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Comparative Clinical study On the Effect of Nasyakarma and Shiroabhyanga with Gunjaadi Tailain the Management of Ardhavabhedaka

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Abstract-Ardhavabhedaka¹ is one among 11 types of shiroroga said by our acharyas .Totally variants are vataja, pittaja, kaphaja, sannipataja, raktaja, krimija, kshyaja, suryavartha, ardhavabhedaka, shankaka, ananthavata. Above all ardhavabhedaka is found to be the most common complaint nowadays. In this main complaint is ardashirashoola is the substinanat in one half of the shiras , manya, akshi 'bhru, lalata, karnapradesha. Attacks are atonce in 3days,once in 15 days, and once in a month. ACHARYAS had explained regarding prognosis of disease , at if left untreated , dieseae get aggravated and ideas to impairment of eyes and ears² Our acharyas had taken many panchakarma procedures for the treatment of various shiroroga.Hence in this research study we have opted NASYAKARMA⁴,SHIROABHYANGA⁴ with gunjaadi taila⁵.

Keywords-Nasyakarma, Ardhavabhedaka, Shiroabhyanga, Gunjaadi taila.

INTRODUCTION

In ardhavabhedaka, acc to Charakacharya , vata aloneor in combination with kapha seizes the one half of head and causes ativedana in the sides of the manya , bhru, shanka, karna , akshsi or lalatardha The pain is very painful like churning rod and if left untreated leads to the defect in normal functions of eyes and ears.

The visista nidana of Ardhavabhedaka like rukshhasevana, adhyasana, poorvavatasevana. atimaituna,vegarana, leading to samprapti i.e vitiation of vata which vitiates kapha causes ardhavabhedaka .Classically we get references in various texts-CHARAKA SAMHITA⁶,YOGARATNAKARA,⁷MADAVANIDANA⁸,BHAVAPRAKASA⁹.

MATERIALS AND METHODS

Following methods and materials were adopted for conducting the present research project.

SELECTION OF PATIENTS

The study was conducted on totally 20 patients of ardhavabhedaka were selected randomly divided into 2 groups.

GROUP A-In these group 10 patients underwent gunjaadi taila nasyakarma

GROUP B-In this group 10 patients undergo gunjaadi taila shiroabhyanga.

*SELECTION CRITERIA-patients were selected randomly irrespective of sex, religion, education and occupy

COMPARATIVE CLINICAL TRIAL

STUDY DURATION:

- Totally 21 days

- Treatment duration will be 7 days
- Follow up duration will be 14 ,

Readings will be assessed on 7th, 14th, and 21stday

INCLUSION CRITERIA:

- Patients who have classical signs and symptoms of Ardhavabhedaka.
- Patient age group of 15-45 yrs.
- Patients fit for nasya karma.

EXCLUSION CRITERIA:

- Patients who are suffering from any systemic disorders.
- Patients less than 15 and above 45 yrs
- Patients unfit for nasyakarma.

SELECTION OF DRUG:

Drug selected for present study is GUNJAADI TAILA, FOR BOTH THE PROCEDURES i.e nasyakarma and shiroabhyanga

SUBJECTIVE PARAMETER:

- ARDHASHIRASHOOLA
- MANYAKARNA VEDANA
- BHRU SHANKA SHOOLA
- LALATA AKSHI VEDANA\

OBJECTIVE PARAMETER:

- NUMBER OF LOCATION OF PAIN
- TIVRATA OF VEDANA
- VEGA PRAVUTTI KALA
- VEGA NIVRUTHI KALA

ASSESSMENT CRITERIA:

1. NO OF IOICATION OF PAIN:

- More than 4 - Gr 4
- More than 3 - Gr 3
- More than 2 - Gr 2
- No pain at any locatin Gr 0

2. - VEGA PRAURUTHI KALA :

NO PAIN RECURRENCE -Gr 0

- 1. >15 days Gr1
- 2. > 7 days - < 15 days -Gr 2
- 3. > 3 days -< 7 days -Gr 3
- 4. > 3 days -< -Gr 4

3. VEGANIVRUTTI KALA:

- NIL -GR 0
- 1-6HRS|DAY -GR 1
- 7-12HRS/DAY -GR2
- 13-18HRS/DAY -GR3
- 18-24HRS/DAY -GR4

4. TIVRATA OF VEDANA:

- NO HEADACE -GR 0
- Mild headache interfere normal activities -GR1
- Moderate headache interfere normal activities -GR2
- Severe headache interfere daily activities -GR3

- Severe headache

5. ALL SUBJECTIVE PARAMETER;

- INTOLERABLE -GR4
- DISTURBS WORK -GR3
- NOT DISTURBS WORK -GR2
- TOLERABLE -GR1
- NO PAIN -GR0

OBSERVATIONS

For a clinical study, 20 clinically diagnosed and confirmed cases of Ardhavabhedaka were registered on the basis of specially designed Performa prepared for the purpose.

The observations made on 20 patients of ardhavabhedaka. The series showed that maximum number of patients with the age group of 22-30 yrs(42.4%), Females(63.65%), HINDU(72.7%), graduate and higher secondary passed(24.4%), Married(66.6%), middle class(90.9%), vegetarian(70%)

Majority of patients had disturbed sleep(80.6%), vata kapha prakruti patients(60%), madyama saara (84.4%). madyama samhanana(72.2%), madyama saatymya (60.6%), madyama satwa(57.6%), MADYAMA SAATMYA(60.6%), madyama pramana(81.9%), madyama abyaharana shaktii(64%), Madyama jarana shaktii(63%) ;raatrijagarana(62%), chinta(58%), vegadharana(42.8%)

The chief complaint reported from the patients were ARDHASHIRASHOOLA(100%) MAXIMUM patients were having unilateral headache(90.9%), Throbbing type of headache(60%), severity in intensity of pain was seen in (66.6%) with chronicity of 2yrs .(39.9%), the duration of 7-12 hrs /days were seen maximum (48.5%) with episode interval of >3days <-7days in 39.5% of patients .

RESULTS

The clinical data presented here based on the 20 patients Of trial work.

EFFECT OF THERAPY ON CHIEF COMPLAINTS;

In group A, (WILCOXIN MATCHED PAIRED TEST)(n=10)

The present study shows 68, 75%, relief in intensity of pain (ardhashirashoola) which was highly significant(p= 0.002) , while 69.99% and 66.67% relief in vegapavrutti and veganivrutti kala respectively was observed which was also highly significant statistically (p=0.002).

The study also shows 68.8% relief in bhrushankashoola, which was significant statistically (p=0.156).

IN GROUP: WILCOXIN MATCHED PAIRED TEST) (N=10)

In the present study shows 37.93% relief in the intensity of pain(tivrata of the pain) which was highly significant statistically (p=0.0039) and 41.1% relief in vegapavrutti kala which was significant statistically (p=0.0156), while 48% relief in veganivrutti kala , which was also significant statistically (p=0.0156). the study also significant statistically(p=0.0156). The study also shows 41.66% relief in bhrushanka shoola and 33.3% relief in manya karma vedana which were significant statistically (p= 0.0062) and significant statistically (p=0.0313) respectively .46.55% improvement in lalata akshi vedana .

TABLE NO 2: EFFECT OF GUNJAADI TAILA IN 10 IN GROUP A

SYMPTOMS	MEAN VALUE			% OF RELIEF	SD	SE+ ₋	P	REMARKS
	BT	AT	D					
INTENSITY OF PAIN	3.2	1.0	2.20	68.75	0.78	0.24	0.002	HS
VEGA PRAVRUTTI KALA	2.3	0.7	1.6	69.56	0.51	0.16	0.002	HS
VEGA NIVRUTTI KALA	2.4	0.8	1.6	66.66	0.51	0.16	0.002	HS
BHRUSHANKASHOOLA	2.28	0.71	1.6	68.86	0.53	0.20	0.0156	S
MANYAKARNASHOOLA	1.6	0.5	1.1	68.86	0.84	0.27	0.0313	S
LALATA AKSHI SHOOLA	1.9	0.6	1.3	68.75	0.83	0.18	0.0156	S
NUM OF LOCATION OF PAIN	1.62	0.5	1.13	69.23	0.35	0.13	0.0078	HS

TABLE NO 3: EFFECT OF GUNJAADI TAILA SHIROBHYANGA IN 10 PATIENTS OF GROUP B

SYMPTOMS	MEAN	VALUE		% OF RELIEF	SD	SE+-	P	REMARKS
	BT	AT	D					
INTENSITY OF PAIN	2.9	0.7	1.1	37.93%	0.56	0.17	0.0313	s
VEGA PRAVRUTTI KALA	1.7	1	0.7	41.17%	0.48	0.15	0.0156	s
VEGA NIVRUTTI KALA	2.5	1.3	1.2	48%	0.91	0.29	0.0156	s
NO OF LOCATION OF PAIN	2.4	1.2	1.2	48%	0.90	0.29	0.0154	S
BHRU SHANKA SHOOLA	1.71	1	0.71	41.66%	0.48	0.18	0.0625	NS
LALATAAKSHIVEDANA	1.62	0.9	0.8	46.18%	0.46	0.18	0.0156	S
MANYAKARNA VEDANA	1.5	1	0.5	33.33%	0.54	0.18	0.0313	S

OVERALL EFFECT OF THERAPY

THE overall effect of therapy showed that in group a, patients showed complete and moderate improvement was seen in 20 % in each '50 %marked improvement, and 10 %had mild improvements. In group B, 20%PATIENTS had moderate improvement, 50%patients had mild improvement and 30 patients had good improvements.

DISCUSSION

As for as response of the treatment on symptoms in the patients of group A, TREATED WITH NASYA KARMA, is found that there was highly significant response in symptoms of intensity of pain, on number of location of pain, vega pravrutti kala, vega nivrutti kala, in bhru shanka shoola, in lalata akshi vedana, karnamanyaa vedaana. This may be because the drug administered through the nose reaches the shringataka marma and spreads through nose reaches shringatka marma and spread through murdha, netra, shrotra and kanta through their siras. There by eliminate the morbid doshas of urdwa jatrugata and expels them from the uttamanga and nourish the nasyaand shiras.

Tikta .kashaya rasa,laghu rukha guna, katu vipaka,ushna veerya shows its shoshana karma, more particularly kleda shoshana and sleshma prashamana

In group B, PATIENTS treated with shirodhara therapy, is highly significant changes were found in intensity of pain, episodic interval. Duration of pain, bhrushanka shoola, karna manya vedana. Most of the patient had disturbed sleep.shiroabhyanga helped in quality of sleep.vatashamana effects of murchita tila taila and kapha hara effects of gunja results in significant changes in parameters.

CONCLUSION

It is concluded that gunjaadi tailanasyakarma was more effective in alleviating symptoms of ardhavabhedaka than gunjaadi taila shiroabhyanga. Research showed long term sustained relief as evident from 21 follow-up study. prolongation of therapy may provide better results. no adverse effect of the trial drug was observed during the study.

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