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Clinical Evaluation of Jeemootakaphala Avapeedaka and Pradhamana Nasya in Kosthashakhashrita Kamala

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Abstract: The current clinical study was planned to assess the efficiency of *Jeemootakaphala Avapeedaka* and *Pradhamana Nasya* in *Kosthashakhashrita kamala*. The study was completed on 30 patients diagnosed with *Kosthashakhashrita kamala* of either sex, among the age fraction 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 *Kosthashakhashrita kamala*. Clinical efficiency of group A was better than to group B however statistically both groups showed similar efficacy.

Keywords: Kosthashakhashrita 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 marga* 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 Shakhshrita Kamla*.
- To evaluate the efficacy of *Jeemootaka phala Pradhamana Nasya* in *Koshtha Shakhshrita Kamla*.
- To appraise the comparative efficacy of *Jeemootaka phala Avapeedaka* and *Pradhamana Nasya* in *Koshtha Shakhshrita 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.

Inclusion Criteria

- Patients having classical sign and symptoms of *Koshtha Shakhshrita 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 shakhshrita Kamala* supplemented with that of augmented level of serum bilirubin i.e. above 3mg/dl were chosen for the clinical study.

SUBJECTIVE PARAMETERS	OBJECTIVE PARAMETERS
<i>Peetavarnata of Netra, Nakha, Twak, Anana, Mutra & Varchas</i>	LFT's.
<i>Avipaka, Daurbalya, Daha</i>	Urine bile salts, bile pigments
Subjective and objective parameters before and after treatment were analyzed by using appropriate statistical methods and ultimate conclusion was drawn.	

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 tilataila* and *vashpa sweda* on *jatrurdhwa 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.

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.

Assesment 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 diminution 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 *Pradhamana* 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 1-1^{1/2} 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 *Abhyantra/Bahya hetu* – *Dusti* of *Rakta & mamsa dhatu* leading to *Rakatavaha Srotodushti* – *Yakrit moola* of *Rakatavaha srotas* gets affected leading to *pitta Atipravrutti* and *Vimarga gaman* – Appearance of *Peetta Netra, Nakha Twak, Anana, Mutra, Varchas, Aavipaka, Daurbalya-Koshtashakasrita kamala* [4].

Pathogenesis: Etiology {Viral/ non viral}- Inflammation of hepatocytes – Appearance of symptoms jaundice, Poor Appetite, Fatigue – Hepatitis [11].

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 1-1^{1/2} hr which continues for standard of 12

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 *Koshtashakasrita kamala* and well tolerated by patients.

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