⁴, S.V. Rayanagoudar⁵, D.B. Kendadamath⁶**¹Professor, Dept. of PG Studies in Panchakarma, SSRAMC, Inchal, Karnataka, India²Lecturer, Dept. of Panchkarma, Rosy Royal Ayurvedic College, Nelamangal, Bangalore, Karnataka, India³Associate Professor, Dept. of Panchkarma, Rishikul Campus, Haridwar, Uttarakhand Ayurved University, India.⁴Associate Professor & HOD, Dept. of PG Studies in Shalakya, SVMAMC, Ilkal, Karnataka, India.⁵Associate Professor, Dept. of Panchkarma, Kalidasa Ayurvedic College, Badami, Karnataka, India.⁶Lecturer, Govt. Ayurveda Medical College, Mysore, Karnataka, India.**KEYWORDS:** Allergic Rhinitis, *Nasya Karma*, *Shigru Taila*, *Vataja Pratishyaya*, *Vidangadya Taila*.**ABSTRACT**

Background: *Vataja pratishyaya* is one among the *Pratishyaya rogas* in which there is vitiation of *Vata & Kapha doshas*. Currently the conventional medicine has no effective treatment for Allergic Rhinitis. In view of the facts, particularly considering the side effects in the existing methods of treatment, there is the need to develop a treatment protocol. According to *Acharya Sharangadhara*, *vairechanik Nasya* is the line of treatment. Therefore *Nasya* has been selected as treatment modality for the present study. "*Nasa hi siraso dwaram tena taddapya hanthi tana*". Nose is the gateway of head, hence it acts as inlet for the *Nasya Karma*. It destroys the disease of the head. **Objectives:** To compare the efficacy of *Nasya Karma* with *Shigru Taila & Vidangadya Taila* in *Vataja pratishyaya*. **Methods and Materials:** Patients of group A were treated with *Shigru Taila Nasya* for 7 days & patients of group B were treated with *Vidangadya Taila Nasya* for 7 days. The dose of *Nasya* is 6 *Bindu*. **Results:** The percentage success rate of Group is A 57.5% & Group-B is 56.8%. There is no significant difference among the results of the treatment of Group-A and Group-B by paired proportion test of significance for i.e. $p < 0.001$. **Conclusion:** Patients of group A treated with *Shigru Taila Nasya Karma* have shown better results clinically compared to group B who were treated with *Vidangadya Taila*. There were no complications observed during the treatment.

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Karnataka, India.Email: ayurvedasant@gmail.com**INTRODUCTION**

Panchakarma presents a unique approach of Ayurveda with specially designed five procedures of internal purification of the body through the nearest possible route. That includes *Vamana*, *Virechana*, *Niruha & Anuvasana basti*, *Nasya*.^[1]

In Uttara tantra, *Acharya Sushruta* has devoted one separate chapter to *Pratishyaya* after explaining *nasagataroga*. The disease *Pratishyaya* considerably attracted the ancient physicians, which is evident from their detailed description classification, symptomatology, complications & management written in *Samhita*. Though it has been said that the disease *Pratishyaya* in the initial phase, is a curable entity but if it takes a chronic course may lead to many associated complications. This fact itself shows that *Pratishyaya* has been a major problem to the physicians since long back.

In Ayurveda three types of treatment are described for each & every disease they are Viz. *Samshodana*, *Samshamana*, *Nidan parivarjana*.^[2] Here

prime importance is given to *Shodana* followed by other treatments. *Pratishyaya* is well known for recurrence & chronicity. Recurrence of the disease occurs when the vitiated *Doshas* have not been evacuated completely. Allergic rhinitis is recurring frequently attaining the *Jeerna avastha*.

Vataja pratishyaya is first & foremost among the *Pratishyaya rogas* in which there is vitiation of *Vata* and *Kapha doshas* resulting in profuse sneezing, blocking of nose, watery discharge, dryness of the throat & lips, constant pain in the temple & change of voice. *Vataja pratishyaya* can be co-related with Allergic rhinitis, most commonly encountered in day to day practice often due to allergens. It is an extremely common condition affecting approximately 20% of population. According to *Acharya Sharangadhara* *vairechanik Nasya* is the line of treatment. Therefore *Nasya* has been selected as treatment modality for the present study. "*Nasa hi siraso dwaram tena taddapya hanthi tana*". Nose is the gate way

of head hence it acts as inlet for the *Nasya Karma*. It destroys the disease of the head. *Nasya* is one among the Panchakarma therapy. Majority of the drugs mentioned in *Vairechanik Nasya* will be having *Tikshna*, *Ushna guna*, these drugs irritates the mucous membrane of the nose, increase the nasal secretion & eliminates the morbid *Doshas* from the Nasal cavity & head. *Shigru Taila* drugs are having *Ushna*, *Tikshna guna*, *Vata Kapha hara* property & having anti-inflammatory action does *Shothahara*, *Vedana sthapana*, *Shirashoola* here analgesic action on *Vataja pratishyaya* (Allergic rhinitis). Here *Vidangadya Taila* drugs are also *ushna*, *tikshna* property & *Vata-Kapha hara* property. Both the *Taila* are mentioned for in general *Nasagata rogas*, so to know the efficacy of both drugs particularly in *Vataja pratishyaya*, this study was taken up with *Nasya Karma* with *Shigru Taila* & *Vidangadya Taila*. Majority of the drugs mentioned in *Vairechanik Nasya* will be having *Tikshna*, *Ushna guna*, these drugs irritates the mucous membrane of the nose, increase the nasal secretion & eliminates the morbid *Doshas* from the Nasal cavity & head.

OBJECTIVES:

1. To compare the efficacy of *Nasya Karma* with *Shigru Taila* & *Vidangadya Taila* in *Vataja pratishyaya*

MATERIALS AND METHODS

Study Design: It is comparative, non-controlled, open labelled, and parallel clinical study.

Trial Drugs

Table 1. Showing the Ingredients of Shigru Taila [3]

No.	Ingredients	Quantity
1.	<i>Shigru</i>	40 g
2.	<i>Kanta (Priyangu)</i>	40gm
3.	<i>Vacha</i>	40g
4.	<i>Draksha</i>	40 g
5.	<i>Shunti</i>	40g
6.	<i>Maricha</i>	40gm
7.	<i>Pippali</i>	40gm
8.	<i>Surasa</i>	40g
9.	<i>Saindhava</i>	40g
10.	<i>Tila Taila</i>	1.5 lit

Preparation of oil: The above all drugs are taken in equal quantity (360gm) & add 4 parts of water (1.5 lit), made into Kalka. Then 4 parts of *Sneha (Murchita Tila Taila 1.5 lit)* is added & *Snehapaka* is done over *Mandagni* till *Samyaka Taila paka sidda lakshanas* are seen, here *Mrudupaka* is done.[4]

Table 2: Showing ingredients of Vidangadya Taila [5]

No.	Ingredients	Quantity
1.	<i>Vayu vidanga</i>	200 g
2.	<i>Saindhava</i>	200gm
3.	<i>Yastimadhu</i>	200g
4.	<i>Devadaru</i>	200 g
5.	<i>Sunthi</i>	200g
6.	<i>Marich</i>	200g
7.	<i>Pippali</i>	200g
8.	<i>Tila Taila</i>	1 lit

Collection of Drugs: - All the required raw materials are collected freshly from the surrounding villages nearer to Ilkal, Belgaum Kajrekar pharmacy (Karnataka). *Tila Taila* was purchased from S.V.M.A.M.C. pharmacy, Ilkal.

Preparation of oil: - Both *Shigru Taila* and *Vidangadya Taila* are prepared in S.V.M. Ayurvedic College pharmacy Ilkal.

All the drugs are taken in equal quantity for preparation of kalka (40g each total 280g) & according to general concept of *Taila* preparation which is explained in *Sharangadhara*. 4 parts of *Tila Taila* is taken (1 lit), with above mentioned *Kalka dravyas* only *Kwath (Kwath dravya each 160g total 1120)* is prepared by adding 16 parts (16lit) of water reduce to 1/4th & done the *Taila paka* over *Mandagni* till *Samyak Taila paka sidda lakshanas* seen.[4]

Study Population: An accessible population of insomnia patients in and around Ilkal, who were representative of target population, participated in the study.

Sampling: Simple random sampling

Study sample: patients attending the OPD and IPD of SVMVV's R.P.K. Ayurvedic Hospital, ILKAL.

Sample size: 40

Study setting: The study was carried out in SVMVV's R.P.K. Ayurvedic Hospital, Ilkal from 2013 to 2015.

Diagnostic criteria: Diagnosis will be established by clinical examination & sign & Symptoms of *Vataja pratishyaya* as follows-

1. *Tanu srava*
2. *Shirahshola*
3. *Kshavatu*
4. *Nasavarodha*

Inclusion criteria

1. Patients suffering from classical signs & symptoms of *Vataja pratishyaya* & correlated disease Allergic Rhinitis will be selected.
2. Patients fit for *Nasya Karma*.
3. Patient of both sexes.
4. Patients of age group 16 - 65 years.

Exclusive criteria

1. Patients unfit for *Nasya Karma*.
2. Age below 16 yrs more than 65 yrs.
3. Patient suffering from other systemic infectious disease.
4. Patients suffering with polyps, DNS requiring surgical intervention.

Investigations

Absolute eosinophil count (AEC) was done in the study.

Intervention

Patients randomly allotted to 2 groups namely Group A & Group B with 20 patients in each group.

Group - A: *Shigru Taila Nasya Karma* for 7 days.

Group - B: *Vidangadya Taila* for 7 days.

Procedure: *Nasya Karma*

Dose: 6 Bindu

Duration of the treatment: 7 days

Follow up period: 14 days after the treatment. i.e. 7th day; & 21st day.

Procedure:

- Patient should have passed natural urges.
- Patient should be in empty stomach prior to Nasya Karma.
- Nasya procedure was explained to the patients in detail before the treatment & was mentally prepared by giving assurance & consent was obtained for the treatment.

Purvakarma

Nasya was performed in 'Nasya room' located in Panchakarma theatre, place is having sufficient day light & is devoid of direct atmospheric influences like dust, wind, etc. Blood pressure & pulse were recorded prior to the Nasya Karma for observation purpose.

Snehana : *Abhyanga* (oil massage) with Luke warm *Tila Taila* was done *Urdhvanga* i.e. face, scalp, temporal & neck region for about 10-15 minutes.

Swedana: *Swedana* was performed by a clean cotton Napkin dipped in hot water bowl. Holding both the ends of napkin it was twisted to squeeze properly so that water is completely removed.

Pradhana Karma

- After completion of *Purvakarma*, position of patients was changed i.e. bending the head at about 45° angles from the edge of table.
- Patients were instructed to be in a relaxed posture.
- Limbs were placed apart & on both the sides.
- Patients were asked to shut their eyes.
- *Gokarnika* was held in right hand & with the help of left index finger tip of the nose is pushed up.
- With the help of *Nasya Pali (Gokarnika)* 6 *Bindu* of *taila* was instilled in each nostril in a continuous stream.

Paschat Karma

- After performing the *Nasya karma*, patients were asked to remain in the same position till 100 *Matra*.
- Again *Abhyanga* & *Swedana* were performed in the regions indicated previously. Here time duration was changed to 3-5 minutes only.
- Simultaneously rub both the hands (palm sole) vigorously raising them slightly, for 1 to 2 minutes, at the same time foot soles are also rubbed.
- Patient was advised to spit out the nasal secretions reaching the throat & to do gargle with warm water.

RESULTS

Table 3: Pradhana Vedana wise distribution of patients of both groups

Pradhana Vedana	Group-A		Group-B		Total	
	N	%	N	%	No	%
<i>Nasa Srava</i>	20	100	20	100	40	100
<i>Kshavathu</i>	20	100	20	100	40	100
<i>Shirah Shoola</i>	13	45	14	70	27	67.5
<i>Swarabhedha</i>	10	50	7	35	17	42.5
<i>Nasavarodha</i>	10	50	16	80	26	65
<i>Vaktra vairasya</i>	4	20	4	20	8	20

Table 4: Tanu Nasasrava in two groups of patients studied

Tanu Nasasrava	BT	AT	AF	% change
Group A (n=20) Grading				
0	0(0%)	5(25%)	8(40%)	40.0%
1	3(15%)	9(45%)	12(60%)	45.0%
2	2(10%)	6(30%)	0(0%)	-10.0%
3	14(70%)	0(0%)	0(0%)	-70.0%
4	1(5%)	0(0%)	0(0%)	-5.0%
Group B (n=20) Grading				
0	0(0%)	4(20%)	14(70%)	70.0%
1	5(25%)	11(55%)	6(30%)	5.0%
2	0(0%)	4(20%)	0(0%)	0.0%
3	15(75%)	1(5%)	0(0%)	-75.0%
4	0(0%)	0(0%)	0(0%)	0.0%
P value	0.458	0.767	0.111	-

85% in group-A shown improvement with p< 0.0001** and 80.0% in group-B improvement is significant p<0.001** (paired prapotion test).

After follow up of 21 days 45% reoccurred mild in Group-A. After follow up of 21 days 5% reoccurred mild in Group-B.

Table 5: Kshavatu in two groups of patients studied

Kshavatu	BT	AT	AF	% change
Group A (n=20) Grading				
0	0(0%)	11(55%)	16(80%)	80.0%
1	6(30%)	8(40%)	4(20%)	-10.0%
2	11(55%)	1(5%)	0(0%)	-55.0%
3	0(0%)	0(0%)	0(0%)	0.0%
4	3(15%)	0(0%)	0(0%)	-15.0%
Group B (n=20) Grading				
0	0(0%)	12(60%)	19(95%)	95.0%
1	12(60%)	7(35%)	1(5%)	-55.0%
2	7(35%)	1(5%)	0(0%)	-35.0%
3	1(5%)	0(0%)	0(0%)	-5.0%
4	0(0%)	0(0%)	0(0%)	0.0%
P value	0.056+	1.000	0.342	-

80.0% improvement in Group A is statistically significant($p < 0.001^{**}$) and 95% improvement in Group B is significant with $p < 0.001^{**}$ (paired praortion test).

Table 6: Shirashoola in two groups of patients studied

Shirashoola	BT	AT	AF	% change
Group A (n=20) Grading				
0	7(35%)	11(55%)	18(90%)	55.0%
1	6(30%)	6(30%)	2(10%)	-20.0%
2	2(10%)	1(5%)	0(0%)	-10.0%
3	5(25%)	2(10%)	0(0%)	-25.0%
4	0(0%)	0(0%)	0(0%)	0.0%
Group B (n=20) Grading				
0	6(30%)	14(70%)	19(95%)	65.0%
1	11(55%)	5(25%)	1(5%)	-50.0%
2	0(0%)	0(0%)	0(0%)	0.0%
3	3(15%)	1(5%)	0(0%)	-15.0%
4	0(0%)	0(0%)	0(0%)	0.0%
P value	0.304	0.686	1.000	-

55%improvement in Group-A is significant with $p < 0.001^{**}$ and improvement of 65% in Group-B is statistically significant with $p < 0.001^{**}$.

Table 7: Aasyavairasya in two groups of patients studied

Aasyavairasya	BT	AT	AF	% change
Group A (n=20) Grading				
0	16(80%)	18(90%)	19(95%)	15.0%
1	3(15%)	2(10%)	1(5%)	-10.0%
2	1(5%)	0(0%)	0(0%)	-5.0%
3	0(0%)	0(0%)	0(0%)	0.0%
4	0(0%)	0(0%)	0(0%)	0.0%
Group B (n=20) Grading				
0	16(80%)	16(80%)	18(90%)	10.0%
1	1(5%)	3(15%)	2(10%)	5.0%
2	2(10%)	1(5%)	0(0%)	-10.0%
3	1(5%)	0(0%)	0(0%)	-5.0%
4	0(0%)	0(0%)	0(0%)	0.0%
P value	0.695	0.661	1.000	-

Improvement of 15% in Group-A & Group-B is statistically significant with $p = 0.038$
After fallow up of 21 days 5% reoccurred mildly in Group-B.

Table 8: Nasal itching in two groups of patients studied

Nasal itching	BT	AT	AF	% change
Group A (n=20) Grading				
0	13(65%)	14(70%)	19(95%)	30.0%
1	5(25%)	6(30%)	1(5%)	-20.0%
2	2(10%)	0(0%)	0(0%)	-10.0%

3	0(0%)	0(0%)	0(0%)	0.0%
4	0(0%)	0(0%)	0(0%)	0.0%
Group B (n=20) Grading				
0	6(30%)	10(50%)	16(80%)	50.0%
1	11(55%)	8(40%)	4(20%)	-35.0%
2	2(10%)	1(5%)	0(0%)	-10.0%
3	1(5%)	1(5%)	0(0%)	-5.0%
4	0(0%)	0(0%)	0(0%)	0.0%
P value	0.081+	0.406	0.342	-

30% shown improvement in Group-A which is significant with $p < 0.001^{**}$, improvement of 50% in Group-B is significant with $p < 0.001^{**}$.

Table 9: Nasavarodha in two groups of patients studied

Nasavarodha	BT	AT	AF	% change
Group A (n=20) Grading				
0	0(0%)	13(65%)	18(90%)	90.0%
1	7(35%)	6(30%)	1(5%)	-30.0%
2	12(60%)	1(5%)	1(5%)	-55.0%
3	1(5%)	0(0%)	0(0%)	-5.0%
4	0(0%)	0(0%)	0(0%)	0.0%
Group B (n=20) Grading				
0	4(20%)	6(30%)	11(55%)	35.0%
1	3(15%)	6(30%)	9(45%)	30.0%
2	4(20%)	6(30%)	0(0%)	-20.0%
3	9(45%)	2(10%)	0(0%)	-45.0%
4	0(0%)	0(0%)	0(0%)	0.0%
P value	<0.001**	0.039*	0.008**	-

90% improved in Group-A is statistically significant $p < 0.001^{**}$ & improvement of 65% in Group-B is significant with $p < 0.001^{**}$. After follow up of 21 days 30% reoccurred in Group-B.

Table 10: Swarabhedha in two groups of patients studied

Swarabhedha	BT	AT	AF	% change
Group A (n=20) Grading				
0	10(50%)	16(80%)	17(85%)	35.0%
1	10(50%)	4(20%)	3(15%)	-35.0%
2	0(0%)	0(0%)	0(0%)	0.0%
3	0(0%)	0(0%)	0(0%)	0.0%
Group B (n=20) Grading				
0	13(65%)	15(75%)	17(85%)	20.0%
1	5(25%)	4(20%)	2(10%)	-15.0%
2	2(10%)	1(5%)	1(5%)	-5.0%
3	0(0%)	0(0%)	0(0%)	0.0%
P value	0.120	1.000	1.000	-

35% improvement in Group-A is significant with $p = 0.004^{**}$ & 20% improvement in Group-B is also significant with $p = 0.019^*$.

Table 11. AEC in two groups of patients studied

AEC	Group A	Group B	% change
BT	334.75±50.47	328.15±52.95	0.689
AT	290.55±49.90	279.80±50.94	0.504
AF	228.65±69.11	208.15±51.57	0.294
P value	0.532	0.798	0.041*

AEC75% in Group-A with significant p value $p < 0.001^{**}$ & 65% in Group-B shown significant improvement with $p < 0.001^{**}$.

DISCUSSION

It is difficult to totally co-relate the disease *Vataja Pratishyaya* with Allergic Rhinitis. Considering the

different etiopathological factors and features mentioned in Ayurveda with that of modern medical science. In this study the co-relationship of *Vataja Pratishyaya* with Allergic Rhinitis is made on the following ground only.

Table 12. Showing the comparison between Vataja Pratishyaya and Allergic Rhinitis

Ayurvedic Description	Modern Description
Nidana- Vataja Pratishyaya is caused due to Dhuma, Rajah, Sheeta, Atipratap, Krodha, Rutuvaishamy.	Allergic Rhinitis is caused due to smoke, dust, allergy, atmospheric pollution, change in humidity & psychological factors.
Lakshana-The lakshanas of Vataja Pratishyaya mentioned Ayurvedic are Kshavatu, Nasavarodha, Tanu Nasasrava, Swaropaghata, Shirashoola, Galatalu shushkata.	The features of Allergic Rhinitis mentioned in Allopathic science are sneezing, Nasal obstruction, Watery nasal discharge, Change in voice, Headache, Dryness of throat & lips.

The above table shows that symptoms of Vataja Pratishyaya like Kshavatu, Nasavarodha, Tanusrava, etc. are more related with symptoms of Allergic rhinitis. So, Vataja Pratishyaya can be correlated with Allergic Rhinitis mentioned in allopathic science.

Shigru Taila and Vidangadya Taila both have explained for the in general Nasaroga, so to know the efficacy of each drug in particularly in Vataja pratishyaya, the above drugs have been selected for the Research trial which has done. Vata & Kapha are the main doshas involved in the disease.

Probable mode of Action

Shigru Taila: The most of the ingredients of Shigru Taila i.e., Shigru, Vacha, Shunti, Pippali, Maricha, Surasa etc. have Katu, Tikta rasa, Ushna virya, Ruksha, Tikshna, Laghu guna & Doshagnata is Vata Kapha hara, which in turn helps in relieving the symptoms of Vataja Pratishyaya.

- **Shigru** is having Katu, Tikta rasa, Laghu, Ruksha, Tikshna guna, Ushna virya, Katu vipaka all are antagonist with Kapha dosha, Vata Kapha shaman property & Vataja Pratishyaya is Vata Kapha dominant vyadhi. Tikta rasa & its Agni pradeepaka Karma correct status of Agni so by that relieve Agnimandya and thus help in Sampapti vighatana. Drug Shigru is Krimirogahara, so by this relives intestinal helminthiasis, as it is one of the causative factors for Allergic Rhinitis.
- **Shunti** is having volatile oil. these are rich in lipids & proteins which stimulate olfactory bulb in the brain & there relives anosmia. & also having anti inflammatory action which reduces oedema of nasal mucosa.
- **Maricha** having anti inflammatory action.
- **Pippali** is having Rasayana, anti allergic, Immuno-stimulant, analgesic, anti inflammatory action & effective in diseases of Pranavaha srotas as Vataja Pratishyaya is pranavaha sroto vyadhi.
- **Surasa** is having anti inflammatory, analgesic, immune regulatory action, anti-histaminic & antibacterial action thus helps in relieving the disease.
- **Saindhava** is having Vatahara property, increases the secretions of mouth. It liquefies the mucous secretions by this eliminates Dusta doshas, clarifies the passage, and so by that relieves Nasavarodha.
- **Tila Taila** -Sesame contains large quantities of the essential polysaturated fatty acid (PUFA), linoleic acid in the form of triglycerides. Taila alleviates Vata, at the same time doesn't aggravate Kapha. It has

Ushna, Tikshna and Vyavayi Gunas. So it has good capacity to penetrate through small channels in the body so that it will open the obstructed path like sinus ostia and facilitate the drainage of collected discharge. From the therapeutic point of view, another quality of Taila is when treated with other drugs, it also takes the property of that drugs.

Judged from this angle, Taila is the best Snehadravya in the sense that it doesn't only assimilate the substance added to it but also it foregoes its own properties. & it is anti-oxidant, also a source of vit-E, which is an anti-oxidant & it is very much effective in treatment of dry nose & also has anti bacterial effects.

Vidangadya Taila

- **Vidanga** is having analgesic, antimicrobial & anti fungal action. Thus helps in reducing headache & prevents secondary infections.
- **Yastimadhu** -The drug Yastimadhu has Madhura rasa with guru & snigda guna, Karma is Tridosha hara, Rasayana which helps in building the immune system of the body because in Allergic Rhinitis, the immune system responds with resistance against the allergens. & it is also anti-viral, anti-inflammatory, anti-microbial effects, which in turn prevents from secondary infections.
- **Devadaru**-It is anti-oxidant, anti-inflammatory, Kapha nissaraka, lekshana, Rasayana and Shotha hara.
- Other contents of Vidangadya Taila are-Shunti, Maricha, Pippali, Saindhava, Tila Taila, effect of these discussed as above.
- 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. Here both trial drugs are oil preparation only.

Effect of therapy

1. Effect on Nasasrava

Nasasrava causes due to vitiated Vata & Kapha doshas. all most all drugs of Shigru Taila & Vidangadya Taila are having Ushna virya, Vata Kapha hara property, so in present study Almost equal relief was observed in group A (85%) & group B (80.%) in Rhinorrhea. Both are statistically significant (p<0.001).

2. Effect on Kshavatu

Kshavatu is caused because of vitiated Vata dosha, here both trial drugs are oil preparation & having Ushna virya that helps in Vataharamana. so in present study Kshavatu reduced 80% in Group-A (p<0.001**), 95% in Group-B (p<0.001**) both values are statistically significant.

3. Effect on Shirashoola

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

It is currently known in the literature that the trigeminal nerve through its trigeminal vascular system is deeply involved in the genesis and maintenance of pain in headache syndromes. (Jacob Ballinger, Pg.162).

The nasal mucosa which comes into direct contact with drugs applied is supplied by both the ophthalmic and maxillary branches of Trigeminal nerve (Scott-Brown, pg. 174). 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 present study *Shirashoola* reduced 55% in Group-A ($p<0.001$), 65% in Group-B ($p<0.001^{**}$) both are statistically significant.

4. Effect on Aasyavairasya

Here *Aasyavairasya* is caused due *Ama* which is because of *Agnimandya*, both drugs are having *Ushna virya*, *Katu vipaka* which helps in *Ama pachana* & *Deepana*. so in present study Equal relief was observed in group A (15%) & group B (15 %) in *Aasyavairasya* Both are statistically significant with $p<0.038^*$.

5. Effect on nasal itching

The *Nasa* itching is caused due to *Ruksha guna* of *Vata dosha*, here *Snigdha guna* of oil & *Ushna virya* helps for *Vata shaman*. So in present study there is 30% improvement shown in Group-A ($p<0.001^{**}$), Group-B shown 50% improvement ($p<0.001^{**}$) in Nasal itching.

6. Effect on Nasavarodha

Nasavarodha is caused because of *Vridhdha Kapha dosha*, here both drugs are having *Ushna virya*, *Teekshna*, *Ushna guna*, which does *Kapha shamana*, and thus clears the *Nasavarodha*. so in present study there is more improvement of *Nasavarodha* in Group-A 90% statistically significant ($p<0.001^{**}$) & Group-B shown 65% improvement is significant with $p<0.001^{**}$.

7. Effect on Swarabhedha

Swarabhedha is caused due to vitiated *Vatadosha*, because of increase of *Ruksha guna*, so here *Ushna virya* of both drugs & *Snigdha guna* of *Taila* helps for correction of *Ruksha guna* of *Vata dosha*. So in present study *Swarabhedha* reduced 35% in Group-A is significant with $p=0.004^{**}$ & 20% improvement in Group-B s also significant with $p=0.0019^*$.

8. Effect on AEC

Raised AEC is because of allergy & infection, so anti bacterial, antimicrobial property of both drugs which reduces the infection, *Rasayana* property of drugs helps for boosting up of immunity. so in present study

Hematological improvement i.e. in AEC 75% in Group-A ($p<0.001$) & 65% improvement in Group-B. ($p<0.001^{**}$).

Overall effect of therapy of 40 patients

1. Out of 20 patients treated in Group-A with *Shigru Taila Nasya Karma*, 18 patients showed good response, 1 patient showed moderate response & 1 patient showed poor response.

2. Out of 20 patients treated in Group-B with *Vidangadya Taila Nasya Karma*, 17 patients showed good response, 3 patients showed moderate response.

3. No one patient was found without any change in both the groups.

- There is no significant difference between two groups results i.e. Group-A 57.5% & Group-B 56.8 % showed success rate. ($p<0.001$)

Reoccurrence: During post treatment period of 60days 10(25%) reoccurrence were found in the cases in both groups. Since rate of reoccurrence is little high, for the future studies we recommend performing 2-3 sittings of *Nasya* in *Vataja Pratishyaya* and followed by *Naimittika Rasayanas* to improve the general immunity of the body.

CONCLUSION

Patients of group A treated with *Shigru Taila Nasya Karma* have shown better results clinically compared to group B who were treated with *Vidangadya Taila*. Statistically there is no significant difference between two groups at 1% level of significance i.e. for $p<0.001$. There were no complications observed during the treatment. Since rate of reoccurrence is little high, for the future studies we recommend performing 2-3 sittings of *Nasya* in *Vataja Pratishyaya* and followed by *Naimittika Rasayanas* to improve the general immunity of the body.

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Cite this article as:

Vasant Patil, Chennamma Uppin, Sanjay Gupta, Veerayya Hiremath, S.V. Rayanagoudar, D.B. Kendadamath. Clinical Study to Compare the Efficacy of *Nasya Karma* with *Shigru Taila* and *Vidangadya Taila* in *Vataja Pratishyaya* (Allergic Rhinitis). AYUSHDHARA, 2016;3(4):737-743.