

A Randomised Controlled Clinical Study Of Kshavathunashak Taila Nasya And 0.05% Fluticasone Nasal Solution In The Management Of Kshavathu W.S.R. Allergic Rhinitis

Vd. Chaitanya V. Sansare

(P.G. Scholar (Shalakyatantra))

Vd. Naveen Ghotane

Guide & Professor (Shalakyatantra Netra-roga)
Late Kedari Redekar Ayurvedic Mahavidyala, Gadhinglaj.

Abstract :

Kshavathu is comparable with Allergic Rhinitis which is characterized with Vata and Kapha dosha vitiation, Nasagata tanusrava (watery nasal discharge), Kshavatu (Sneezing) and Nasaavarodha (congestion) ⁴.

Allergic Rhinitis is a disease pertaining to Nose, induced by an immunoglobulin E (IgE)-mediated inflammatory reaction after allergic exposure of the membranes lining the nose and is characterized by watery Nasal discharge, Nasal congestion, Sneezing and Itching in the nose⁵. Allergic rhinitis is the most common type of chronic rhinitis, affecting 10 to 20% of the population, and evidence suggests that the prevalence of the disorder is increasing. Severe allergic rhinitis has been associated with significant impairments in quality of life, sleep and workperformance⁶.

Once the person is presented with allergic manifestation, improper management and dietary habits lead the disease into a chronic phase. This chronic phase is too difficult to cure completely. It remains as a focus for infections and inflammations in all associated structures like eye, tonsil, ear, pharynx, larynx etc. Finally it may lead to many complications like chronic sinusitis, recurrence of nasal polyps, hearing impairment⁷.

Key Words : Kshavatu, Allergic Rhinitis, Nasagata tanusrava, Nasaavarodha.

Introduction :

The management of allergic rhinitis consists of 3 major categories of treatment, (1) environmental control measures and allergen avoidance, (2) pharmacological management, and (3) immunotherapy⁸. Most cases of Allergic Rhinitis respond to pharmacotherapy. Patients with intermittent symptoms are often treated adequately with oral antihistamines, decongestants, or both as needed. Regular use of an intranasal steroid spray may be more appropriate for patients with chronic symptoms. Daily use of an antihistamine, decongestant, or both can be considered either instead of or in addition to nasal steroids⁹. Anti-histamines relieve the symptoms temporarily and in addition it may lead to side effects like drowsiness or sedation, dryness of mouth, suppressing of appetite but avoidance of allergens or desensitization against the allergens is the ideal methods to avoid Allergic Rhinitis but these are not always possible.

Management of Allergic Rhinitis aims at minimizing the symptom, optimize the quality of life and reduce the risk of developing co-morbidities. Due to development of Science industrialization and urbanization changed

ecosystem. The environment gets polluted life style of man is changed. Due to environmental pollution, global warming, unnatural seasonal variation, use of fast food etc. Occurs Kshavathu in human beings. Allopathy approach to the treatment become unsat is factory to patients some time. Where as Ayurvedic medicine are economically cost effective and very much helpful to break pathogenesis with better relief of Sign and Symptoms; gradually preventing complication.

In the classical reference Kshavathunashak Taila is one of the drug mentioned for its effectiveness in Kshavathu (Yogaratanakar) it is easily available. Kshavthu nasak taila contains Shunthi, Pippali, Kushta, and Bilva which are Ushna, Snigdha, Katu Rasa, Srotoshodhaka, Abhishyandahara (decongestant), Shothahara (Anti-inflammatory)¹¹, Immuno-stimulator¹², Antioxidant¹³, Kledahara, Vedanasthapana (Analgesic) Kaphashodhaka and Vatakaphaghna.

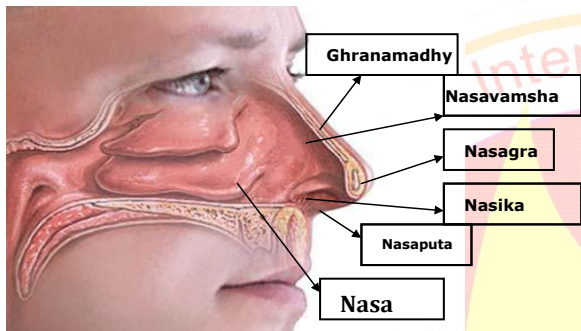
Hence, based on these properties of kshavthu nasak Taila, the clinical study was undertaken to see the efficacy of Kashavthunashak Taila Nasya in kshavathu.

Aim :

- Assessment of efficacy of Kshavathunashak Taila Nasya in the management of Kshavathu w.s.r. Allergic Rhinitis.

Objectives :

- Assessment of efficacy of Kshavathunashak Taila Nasya in the management of Kshavathu w.s.r. Allergic Rhinitis.
- To compare the efficacy of Kshavathunashak Taila Nasya with 0.05% Fluticasone Nasal Solution in management of Kshavathu w.s.r. Allergic Rhinitis.



Definition & Synonyms

Nasa is described as the seat of Ghranendriya i.e. sense of smell (Shabdastoma Mahanidhi). Amarkosha mentioned the synonyms of Nasa i.e. Nasa, Nasika, Ghranam, Gandhavaha, Ghrana.

Anatomy

In Ayurvedic literature, there is no detailed description of Nasa Shariraatone place like the anatomical description of other organs, whereas Nasa is included among the five Gyanendriya.

Acharya Sushruta has considered Nasa as Pratyanga i.e. secondary organ of the body. Similarly while enumerating the external orifices of the body, he has also considered two nostrils among the main nine external orifices.

Nasa is comprised of,

Bones	- 3
Peshi	- 2
Dhamani	- 2
Siras	- 24
Marmas	- 2

Indriya Panch Panchkam (Chakrapani on

Cha.Su.8/12) **Indriya** : Ghranendriya

Indriya Dravya: Prithvi

Indriya Adhistan : Nasa

Indriya Artha: Gandha

Indriya Buddhi: Ghrana Buddhi

Marmas

Acharya Vagbhata has stated that the two Marmas are situated in Nasika. (A.H.Sha.4/28,30,34)

Matruka : These are Sira Marmas associated with Nasa.

Phana : These are the Marmas which perform the olfactory function. **Shringataka**: These are Sadhyapranahara Marmas associated with Nasa, which also used to explain various diseases like Kshavathu, Brishaksha va etc.

Nasa Shareera

• **Pathya :**

- Snehan (Oleation).
- Swedan (Fomentation).
- Taila Abhyanga (Application and massage of oil).
- Old Yavadhanya.
- Shali Dhanya.
- Kulattha and Mudga Yusha.
- Soup prepared of Jangal Mamsa.
- Brinjal, Pointed gourd, Drum stick, Spiny gourd, Radish, Garlic, Curd, Hot water, Rum, Pippali, Shunthi, Maricha.
- Katu Amla, Lavana, Snigdha, Ushna, Laghu quality food should be preferred according to Doshas involved in Nasaroga.

• **Apathya :**

Following things to be avoided by diseased of Nasaroga.

- Snana (Bath).
- Krodha (Anger).
- Holding natural urges of Mala (Defecation) Mutra (Urine) and Adhovayu (Flatus)
- Shoka (Grieve).
- Excessive intake of liquids.
- Sleeping directly on soil or land.

Conclusion :

1. Prevalence of Kshavathu is found to be more in Age Group 10-20yrs. and 20-30 yrs. practically these are most productive and active age groups of a country.
2. Percentage of Kshavthu is almost equal in both Male and Female sexes in the study.
3. Housewives affected equally as majority of females from local population works in house

near 'Chulha' as well as works in farm to support and help the family.

4. Almost all patients from study showed nasasrav, episode of sneezing, shirshool and nasavordh a presenting complaints.
5. Vata Pitta Prakruti people are more prone for the disease.
6. Study shows lower class and lower middle class people are mostly affected with this disease.
7. Maximum No. of patients attending the OPD was having Madhyama category of Sara, Samhanana, Satva, Satmya, Abhyashakti, and Jaran Shakti.
8. smoke and dusty climatic conditions, in adequate hydration and scratching affected nostril with finger increases chances of being affected by disease kshavathu.
9. The kshavathunasak Taila possesses anti-inflammatory, antioxidant, immune-modulatory and antiasthmatic and also stabilizes mast cell and reduces mucus secretion. There by justifying the efficacy of kshvathunasak Taila Nasya in relieving the symptoms of Allergic Rhinitis..
10. During the treatment period proper Pathya-Apathya in terms of proper adaptation of prescribed Aahar-Vihar should be followed for maximum and speedy recovery.
11. Indicated doses of kshavathunasak taila should be used as a Nasya to get expected results.
12. Regular prescribed follow up is must for assessment of disease improvement.
13. Kshavathunasak taila as a Nasya and 0.05% fluticasone nasal drop both drug was same result.i.e. both drug is effective..
14. Trial drug Kshavathunasak tail is proved to the safe formulation in patients without any adverse effect.
15. Trial drug also proved to be easily available, affordable with minimum recurrence rate.
16. This study was carried out on small sample size i.e. 30 patients in each group for short period and it showed significant results further studies on

large sample and comparison with other drug are necessary to confirm the finding and to generate new concepts.

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