



**A CLINICAL STUDY ON THE MANAGEMENT OF PEENASA WITH CHITRAKA
HARITAKI LEHYA**

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ABSTRACT

Peenasa is characterized by nasa avarodha (nasal obstruction), nasa shosha (dryness of the nose), nasal discharge and gandha ajnana (abnormal perception of the smell). It is considered to be vatakapha predominant disease. It is not life threatening condition but it can produce difficulty in carrying out day to day routine activities and there by greatly affecting the quality of life. The signs and symptoms of Peenasa were categorized into mild, moderate and severe. The drug Chitraka Haritaki Lehya mentioned in Nasa rogadohikara chikitsa in the text Chakradutta selected for the present clinical trial in Peenasa. The ingredients present in this drug helps in alleviating the disorder by breaking down the pathogenesis. Twenty patients received Chitraka Haritaki Lehya internally in the dose of 10 grams, twice daily after food for a period of 7 days. Nasal discharge (50%) and nasal obstruction (28%) were relieved in maximum patients and the least response was observed in the abnormal perception of smell i.e. 10.5% and the other symptoms had moderate relief.

KEY WORDS: peenasa, ama, atrophic rhinitis.

INTRODUCTION

Peenasa is one among the nasa rogas. The modern Rhinology deals with condition called "Atrophic rhinitis" whose clinical features are similar to Peenasa. The disease is characterized by nasa avarodha(nasal obstruction), nasashosha(dryness of the nose), nasal discharge and gandha ajnana^[1] (abnormal perception of the smell).

It is considered to be vatakapha predominant disease. The causative factors responsible for Peenasa may be divided in to two, one due to faulty food stuffs intake and second following the improper regimen. In take off heavy, excessively cold, sweet, dry food stuffs, excessive water intake, drinking water from different sources and having the food before the digestion of previous food can cause Peenasa. The unhealthy regimens like excessive day sleep, sleeping very late in the night, loud or excessive speech, continuous exposure to dust and smoke, excessive indulgence in water sports, excessive indulgence in exercise and sexual act, voluntary suppression of vomiting, tears and other natural urges and seasonal effects may influence the causation of Peenasa. Although it is not directly mentioned that agnimandya (decreased digestive fire) or ama (undigested food product,) can cause Peenasa but from the etiological factors it can be inferred that these factors play a key role in the manifestation of the disease.^[2, 3, 4]

The vitiated vata causes drying of the kapha of nasa leading to crusting and nasaavarodha. Vitiated kapha causes nasal discharge. From time to time authors have termed this variously as Ozaena^[5], Atrophic catarrhal coryza and Foetida. The etiology of atrophic rhinitis emphasizes the role of nutritional factors along with occupational factors, habitual factors, traumatic factors, constitutional factors, inflammatory factors and endocrine factors. The deficiency of Vitamin A, Vitamin E and Iron found to be causative factors for Ozaena.^[6] Vitamin A exerts profound influence in the development of the epithelial structures of the respiratory passage and Vitamin E helps to preserve the vitality and integrity of the mucous membrane by opening up the collecterals. Iron deficiency results in poor perfusion of the mucous membrane. It is well accepted fact that the variation in the levels of Estrogen can cause Atrophic rhinitis.^[7] The disease shows dryness of nasal mucous membrane characterized by crusting, nasal obstruction, nasal discharge, abnormality in perception of smell and foul odor from nose.^[8] It is not life threatening condition but it can produce difficulty in carrying out day to day routine activities and there by greatly affecting the quality of life.

Need for the Study

The incidence of the disease varies from 0.3 to 0.8% of ENT outpatient departments.^[9] The medical line of management of this condition aimed at improving the

condition with help of synthetically prepared Vitamin A, Vitamin E and estrogen preparations and surgical management for this condition have failed to produce the desired results.

An attempt to evolve a better management is the need of the day. Ayurvedic literature has a vast treasure of various oral medications for such nasal disorders. The oral medication selected in this present study aimed at alleviating ama (undigested product), agni deepana^[10] (stimulation of digestive fire) and vata anulomana (reducing vata by redirecting it to normal route). The drug Chitraka Haritaki Lehya is mentioned in Nasa rogadhikara chikitsa in the text Chakradutta.^[11, 12] The ingredients present in this drug helps in alleviating the disorder by breaking down the pathogenesis. Hence the drug Chitraka Haritaki Lehya was selected for the present study.

MATERIALS AND METHODS

The main objective of the study was to test the efficacy of Chitraka Haritaki Lehya in the management of Peenasa. A total of twenty patients were selected randomly from the outpatient department of Shalakyatantra department of Shri Jayachamarajendra Institute of Indian Medicine Hospital Bangalore for the present study.

Table no 1.

Sl no	Ingredients	Parts used	Quantity
1	Chitraka (<i>Plimbago zeylanica linn</i>)	Root	50 pala
2	Amalaki (<i>Phyllanthus emblica linn</i>)	Fruit	50 pala
3	Guduchi (<i>Tinospora cardifolia</i>)	Stem	50 pala
4	Bilva (<i>Aegle marmelos Cors</i>)	Root	5 pala
5	Gambhari (<i>Gmelina arborea Linn</i>)	Root	5 pala
6	Patala (<i>Stereospermam suvveolens D C</i>)	Root	5 pala
7	Agnimatha (<i>Cledodendron phlomidis</i>)	Root	5 pala
8	Shyonaka (<i>Oroxylum Indicum Vent</i>)	Root	5 pala
9	Shalaparni (<i>Desmodium ganeticum</i>)	Root	5 pala
10	Prishniparni (<i>Urarea picta Desr</i>)	Root	5 pala
11	Brihati (<i>Solanum indicum</i>)	Root	5 pala
12	Kantakari (<i>Solanum suratlense</i>)	Root	5 pala
13	Gokshura (<i>Tribulus terrestris Linn</i>)	Root	5 pala
14	Haritaki (<i>Terminalia chebula</i>)	Fruit	64 pala
15	Guda (jaggery)		100 pala
16	Shunti (<i>Zingiber officinale Rose</i>)	Rhizome	1 pala
17	Maricha (<i>Piper nigrum Linn</i>)	Fruit	1 pala
18	Pippali (<i>Piper longum Linn</i>)	Fruit	1 pala
19	Ela (<i>Elettaria cardamom</i>)	Seed	3 pala
20	Patra (<i>Abies webbiana Lindle</i>)	Leaf	3 pala
21	Twak (<i>Cinnamon Zeylanica Breyn</i>)	Stem bark	3 pala
22	Yavakshara		½ pala
23	Madhu (Honey)		8 pala

OBSERVATION AND RESULTS

Demographic data: Age wise distribution of the subjects selected shows that 35% were between 31 to 40 years, 20% were between 21 to 30 years, 15% were between 11 to 20 years, 10% in each between 41 to 50

Inclusion criteria

Patients with classical signs and symptoms of Peenasa i.e. nasal obstruction, nasal discharge, dryness of the nose and crusting, abnormal perception of the smell. Patients between age group 10 to 70 years were selected.

Exclusion criteria

Peenasa associated with systemic illness like hemophilia, hypertension, diabetes mellitus, leprosy and tuberculosis. Peenasa complicated with nasaarshas, nasapaka (inflammatory nasal disease) and deviated nasal septum.

Study design

Open clinical trial

Twenty patients received Chitraka Haritaki Lehya internally in the dose of 10 grams, twice daily after food for a period of 7 days.

Drug preparation

The drug Chitraka Haritaki Lehya was prepared as per the classical method. The Ingredients and parts used with Quantity are summarized in Table no 1.

years, 51 to 60 years and 61 to 70 years. Sex wise distribution shows that 55% were females and 45% were males. Religion wise distribution shows 45% were Muslims, 40% were Hindus, 10% were Christian and 5% were Jain. With respect to occupation 30% were

housewives, 25% were in service, 20% were students, 15% were retired persons and 10% were agriculture persons. Socio economic status shows 50% were from each low income group and middle income group. 65% were consuming mixed diet and 35% were having vegetarian diet. With respect to chronicity of illness 60%

were between 1 to 3 years, 25% were 3 to 5 years, 10% were below one year and 10% were above 5 years.

Clinical findings in severity: The signs and symptoms of Peenasa were categorized into mild, moderate and severe by self prepared scoring pattern.

Table no 2

Parameters	Mild	Moderate	Severe	Total
Nasaavarodha	04	13	03	20
Nasashosha	06	06	05	17
Nasaprakledana	08	03	00	11
Gandhaajna	05	12	03	20
Crust observation	10	7	3	20
Cold spatula test	10	8	2	20

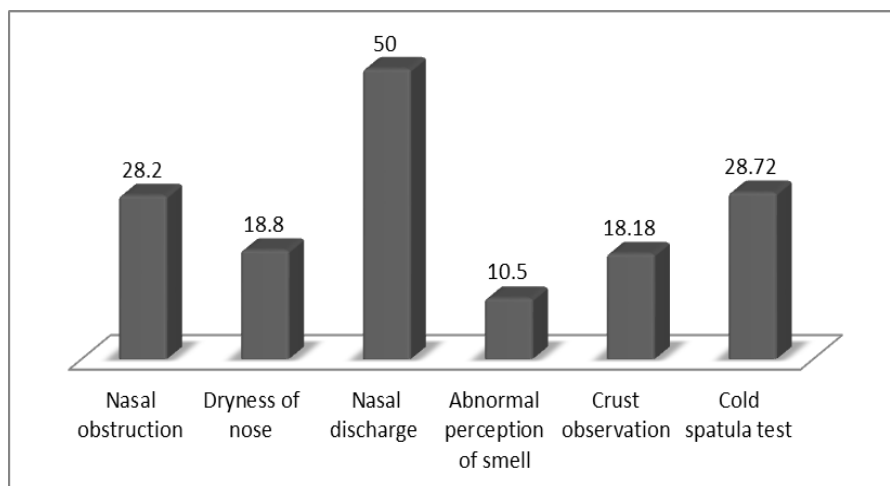
Data of Assessment of the response after treatment

In the present study it was attempted to measure the effectiveness of the drug Chitraka Haritaki Lehya in the management of Peenasa by scoring method. The effect of

medicine on the clinical features of Peenasa and percentage wise relief in the signs and symptoms of Peenasa are summarized in Table No 3.

Table no 3

Parameters	Mean		Difference in Mean	SD	SE	T	P
	BT	AT					
Nasal obstruction	1.95	1.4	0.55	0.5104	0.1141	4.820	>0.001
Dryness of nose	1.65	1.35	0.3	0.4847	0.1083	2.77	>0.02
Nasal discharge	0.7	0.4	0.35	0.4893	0.1094	3.199	>0.001
Abnormal perception of smell	1.9	1.7	0.2	0.4103	0.0917	2.18	>0.05
Crust observation	1.65	1.35	0.3	0.4847	0.1083	2.77	>0.02
Cold spatula test	1.6	1.15	0.45	0.5104	0.1141	3.94	>0.001



Graph no 1 % wise reliefs in the signs and the symptoms

DISCUSSION

The patients were assessed before and after the treatment with the grading of subjective and objective parameters and by statistical evaluation. The details of assessment subjective and objective findings with its statistical analysis are summarized in table no 3 and the percentage wise relief in signs and symptoms are depicted in Graph no 1. Out of twenty patients treated one patient showed very good response, eighteen patients had moderate relief and one patient showed poor response.

Nasal discharge was relieved maximum i.e. 50% and the least response was observed in the abnormal perception of smell i.e. 10.5%. Nasal obstruction was relieved by 28.2% whereas dryness of the nose showed the response of 18.8%.

The objective parameters like cold spatula test showed good response with 28.72% whereas crust formation showed the relief of 18.18%

Probable mode of action of Chitraka Haritaki Lehya

The treatment was aimed at correcting the doshic vitiation and counteracting the etiology. The medicine administered was believed to have antioxidant property, anti-inflammatory and bactericidal properties with its nutritional values. The drug is very much helpful in samprapti vighnana (breaking of pathogenesis). The drug is said to be tridosha shamaka with dominant vatakaphahara property. It is ama pachaka^[13], agnideepaka and also being rasayana helps in degenerated or atrophic conditions. It is one among the vyadhi pratyaneeka chikitsa yoga in Peenasa. This drug contains Tannic acid (Haritaki) which has anti histamine and anti tussive activity.^[14] The Vitamin A (Amalaki, Shunti) exerts a profound influence in the development of epithelial structures respiratory and alimentary tracts and also softens areas where crusts form. The Vitamin E (Guduchi) and Vitamin B (Shunti) helps to preserve integrity and vitality of the mucous membrane. Iron (Bilwa, Shunti) plays important role in erythropoiesis. Estrogen hormone (Haritaki) helps for maximum improvement because of vasodilating property. Anti oxidant properties present in Guduchi and Amalaki promote the proliferation of atrophied mucous membrane. The anti inflammatory and bactericidal activity of Chitraka, Shunti, Amalaki and Guduchi helps to reduce inflammation.

CONCLUSION

Statistically it is well evident that the drug Chitraka Haritaki Lehya is very effective in the management of Peenasa. The symptoms like nasal discharge and nasal obstruction were relieved maximum and other symptoms had moderate relief.

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