

TO STUDY THE EFFECT OF TILA TAILA KARNAPOORAN IN MANYASHOOL

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ABSTRACT

The clinical condition of Manyashool in Ayurveda can be correlated with Neck pain described in Modern Medicine due to similarities in all the clinical signs. Neck pain results when the spine is stressed by injury, disease, wear and tear, or poor body mechanics. With the most range of motion, the cervical spine can be prone to overuse and injury. Neck pain is common. If acute, this abrupt and intense pain can also radiate to head, shoulders, arms, or hands. If chronic, pain will persist despite treatment and need further evaluation. As Manyashool is a very common prevalent disease in the society and the side effects of oral allopathic iron preparations are very common, therefore to get a better alternative, an Ayurvedic herbo-mineral medicine and Procedure

Karnapoorana with Tila Taila was subjected to a clinical trial in subjects suffering from Manyashool (Neck pain).

KEYWORDS: karnapoorana, Tila Taila, Manyashool, Chimchimayan, Nidra Nash.

Aim: To study the effect of Karnapoorana with Tila Taila in subjects of Manyashool.

INTRODUCTION

Neck pain results when the spine is stressed by injury, disease, wear and tear, or poor body mechanics. With the most range of motion, the cervical spine can be prone to overuse and injury. Neck pain is common. If acute, this abrupt and intense pain can also radiate to head, shoulders, arms, or hands. If chronic, pain will persist despite treatment and need further evaluation. Neck pain affects about 330 million people globally as of 2010 censuses (4.9% of the global population). It is more common in women (5.7%) than men (3.9%). Neck pain

may come from any of the structure in the neck including vascular, nerve, airway, digestive, and musculature/skeletal or be referred from other areas of body. Modern medical science provides various treatment modalities including medicine, physiotherapy and surgery but none of them is satisfactorily fruitful. According to Ayurveda, there are two types of treatments of any disease i) Nidan parivarjan (avoiding etiological factors) ii) Prakrutivighat (treatment as per doshas i.e. entity). Ayurveda explains that Vata dosha (entity) is responsible for all the movements of the body and its disturbance leads to loss of the same. Manyashool as a separate disease isn't mentioned in the classics but is expressed as a symptom in many diseases where vata plays an important role in samprapti. Manyashool is one among these Vatvikara which results in neck pain which is widely observed in present era. Vataavridhi in particular region of body causes pain in that particular region. This means vataavridhi in Many Pradesh leads to Manyashool i.e.(Ruk) sometimes stambha (stiffness)in Many Pradesh.

According to Ayurveda, Wrong sleeping positions, use of large pillows, upwords for the side for long time, causing overstretching of neck are specific causes of Manyashool due to above mentioned lifestyle. Vata entity get deteriorated causes Manyashool.

According to Ayurveda Karna is a location of Vata and akashmahabhoot. Ayurvedic treatment protocol is primarily focused on normalizing vitiated doshas by means of shodhana and shaman therapy. Snehana and Swedana are considered as a general line of treatment for vatavikara. External (Bahya) along with internal (abhyantar) Snehan are the treatment principles for asthigatvaat. Oil used for snehan, reduces rukshata (dryness) of vata and create a media that's why the symptoms developed due to disturbance of vatadosha will decrease their intensity.

In Ayurveda, "Dincharya" is mentioned in detail in all the Samhitas. Dincharya means all that work one has to do since getting up in the morning to the next day. It includes many upakrama like "Nasya", "Gandusha" and "Karnapooran".

Karnapooran is pouring of oil in ear cavity.

The daily use of karnapooran can avoid Manyashool which could be caused by aggravation of vatadosha and also it can prevent Hanushool, Manyashool, Karnashool and shirshool as mentioned in Sushruta Samhita.

MATERIAL AND METHODS /METHODOLOGY**Study design**

Prospective open labeled Randomized Controlled Trial.

Selection criteria

For the study the subjects having the clinical features of *Manyashool* were selected.

Inclusion criteria

1. Subjects complaining of intermittent Manya-shool.
2. Subjects of age between 20-60 years of both gender, on regular computer work and daily travelers.
3. Subjects indicated for Karnapooran.

Exclusion criteria

1. Subjects of age below 20 years and above 60 years.
2. Subjects having Acute or Chronic ENT Disease, suffering from inflammatory ENT disease.
3. Subjects who are known cases of Ankylosing Spondylosis, Rheumatoid Arthritis, Foramina Stenosis, Cervical Disc lesions, Cervical Rib, Kyphosis, Syringomyelia, Tumor in neck, Accidental Trauma to Neck and Cervical Deformity, previously undergone for Neck surgeries.
4. Subjects who are already doing regular or irregular karnapooran, contraindicated for karnapooran, who are not willing for the study trial.

Withdrawal criteria

1. The patient is not willing to continue the trial or not giving regular follow- up.
2. Evidence of any other illness which may interrupt the treatment.

Drug Review

Tila Taila, Cotton.

Selection of Subjects and duration of study

In this study 10 patients were randomly included after screening by inclusion and exclusion criteria from swastha rakshan OPD of govt. Ayurved college Nanded. The study duration is 7 days with followup of first and seventh day.

Plan for Karnapooran**Purva karma**

- A) Examination of subject:** Subject fulfilling inclusive criteria will be thoroughly examined with systemic, local examination of ear will be done by torch and otoscope.
- B) Position of the subject:** Subject will be advised to lie down in opposite lateral position on which side Karnapooran has been carried out. Subject is advised to keep the hand below his head.
- C) Abhyanga and Swedana:** Mild Abhyanga and swedana should be done at Ear, Pinna of ear and around the ear.

Pradhana karma

After abhyanga and swedana 5 ml luke warm Tila Taila is taken in dropper and poured in ear by pulling pinna of ear at external side.

Paschyat karma

After proper time of Karnapoorana, complete Tila Taila will be soaked by the cotton and a dry cotton swab will be kept in ear.

Then after Karnapooran should be done in opposite ear by above similar procedure.

Assesment Criteria**Manya-shoola (Neck pain)**

No pain- grade 0

Mild Pain occasional/intermittent, relieved on rest only - grade 1

Moderate Pain frequent, pain relieved after taking pain killers - grade 2

Severe pain, not tolerable, not relieved even after taking pain killers - grade 3

Chimchimayan (Tingling)

No Chimchimayan- grade 0

Mild occacisionly Chimchimayan- grade 1

Moderate chimchimayan during work- grade 2

Severe continuous chimchimayan- grade 3

NIdra (Sleep)

Sound sleep - grade 1

Sleep sound when interrupted can sleep again - grade 1

Sleep sound when interrupted can't sleep again - grade 2

Disturbed sleep but can sleep for few hours - grade 3

Overall assessment of result

The results were assessed on the basis of observations of clinical features and laboratory findings before and after treatment.

Very Good—Improvement 75% and above

Good—Improvement 50% and above but <75%

Fair—Improvement 25% and above but <50%

Poor—No improvement or marginal improvement <25%

Analysis of data and use of statistical methods

Observations documented during the study were analyzed and findings were evaluated by using statistical methods to establish the efficacy.

OBSERVATIONS AND RESULTS

Table no.1: Showing the effects of therapy on Manyashool.

	Mean	S.D.	S.E.	Wilcoxon's signed rank W	P value	Decision based on P value
BT	1.68	0.690	0.138	36	0.006	P<0.05
AT	1.36	0.757	0.151			

P<0.05= Significant

Table no 2: Showing the effects of therapy on Chimchimayan.

	Mean	S.D.	S.E.	Wilcoxon's signed rank W	P value	Decision based on P value
BT	1.72	0.678	0.135	15	0.036	P<0.05
AT	1.52	0.585	0.117			

P<0.05= Significant

Table no 3: Showing the effects of therapy on Nidra Nash.

	Mean	S.D.	S.E.	Wilcoxon's signed rank W	P value	Decision based on P value
BT	1.68	0.627	0.125	21	0.019	P<0.05
AT	1.44	0.583	0.116			

P<0.05= Significant

DISCUSSION

Manyashool: In this study the P value for the symptom Manyashool is 0.006 which is less than 0.05. It means the karnapoorana with Tila Taila is effective for the symptom Manyashool.

Chimchimayan: In this study the P value for the symptom Chimchimayan is 0.036 which is less than 0.05. It means the karnapoorana with Tila Taila is effective for the symptom Chimchimayan due to Manyashool.

Nidra Nash: In this study the P value for the symptom Nidra Nash is 0.019 which is less than 0.05. It means the karnapoorana with Tila Taila is effective for the symptom Nidra Nash due to Manyashool.

CONCLUSION

Karnapoorana with Tila Taila has been subjected to a clinical study on subjects suffering from Manyashool. It contains Tila Taila as herbal ingredient. Herbal ingredients present in the trial drug reduce the pain in neck as it has having the property vatahar. Ushna guna and snigdha guna of Tila taila reduces Rukshata and Ruja (pain) at Neck region decreasing the Manyashool. The present clinical study clearly indicates that the Karnapooran with Tila Taila is an effective, well-tolerated, and clinically safe formulation for the management of Manyashool.

REFERENCES

1. Bobbie Ryan, Mayfield Clinic and Spine Institute Cincinnati, Ohio updated 3,2013, www.iowabackpain.com, 1.
2. Pallavi U. Chougule and Uday V. Chougule, Analytical study of Etiological factors of Manyashool, International Journal of Ayu Pharm Chem, www.ijapc.com, 2017; 7(2): 250.
3. Pallavi U. Chougule and Uday V. Chougule, Analytical study of Etiological factors of Manyashool, International Journal of Ayu Pharm Chem, www.ijapc.com, 2017; 7(2): 252.
4. Vd. Sachin Pandurang kale, Vd. R.D. Sonwane, Evaluation of efficacy of Tilataila Nasya in the management of Manyastambha w.s.r. to cervical spondylosis, International Ayurvedic Medical Journal www.iamj.in, August 2016; 4(8): 2471.
5. Manoj k. Shyamkuwar, Panchakarma Sangraha, First edition, 2013; 67.

6. Bramhanand Tripathi, Charak Samhita, sutrasthan, vol.1.Choukhamba publication Varanasi, reprinted ed., 2006; 5/84: 134.
7. Dr. Anantram sharma, Sushruta Samhita, Chikistasthan, vol.2, Chaukhamba publication Varanasi, reprinted ed., Anagatabadhapratishehyaya, 2006; 24/29; 357.