

**EFFICACY OF ABHYANTAR CHIKITSA WITH STHANIK CHIKITSA
IN SPINAL DISORDER: A CASE STUDY*****Dr. Sonal Antapurkar and Dr. Vanita Puri**

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C.S.M.S.S. Ayurveda
College Aurangabad.**INTRODUCTION**

In India one in eight persons suffer from chronic rhino sinusitis, which is one of the most prevalent chronic illnesses. Moreover this disease affects persons in any age group, hence becoming a big health problem imparting a large financial burden to society, disturbed mental health as well. Rhino sinusitis is described as the inflammation of nasal mucosa and paranasal sinuses with symptoms like nasal blockage /discharge, facial pain, reduction/loss of smell. Sarvangasan is said to be the mother (Janani) of all Asans. Its postural characteristics are found to have some significant impact on the disease.

AIM

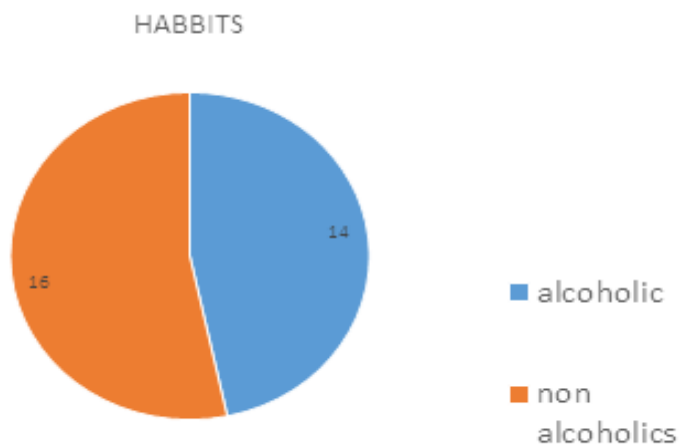
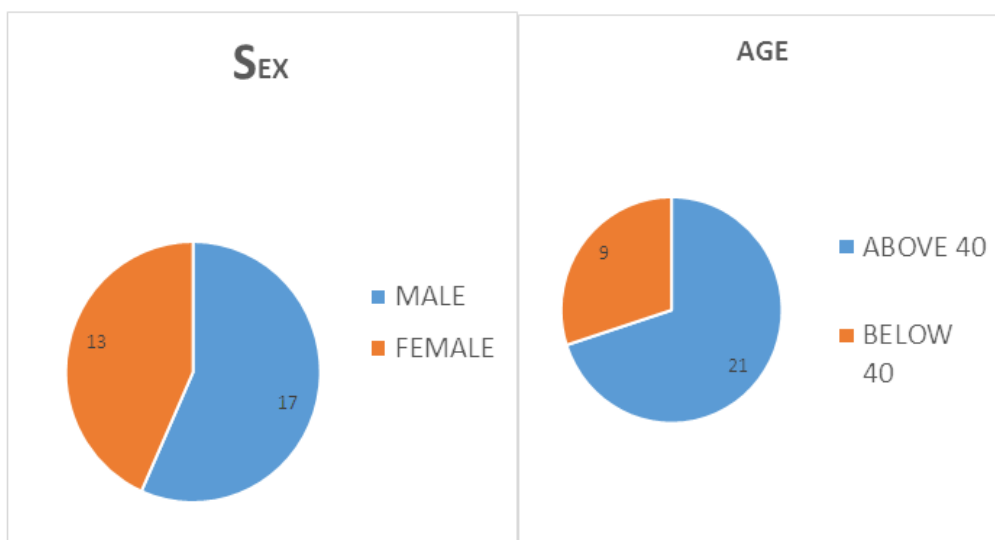
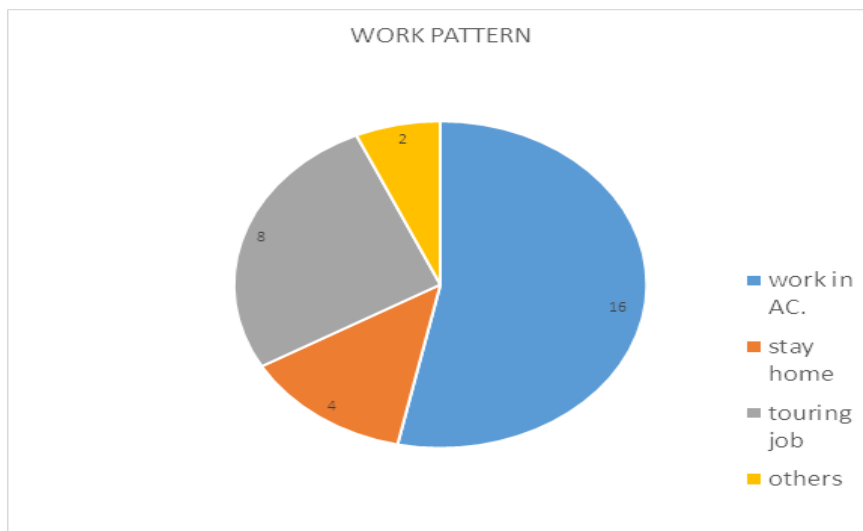
To assess the effect of Sarvangasan in chronic Rhino sinusitis. **OBJECTIVES.** To investigate any adverse effects of Sarvangasan. **MATERIAL & METHODS.** The study was conducted in the O.P.D. OF Swasthavritta dept., C.S.M.S.S. Ayurveda College Aurangabad.

Duration of study- 1 year

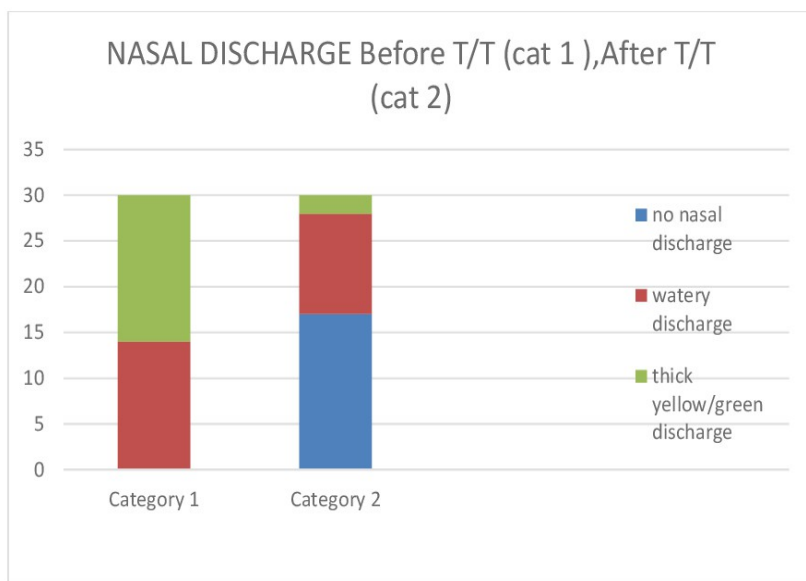
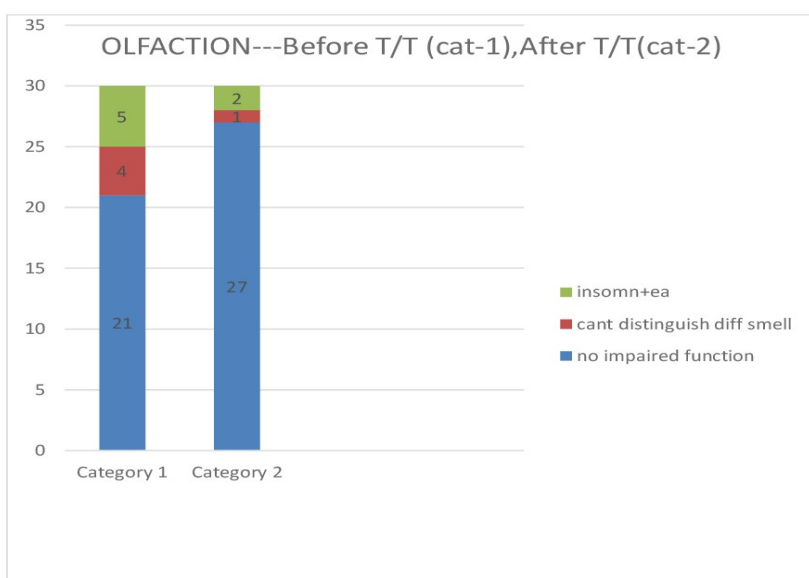
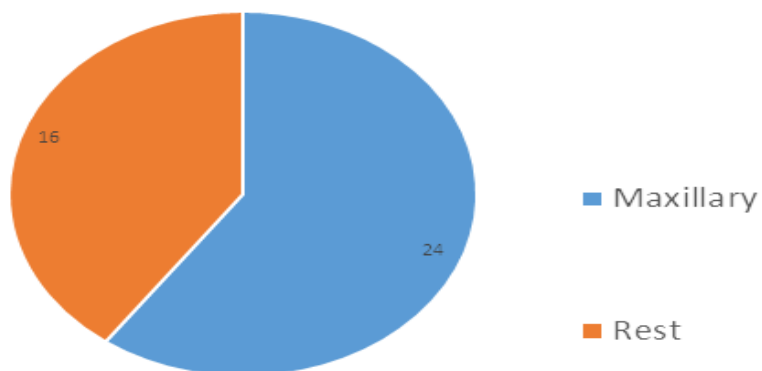
Study Group—persons between 15 to 50 yrs. Sample size---Randomly selected 30.

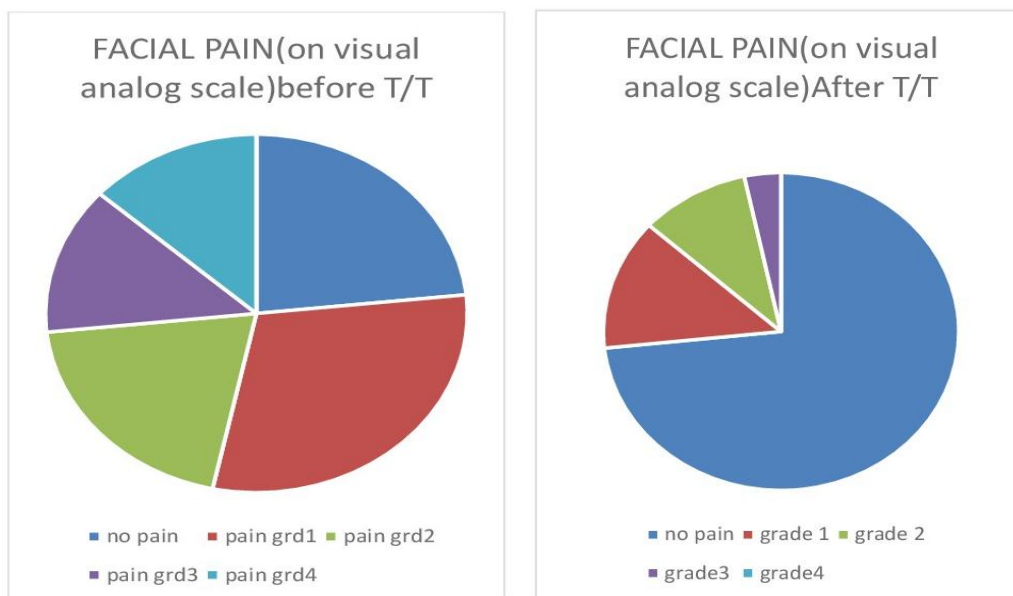
Subjects with C.O.P.D; Hypertension, Pregnancy, Spondylosis/Spondylitis & BMI above 25 were excluded. Patients having H/O Rhino-sinusitis more than one year, were taught the procedure of Sarvangasan & advised to perform it up to 1 min followed by gentle blowing of nose. Before performing the Asan, subjects were advised to massage face gently with sesame oil and have mild steam.

OBSERVATION AND RESULT



SINUS INVOLVEMENT





DISCUSSION

In chronic Rhino sinusitis when inflammation sets in, mucosal lining produces profuse mucoid discharge. When it gets infected pus may get accumulated inside the sinus cavities. In chronic condition orifice of the sinuses are blocked by swollen mucosal lining. So the “KAPHA”/pus cannot be drained out. Hence it is important to make the orifice opened & offer the body such a suitable posture so as to drain the infected ‘KAPHA’. Almost 80% subjects were suffering from maxillary sinusitis. The opening of maxillary sinus is in upper one third part of nasal cavity, middle meatus near middle turbinate bone. Considering the anatomy of paranasal sinuses SARVANGASAN was found to be the best to evacuate the sinuses. Local oleation & steam helped to liquefy thick nasal discharge.

CONCLUSION

From the above study, it can be concluded that SARVANGASAN is found beneficial in the treatment of chronic Rhino sinusitis. This is partial fulfillment of aim & objectives and a deeper study is required on preventive aspect.