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A Comparative clinical study Between *Rasnadi Taila Nasya* and *Pathyadi Kwatha* administered orally in the management of *Vatika Shirahshoola* W.S.R. to tension headache

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ABSTRACT

Tension headache is the most common type of chronic recurring head pain. Tension-type headaches are common, with lifetime prevalence in the general population ranging 30% to 78% in different studies. Being an alarming problem, it needs effective and safe treatment. The symptomatology of tension headache is quiet resembling with *Vatika Shirahshoola*. *Vata* is dominant amongst rest of *Doshas* and *Shoola* can never been without its involvement. One of the *Panchakarma*, the *Nasyakarma* is considered the best and the most specific procedure for disease of *Shirogata rogas*. According to *Ayurveda*, the nose is the gate way to *Shirah*. So, diseases of *Shirah* can be cured by systemically performed *Nasyakarma*. *Taila* is best drug for *Vata Dosha* and *Pathyadi Kwatha* is also known drug for *Shirahsoola*. Keeping all this in mind the present study had planned to evaluate the efficacy of *Rasnadi Taila Nasya* and *Pathyadi Kwatha* orally in *Vatika Shirahshoola*. *Rasnadi Taila Nasya* has improved *Vatika Shirahshoola* significantly in comparison to *Pathyadi Kwatha* orally.

Keywords: *Vatika Shirahshoola*, Tension headache, *Nasyakarma*, *Shirah*.

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INTRODUCTION

Ayurveda consider *Vata*, *Pitta* and *Kapha* are three pillars of human organism¹ Acharya Sushruta states, there can be no organism without these three pillars. The entire Ayurvedic science is built on this “*Tridosha Siddhanta*” only. *Vata* has been given the supreme importance in the series of *Tridosha*². As in *Vatik Shirahashoola* *Vata* is main factor. *Shirahashoola* is described in *Ayurveda* not only as the symptom of many diseases but also as an independent disease entity as *Shiroroga*³. *Vatika Shirahashoola* caused by both somatic and psychogenic factors⁴. The symptomatology of tension headache is quiet resembling with *Vatika Shirahashoola*. So that for correlation purpose Tension Headache was selected in the present study. Tension headache is the most common type of chronic recurring head pain. As of 2013 tension headaches affect about 1.6 billion people (20.8% of the population)⁵ and are more common in women than men (23% to 18% respectively)⁶ *Vatika Shirahashoola* is the disease of *Urdhvanga*, for *Urdhvajatrugata Vikara Nasya* is the therapy of choice as mentioned in *Ayurvedic* literature. *Rasnadi Taila Nasya* and *Pathyadi Kwatha*⁸ Administered Orally were decided for the present study to know its efficacy in the treatment of *Vatika Shirahashoola*

Aims and Objectives

1. To assess the efficacy of *Rasnadi Taila Nasya* in the management of *Vatika Shirahashoola* .
2. To assess the efficacy of *Pathyadi Kwatha* Administered Orally in the management of *Vatika Shirahashoola*.
3. To compare the efficacy of *Rasnadi Taila Nasya* and *Pathyadi Kwatha* administered orally in the management of *Vatika Shirahashoola* .

MATERIALS AND METHOD

30 Patients were selected irrespective of the age, sex, religion, profession etc. from the O.P.D and I.P.D of Panchakarma Department, I.P.G.T. & R.A. Jamnagar and randomly divided into two groups.

Criteria for Diagnosis

The criteria of diagnosis were based on clinical parameters of *Vatika Shirahashoola*⁹ and tension headache i.e.

- *Shankhanistoda* (Bitemporal headache)
- *Ghata sambheda* (Pain in occipital region)
- *Bhrumadhya Evam Lalat-pida* (Pain in frontal region)
- *Shrotra Vedhanvat Pida* (Severe pain in ears)
- *Shrotosvanan* (Noises in ears)

-*Akshinishkasanavatpida* (Pain in eyes as feeling with eyes are coming out)

-*Shiroghrurnanam* (Giddiness)

-*Sirajaalsfurana* (Tingling sensation)

-*Shirodharastambha* (Stiffness of neck)

-*Nishakaleait vedana* (Pain increase at night)

Detailed clinical history was taken and complete physical examinations were done on the basis of a special Performa incorporating all the signs and symptoms of *Vatika Shirahshoola* vis-à-vis tension headache. Routine urine, blood examinations, was conducted wherever required before and after treatment.

Inclusion Criteria

1. Patients having sign and symptoms of *Vatika Shirahshoola* (Tension headache).
2. Patients having age between 16 to 60 years.
3. *Nasya Yogya*¹⁰ as per *Ayurvedic* classics.

Exclusion Criteria

1. Patients having Hypertension, Chronic sinusitis, Traumatic injury, cerebral hemorrhagic condition and any other serious systemic illness.
2. Secondary headache caused by meningitis, tumor, encephalitis, increased intra ocular pressure, cervical spondylosis, hypoglycemia.
3. *Nasya Ayogya*¹¹ as per *Ayurvedic* classics

Assessment parameters:

It was based on relief found in the signs and symptoms of the disease. For this purpose main signs and symptoms were given suitable Score (Nil/absent – 0, Mild (bearable pain) – 1, Moderate (pain disturbed in work) – 2, Severe (forced to stop work) – 3, Very severe (forced to take rest) – 4) according before and after treatment to their severity.

Plan of study:

The study was cleared by the institutional ethics committee. Informed consent was taken from all the patients before including them in the trial. The treatment schedule decided of each group was as under

Groups and posology:

Out of 30 selected patients (15 in each group) 28 patients completed the course of the therapy while 2 were dropped out.

Group A: *Rasnadi Taila Nasya Karma*

Drug: *Rasnadi Taila* [Table 1]

Dose: Each nostril 8drops

Duration: 7days such 2 courses with gap of 7 days

Group B: Pathyadi Kwatha [Table 2]

Dose: 40ml twice a day

Duration: for 21days

Table 1: Contents of RasnaTaila

Sr.no	Drug	Latin name	Family	Part used	Part
1.	Rasna	<i>Pluchea lanceolata</i> Oliver	Compositae	MoolaTvaka	1 Part
2.	Shaliparni	<i>Desmodium gangeticum</i> DC.	Papilionaceae	Panchang	1 Part
3.	Prushniparni	<i>Uraria picta</i> Desv.	Papilionaceae	Panchang	1 Part
4.	Brihati	<i>Solanum indicum</i> Linn.	Solanaceae	Panchang	1 Part
5.	Kantakari	<i>Solanum surattense</i> Burm.F.	Solanaceae	Panchang	1 Part
6.	Gokshura	<i>Tribulus terrestris</i> Linn.	Zygophyllaceae	Seeds	1 Part
7.	Tila Taila	<i>Sesamum Indicum</i>	Padaliaceae	Tila Taila	Q.S.
8.	Godugdha	-	-	Godugdha	Q.S.

The Tail prepared for this project is made by using the method of *Siddh Sneha Kalpana* stated by Acharya Sharangadhara.

Table 2: Contents of Pathyadi Kwatha

Sr.no.	Drug	Latin name	Family	Part used	Part
1.	Pathya	<i>Terminalia Chebula</i> Retz.	Combretaceae	Fruit	1 part
2.	Bibhitaki	<i>Terminalia bellirica</i> Roxb.	Combretaceae	Fruit	1 part
3.	Amalaki	<i>Embelica Officinalis</i> Gaertn.	Euphorbiaceae.	Fruit	1 part
4.	Bhunimb	<i>Andrographis Paniculata</i> (Burm).	Gentianaceae	Panchanga	1 part
5.	Nisha	<i>Curcuma Longa</i> Linn.	Zingiberaceae	Kanda(Tuber)	1 part
6.	Amruta	<i>Tinospora Cardifolia</i> (willd.)	Menispermaceae	Kanda (stem)	1 part

Follow up study

After completion of treatment the patients were reviewed after every 7 days for a period of 3 weeks.

Assessment of Total Effect of Therapy

1. < 25% Relief- Unchanged.
2. 26-50% Relief- Mild improvement.
3. 51-75% Relief- Moderate improvement.
4. 76-99% Relief- Marked improvement.
5. 100 % Relief- Complete remission.

Statistical Analysis

The Wilcoxon's Signed-Rank Test was carried out for all nonparametric data (i.e. for subjective criteria) to analyze the effect of individual therapies in the both groups. Chi square test was used to compare the effect of therapies of the two groups for non-parametric data.

RESULTS AND DISCUSSION**Effect of therapy on Cardinal symptoms** [Table 3]**Group A:**

Statistically highly significant ($P < 0.001$) results were observed in term of the symptoms *Shankhanistoda*, *Ghata Sambheda*, *Bhrumadhya & Lalat-pida*, *Shrotra Vedhanavat Pida*, *Shrotosvanan*, *Sirajal Sphurana* and in *Nishakale Ativedana*, the relief obtained in these symptoms were 80%, 57.50%, 75%, 62.50%, 62.50, 82.61%, and 52.77% respectively. Significant relief was found in *Shirodhara Sthambha* by 60%, in *Akshinishkasanvat pida* 66.67% and in *Shirahghruna* 69.57%.

Group B :

Highly significant results were obtained in *Shankhanistoda* was 57.50 %, in *Ghata Sambheda* 60%, *Bhrumadhya & Lalat-pida* 54.55%, in *Shrotra Vedhanavat Pida* % and in *Nishakale Ativedana* 52.77%. Significant relief was found *Sirajal Sphurana* 66.67%. Statistically insignificant (>0.05) results were obtained in *Akshinishkasanvat pida* 41.67% and in *Shirahghruna* 41.67%. Statistically S.D.is zero in *Shrotosvanan*, *Sirajal Sphurana* and in *Shirodhara Sthambha*, so effect of therapy could not be assess.

Overall effect of therapy [Table 4]

Group A: 7.14% patients were observed cured, 35.71% patients were markedly improved, 28.57% patients were moderately improved, 14.29% patients found mild improvement, while 14.29% patients remained unchanged.

Group B: No patients were observed cured, 7.14% patients found markedly improved, 42.86% patients reported moderately improved, 28.57% patients were markedly improved, while 21.43% patients remained unchanged

Table 3 Effect of therapy on Cardinal symptoms

Cardinal symptoms	Group	Mean		%Relief	W	P value
		B.T.	A.T.			
<i>Shankhanistoda</i>	A	3.462	0.692	80	91	<0.001
	B	3.077	1.308	57.50	78	<0.001
<i>Ghata Sambheda</i>	A	3.50	0.83	76.19	78	<0.001
	B	3.077	1.23	60	91	<0.001
<i>Bhrumadhya & Lalat-pida</i>	A	3.42	1.07	68.75	91	<0.001
	B	3.14	1.43	54.55	91	<0.001
<i>Shrotra Vedhanavat pida</i>	A	2.0	0.75	62.50	10	<0.001
	B	1.50	1.00	33.33	-	-
<i>Shrotosvanan</i>	A	2.0	0.75	62.50	10	<0.001
	B	1.50	1.00	33.33	-	-
<i>Shirodhara Stambha</i>	A	2.50	1.00	60	28	<0.01
	B	1.80	1.20	33.33	-	-
<i>Akshinishkasanvat pida</i>	A	2.25	0.75	66.67	28	<0.01
	B	2.40	1.40	41.67	10	>0.05
<i>Shirahghruna</i>	A	2.30	0.70	69.57	45	<0.01
	B	2.40	1.40	41.67	28	>0.05
<i>Sirajal sphurana</i>	A	2.56	0.44	82.61	45	<0.001
	B	2.25	0.75	66.67	28	<0.01
<i>Nishakale Ativedana</i>	A	2.45	0.91	62.96	45	<0.001

B	2.09	1.00	52.77	55	<0.001
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Table 4: Overall effect of therapy

Overall effect	Group A(n==14)		Group B(n=14)	
	No. of patients	%	No. of patients	%
Complete remission (100%)	1	7.14	0	00
Marked improvement (76-99%)	5	35.71	1	7.14
Moderate improvement (51-75%)	4	28.57	6	42.86
Mild improvement (26-50%)	2	14.29	4	28.57
Unchanged (<25%)	2	14.29	3	21.43

Tension headache is one such psycho somatic disease which can be compared with *Vatika Shirahshoola* described in *Ayurvedic* texts. In *Vatika Shirahshoola* the dominant vitiated *Dosha* is *Vata*. The vitiated *Vata* affecting the *Shirah* then manifest *ShirahShoola*. *Shirahshoola* is a chief symptom of *Shiroroga*, which comes under *Urdhwajatrugata Vikara*. *Nasya* is indicated by almost all the *Acharyas* for its effective management¹². A medicine administered through the nose, goes into the *Shirah* and expels out the vitiated *Doshas*. The *Nasika* is said to be the gateway of the *Shirah*¹³ thus it is the best route to eliminate the *Doshas* of the *Shirah*. *Vata Dosha* is responsible for Pain¹⁴ (*Shoola*). The “*Rasnadi Taila*” is a *Taila* preparations and the *Taila* is the best drug for the *Vata Dosha*¹⁵ and in *Rasnadi Taila*, most of the drugs are having *Ushna Veerya* and kaphavata shamaka properties. So, we may say that selected drugs bear *Vatashamak* properties, and by this way it pacifies the *Vata Dosha*. In *PathyadiKwatha* most of the drugs having *Ushna Veerya*, *Madhura Vipaka*, and *Tridoshaghna properties* so by all virtues narrated above they normalize the vitiated *Vata Dosha*. Thus both the above mentioned formulations acts at various levels of pathology formation and each single drug acts by the virtue of its *Rasa*, *Guna*, *Virya*, *Vipaka* or *Prabhava*. Hence Group-A has potently minimize vitiated *Vata Dosha* and thereby provides better relief then Group-B in *Vatika Shirahshoola*.

CONCLUSION

Rasnadi Taila Nasya has improved *Vatika Shirahshoola* significantly in comparison to *Pathyadi Kwath* orally, hence it can be stated that *Vatika Shirahshoola* can be managed effectively by *Rasnadi Taila Nasya*.

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