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Original Research Paper

Ayurveda

ROLE OF VYOSHADI VATI IN MANAGEMENT OF PRATISHYAYA IN THE CHILDREN

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ABSTRACT

Common cold is one of the frequently troubling conditions especially in children, where more care is needed because it affects the normal growth and development of the children.Management of pratishyaya in children needs more care and observation since the complications can make the condition adverse in the stages of its prognosis. The actual treatment procedures adopted in the treatment of pratishyaya includes Snehapana, swedana, and shodhana. The research for fast acting, effective and safe medicines with easy for administration is required in pediatric practice. Hence, the simple classical preparation Vyoshadivati which is having capacity of giving relief in pratishyaya as per mentioned in classical ayurvedic text is selected, to find out its efficacy in management of pratishyaya in children. The overall effct of vyoshadivati is much better in terms of reduction of symptoms and signs as compare to that of CPM (chlorpheniramine maleate)

KEYWORDS : Pratishyaya, Vyoshadivati.

INTRODUCTION:

Kaumarbhritya is one of the branch of Ayurveda especially deals with the problems related with infants and childrenhealth. The symptoms of common cold shows resemblance with the lakshanas of pratishyaya explained in Ayurvedic classics. Pratishyaya is one of the diseases in which inflammation of mucous membrane of the nose is observed and it is characterized by Nasasrava,

NasavarodhaKshavathu, Shirashoola, Swasavarodha, Gandhajnana etc. It's a very contagious disease seen all over the world causing much distress and discomfort to the people. The constant nasal discharge, foul smell of the nose and recurrent occurrence of the condition drag the individual far from the normal life. Pratishyaya, the simple disease if untreated may lead to Kasa, Swasa and even severe disease like Rajayakshma. Elaborate description of the disease pratishyaya in terms of its etiology, pathology, signs and symptoms, prognosis and treatment are available in ancient main texts of Ayurveda like Charakasamhita, sushrutasamhita.

Management of pratishyaya in children needs more care and observation since the complications can make the condition adverse in the stages of its prognosis. The actual treatment procedures adopted in the treatment of pratishyaya includes Snehapana, swedana, and shodhana. The research for fast acting, effective and safe medicines with easy for administration is required in pediatric practice.

Generally the people desire to get relief of their trouble in minimum period. Though a number of medicines are available in every system of medicines for curing a single disease, still always challenges exists for an effective and safe drug. As a result of such an exploration, the present preliminary research study is planned to know about the activity of the classical drug vyoshadivati administering into the children suffering from Pratishyaya.

AIM:

To evaluate the efficacy of Vyoshadivati in pratishyaya.

MATERIAL AND METHODS

Materials –
1. Patients
2. Drugs

Vyoshadivati
CPM (chlorpheniramine maleate)
Patients –

STUDY DESIGN:-

30 children with complains of pratishyaya with any two or more symptoms as explained in classics under pratishyayaprathishedham were selected from kaumarabhritya O.P.D of Bharti Vidyapeeth, Deemed University Ayurveda College Hospital Pune

VYOSHADI VATI:(Reference: YogratnakarUt/ Nasarogchikitsa.)
Composition: 1) sunthi, 2) maricha, 3) pippali, 4) chitrakamula, 5) talispatra, 6) amlika, 7) amlavetas, 8) jirak, 9) sukshmaela, 10) tvak, 11) tamalpatra, 12) chavya, 13) purangud.

Type of study – Open randomized control clinical Study.
Method –
Inclusion criteria:-
Age- 4 to 8 years
Features of pratishyaya

Exclusion criteria:-
Chronic debilitating disease.
Congenital anomalies related to respiratory system.
LRTI (lower respiratory tract infection)

METHOD OF STUDY:-

1) The children of either gender between the age group of 4-8 yrs were selected for the study.
2) The selected children were taken for study under a double group of 15 members out of which 15 children were taken for the trial group(Group A) and 15 children were taken for control group (Group B) study.
3) Vyoshadivati was administered in the dosage of 100 mg/kg/day in equally divided dose for 7 days and CPM tablet (chlorophenaramine maleate hydrochloride) was administered in the dosage of 0.2-0.3 mg/kg/day in three equally divided dose for 7 days.
Follow up on 1st, 3rd , 7th days.

CRITERIA FOR ASSESSMENT -
ASSESSMENT CRITERIA:

1. Assessment was made by observing the improvements in the clinical features based on the gradation before and after treatment.
2. Assessment was made on the following schedule

a. Initial assessment before the commencement of treatment
b. II assessment on 3rd day and finally on the last day of treatment i.e on 7th day.

1) Nasasrava (Watery / Mucoid / Yellow / Green) :-
2) Kshavathu :-

3) Ghranoparodha :-
4) Sheerahashoola :-
5) Jwara :-
6) Kasa :-
7) Galoshotha :-
8) NasaRagata (Redness of nose)

RESULT & DISCUSSION:

Parameter	Group	Mean Diff	SE	t value	Significance
Nasastrav	Group A	0.93	0.153	6.08	Significant
	Group B	0.8	0.174	4.58	Significant
Kshavathu	Group A	1.2	0.106	11.2	Significant
	Group B	0.53	0.133	4	Significant
Granoprodh a	Group A	1.13	0.215	5.26	Significant
	Group B	0.6	0.190	3.15	Significant
Shirshoola	Group A	1.4	0.235	5.95	Significant
	Group B	0.6	0.130	4.58	Significant
Kasa	Group A	0.26	0.118	2.25	Significant
	Group B	0	0	0	Non Significant
Galashotha	Group A	0.53	0.165	3.22	Significant
	Group B	0.2	0.106	1.87	Non Significant
Nasaragata	Group A	0.53	0.133	4.0	Significant
	Group B	0.06	0.06	1	Non Significant

In both group , the disease was found to be more prevalent in lower socio economic group as compared to upper socio economic group where it was absent. The average analysis of the effect of the drug in both the both of the groups showed significant improvement on the 7th day of the treatment as compared to the 1st day in all symptoms showing the high rate of cure in both the groups

When the data was analysed in the pre and post treatment in both the groups m the +ve value obtained was much higher in the symptoms of nasastravakshvathu, granoprodha, sheershool on the 3rd day and also 7th day showing a significant relief.

It was less in kasa and galashotha on the 3rd showing no significant changes or relief on the 3rd day and the +ve value were the same for the nasaragata on the 3rd day but on the 7th day the +ve calculated were slightly higher in this three symptoms showing a mild differences similarly no significant changes was seen in pre and post treatment findings on the symptoms of galashothagandnasaragata neither on the 3rd day noe on 7th day showing no utility on these symptoms Similarly , the controlled drug did not show any significant effect in the first three days on nasavrana of kshvathu rendering its disease in the initial day and somewhat relief was seen on the 7th day in nasastrava, kshavathugrano parodha and sheerashoola showing a bit of effect but as there was no relief insymptoms of kasa the drug was of no use showing no effect on the symptoms of kasa of the drug.

CONCLUSION:

The overall effct of vyoshadivati is much better in terms of reduction of symptoms and signs as compare to that of CPM (chlorpheniramine maleate).

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