Clinical Evaluation of Jeemootakaphala Avapeedaka and Pradhamana Nasya in Kosthashakhshrita Kamala

Dr. Madhavi Seetha
Associate Professor & HOD Panchkarma MSM Institute of Ayurveda BPSMV Khanpur Kalan, Sonipat, Haryana, India

Abstract: The current clinical study was planned to assess the efficiency of Jeemootakaphala Avapeedaka and Pradhamana Nasya in Kosthashakhshrita kamala. The study was completed on 30 patients diagnosed with Kosthashakhshrita kamala of either sex, among the age faction of 20 to 60 years who were arbitrarily chosen. The patients were categorized into 2 groups i.e Group A & group B. Jeemootaka phala Avapeedaka Nasya was given to group A, while Jeemootaka phala Pradhamana Nasya was administered in group B. The dosage of Nasya was 1.5 ml in every nostril in group A, 65 mg in every nostril in group B. The evaluation was made before the treatment and after treatment. Patients were followed up after 7 days of Nasya. Hence whole study period was 15 days. Both Nasya showed considerable improvement in Kosthashakhshrita kamala. Clinical efficiency of group A was better than to group B however statistically both groups showed similar efficacy. Keywords: Kosthashakhshrita kamala, Nasya, Jeemootakaphala Avapeedaka, Pradhamana.

INTRODUCTION

Ayurveda reserves different remedial measures in its coffers either in the type of purificatory (Samshodhana) or pacificatory (Samshamna) treatment [1]. General Purification of the body is mandatory for every preventive and curative procedure [2]. Ayurveda laid down an immense prominence of panchakarma as a purificatory therapy. Nasya is one of the imperative procedures of established panchakarma treatment. Nasa is known as Shiro Dwara, which is the Uttamanga and measured as Moola of individual. Thus the medicine administered through Nasa dwara act locally as well as systemically [3].

The dose requisite is least. The metabolism of drugs is not necessary during first route; consequently the action of the medicine is quick and effectual.

KAMALA explained in Ayurvedic text is a ailment, hence it cannot be associated with jaundice since it is just a sign which means yellowishness [4]. However it can be correlated with Hepatitis either basis viral or non viral (alcohol/ drug induced) (en.wikipedia.org/wiki/Alcoholic-Liver-Diseases) as the clinical symptoms of Hepatitis are similar to kamala described in ayurveda. The demarcation of Hepatitis viral and non viral is not present in ayurveda, although we find allusion that illness can marked from various reasons and reason may pilot to numerous diseases [5].

Most frequent type of viral Hepatitis is Hepatitis B, caused by Hepatitis B Virus. It infects more than 2 billion people worldwide; out of which 360 million communities are chronic transporter yearly. It is tenth foremost reason of mortality. While frequent cause of non viral is ethanol, found in alcoholic beverages. Alcoholic hepatitis occurs in patients with alcoholic liver disease and enhances probability of cirrhosis (en.wikipedia.org/wiki/Hepatitis). Allopathic medication, in spite of its massive success does not suggest any expectant treatment for Hepatitis. Therefore the cure of disease is gone to the leniency of nature and instant.

Ayurvedic literatures contain prosperity of source information about the procedures for cure of kamala and preventing its complication [6]. Amongst them Virechana and Nasya play a main role. As mentioned in Ayurvedic texts, Nasya of Jeemootaka, Dhamargava, etc. is used by various Ayurvedic and several folklore practioners across India and comprises considerable therapeutic result too [7]. The present study will assist to develop several substantiation concerning the same.
AIM AND OBJECTIVES OF THE STUDY

- To assess the efficacy of Jeemootaka phala Avapeedaka Nasya in Koshtha Shakhashrita Kamla.
- To evaluate the efficacy of Jeemootaka phala Pradhamana Nasya in Koshtha Shakhashrita Kamla.
- To appraise the comparative efficacy of Jeemootaka phala Avapeedaka and Pradhamana Nasya in Koshtha Shakhashrita Kamla.

MATERIALS AND METHODS

Source of Data

Patients reporting the OPD and IPD of MSM Institute Of Ayurveda, BPSMV,Khanpur kalan were chosen for the trial. 30 patients who execute the inclusion criteria were randomly chosen for present study.

RESEARCH DESIGN

Present Study is a potential open unrestrained randomized clinical study as follows-30 patients were randomly chosen and alienated in two groups-A&B with 15 patients in each group. Patients were well-informed regarding process and knowledgeable consent was taken.

Group A

Poorva Karma: prior to Nasya karma Deepana and Pachana followed by Trikatu choorna 1gm before meal with anupana of lukewarm water. Local snehana by murchita tilatala and vashpa sweda on jatrudhiwa pradesha was given prior to Nasya Karma [8].

Pradhan Karma: Avapeedaka Nasya was administered by 125mg Jeemootakaphala choorna mixed in 3ml of cow’s milk.

Dose: 1.5ml in each nostril,

Time: Early morning empty stomach, 3 times with alternate day gap comprising 5 days.

Paschat Karma: Gandusha with lukewarm water, Rest laghu and deepaniya ahara.

Group B: Poorva karma and paschat karma similar to group A.

Inclusion Criteria

- Patients having classical sign and symptoms of Koshtha Shakhashrita Kamla.
- Patients whose serum bilirubin range from 3mg/dl and more than.
- Nasya yogya.

Exclusion Criteria

- Patients under the age of 20 and over 60 years of either sex.
- Patients associated with severe systemic disease.
- Hemolytic and Obstructive Jaundice.
- Genetic and auto immune disorders.
- Nasya ayogya.

Diagnostic criteria

Patients having classical signs & symptoms of Koshtha shakhashrita Kamala supplemented with that of augmented level of serum bilirubin i.e. above 3mg/dl were chosen for the clinical study.

<table>
<thead>
<tr>
<th>SUBJECTIVE PARAMETERS</th>
<th>OBJECTIVE PARAMETERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peetavarnata of Netra, Nakha, Twak, Anana, Mutra &amp; Varchas</td>
<td>LFT’s</td>
</tr>
<tr>
<td>Avipaka, Daurbalya, Daha</td>
<td>Urine bile salts, bile pigments</td>
</tr>
</tbody>
</table>

Subjective and objective parameters before and after treatment were analyzed by using appropriate statistical methods and ultimate conclusion was drawn.

Pradhan Karma: Pradhamana Nasya by Jeemootakaphala choorna was administered in dose of 65mg each nostril.

Follow-up:- Patients were followed up for 7 days of completion of Nasya Procedure.

Total period:-15 days.

Assessment Criteria

- Marked enhancement > 60%
- Moderate enhancement 40-60%
- Mild enhancement 20-40%
- No improvement < 20%

RESULTS

All the 30 registered patients of both groups completed the therapy. The effect of therapy on various parameters was assessed after the completion of treatment. The results obtained before and after treatment were analyzed statistically.

The results were statistically construed based on subjective and objective parameters: In this study, Nasya had shown significant effect simultaneously clinically and statistically. PeetaNetra, Nakha, Twak, Anana, Mutra and Varchas, Avipaka, Daurbalya and Daha were the subjective parameters [9] taken up for clinical study. Results obtained were interpreted in the group and among group changes. Significant enhancement was seen subsequent to the treatment in
both groups by Nasya in Koshtashakasrita Kamala with P value of <0.001 in every parameter apart from 
daurbalya where P value was <0.01 in both groups. 
There was no distinction in self reported sternness of all 
symptoms among groups however there was a 
diminuation in sternness of all symptoms after treatments 
in both groups. Liver Function Tests and Urine bile 
salts and bile pigments were the objective parameters 
taken up for this study [10]. Obtained results were 
interpreted in the group and among group changes. A 
considerable improvement was seen following the 
treatment in both groups by Nasya in Koshtashakasrita 
Kamala with p value of <0.001 in Total, direct, Indirect 
bilirubin, Alkaline Phosphate, Urine BS and BP in both 
groups and with p value 0.018 in SGPT and p value of 
0.030 in SGOT and p value of 0.008 in GGT in group A 
and with p value 0.005 in SGPT and p value of 0.038 in 
SGOT and p value of 0.005 in GGT in group B. There 
was no dissimilarity in all objective parameters among 
groups although the treatment was statistically highly 
significant in both the groups. Overall results showed 
43.33% of marked relief and moderate relief with 40% 
and 16.66% of mild relief. Hence both the Nasya i.e. 
Avapeedaka and Pradhama are highly effectual in 
management of Koshtashakasritakamala.

DISCUSSIONS
Related to disease
Nidana: Maximum number of subjects 60% were of 
Alcohol hepatitis, 33.33% subjects were of Idiopathic 
hepatitis and 6.66% were of Infective hepatitis. Occurrence of past history of jaundice: 27(90%) 
patients included in this study gave no history of 
jaundice whereas only 3(10%) had past history of 
jaundice.

Distribution of symptoms in patients
All patients had classical symptoms mentioned 
apart from Daha which was established in 18 patients. 

Related to Treatment
Time of start of nasal discharge-
After Nasya the least time taken for beginning 
of nasal discharge was 50 minutes and utmost time 
taken was 2hours. From this we can say that irritation 
caused by Jeemootaka causes nasal discharge after 
50mins-2hrs of time span.

Amount of nasal discharge on every administration
Following Nasya the minimum quantity of 
nasal discharge collected was 60ml and maximum 
quantity was 170ml. Nasal discharge was found to be 
raised with posture i.e. neck flexed situation may be due 
to gravitational effect. It was established that collected 
discharge contained bilirubin.

Symptoms through nasal discharge-
Subsequent to Nasya all patients complained 
mild to moderate throat pain but it got relieved after the 
discharge stopped and hot water gargling was advised. 
Small number of patients complained headache and 
tinnitus but it subsided without any dynamic treatment.

Duration of nasal discharge-
After Nasya yellowish nasal discharge started 
usually 1-1½ hr and sustained for minimum 10 hrs and 
maximum 21 hrs.

Discussion on probable mode of action
Depending on the observations, results and 
also the literature reviewed the probable mode of action 
can be explained as follows-

Samprapti: Pitta Prakopa due to Abhyantral/Bahya 
hetu – Dusti of Rakta & mamsa dhatu leading to 
Rakatavaha Srotodushhti – Yakrit moola of Rakatavaha 
srotas gets affected leading to pitta Atipravruti and 
Vimarga gaman – Appearance of Peetta Netra, Nakha 
Tvak, Anana, Mutra, Varchas,Aavipaka, Daurbalya-
Koshtashakasrita kamala [4].

Pathogenesis: Etiology [Viral/ non viral]- 
Inflammation of hepatocytes – Appearance of 
symptoms jaundice, Poor Appetite, Fatigue – Hepatitis 

Probable Mode of Action
Jemootaka Nasya – Absorption of Jeemootaka 
by Nasal Mucosa – Causing local irritation due to which 
yellow Nasal discharge starts containing bilirubin – 
After inflowing systemic circulation has an action on 
swollen hepatocytes – Improving the condition (PubMed).

Obtained observations do not verify a simple 
clarification of the relief of jaundice by enhanced Nasal 
secretion of bilirubin. There is a chance that the active 
principles do get engrossed by Nasal Mucosa and have 
an action on the liver. Such a putative effect may tie up 
well with the experimental observations with L.echinata 
on jaundice in rats [12] and Hypatoprotective action of 
Luffa Echinata fruits [13]. Though, additional 
comprehensive work with frequent administration of the 
plant extracts. Scrupulous and expanded follow up 
ought to be taken to prove this preliminary effect of a 
therapeutic assurance of L.echinata in hepatitis.

CONCLUSION
Nasya, Shodhana Chikitsa has been dealt in 
detail as an imperative Panchakarma therapy to 
emphasize its systemic effects. Both the Nasya showed 
similar effectiveness statistically but Clinically 
Avapeedaka Nasya had shown superior results. 
Statistically this study was found remarkable showing 
good results in subjective and objective parameters in 
both groups. It can be concluded that subsequent to 
Jeemootaka Nasya a yellowish Nasal discharge starts 
later than 1-1½ hr which continues for standard of 12

Available Online: Website: http://saudijournals.com/sijtcm/
hrs and quantity of secretion collected is 60-170 ml. In this study 14 subjects got marked relief, 11 subjects got moderate relief and 5 got mild relief. It can be said Jeemootaka Nasya is useful in management of Koshtahakasrita kamala and well tolerated by patients.

REFERENCES