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A COMPARATIVE STUDY OF EFFECT OF NASYA (NASAL INSTILLATION) IN TAMAKA SHWASA WITH PALANDU TAILA AND ANU TAILA.

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ABSTRACT

Tamaka Shwasa is a respiratory system ailment described in Ayurveda, impacting the Pranavaha Srotas and characterized by Tivra Vegam Shwasa (rapid breathing with shortness of breath), Ghurghuraktwa (wheezing), and other associated clinical signs. This condition, which we now recognize as Bronchial Asthma in modern medicine, shares some clinical similarities such as difficulty in breathing, coughing, and chest discomfort. Conventional treatment typically involves the use of bronchodilators, leukotriene antagonists, mast cell stabilizers, and corticosteroids. Prolonged use of these medications can lead to adverse effects and diminish treatment effectiveness. Given these circumstances, exploring Ayurvedic management approaches, as outlined in this study, becomes essential. The study aims to compare the effects of Nasya (nasal instillation) using Palandu taila and Anu taila in the treatment of Tamaka Shwasa, offering a potentially more efficient alternative.

Key -words: Nasya, Asthma, Tamaka Shwasa, Anu taila

Introduction

In Ayurveda, Tamaka Shwasa is described as a respiratory system disorder that affects the Pranavaha Srotas. It manifests with symptoms like Tivra Vegam Shwasa (rapid breathing), Ghurghuraktwa (wheezing), and other clinical signs. Interestingly, there are similarities between Tamaka Shwasa and Bronchial Asthma in modern medicine, including symptoms like dyspnea, cough, and chest discomfort. Both conditions share common triggers such as exposure to smoke, dust, seasonal changes, and cold weather.

According to the Global Initiative for Asthma (GINA), Bronchial Asthma is characterized by chronic airway inflammation, leading to recurrent episodes of wheezing, breathlessness, chest tightness, and nighttime coughing. It often disrupts sleep due to coughing and wheezing and results in increased thick mucus production.

In Shwasa, especially in children, there is a notable expulsion of hot breath after expiration. Dyspnea and hiccup are described as life-threatening conditions that can rapidly deteriorate a patient's health. Pratamaka dyspnea occurs in individuals with fever, fainting, and is exacerbated by factors like misperistalsis, dust inhalation, and indigestion. It worsens at night but can improve with cold medications.

Currently, Bronchial Asthma is managed with symptomatic treatments such as bronchodilators, anti-inflammatory drugs, and steroids, offering temporary relief but not a permanent solution and potentially causing side effects. Ayurveda provides alternative treatments like Snehana, Swedana, Vaman, Virechana, and Nasya. Anu Taila, a polyherbal oil, is

recommended for Nasya in Ayurveda to address diseases affecting the head, brain, eyes, face, nose, ear, and neck.

Asthma is a global health concern, affecting around 300 million people worldwide, with a 50% increase in the last decade. In India, more than 15 million people are estimated to have asthma, with 5% of children under 11 years old affected.

Swasha, or asthma, can be primary (originating in the respiratory system) or secondary (resulting from other body system issues affecting the respiratory system). Bronchial Asthma is characterized by chronic airway inflammation leading to recurring symptoms such as wheezing, breathlessness, chest tightness, and morning cough. Ayurveda attributes Swasa mainly to the Vata and Kapha doshas, classifying it into five types, including Tamaka Swasa (Bronchial Asthma). Current management of asthma involves medications like bronchodilators, leukotriene antagonists, mast cell stabilizers, and corticosteroids. However, prolonged use of these drugs can have adverse effects and reduce their effectiveness. Ayurvedic treatments, as described in this study, offer a potentially better and more effective alternative.

This study aims to compare the effects of Nasya (nasal instillation) using Palandu Taila and Anu Taila in Tamaka Shwasa. Nasya is a recommended treatment modality for Tamaka Shwasa in Ayurveda, promoting better respiratory and oral health as part of daily routine. Palandu Taila, made from *Allium cepa*, is a cost-effective option and easily accessible, with properties that make it suitable for Shwasa roga. It is being

compared to Anu Taila, another oil indicated for Nasya in daily routines.

Aim

Comparing the efficacy of *Pratimarsha Nasya* with *Palandu taila* and *Anu taila* in children with *Tamaka Shwas*.

Material and method

In this Study, 30 patients will be divided randomly into 2 groups (15 in each). In Group AT(Experimental)- *Anu Taila Pratimarsha Nasya*, 1 drop in each Nostril once a day in the morning for 14 days and Group PT (Control)- *Palandu Taila Pratimarsha Nasya*, 1 drop in each Nostril once a day in the morning for 14 days.

INCLUSION CRITERIA

- 1.Participants above 5 year of age to 12 year will be selected irrespective of gender, caste & socioeconomic status and religion.
- 2.Children suffering from *Tamaka Shwasa* in *Avegavastha*.
- 3.Children willing to participate in the study and whose parents give assent.

EXCLUSION CRITERIA:

- 1.Severe cases of Asthma with complications like suspected infection, large airway lesions, heart disease, other pulmonary diseases etc.
2. Other systemic, endocrine, chronic, debilitating disorder associated with any degree of Asthma.
3. Patient with acute or severe exacerbation and Status Asthmaticus.

Properties of Palandu drug

- **Dravya** -Palandu
- **Rasa** - Madhur, Katu
- **Virya** -Anushna
- **Vipaka** -Madhura
- **Guna** - Guru, snigdha, Teekshna
- **Karma** - Kaphanissarak,Uttam Vatahara

Group	P	A
Sample size	15	15
Intervention	<i>Palandu Taila Pratimarsha Nasya</i>	<i>Anu Taila Pratimarsha Nasya</i>
Dose	2 drops (in each nostril) at morning.	2 drops (in each nostril) at morning.
Duration	After every 7 days	After every 7 days
Follow Up period	14 days	14 days
Total duration	28 days	28 days

Diagnostic Criteria for children

Children's diagnostic criteria for *Tamaka Shwasa* (a respiratory condition) include symptoms like *Coryza* (*Peenasa*),

Wheezing (*Ghurghurakatwa*), *Cough* (*Kasa*), *Expectoration* (*Kapha Nisthivana*), *Difficulty in Breathing* (*Shwaskrichhrata*),

and Sleep issues (Nidra) related to climate.

Observations

In the study, a total of 33 participants met the inclusion and exclusion criteria, with 30 completing the course without reporting any adverse drug reactions (ADR). Three participants dropped out due to personal problems and transportation issues, with no other specific reasons reported for discontinuation. Various parameters were assessed using subjective and objective grading scores, with some parameters simplified for children. Statistical analysis was performed before and after treatment to compare efficacy between groups.

Result

The study's results showed insignificant differences between groups for all parameters, including Peenasa, Ghurghurakatwa, Kapha Nishtivana, Asinolabhate saukhyam, Shwasakrichrata, and Nidra. This suggests that both treatment groups were equally effective in managing Tamaka Shwasa. The limited sample size may have contributed to these insignificant differences.

The study found no significant changes in certain blood parameters within normal limits. While there was a reduction in Eosinophils and Absolute Eosinophil Count in both groups, it was not statistically significant, possibly due to the small sample size. No adverse drug reactions were reported during the follow-up period, indicating the safety of the drugs used.

Probable mode of action

According to Ayurvedic literature, Tamaka Shwasa is primarily caused by Vata and Kapha Dosha imbalances, and

the study's interventions aimed to address these imbalances. Both groups received different formulations of Pratimarsha Nasya (nasal administration) with Palandu Taila and Anu Taila. These formulations may have helped normalize Vata and Kapha imbalances and improve respiration, reducing dyspnea and sleep difficulties. Additionally, they may have reduced excess sputum production and adventitious chest sounds.

Discussion

The study's findings indicate that there was no significant difference in the impact of both Group P and Group A on the assessment. When examining subjective parameters, both groups showed similar results, with no significant disparities observed in other measures. Individually, parameters such as Peenasa, Ghurghurkatwa, Kaphanishtivana, Asinolabhatesaukhyam, and Shwasakrichrata demonstrated reductions. Despite the lack of a notable distinction in the effects of both groups, the values of Lymphocytes, Basophils, and Monocytes remained within normal ranges. While there was a reduction in the values of Eosinophils and Absolute Eosinophil Count in both groups, this reduction was not statistically significant in the study. More extensive sample analysis may yield more precise results. Notably, no Adverse Drug Reactions (ADRs) were reported during the follow-up period, indicating that the medications did not produce any adverse effects in the participants. The Pratimarsha nasya treatment was well tolerated by all participants, and no obvious Adverse Drug Reactions (ADRs) occurred during the treatment or follow-up period. Consequently, it can be inferred that Palandu Taila Pratimarsha

Nasya is an effective option for treating Tamaka Shwasa in children over a 14-day period. The diagnostic criteria for Tamaka Shwasa in children involve symptoms such as Peenasa (Coryza), Ghurghurakatwa (Wheezing), Kasa (Cough), Kapha Nisthivana (Expectoration), Shwaskrichhrata (Difficulty in Breathing), and Nidra (Sleep issues) related to climatic conditions.

Conclusion

In conclusion, both Group P and Group A interventions showed non-significant differences in assessment results. Subjective parameters had a similar effect in both groups, while other parameters showed insignificant differences. Palandu Taila Pratimarsha Nasya appears to be well-tolerated and effective in treating Tamaka Shwasa in children over a 14-day period, although larger sample studies may provide more precise results.

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