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# ROLE OF VAMAN AND DHUMPANA IN THE MANAGEMENT OF PEENASA W.S.R. TO CHRONIC SINUSITIS: A CASE STUDY

#### Talokar Sanket\* and Bahatkar Seema

Department of Panchakarma, R.A. Podar Ayurveda College, Worli, Mumbai.

\*Corresponding Author: Talokar Sanket

Department of Panchakarma, R.A. Podar Ayurveda College, Worli, Mumbai.

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## **ABSTRACT**

Peenasa is a disease of kapha vataj dominance doshas.It is characterized by *kshwathu, Nasasrava, Shirogourava* etc. Acharya Sushruta used the term apeenasa to described Peenasa. Peenasa can be corelated with chronic sinusitis. In these single case study of a patient of 21 years Male with Symptoms of Peenasa (chronic sinusitis) from 7 years having impact on his daily life style like concentration problems, lack of confidence etc.Vaman is indicated in Peenasa and *Dhumpana* which give in post Vaman karma helpful to reduce shesh kapha dosha. All Symptoms of Peenasa i.e *kshavathu, Shirodhara, Nasasrava* and *Shirogourava* are observed during study. This case study reveals how Vaman and Dhoompaan gives insignificant result in Peenasa (chronic sinusitis).

KEYWORDS: Peenasa, Vaman, dhumpana.

#### INTRODUCTION

Peenasa is described as Vatakaphaj Vyadhi. Peenasa is a Krichasadhya by charak Acharya. Ayurveda has broadly described treatment into three parts i.e. *Nidan Parivarjana*, *Shodhan* and *Shaman Chikitsa*. *Acharya Charak* had specially designed a peculiar treatment for it. The description of can be interpreted with sinusitis. Modern medical science attributes this condition as inflammation of the paranasal sinuses, which may be due to infection, allergy, or autoimmune issues. Sinusitis is the inflammation of the mucosa of any one or all of the paranasal sinuses. When all sinuses are involved it is called as pansinusitis.<sup>[2]</sup>

The clinical condition similar to *Peenasa* in modern medical science is described by the term sinusitis. In modern medicine, treatment of sinusitis is general and local management. In general management use of antibiotics, decongestants, analgesics, and antihistamines are used. As local treatment use of nasal decongestant drops, steam inhalation, fomentation, antibiotics are used but patient get relapse again with symptoms and the condition become worsen.

*Vaman shodhan chikitsa*, is procedure useful for *udhrajatrugat kaphaj doshas*. It is helpful to remove leen kaph dosha from respiratory tarck. *Acharaya Sushruta* explained Vaman is treatment of choice for Peenasa (chronic sinusitis). [3]

'Dhum' Meaning Vapor, Mist, Smoke (smoke of medicinal drugs here). 'Pana' meaning 'intake'- the term

relating to therapeutics used in Ayurveda. *Dhum* Pan consists of the inhalation of medicated smoke through mouth and/or nose and releasing it only through the mouth. Smoke should never be released by nostril as a protocol of *Ayurvedic Dhum* Pan. It helpful for maintenance of health in a healthy condition of a body as a part of daily routine or for the therapeutic use in treating of various diseases.

Both *Vaman* and *Dhumpana* are given as treatment of choice in Peenasa patient and result are observed.

# CASE STUDY

Here presenting a case of 21 year male patient of computer engineer by profession residing in Prabhadevi, Mumbai. He came to our institute with complaints of *Nasasrava, kshavathu adhikta, shiirogaurvata* in morning since 7 years. He was already being diagnosed with chronic sinusitis. Patient already taken allopathy medicine course multiple times but did not get relief. There were recurrence of Symptoms after particular period of time.

C/O – Nasasrava More in morning...since 7 years Kshavathu. 15 to 20 frequency Shirogauravta in morning

**Associate Symptoms-** Less concentration during study lack of confidence etc.

**O/ E** 

Nadi (pulse) -80 / min

Mala (stool)- Samyak Mutra (urine)-samyak (4 – 5 veg) Jeevha (Tongue) – Niram Shabda (voice) – sapashtha Trushna – samyak Sparsh (Temperature) – anushna (normal) Akruti (weight) – madhyam, 60 kg

Agni (appetite) – visham Raktadaab (Blood pressure) - 120 / 80 mm of Hg

N/K/C/O – any major disease. N/S/C/O - any surgical history. Patients consent already taken for further treatment and management.

Table 1: Materials and Methods.

Sr.no.	Panchakarma	Duration	Drug Used	
1.	Deepan Pachan	5 days	1. Apane (Before meal) -aarogya vardhini 500mg 2. Samane (in between meal) - Hingwashtak churna 3gm with ghee 3. Ratri (homney Sora)- Gandharva haritaki 5mg + warm water	
2.	Snehapan	5 days	Panchtikta ghrit	
3.	Saravnag snehan swedan	On 11 <sup>th</sup> day	Til Tail + Peti swed	
4.	Vaman	On 12 <sup>th</sup> day	Vaman Yog — Madanfal pippali churna -5gm Pimpali churn -4 gm Saindhav -3 gm Madhu — 10 gm Vamanopag — Yashti Madhu fanta	
5.	Samsarjan kram	5 days	Yush Peya, vilepi, akrut yush ,krut yush,akrut mansarasa,krut mansarasa, Samnya bhojan.	

# Criteria for Assessment

Subjective improvement

- 1. Kshavathu (Sneezing)
- 2. Nasa srava (Nasal discharge)
- 3. Shirogauravta (Headache)
- 4. Above mentioned subject criteria are grading from 0- 4 and assessed before and after treatment according to absence of Symptom, mild, moderate and severe.

#### Poorvakarama

Poorvakarama of Vaman is deepan Pachan and abhynter snehapan (4). Deepan Pachan was done by administration of drugs mentioned in chart 1 for 5 days.

After deepan Pachan internal olieation (abhynter snehpan) was done by adminstration of panchatikta ghrit.

Table 2: Abhyanter Snehpan matra and Lakshans.

Day	Panchatikta ghrit matra	Abhynter Snehpan lakshan	
1	30 ml	-	
2	70 ml	-	
3	110 ml	Alpa vatanuloman and malanuloman	
4	130 ml	Vatanuloman, malanuloman, purush snigdhata, gatramardavata	
5	180 ml	Vatanuloman,purush snigdhata,Asamhat varchas,anga laghvata,sneha dvesha.	

During all these days, patient was advised to take warm hotwater for drinking till kshudha pravvrutti. Only light liquid diet (*krushara*) was advised at that time. Abhyanter snigdh lakshnas were appeared on 5<sup>th</sup> day of oleation.on 6<sup>th</sup> day sarvang snehan by til Tail and and peti swedan is given. Which is helpful to remove leen doshas from strotas.<sup>[5]</sup>

**Pradhan karma**<sup>[6]</sup> After administration of drug total 6 *Vegas* were noted and was observed *Pittant*, with *Samyak Vamana Lakshana* like *Murdha* and *hridaya Shuddhi* (cleaning in chest), throat, channel of mouth etc. *laghutha* (Lightness), Indriya Shuddhi (freshness and alertness in sensorium).

## Paschat Karama

1. *Dhumpana*<sup>[7]</sup> Dhumpana is given to patient to remove shesh doshas of kantha Pradesh and

- nasa. Vairechanik Nirdosh dhoomvarti was used for it Total 9 times inhalation and exhalation was given to patient.
- 2. Samsarjan krama After the completion of *Vaman karma* 5 days of *samsarjan kram* given to patient according to table no 1.

During *samsarjan kram* patient advice to take *Dhumpana* for next 5 days same as mentioned above which was helpful to avoid recurrence of the disease.

After samsarjan kram Haridra khanda 5 gm with warm water and *sitopaladi* churn 5gm with *Madhu* given to patient for next 15 days.

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#### DISCUSSION

#### Mode of action of Vaman

Vaman dravya has vyavayi, vikasi, ushna tikshna, sukshma and yogvahi guna as internal oleation already done by ghrit which also act as yogvahi. Because of it Vaman drug easily act on cellular level of the body helpful to remove kapha dosha from respiratory track to stomach and stomach to mouth comes out easily by emesis. Ushna tikshan dosha helpful to melt doshas while sukshma vyavayi and vikasi helpful to remove out them from body.

#### Mode of action of Dhumpana

Patinet given Vairechanik Dhumpana (7)which is helpful to remove leen kaph dosha of udhrajatrugat parts of body. Dhumpana drugs have Katu - Tikta rasa and Laghu guna helpful in Ghranamaasravyati, Mansanvilyati, Shonitsanghat bhinatti, Marganvirinoti. Dhumpan helpful for lekhan of doshas and aslo kleda, meda, lasika, puya are upashoshan done by it. Which decreases the inflammatory factors of nasal mucosa and symtoms of sinusitis get relieved.

#### RESULT

Table 3: Results before and after Treatment.

Peenasa lakshana	<b>Before Treatment</b>	After Treatment
1) Kshavathu (Sneezing)	+++ ( Daily 15 – 20 in morning)	Mild once or twice occasionally
2)Nasa srava ( Nasal discharge)	+++	No nasal discharge
3)Shirogauravta ( Headache)	+++	+

## CONCLUSION

Vaman therapy followed by *dhumpan* is effective in the management of *Peenasa* (chronic sinusitis). *kshavathu*, *Nasasrava*, *Shirogouravta* all symtoms gets relieved.

## REFERENCES

- Yoga Ratnakar with Vaidyaprabha Hindi commentary by Dr. Indradev Tripathy & Dr. Daya Shankar Tripathy, First edition, Publish by Kashinath Das Academy, Varanasi, Nasarog Adhikar, 1998; 3-6: 737.
- 2. Harrison's principles of internal medicine, 14th Edition, 1998, Published by Library of Congress cataloguing in publication, Chapter, 30: 179-81.
- 3. Sushruta Samhita Uttaratantra of Maharshi Sushruta, by Kaviraj Ambika Dutta Shastri, Nineth edition, Published by Chaukhamba Sanskrit Sansthan, Varanasi, Uttaratantra, 1995; 23/3: 113.
- 4. Charak Samhita Purvardha, Vidyotini Hindi Commentary by Kashinath Shastry & Edited by Dr. Gangasahaya Pandey. reprint, Published by Chaukhamba Sanskrit Sansthan Varanasi, Sutrasthan, 2012; 13/53-57: 189.
- 5. Charak Samhita Purvardha, Vidyotini Hindi Commentary by Kashinath Shastry and Edited by Dr. Gangasahaya Pandey. reprint, Published by Chaukhamba Sanskrit Sansthan Varanasi, Sutrasthan, 2012: 14/1-4: 167.
- 6. Charaka Samhita of Agnivesha Uttaradha, Charak Chandrika hindi commentary by Dr. Brahmanandra Tripathi, forwarded by Dr. Prabhakar Janardan Deshpande, edition 11. published by Chaukhamba Surbharti prakashan, Kalpasthan, 2005; 1/14: 1080.
- 7. Pandit Hari Sadashiv Shastri Paradakar, Astangahrdaya of Vaghhata with the commentaries: Sarvangasundara of Arundadatta and Ayurvedarasayana of Hemadri (Reprint Edition), Chaukhamba Surbharati Prakashan, varanasi, sutrasthan, 2007; 21.