



Research Article

**A CLINICAL STUDY TO EVALUATE THE EFFICACY OF SHIROVIRECHANA GANA DRAVYA SIDDHA ASAVA NASYA IN DUSTA PRATHISHYAYA W.S.R TO CHRONIC SINUSITIS**

**Nilofer Tahani R A<sup>1\*</sup>, Sanath Kumar D G<sup>2</sup>, Soumya S V<sup>3</sup>**

<sup>1</sup>PG Scholar, <sup>2</sup>Professor & HOD, <sup>3</sup>Associate Professor, Department of Panchakarma, KVG Ayurveda Medical College and Hospital, Sullia, Karnataka, India.

**Article info**

**Article History:**

Received: 30-08-2022

Revised: 10-09-2022

Accepted: 24-09-2022

**KEYWORDS:**

*Nasya Karma, Dusta Prathishyaya, Chronic Sinusitis, Shirovirechana Gana Dravya, Asava.*

**ABSTRACT**

The word *Prathishyaya* indicates recurrent attack and can participate due to minute etiological factors. *Prathishyaya* can occur as a separate disease entity or symptoms of many systemic diseases or as a complication of other diseases. *Prathishyaya* if not treated well in early stage and *Ahara-Vihara* which are harmful for the disease is continued, it leads to a more complicated stage of *Prathishyaya* i.e., *Dusta Prathishyaya*. *Virechana Nasya* which is recommended in *Urdwajatrugata Vikaras* is indicated in *Prathishyaya*. For *Virechana Nasya- Madhu, Saindhava, Asava, Pitta, Mutra* etc drugs has been mentioned by Acharya Vagbhata. So, *Asava* is prepared by *Shirovirechana Gana Dravya* as a *Prakshepaka Dravyas* which possess *Katu, Tiktha, Madhura rasa, Laghu* and *Teekshna Guna, Ushna Veerya, Katu Vipaka* and *Vata-Kapha shamaka* predominantly, which may help in pacify *Dusta Prathishyaya*. **Materials and Methods:** A single group study was undertaken in which, 30 patients of *Dusta Prathishyaya* were randomly selected and were subjected to *Asava Nasya - 4 Bindu (2ml)* each nostril for 7 days. The patients were assessed with severity of symptoms subjectively and objectively before and after treatment. Data obtained was statistically analysed. **Result and Discussion:** In overall effect of treatment in *Dusta Prathishyaya*, out of 30 patients, 3 patients (10%) got moderate improvement, 23 patients (76.6%) got marked improvement and 4 patients (13.33%) got significant improvement. In overall effect of treatment, statistical analysis showed that the mean score which was 6.86 in before treatment was reduced to 4.81 in after treatment and further reduced to 1.86 in follow up, and there is a statistically significant change ( $P < 0.001$ ). **Conclusion:** The present study showed highly significant results in which the symptoms like *Nasa Srava, Nasa Avarodha, Gandha Agnyana, Shirashoola* and *Shiro Gaurava* got reduced and it indicates that the therapeutic effects is mainly achieved by the efficacy of *Shirovirechana Gana Dravya Siddha Asava Nasya* in *Dusta Prathishyaya* w.s.r to Chronic Sinusitis.

**INTRODUCTION**

Ayurveda has designed a variety of treatment modalities in which, *Panchakarma* is the most popular and unique therapeutic procedure. Ability of evacuation, superiority of efficacy, enormity of the procedures, target of *Dosha* eradication and multitude of act are characteristics of *Panchakarma*, which is a

unique bio-cleansing therapy on which entire system of Ayurveda medicine stands. It includes *Vamana, Virechana, Asthapana Basti, Anuvasana Basti* and *Nasya*.

*Nasya Karma* is a special line of treatment indicated in *Urdwajatrugata vikaras*<sup>[1]</sup>. Administration of *Oushadha* or *Oushadhasiddha Sneha* through the nose is known as *Nasya*<sup>[2]</sup>. *Nasya* is classified into *Navana, Avapeedana, Dhmapana, Dhooma* and *Pratimarsha*<sup>[3]</sup> based on various differences viz., dosage, form of drug, method of administration and purpose. Based on the action of *Nasya* it is classified into *Virechana, Brumhana* and *Shamana*<sup>[4]</sup>.

**Access this article online**

Quick Response Code



<https://doi.org/10.47070/ijapr.v10i9.2550>

Published by Mahadev Publications (Regd.)  
publication licensed under a Creative  
Commons Attribution-NonCommercial-  
ShareAlike 4.0 International (CC BY-NC-SA 4.0)

*Dusta Prathishyaya* is one among the *Nasagataroga*<sup>[5]</sup> which is a very common disease affecting all age group and is known for its recurrence and chronicity. On the basis of signs, symptoms, complications and prognosis, it can be compared to Chronic Sinusitis which is a chronic inflammatory disease of nasal and paranasal sinus. *Dusta Prathishyaya* is characterized by *Nasa Srava* (nasal discharge), *Nasa Avarodha* (nasal blockage), *Shiro Gourava* (heaviness in the head), *Shirashoola* (headache), *Gandha Agnyana* (anosmia), *Mukha Daurgandhya* (halitosis)<sup>[6,7]</sup> etc.

*Virechana Nasya* which is recommended in *Urdwajatrugata Vikaras* are indicated in *Prathishyaya*<sup>[8]</sup>. For *Virechana Nasya- Madhu, Saindhava, Asava, Pitta, Mutra* etc drugs has been mentioned by Acharya Vagbhata<sup>[8]</sup>. So here in this study, *Asava* is prepared by using *Shirovirechana Gana Dravyas* like *Vidanga, Apamarga, Trikatu, Daruharidra, Rala, Shirisha, Brihathi, Shigru, Madhuka sara, Saindhava, Takshai shaila, Sukshma Ela, Hingupatri*<sup>[9]</sup> as a *Prakshepaka Dravyas* which possess *Katu, Tiktha, Madhura rasa, Laghu* and *Teekshna Guna, Ushna Veerya* and *Katu Vipaka* predominantly, which may help in alleviation of *Dusta Prathishyaya*.

Considering the above facts, the clinical study is undertaken to assess the effect of *Shirovirechana Gana Dravya Siddha Asava Nasya* in *Dusta Prathishyaya* w.s.r to Chronic Sinusitis.

## AIMS

To evaluate the efficacy of *Shirovirechana Gana Dravya Siddha Asava Nasya* in *Dusta Prathishyaya* w.s.r. to Chronic Sinusitis.

## OBJECTIVES

- 1) To study about *Nasya Karma* in detail.
- 2) To study about *Dusta Prathishyaya* in detail.
- 3) To evaluate the efficacy of *Shirovirechana Gana Dravya Siddha Asava Nasya* in *Dusta Prathishyaya* w.s.r. to Chronic Sinusitis.

## MATERIALS AND METHODS

30 patients of *Dusta Prathishyaya* within the age group of 18-70 yrs were selected randomly from O.P.D and I.P.D of K.V.G Ayurveda Medical College and Hospital, sullia, irrespective of Sex, occupation and Socio-economic status.

### Diagnostic Criteria

Patients presenting with clinical features of *Dusta Prathishyaya* (chronic sinusitis)- *Nasa Srava* (nasal discharge), *Nasa Avarodha* (nasal obstruction), *Gandha Agnyana* (anosmia), *Mukha Daurgandhya* (halitosis), *Shirashoola* (headache), *Kasa* (cough), *Jwara* (fever), *Shirogurava* (heaviness in the head).

### Inclusive criteria

- a) Patients having the classical *Lakshanas* of *Dusta Prathishyaya* w.s.r to chronic sinusitis which is mentioned in diagnostic criteria.

- b) Patients of both genders who are *Nasya Yogya*<sup>[10]</sup> according to Ayurveda classics irrespective of occupation and socio economic status.
- c) Patients in between 18 years and 70 years of age.

### Exclusive Criteria

- a) Patients with the *Lakshanas* of *Pittaja Prathishyaya*.
- b) Patients who are *Nasya Ayogya*<sup>[11]</sup> according to Ayurveda classics are excluded.
- c) Patients with the association of other systemic disorders, history of congenital deformity that interfere the line of treatment.
- d) Patients below the age of 18 years and above 70 years.

### Assessment Criteria

A detailed proforma was prepared for the assessment of Subjective and Objective parameters by grading them. The data obtained are recorded and analyzed statistically.

### Subjective Criteria

#### a) *Nasa Avarodha*

*Nasa Avarodha* is assessed by using Nasal Obstruction Symptom Evaluation (NOSE) Scale.

Sum the answers the patient circles and multiply by 5 to base the scale out of a possible score of 100 for analysis and grading was given based on level of disability. A score of 30 on the NOSE survey best differentiates patients with and without nasal obstruction.

#### b) *Gandha Agnyana*

Sign and symptoms of *Nasa Srava* were graded and a numerical value was given for assessment of results. The change and relief in symptoms were observed and recorded.

#### c) *Shirashoola*

*Shirashoola* is assessed by Headache Disability Index.

The Headache Disability Index is a 27 item questionnaire. Answering each question only as it pertains to headache and sum the answers the patient ticks.

#### d) *Shirogurava*

Sign and symptoms of *Shirogurava* were graded and a numerical value was given for assessment of results. The change and relief in symptoms were observed and recorded.

### Objective Criteria

#### *Nasa Srava*

Sign and symptoms of *Nasa Srava* were graded and a numerical value was given for assessment of results. The change and relief in symptoms were observed and recorded.

## Procedure

### Preoperative Procedure

#### Method of preparing Asava

In this study, by considering the *Anuktha maana* which is explained in *Shaarangadhara Samhitha*, 3 litres of boiled auro water is taken in a fumigated earthen pot. To that 120g of *Shirovirechana Gana Dravyas* are added as *Prakshepaka Dravya*, stirred well following 1,200g of pounded jaggery is added and stirred so that it can dissolve properly. Later 600g of honey is added followed with 100g of pounded *Dhataki pushpa* and stirred completely. Then the mouth of the pot is tied with a cleaned cotton cloth and kept in a dark room. To maintain the temperature, pot is kept upon a heap of husk and the room selected was devoid of sunlight and other external factors. The medicine was stirred daily.

On the 10<sup>th</sup> day the features like floating of *Prakshepaka dravya* over the liquid, effervescence, hissing sound, burning candle is put off and mild alcoholic odor and taste was observed which indicates the onset of fermentation, then the pot was sealed with multhani mitti and kept undisturbed. After 45 days of *Bandhana*, the seal was opened and it is observed that *Prakshepaka dravyas* was sunk to the bottom, no effervescence, no hissing sound, strong alcoholic odor and taste, burning candle continues to burn that which indicates the completion of fermentation and by proper assessment of *Asava Lakshana*- it is filtered, collected and stored in a clean container and taken for the clinical study.

Quantity of *Asava* obtained after filtering= 1,200ml.

#### Preparation of Materials

*Murchita Tila Taila*- 25ml for *Mukha Abhyanga*, *Droni*, thick cotton towel for *Swedana*, cotton pad to cover eyes, *Gokarna*, hot water bath, 2 kidney trays, a glass of hot water, *Saindhava*, *Dhooma Varti*, *Dhooma Netra*.

#### Preparation of Patient

- Patients were selected after fulfilling the selection criteria. The patients were explained about the intended procedure and enquired about the hunger.
- After evacuating natural urges patient is made to lie on the *Droni* in the room prepared for *Nasya* which is devoid of breeze, dust and direct sun light.
- Patient is asked to lie on *Droni* comfortably with raising his leg by keeping pillow below the leg and slightly extending the head backwards to attain *Kinchith Pralambita Shiras*.
- The *Asava* was taken in a small bowl. The patient was asked to dip his index finger till the first two interphalangeal joints in it. The amount of *Asava* that was dribbling from the finger is one *Bindu*, and such 4 *Bindu* (approx. 2ml) were collected and made lukewarm by keeping on hot water bath. Hot water and thick towel for *Swedana* is also kept

ready, two kidney trays with water were placed on either side of the head of the patient. A glass of hot water, *Saindhava*, *Dhooma Varthi* with *Dhooma Netra* is also kept ready for the procedure.

- Then the patient was subjected to *Snehana* and *Swedana*. *Snehana* in the form of *Mridu Abhyanga* with *Murchita Tila Taila* was done on forehead, face and neck for 3 to 5 minutes. After *Abhyanga*, *Mrudu Swedana* was done on forehead, face, neck with thick cotton cloth dipped in hot water after covering the eyes with cotton pad. *Swedana* was done till sweat was seen on the forehead and face.

### PROCEDURE

**Instilling the Medicine:** The tip of patient's nose was drawn upwards by the left middle finger; the left nostril was closed with a left ring finger while pouring medicine into right nostril and left index finger used to close the right nostril while pouring medicine into left nostril alternatively. The 4 *Bindu* of *Asava* taken in *Gokarna* made *Sukoshna* using water bath and was slowly poured stream like continuously into the left and right nostril alternatively. Patient asked to spit out the secretions into the kidney tray kept at either side of the head. After instilling the *Asava*, massage was done on face, forehead, ears, neck, shoulders, palms and soles.

#### Post-operative Procedure

After *Nasya Karma*, patient is advised to lie down on *Droni* for 100 *Matrakalas* (5min). Once the expectorant gets expelled, the patient was asked to slowly get up from the *Droni*. *Dhoomapana* with *Varti* is done, the fumes were advised to be inhale through one nostril first after closing the other nostril and exhale through mouth and repeated with the other nostril, followed by *Gandusha* with lukewarm *Saindhava Jala*.

#### Duration of Study

- *Nasya Karma* – 7 days
- Follow up – 14 days
- Total study duration – 21 days

#### Observation Period

- Initially on the first day before treatment
- On 7<sup>th</sup> day after treatment
- On 21<sup>st</sup> day for the last assessment

### RESULT AND DISCUSSION

#### Effect of Therapy on Subjective and Objective Parameters

The assessment of the result was done on the basis of readings of subjective and objective parameters such as *Nasa Srava*, *Nasa Avarodha* (NOSE scale), *Gandha Agnyana*, *Shirashoola* (Headache Disability Index) and *Shiro-Gaurava*. The functional ability scores before and after treatment was assessed statistically to show the significance.

The statistical analysis showed that the mean score which was 6.86 in before treatment was reduced to 4.81 in after treatment and further reduced to 1.86

in follow up, and there is a statistically significant change ( $P < 0.001$ ). The overall outcome of treatment is shown in Table no.1

**Table No.1 Effect of therapy on subjective and Objective parameters**

Parameters	BT	AF	Net Mean	SD	SE	t Value	p Value	Remarks
<i>Nasa Srava</i>	1.33	0.4	0.93	0.827	0.151	6.15	<0.001	HS
<i>Nasa Avarodha</i>	1.86	0.5	1.36	0.718	0.131	10.42	<0.001	HS
<i>Gandha Agnyana</i>	0.83	0.26	0.56	0.816	0.148	3.78	<0.001	HS
<i>Shirashoola</i>	2.46	0.63	1.83	0.698	0.127	14.43	<0.001	HS
<i>Shiro Gaurava</i>	1.93	0.36	1.56	0.626	0.114	13.68	<0.001	HS

### Overall Effect of Treatment

The overall effect of treatment in *Dusta Prathishyaya*, out of 30 patients, 23 patients (76.66%) were showed marked improvement, 4 patients (13.33%) showed complete remission and 3 patients (10%) showed moderate improvement. In this study, overall effect of the treatment is 73.14%.

### DISCUSSION

#### Discussion on Clinical Study

30 patients suffering from *Dusta Prathishyaya* showed more number of patients between the age group of 18-27 years i.e., 36.66% with 60% of females registered in comparison to 40% of males, maximum patients belong to Middle class i.e., 86.66% in socio economic status.

#### ➤ Chronicity

The incidence of chronicity showed that, out of 30 patients selected for clinical study, 9 patients (30%) were having chronicity of 0-1 year, 15 patients (50%) were having chronicity of 1-2 years and 06 patients (20%) were having chronicity of 2-3 years. So in the present study the patients having the chronicity of 1-2 years are more in number. This may be due to the patients not giving much importance to the symptoms in initial stages of the disease.

#### ➤ Nature of Work

Out of 30 patients, 63.33% of patients were involved in sedentary nature of work, 26.66% patients were involved in active nature of work and remaining 10% were labor. It may be concluded that patients with sedentary nature of work get more affected to this disease and it may be due to the environment or condition of work done.

#### Discussion on Procedure

After administering the *Nasya Dravya*, for the first 2-3 days, *Shirovirechana Gana Dravya Siddha Asava* along with nasal secretions came to the mouth of the patient. But later it was observed that the *Asava* as such reached the mouth of the patient with little amount of secretions. The reason may be that, the sensitive nasal mucosa secretes mucous due to *Teekshna* and *Ushna Guna* of *Dravyas* and also local

irritation produced by the *Asava*, but after repeated administration of the *Asava* the mucosa becomes resistant to the irritation and there are not much further secretions.

In this study, 90% of patients were observed with *Samyak Yoga Lakshanas* like *Shiro Laghava*, *Srotho Visuddhi*, *Sukhochwasa* and *Sukha Swapna* from the first day of treatment. 20% of patients were observed with *Agni Apti* as a *Samyak Yoga Lakshana* from the third day of treatment, 5% of patients were observed with *Shira Toda* as an *Atiyoga Lakshana* and no patients were observed with *Ayoga Lakshanas* during the course of treatment.

### DISCUSSION ON RESULT

The assessment of the result was made by adopting the methods of scoring the parameters which are made for the study. It included *Nasa Srava*, *Nasa Avarodha* (NOSE Scale), *Gandha Agnyana*, *Shirashoola* (Headache Disability Index) and *Shiro-Gaurava*. The functional ability scores before and after treatment was assessed statistically to show the significance.

#### Objective Criteria

##### Effect of *Shirovirechana Gana Dravya Siddha Asava Nasya* in *Nasa Srava*

Statistical analysis showed that the mean score which was 1.33 before the treatment was reduced to 0.73 after the treatment and further reduced to 0.4 after follow up with 69.92% improvement, and there is a statistically significant change ( $P < 0.001$ ).

#### Subjective Criteria

##### Effect of *Shirovirechana Gana Dravya Siddha Asava Nasya*

(a) In *Nasa Avarodha* (NOSE Scale): Statistical analysis showed that the mean score which was 1.86 before the treatment was reduced to 1.5 after the treatment and further reduced to 0.5 after follow up with 73.11% improvement, and there is a statistically significant change as P value <0.001.

(b) In *Gandha Agnyana*: Statistical analysis showed that the mean score which was 0.83 before the treatment was reduced to 0.56 after the treatment and further reduced to 0.26 after follow up with 67.46%

improvement, and there is a statistically significant change as P value <0.001.

**(c) In Shirashoola (Headache Disability Index):** Statistical analysis showed that the mean score which was 2.46 before the treatment was reduced to 1.8 after the treatment and further reduced to 0.63 after follow up with 74.39% improvement, and there is a statistically significant change as P value <0.001.

**(d) In Shiro-Gaurava:** Statistical analysis showed that the mean score which was 1.93 before the treatment was reduced to 1.13 after the treatment and further reduced to 0.36 after follow up with 80.82% improvement, and there is a statistically significant change as P value <0.001.

Out of above discussed subjective and objective criteria, *Shirashoola*, *Shiro-Gaurava* and *Nasa Avarodha* showed significant result upto t value 14.43 (P>0.001), 13.68 (P<0.001), 10.42 (P<0.001) respectively, this may be due to the *Katu*, *Tiktha*, *Madhura rasa*, *Laghu* and *Teekshna Guna*, *Ushna Veerya*, *Katu Vipaka* and *Vata-Kaphahara* property of the *Asava*, which is prepared by *Shirovirechana Gana Dravya* inturn made very effective in reducing the *Shirashoola*, *Shiro-Gaurava* and *Nasa Avarodha* and also by considering the effect of the procedure i.e., removing *Doshas* from the *Shiras* and *Jatru-urdhwa pradasha* showed significant result in reducing above symptoms.

**Overall effect of Shirovirechana Gana Dravya Siddha Asava Nasya in Dusta Prathishyaya**

During the course of treatment there was a gradual reduction in each symptom day by day. In overall effect of treatment in *Dusta Prathishyaya*, out of 30 patients, 3 patients (10%) got moderate improvement, 23 patients (76.6%) got marked improvement and 4 patients (13.33%) got significant improvement.

In overall effect of treatment, statistical analysis showed that the mean score which was 6.86 in before treatment was reduced to 4.81 in after treatment and further reduced to 1.86 in follow up, and there is a statistically significant change (P<0.001).

**Probable Mode of action of Shirovirechana Gana Dravya Siddha Asava Nasya**

According to Charaka Samhita, *Nasa* is the gate way to *Shiras* (C. Si. 9/88). The recipe administered through *Nasya* therapy enters into the *Shiras*, and get absorbed. According to Ashtanga Sangraha, Acharya has given some more details of mode of action of *Nasya Karma* as *Nasa* being the gateway of *Shiras*, the drug administered through *Nasa* reaches the *Shiras* and spreads, then it will enter through *Shringataka marma*, thereby absorption it stretches the morbid *Doshas* and expels them from *Urdwajatru*. It has been explained in following ways:

**Flow chart No.1. Mode of action of Nasya**

Drug administered through nose-the door way to *Shiras*



Reaches the *Shringhataka Marma* of head (*Shira*), which is a *Sira Marma* and formed by the *Siras* of *Nasa*, *Akshi*, *Kantha* and *Shrotra*



The drug passes by the same route



Removes the *Dushita Doshas* from *Urdhvajatru* and extracts them from the *Uttamanga*

Indu, the commentator of Ashtanga Sangraha, opines that *Shringataka* is the inner side of middle part of head i.e., "*Shiraso Antar Madhyam*". Sushruta opines that *Sringhataka Marma* is a *Sira Marma* formed by the union of *Siras* supplying nose, ears, eyes and tongue. Hence *Nasya Karma* is considered as the best and the most specific procedure for diseases of *Shiras* and *Jatru-urdhwa Rogas*.

**The absorption of the drug is carried out in the three media. They are:**

1. By general blood circulation, after absorption through the mucous membrane.
2. By direct pooling into the venous sinuses of the brain via the inferior ophthalmic veins.
3. By direct absorption into the cerebrospinal fluid.

Apart from the small emissary veins entering the cavernous sinuses of the brain, a pair of venous branches emerging from the alae nasi will drain into the facial vein. These ophthalmic veins on the other hand also drain into the cavernous sinuses of the meninges, and in addition, neither the facial vein nor the ophthalmic veins have any valves. Therefore, there are more chances of the blood draining from the facial vein into the cavernous sinus in the lowered head position.

The nasal cavity directly opens into the frontal, maxillary and sphenoidal air sinuses. The epithelial layer is also continuous throughout the length. The momentary retention of the drug in the nasopharynx and the suction, causes oozing of the drug material into the air sinuses. These sites have rich blood vessels entering the brain and meninges through the existing foramens in the bones. Therefore, there are better chances of drug transportation via this path.

As the procedure of *Nasya* itself involves massaging and fomenting over the *Marmas* existing on the face and head, this also helps in the alleviation of *Vata* and prevents *Marmakshobha* and *Vata Shamana*. The action of *Nasya Karma* depends upon the *Dravya* used in it. Based on these, it is divided into *Shodana*, *Shamana* and *Brumhana*.

*Shodhana Nasya* helps in the elimination of *Urdva-Jatrugata Doshas* and does the *Samprapthi Vighatana* so it is useful in the management of *Dusta Prathishyaya*.

The lowering of the head, elevation of lower extremities and fomentation of face, seem to have an impact on blood circulation of the head and face. As the efferent vasodilator nerves are spread out on the superficial surface of the face, receive stimulation by fomentation and it may engender the increased blood flow to the brain.

On considering above discussed factors an appreciable effect of *Nasya Karma* is expected on *Rogas* of *Shira*, *Nasa* and *Jatru Urdhwa pradesha*, expels vitiated *Doshas* from *Shiras* and strengthens the *Jatru Urdhwa Pradesha* and *Dusta Prathishyaya* being *Nasagata Roga* with vitiated *Vatadi Tridosha*. Hence *Nasya Karma* is one of the most effective in treatment of *Dusta Prathishyaya* w.s.r to chronic sinusitis.

### Medicinal Effect

*Dusta Prathishyaya* is one among *Nasagataroga* with symptoms like *Nasa Srava*, *Nasa Avarodha*, *Gandha Agnyana*, *Mukha Daurgandhya*, *Shirashoola*, *Kasa*, *Jwara* and *Shiro Gaurava*. Due to *Nidana Sevana*, *Vatadi Doshas* individually or in combination along with *Rakta* in the *Shiras* gets aggravated and manifest *Prathishyaya*, later due to improper management and indulging in unwholesome diet all varieties of *Prathishyaya* gets aggravated badly and converted into *Dusta Prathishyaya*. To treat *Dusta Prathishyaya* - *Vata Kapha Shamaka* and *Virechana* type of *Nasya Karma* is the best line of treatment.

*Asava* is prepared out of *Shirovirechana Gana Dravya* - *Vidanga*, *Apamarga*, *Trikatu*, *Daruharidra*, *Rala*, *Shirisha*, *Brihati*, *Shigru*, *Madhuka sara*, *Saindhava*, *Takshai shaila*, *Sukshma Ela* and *Hingupatri*.

The drugs present in this are having *Katu*, *Madhura* and *Tikta rasa*, *Ushna veerya*, *Laghu*, *Ruksha* and *Teekshna Guna*, *Katu vipaka* and *Vata Kapha Shamaka* property predominantly. As the disease *Dusta Prathishyaya* is caused due to negligence of all other types of *Prathishyaya*, if going through the *Samprapthi* of *Prathishyaya*- due to indulgence in *Nidana* it causes the *Agnimandya* and *Srotoavarodha*. So as the *Asava* prepared out of these *Dravyas* mainly acts as *Vata-Kapha Shamaka*, *Deepana*, *Pachana* and *Srotoshuddi*. The *Shirovirechana Gana Dravya* acts on *Dusta Prathishyaya* in following ways:-

- Due to *Katu*, *Tiktha rasa* and *Katu Vipaka* it will act as *Kapha shamaka*, *Agni deepaka* and *Amapachaka*.
- Due to *Madhura rasa* and *Ushna veerya* it will pacifies the *Vata dosha*.
- Due to presence of *Laghu*, *Ruksha*, *Teekshna Guna* it will act as *Deepana*, *Amapachaka* and *Srotoshodhaka*.

### CONCLUSION

*Dusta Prathishyaya* is a *Nasagata roga*, which occurs due to improper management or negligence of all other types of *Prathishyaya*, so the drug having *Katu*, *Madhura* and *Tikta rasa*, *Ushna veerya*, *Laghu*, *Ruksha* and *Teekshna Guna*, *Katu vipaka* and *Vata-Kaphahara* properties may be the ideal choice in the management of Disease. The present study showed highly significant results in which the symptoms like *Nasa Srava*, *Nasa Avarodha*, *Gandha Agnyana*, *Shirashoola* and *Shiro Gaurava* got reduced and it indicates that the therapeutic effects is mainly achieved by *Shirovirechana Gana Dravya Siddha Asava Nasya*. Even though *Dusta Prathishyaya* is a chronic and severe disease, the reduction in the symptom can be observed if the patient approaches the appropriate treatment. As the sample size was small and the disease is chronic in nature, it is recommended to carry the study on larger sample size with a long term of follow up.

### REFERENCES

- Acharya Vagbhata, Astanga Hridaya with the Commentaries Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, edited by Hari Sadasiva Sastri Paradakara Bhisagacarya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2010, Sutra Sthana, Chapter no.20, Sloka no.1, Page no.287.
- Acharya Sushruta, Sushruta Samhitha with the Nibandhasangraha Commentary of Sri Dalhanacharya, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2008, Chikitsa Sthana, Chapter no.40, Sloka no.21, Page no.554.
- Acharya Agnivesa, Charaka Samhitha with the Ayurveda Dipika Commentary by Chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2009, Siddhi Sthana, Chapter no.9, Sloka no.89, Page no.722.
- Vridha Vagbhata, Astanga Sangraha with the Shashilekha Sanskrit Commentary by Indu, edited by Dr.Shivprasad Sharma, published by Chowkhamba Sanskrit Series Office, Varanasi, Edition: Reprint 2016, Sutra Sthana, Chapter no.29, Sloka no.4, Page no.223.
- Acharya Vagbhata, Astanga Hridaya with the Commentaries Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, edited by Hari Sadasiva Sastri Paradakara Bhisagacarya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2010, Uttara Sthana, Chapter no.19, Sloka no.9, Page no.842.
- Acharya Sushruta, Sushruta Samhitha with the Nibandhasangraha Commentary of Sri

- Dalhanacharya, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhamba Surbharati Prakashan, Edition: Reprint 2008, Uttara Tantra, Chapter no.24, Sloka no.14-15, Page no.652.
7. Acharya Agnivesa, Charaka Samhitha with the Ayurveda Dipika Commentary by Chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2009, Chikitsa Sthana, Chapter no.26, Sloka no.107-109, Page no.604.
  8. Vriddha Vagbhata, Astanga Sangraha with the Shashilekha Sanskrit Commentary by Indu, edited by Dr. Shivprasad Sharma, published by Chowkhamba Sanskrit Series Office, Varanasi, Edition: Reprint 2016, Sutra Sthana, Chapter no.29, Sloka no.5, Page no.223.
  9. Acharya Vagbhata, Astanga Hridaya with the Commentaries Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, edited by Hari Sadasiva Sastri Paradakara Bhisagacarya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2010, Sutra Sthana, Chapter no.15, Sloka no.4, Page no.231.
  10. Acharya Agnivesa, Charaka Samhitha with the Ayurveda Dipika Commentary by Chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2009, Siddhi Sthana, Chapter no.2, Sloka no.22, Page no.690.
  11. Acharya Agnivesa, Charaka Samhitha with the Ayurveda Dipika Commentary by Chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhamba Surbharati Prakashan, Varanasi, Edition: Reprint 2009, Siddhi Sthana, Chapter no.2, Sloka no.20, Page no.689.

**Cite this article as:**

Nilofer Tahani R A, Sanath Kumar D G, Soumya S V. A Clinical Study to Evaluate the Efficacy of Shirovirechana Gana Dravya Siddha Asava Nasya in Dusta Prathishyaya w.s.r to Chronic Sinusitis. International Journal of Ayurveda and Pharma Research. 2022;10(9):27-33.

<https://doi.org/10.47070/ijapr.v10i9.2550>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Nilofer Tahani R A**

PG Scholar,

Department of Panchakarma,  
KVG Ayurveda Medical College  
and Hospital, Sullia.

Email:

[tahaninilofer27@gmail.com](mailto:tahaninilofer27@gmail.com)

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.