WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 10, Issue 13, 1714-1722. Research Article ISSN 2277– 7105

A COMPARATIVE STUDY ON THE EFFICACY OF KARAVIRADI TAILA AND KASISADI TAILA APPLICATION IN THE MANAGEMENT OF NASARSHAS W.S.R TO ETHMOIDAL POLYP

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Article Received on
05 Sept. 2021,

Revised on 26 Sept. 2021,
Accepted on 17 October 2021

DOI: 10.20959/wjpr202113-22119

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ABSTRACT

The present study was taken to compare the efficacy of Karaviradi Taila and Kasisadi Taila application in the management of Nasaarshas. Nasarashas is one among the Nasa rogas in which there is formation of ankuras in the nose resulting in nasavorodha, nasasrava, kshavathu, shirashula, and anunasika vak. These features can be correlated to the features of Nasal polyps characterized with grape- like growths in the nasal cavity associated with nasal obstruction, nasal discharge, sneezing, headache, anosmia, rhinolalia and postnasal drip.

The objectives of the study are

1. To evaluate the efficacy of application of Karaviradi Taila in the management ofNasaarshas.
2. To evaluate the efficacy of application of Kasisadi Taila in the management of Nasaarshas.
3. To compare the effect of application of Karaviradi Taila and Kasisadi Taila in the management of Nasaarshas.

30 patients were selected randomly and allotted into 2 group; Group A and Group B, with 15 patients each. Patients under the Group A were treated with application of Karaviradi Taila. Patients under Group B were treated with application of Kasisadi Taila, Subjective parameters namely, nasal obstruction, nasal discharge, sneezing, headache and objective parameter namely size of polyp were considered. These were suitably graded to assess the results based on the clinical observations. Statistical tests were applied to analyze the results. There was significant difference among the results of the treatment of Group A and Group B

by t-test of Significance for i.e., p< 0.001.

KEYWORDS: Nasaarshas, Nasal polyp, Headache, Nasal discharge, Nasal obstruction, Polyp size, Karaviradi Taila, Kasisadi Taila.

INTRODUCTION

Nasa is one of the most important organ of urdhwajatru and is the gateway for respiratory tract. It is one of the panchagnanendriyas and is responsible for gandha gnana.

Nasarshas is one among the thirty one nasagata rogas mentioned in our classics. Earliest reference about Nasarshas is available in Bhrihatrayees and Laghutrayees. The doshas vitiating the twak, mamsa and meda produce mamsanukuras of different shapes called "Arshas". Nasarshas can be correlated to nasal polyps. Nasal polyps are non-neoplastic masses of oedematous nasal or sinus mucosa. Nasal polyp is a recurrent disease that maybe very frustrating to both the patient and the physician. Quality of life of patients with nasal polyps is in comparison to patients with chronic obstructive pulmonary disease.

Nasal polyps are common, affecting up to four percent of the population. Their etiology remains unclear, but they are known to have association with allergy, asthma,infection, cystic fibrosis, and aspirin sensitivity. They present with nasal obstruction, anosmia, rhinorrhoea, postnasal drip, and less commonly facial pain. Clinical examination reveals single or multiple grey polypoid masses in the nasal cavity. Management of polyposis involves a combination of medical therapy and surgery. There is good evidence for the use of corticosteroids (systemic and topical) both as primary treatment and as postoperative prophylaxis against recurrence. Surgical treatment has been refined significantly over the past twenty years with the advent of endoscopic sinus surgery and, in general, is reserved for cases refractory to medical treatment. Recurrence of polyposis is common with severe disease recurring in up to 10% of patients.

Since allergy is often the root cause, high recurrence rate remain a feature of nasal polyps. Surgery removes obstruction, but does not control the symptoms of rhinitis and polyps can recur. Prolonged use of antihistamines and antibiotics leads to drug resistance and decreases immunity; nasal decongestants bring about „rebound congestion." Fear of surgery, its complications and cost have restricted many patients from undergoing surgery. Complications of surgery are adhesions, anosmia, intra- orbital or intracranial hemorrhage.

No single surgical technique has proved to be entirely curative and patients often undergo repeat procedures despite also receiving long-term medical therapy.

Hence, there is considerable scope to device a remedial measure which ideally offersa cure for the disease in a reasonably short period of time, free from complications and with economic viability. Karaviradi Taila and Kasisadi Taila are among the many efficient formulationsdescribed in our classics in the management of Nasarshas. Drugs used in these therapies are easily available, cost-effective, easy to prepare, and easily administered with no known complications. Considering the above factors an attempt is made in this present study to evaluate the efficacy of application of Karaviradi Taila and Kasisadi Taila in the management of Nasarshas.

AIMS AND OBJECTIVE STUDY

1. To evaluate the efficacy of application of Karaviradi Taila in the management of Nasarshas.
2. To evaluate the efficacy of application of Kasisadi Taila in the management ofNasarshas.
3. To compare the efficacy of application of Karaviradi Taila with application of Kasisadi Taila in the management of Nasarshas.

MATERIALS AND METHOD

Aims and objectives of the study

To evaluate the efficacy of karaviradi taila application. To evaluate the efficacy of kasisadi taila application.

To evaluate the comparative effect of kasisadi application and karaviradi taila application.

Source of Data

Patients were selected from the outpatient and inpatient of Shalakya Tantr department from Sri Vijaya Mahantesh Ayurvedic Medical College, Ilkal, Karanataka. Drug selection was done according to the Classical reference

Method of collection of Data

Patients attending Shalakya OPD and IPD of R. P. Karadi Ayurvedic Hospital, Ilkal Karnataka, and campus in and around Ilkal were selected randomly fulfilling the criteria.
Data was collected in clinical proforma exclusively prepared for this clinicalstudy.

Diagnostic criteria: diagnosis is made on the basis of clinical signs andsymptoms of Nasa arshas.

Total 34 patients were selected for study out of 34 patients 4 patients dropped out because of personalproblem

Inclusion Criteria

Patients aged above 18 yrs and below 60yrs. Patients having Vatakaphaja type of Nasarshas. Patients with Ethomoidal polyps.

Exclusion Criteria

Patients with other systemic diseases.

Patients with epistaxis and anteroconal of polyps.Patients unfit for taila application.
Nasal obstruction other than nasa arshaCriteria for the selection of patients
A total number of 30 patients were selected on random basis.

Patients between the age group of 18-60 years were taken for the study.

Patients were selected irrespective of sex, religion, occupation, economicstatus and chronicity. Patients having Nasarshas were selected.
Patients suffering from other systemic diseases were excluded.

RESULTS

Statistical Analysis of all features in Group A

Table No. 35: Showing Statistical Analysis of all features in Group A.

Features	BT	AT (30^{th} day)	% Improvement	S.D.	S.E.	t value	p value	Interpretation
Nasavarodha	2.33	0.53	84.19	0.64	0.17	12.91	< 0.001	HS
Kshavathu	2.2	0.4	77.78	0.49	1.06	5.14	< 0.001	HS
Nasasrava	2.0	0.6	75.32	0.87	0.28	8.26	< 0.001	HS
Shirashoola	2.0	0.4	71.43	0.85	0.22	4.58	< 0.001	HS
AEC	478	388.67	18.69	45.43	11.73	7.62	< 0.001	HS

Statistical evaluation of all target features in Group A shows that highly significant results were noticed in Nasavarodha, Kshavatu, Nasasrava, Shirashoola, and AEC with p value <

0.001

Statistical Analysis of all features in Group B

Table No. 36: Showing Statistical Analysis of all features in Group B.

Features	BT	AT (30th day)	% Improvement	S.D.	S.E.	t value	p value	Interpretation
Nasavarodha	2.33	0.53	77.25	0.56	0.15	12.44	< 0.001	HS
Kshavathu	2.2	0.53	75.91	0.49	0.13	13.23	< 0.001	HS
Nasasrava	2.0	0.6	65.32	0.83	0.22	5.26	< 0.001	HS
Shirashoola	1.13	0.33	70.80	0.56	0.14	5.53	< 0.001	HS
AEC	472	360.67	23.59	38.15	9.85	11.30	< 0.001	HS

Statistical evaluation of all target features in Group B shows that highly significant results were noticed Nasavarodha, Kshavatu, Nasasrava, Shirashoola, and AEC with 'p' value <0.001.

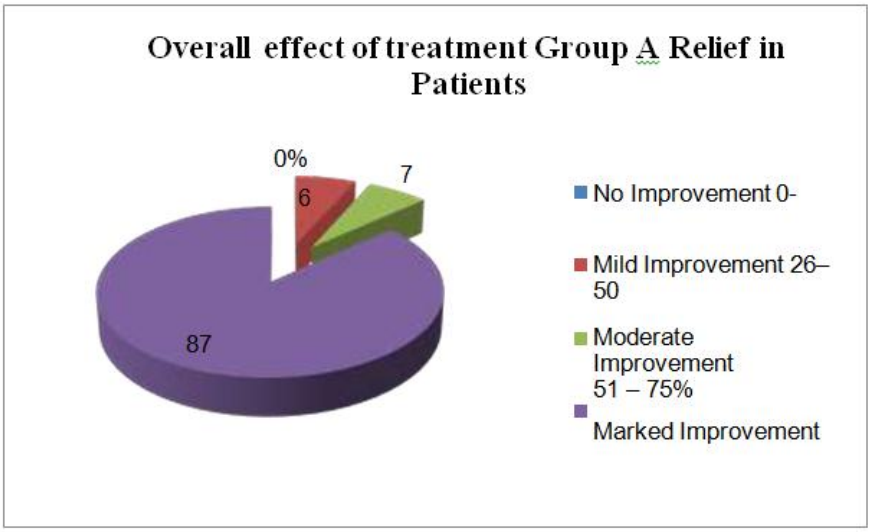
OVERALL IMPROVEMENT

Overall Improvement in Clinical features Table No. 37

Overall Improvement in Clinical features of Nasarsha in both groups

Overall effect of treatment Group A			
Grading	**Relief in Percentage**	**Relief in Patients**	**%**
No Improvement	0-25%	0	0%
Mild Improvement	26–50 %	1	6.67%
Moderate Improvement	51 – 75%	1	7 %
Marked Improvement	76 – 100 %	13	87 %

In Overall effect of treatment in Nasarsha, Group A out of 15 patients in this study 1 patients(6%)mild improvement 1 patient 7% were getting Moderate Improvement and 13 patients (87%) were getting Marked Improvement.

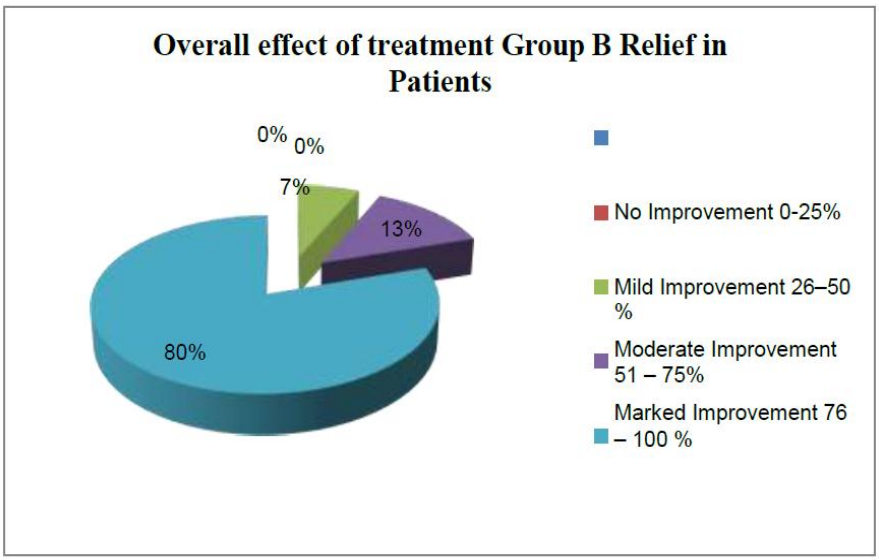


Graph No. 29: Over All Effect Of Treatment Group A.

Table No: 38 Overall Improvement Group B.

Overall effect of treatment Group B			
Grading	**Relief in Percentage**	**Relief in Patients**	**%**
No Improvement	0-25%	0	
Mild Improvement	26–50 %	01	6.67
Moderate Improvement	51 – 75%	02	13.34
Marked Improvement	76 – 100 %	12	80

In Overall effect of treatment in Nasarsha, Group B out of 15 patients in this study mild improvement 1patient 6.67% moderate improvement 02 patient 13.34% marked improvement 12 patient 80 %.



Graph No: 30 Over All Effect Of Treatment Group B.

CONCLUSION

Nidana explained in the Ayurvedic classics seems to be initiating or precipitating factors for nasharsha vihara sambhandi nidanas like expose to Raja(dust) Dhooma(smook), Sheetavayu (cold breeze) and Nidanarthakara Roga like Pratishyaya have significant role in causing Nasarsha.

Samprapti of Nasarsha is complex, as various known, unknown, exogenous, or endogenous etiological factors are involved in its pathogenesis. In the present study, the prevalence of Nasarsha was found to be more in males than females. Family history is insignificant in causing Nasarsha.

The results were encouraging to start with just after the application of the taila, there was complete relief of the symptoms of Nasal Polyp in almost patients in the study, whereas others also reported alleviation of the same.

On comparison of the two Groups, Group A and Group B, it was seen that both the taila were equally effective in reducing the clinical features of the disease; although **Karviradi taila** showed a bit of better result, there was not much to declared one of the taila to be better than the other Statistical comparison of the two groups (unpaired "t" test) also proclaimed that

There was no significant difference between the group A and group B respect to the different clinical features

Both the taila hass providing relief to the patients of Nasarsha; as such karavira taila and kasisadi taila application can be recognized as apotent and worthwhile procedure in the management of Nasarsha.

Recommendation For Future Study

The present study can be conducted on average sample for a better interpretation about the effect of the procedure and the drugs.

Effects of different Taila in the same disease can be tried.

Management of Nasarsha with different treatment modalities can be studied along with taila for better results can be undertaken.

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