

**ROLE OF ANUTAILA NASYA AND JALA NETI IN THE
MANAGEMENT OF NASANAHA- A CLINICAL STUDY**

¹Mohankumari K.M

¹Associate professor, Dept of PG studies in Shalakyatantra, Government Ayurveda Medical College Mysuru, Karnataka.

ABSTRACT

Nasanaha is one of the *sthanika roga* of *nasa* documented in ancient classics of *Ayurveda*. The *pradhana lakshana* seen in *nasanaha* is *avarodha* that is 'Nasal Obstruction'. In the present study *nasanaha* with special reference to Deviated Nasal Septum (DNS) which is an anatomical cause for nasal obstruction is undertaken. The principle treatment modalities adopted in conventional system of medicine includes the use of decongestant nasal drops, analgesics, antihistamines, intranasal steroids and surgical treatment. These medicaments though have effective symptomatic relief, unfortunately have many adverse effects and are temporarily beneficial and also there may be recurrence of symptoms even after surgery. Owing to the above adverse effect in modern medicine, there is always been sincere demand and search for effective, simple, most economical, non-operative mode of management. So the present study was taken up to evaluate the efficacy of *Anutaila nasya* and *Jalaneti* in *nasanaha*. A total of 30 patients having *nasanaha* were selected and randomly divided into 2 groups with 15 patients each. Group A was treated with *Anutaila nasya* and Group B was treated with *Jalaneti*. Subjective parameters were considered and were suitably graded to assess the results based on the clinical observations and statistical tests were applied to analyse the results. In the present study it was observed that the percentage of success of Group A was 80.32% and that of Group B was 57.95%. Group A showed better results compared to Group B.

Keywords *Nasanaha*, Deviated Nasal Septum, *Anutaila*, *Jalaneti*.

INTRODUCTION

Ayurveda possesses a long history with many layers, much diversity and a continuous development that makes it relevant for all people and all times. It includes all methods of healing from diet, herbs, exercise and lifestyle regimens to yogic practices and meditation. Man is considered to be perfect homologation of the body, mind, senses and soul from long back. The five sense organs are *Nayana*, *Karna*, *Nasa*, *Jiwa* and *Twacha*, among which *Nasa* has got utmost importance as "*Nasahi Shiraso Dwaram*"¹ meaning- Nose is the only gateway for the drug administration in the form of *nasya* and for the elimination of *doshas* from the

head. Estimates are that 80% of all nasal septum are off-center, a condition that is generally not noticed. A 'Deviated Septum'² occurs when the septum is severely shifted away from the midline. It is rare to find a septum that is completely central, but only those deviations that cause symptoms are clinically significant. The symptomatic treatment includes the use of decongestant nasal drops, analgesics for pain, antihistamines, intra nasal steroids etc. These medicaments though have effective symptomatic relief, unfortunately have many adverse effects and are temporarily beneficial. For instance – use of antihistamines and nasal decongestant drops, may give rise to

lassitude, drowsiness, tinnitus, blurring of vision and headache. Recurrence of symptoms may be seen even after surgical treatment like septoplasty and submucous resection. In the face of such inadequate success in combating the problem, there is an increased demand to address the problem from views of alternative systems of medicines like Ayurveda and Yoga.

One finds elaborate description of the concept of Yoga and Yogic state in all the classical texts of Ayurveda. Ayurveda and Yoga are integral parts of the great system of Vedic knowledge. Both are the unique sciences of antiquity and were developed and practiced in similar objectives in the same land. Hence the present study was taken up to evaluate the efficacy of *Anutaila nasya*³ and *Jalaneti*⁴ in *Nasanaha*⁵.

AIM AND OBJECTIVES

- To evaluate the clinical efficacy of *Anutaila nasya* in the management of *nasanaha*.
- To evaluate the clinical efficacy of *Jalaneti* in the management of *nasanaha*.
- To compare the role of Ayurvedic and Yogic treatment in the management of *nasanaha*.

MATERIALS AND METHODS

A total of 30 patients having the features of *nasanaha* were selected for the study irrespective of sex, occupation, religion and socioeconomical status from Shalakya tantra OPD and IPD of Sri Jayachamarajendra Institute of Indian Medicine, Bengaluru. *Anutaila* was prepared by self at SDM pharmacy, Udupi. Ethical clearance was obtained from IEC committee, GAMC, Bengaluru. Informed consent was obtained from all participants.

INCLUSION CRITERIA

1. Patients with established diagnosis of deviated nasal septum presenting the complaints like nasal obstruction, headache, frequent attack of cold and facial pain.
2. Patients in the age group of 8- 80 years.
3. Clinically anterior or posterior or combined deflection of septum.

EXCLUSION CRITERIA

1. Septal deviation associated with epistaxis, sinusitis and other complications.
2. Nasal obstruction caused due to nasal polyp, nasal tumour and septal abscess.
3. *Nasanaha* associated with other systemic disorders.

ASSESSMENT CRITERIA

It was made on the basis of following subjective criteria and conclusion was drawn on the basis of paired t- test method.

SUBJECTIVE CRITERIA

Obstruction to breathing

Attack of common cold

Headache

Facial pain

STUDY DESIGN

30 patients selected were randomly divided into 2 groups. Group A and Group B with 15 patients each. Group A – treated with *Anutaila nasya* 1 sitting of once a day for 7 days with follow up after 1 month upto 3 months. Group B – treated with *Jalaneti* 1 sitting of once a day for 7 days with follow up after 1 month upto 3 months.

Parameters for Clinical Study

Total duration of treatment was 7 days in each group. Patients were advised to come for follow up once a month upto 3 months after the end of 7 days of treatment. The observations were made before, during and after treatment and assessed as per the subjective parameters.

CRITERIA FOR ASSESSMENT

For subjective parameter each symptom has been graded with following criteria.

Normal - 0

Mild - 1
Moderate - 2
Severe - 3

Table no-1 showing scoring of subjective criteria.

Subjective criteria	
1. Obstruction to breathing	0- Absent 1- Occasional difficult to breath. 2- Frequent obstruction to breathing and breath with minimal effort. 3- Continuous obstruction to breathing and breath with much effort.
2. Attack of cold	0- Absent 1- Occasional attack of cold with scanty nasal discharge. 2- Frequent attack of cold with moderate nasal discharge 3- Continuous attack of cold with profuse nasal discharge.
3. Headache	0- Absent. 1- Pain that is tolerable and does not cause any disturbance to carry out routine work. 2- Pain which is tolerable but causes discomfort to carry out routine work. 3- Agonising constant pain.
4. Facial pain	0 – Absent. 1- Occasional pain with low intensity. 2- Frequent pain with moderate intensity. 3- Continuous pain with severe intensity.

FOLLOW UP STUDY

After the completion of treatment all the patients were advised to attend the OPD for 3 months at regular intervals.

COMPOSITION OF TEST DRUG

*Anutaila*⁶

Jeevanti(Leptadenia reticulate),
Sugandabala(Pavonia odorata),
Devadaru(Cedrus deodara),
Musta(Cyperus rotundus),
Twak(Cinnamomum zeylanicum),
Usira(Vetiveria zizanioidis),

Sariva(Hemidesmus indicus), *Sweta candana*(Santalum album),
Daruharidra(Berberis aristata),
Yastimadhu(Glycyrrhiza glabra),
Agaru(Aquilaria agallocha),
Satavari(Asparagus racemosus),
Swetakamala(Nelumbo nucifera),
Bilva(Aegle marmelos),
Nelakamala(Nymphaea nouchali),
Brhati(Solanum indicum),
Kantakari(Solanum surattense),
Surabi(Ocimum sanctum),

Salaparni(Desmodium gangeticum), *Prsniparni*(Uraria picta), *Vidanga*(Embelia ribes), *Tejapatra*(Cinnamomum tamala), *Suksmaela*(Elettaria Cardamomum) *Renuka*(Vitex negundo), *Kamala kesara*(Nelumbo nucifera- stigma), *Ajadugdha*(Goat's milk), *Varsha Jala*(Rain water), *Tila taila*(Oil of Sesamum indicum) *Jalaneti*⁷

Ushna jala(leukwarm water) and *Samudra lavana*(Sodium chloride).

RESULTS

Total 30 patients were registered for the study and they were randomly distributed in 2 groups as Group A and Group B consisting of 15 patients each. Results of

each group and comparative results of both groups analyzed by using paired t- test.

Assesment of Overall Results

The percentage of improvement after treatment was more in group A with 74.98 % than group B with 51.73 % though statistical significant is evident in both the groups but still the statistical significance is more acceptable in group A than in Group B. On an average the overall effect of the treatment was observed in Group A with 80.32% showing good effect than Group B with 57.95% showing moderate effect. However no poor response was observed.

1) Effect on obstruction to breathing

Table no: 2 showing stastical analysis of parameters in Group A & B

Group	N	BT	AT	Paired 't' test					
				Difference	%	SD	SEM	T	P
A	15	1.867	0.333	1.533	82.11%	0.516	0.165 0.159	11.500	<0.001
B	15	1.933	0.800	1.133	58.61%	0.516	0.153 0.223	8.500	<0.001

2) Effect on frequent attack of cold

Table no: 3 showing stastical analysis of parameters in Group A & B

Group	N	BT	AT	Paired 't' test					
				Difference	%	SD	SEM	T	P
A	15	1.867	0.333	1.533	82.11%	0.516	0.165 0.159	11.500	<0.001
B	15	1.933	0.800	1.133	58.61%	0.516	0.153 0.223	8.500	<0.001

3) Effect on headache

Table no: 3 showing stastical analysis of parameters in Group A & B

Group	N	BT	AT	Paired 't' test					
				Difference	%	SD	SEM	t	P
A	15	1.867	0.333	1.533	82.11%	0.516	0.165 0.159	11.500	<0.001
B	15	2.133	0.867	1.267	59.39%	0.799	0.192 0.165	6.141	<0.001

4) Effect on facial pain

Table no: 3 showing stastical analysis of parameters in Group A & B

Group	N	BT	AT	Paired 't' test					
				Difference	%	SD	SEM	t	P
A	15	1.867	0.467	1.400	74.98%	0.507	0.165	10.693	<0.001
							0.165		
B	15	1.933	0.933	1.000	51.73%	0.378	0.153	10.247	<0.001
							0.182		

DISCUSSION *Nasanaha* is an independent disease with specific treatment mentioned in the Ayurvedic classics. The *pradhana lakshana* in *Nasanaha* is *avarodha* in *nasa* i.e., nasal obstruction. The potential therapeutic measures mentioned in Ayurveda in the context of *Nasanaha* include *nasya* by *anutaila/ balataila, grithapana, snigdhadhooma, shirobasti* etc. Nasal obstruction may occur either due to anatomical causes or due to physiological causes. In the present study with special reference, to anatomical cause-‘Deviated Nasal Septum’ (DNS) was selected for the clinical trial.

The Yogashastra has shown six types of techniques i.e. *shatkriyas*⁸ for internal purification. *Jalaneti* is one of the kriyas mainly indicated in nasal problems. Added benefit is that it will be the re-evaluation of these formulations in the scientific lines. The present study was a venture in the similar lines. Aim was to assess the efficacy of Ayurvedic procedure with that of yogic procedure.

Deviations of the nasal septum are commonly found and often responsible for various anatomical, physiological and pathological changes in the nose. The nasal septum consists of cartilage anteriorly and bone posteriorly. It is rare to find a septum that is completely central, but only those deviations that cause symptoms are clinically significant and were selected for the present study. There

was also an effort to understand the disease, re-interpretation of it in terms of *vikruthi*-The Ayurvedic pathology, correlation with, and selective borrowing from- the modern counter-part of Ayurveda-were also attempted.

Rationale Behind Selection of Formulations:

Anutaila is considered the best *taila* and it is meeting all the requirements of the ideal *nasya*. It is a special preparation for *nasal* therapy, which is useful for eradicating and preventing morbid conditions of intercellular spaces and channels (*srothas*) of the body. Yoga on the other hand has the surest remedies for man's physical as well as psychological ailments. It makes the organs of the body active in their functioning and has good effect on the internal functioning of the human body. The Yogashastra has showed six types of techniques i.e. *shatkriyas* of internal purification. *Jalaneti* is one of the *kriyas* mainly indicated for nasal problems.

Deviated nasal septum is a mechanical obstruction. It is long been recognized that mechanical obstruction can contribute to one or more symptoms like blockage of one or both nostrils, nasal congestion, frequent colds, headaches, facial pains, frequent sinus infections etc. If the symptoms are not causing a lot of discomfort no treatment may be necessary, but symptoms causing discomfort needs medication. The mechanical obstruction is static, it can be corrected only through

surgery and surgical correction is done if DNS causing sinusitis, epistaxis and also if the above symptoms are troublesome to the patient. Thus, in the present study 30 patients with the typical symptoms of DNS viz –obstruction to breathing, frequent attack of cold, headache and facial pain were treated with *Anutaila nasya* and *Jalaneti*.

This comparative study is purely based on the improvement calculated in percentages of the clinical symptoms. Based on the percentile improvement, on an average *anutaila nasya* with 80.32% was better than *jalaneti* with 57.95%. Thus *Anutaila nasya* had a better report of action when compared to *jalaneti*.

Probable Mode of Action Of The Medications:

Anutaila

The word ‘*Anu*’ means small or minute. The name itself indicates that it enters *anu* or *sukshma srotas* very easily and rapidly. It is prepared by *dashaavrutha tailapaka vidhi* (10 times paka) – thus it attains *athyantha sukshma guna*. The preparation includes 26 drugs, *tila taila*, *ajadugdha* and *varshajala* for decoction. It is the foremost and a unique formulation mentioned in all the classics of Ayurveda. In deviated nasal septum – narrow passage due to septal deflection causes obstruction to breathing. It is proven that in the concave side there is increased inflammation, severe loss of cilia, mucosal swelling which worsens the obstruction to breathing.

- Drugs such as *yastimadhu*, *Usheera*, *Rakta/Swetha chandana* can be said to decrease *shopha* (inflammation). Drugs like *Agaru*, *Shalaparni*, *Renuka* etc acts as *shothahara* (mucosal swelling). Thus these factors (inflammation, mucosal swelling) which contribute to the obstruction to

breathing caused by septal deflection is relieved and can be expected to improve breathing without much difficulty.

- Drugs like *Tulasi*, *Kantakari*, *Bilwa* can be credited for relief from *pratishyaya* (common cold).
- *Vairechanica nasya* is mainly indicated in *avarodhajanya shiroshoola*. *Anutaila* is the best *vairechanica*, which relieves *avarodha* and can be credited for relief from *shirashoola* (headache).
- Drugs such as *Twak*, *Daruharidra*, *Bruhati*, *Renuka* acts as *Vedanasthapana* and can be expected to relieve *vedana* (facial pain).
- *Rasayana* qualities of *yastimadhu*, *jeevanthi*, *shatavari* etc can be expected to improve the local immunity, gives strength to the *nasamargas*, checks the vitiation of doshas, and can be credited for qualitative and quantitative improvement.
- *Tila taila*, *Ajadugdha* and *Varshajala* – *Tila taila* is considered to be *sarva shresta*. It is *sukshma*, *ushna* and *shigrakari*. *Ajadugdha* is *sarvaroganashaka*. Quality of *varshajala* is *shudha*, *balavardhaka*, *rasayana* and *tridoshagna*.

Anutaila prepared with all the above-mentioned ingredients in a special way can be expected to respond significantly.

JALANETI

Jalaneti kriya is performed by using a special kind of pot called as *netipot* containing *alpa-ushnajala* (lukewarm water) and *samudralavana* (common salt). Qualities of *lavana* are *sukshma*, *ushna*, *teekshna*, *anabhishyandhi* and *tridoshagna*.

- *Sukshma guna* can be expected to enter *anu srothas*.
- *Ushna* and *teekshna guna* may be expected to do *kapha vilayana*, thus relieving *srothavarodha*, facilitating free

movement to vata dosha and further checks the vitiation of *doshas*.

- *Jala* is *tridoshgna* and acts along with *lavana*.

Thus *jalaneti kriya* relieves *avarodha* and can be credited for relief from the symptoms of deviated nasal septum.

Note: Initially while performing *jalaneti*-slight headache, cough, nasal discharge, watery eyes, (which can be attributed to the irritation of the naso-lacrimal duct) were found in few patients who expressed discomfort feeling only for first two days. But it could be performed easily without difficulty the remaining days. It can be said that a continuous practice makes one perfect in performing *jalaneti kriya*.

OVERALL RESPONSE AT THE END OF THE STUDY

The overall response was significant in both the groups on comparison. During the period of observation i.e. once a month upto three months after treatment-recurrence rate was less in group A when compared with that of group B. Probably the *rasayana* qualities of few drugs in *Anutaila* can be expected to check the further vitiation of doshas and can be credited for qualitative and quantitative improvement. Thus, *Anutaila* can also be expected to act as prophylactic.

CONCLUSION

Deviated Nasal Septum is one of the anatomical causes of nasal obstruction. Septal deflection is caused by either direct trauma or pressure at any age or compression across the maxilla from pressures occurring during pregnancy or parturition or may be congenital. The clinical features of DNS were observed in the patients very significantly. By considering the results, it can be concluded that patients in Group A showed significant response. *Anutaila nasya*

proved to be having superior therapeutic efficacy than *Jalaneti*. Even results in Group B were encouraging. *Anutaila nasya* was more effective and the response was very good in mild and moderate cases of DNS. *Jalaneti* a yogic therapy, though have an encouraging results, is overlooked by *nasyakarma* as practically doing *nasyakarma* is much easier when compared to *Jalanetikriya*. Also, complications are never come across with *nasya*, unless if administration is done in a prescribed manner. The treatment is promising and with the reach of common man. Hence, can be adopted with confidence in private clinics and dispensaries. Recommendations for further study Present study pattern can be contributed in the form of prospective clinical study with increased sample size. The effect of local procedures like *sutraneti* can be tried in *Nasanaha* in future research studies. The use of other *nasya taila* along with administration of oral medications which may decrease the symptoms and boost immunity can be tried in *Nasanaha* in future research studies.

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Corresponding Author: Dr. Mohan Kumari K. M, Associate professor, P.G Studies Dept of Shalakyta Tantra, GAMC, Mysuru, Karnataka.
Email: mohanaveeru@gmail.com

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