

EFFECTIVENESS OF *PRATIMARSHA NASYA* IN *MUKHDUSHIKA* MANAGEMENT: A CASE STUDY

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INTRODUCTION

People are most cognizant and cautious about beauty of face since beauty is the quality that offers joy to the senses, is perhaps the craving of each individual on earth. *Mukhdushika*, as its name proposes distortion of face. In text of Ayurveda it is depicted under *kshudraroga* and its appearance is referenced as "*shalmali kantik*", where *shalmali kantik* implies little thorns seen on the bark of *shalmali* tree (*salmalia indica*). Most resembling condition with *Mukhdushika* is acne (*acne vulgaris*). According to global burden of disease acne represents top three most prevalent skin condition in general population in UK, USA, France¹. Its main effects are psychological i.e. slow personality development, stress and low confidence. Along these lines, it influences personality. Acharya *Vangsen* advocates *pratimarsha nasya* for treatment of *Mukhdushika*. *Pratimarsha nasya* is indicated in all *Urdhvajatrugata rogas*. Its description is also available in *dincharya* context in *Charaka*. As *Mukhdushika* is a *urdhvajatrugata* malady therefore, *pratimarshanasya* is chosen for this case.

AIMS AND OBJECTIVES

- To evaluate the effect of *Anutailapratimarsha nasya* in management of *Mukhdushika*.

MATERIALS AND METHODS

Clinical Source-*Mukhdushika* patient was taken from OPD of NIA as per classical symptoms and assessment criteria.

CASE REPORT

An 18-year-old boy presented on 21/12/18 in *Swasthavritta* opd of NIA (National Institute of Ayurveda) with severe acne and scars on his face. These were papule, pustule and nodular type. He has *pidaka* since last 5 months with secretion and pain.

Personal history

Sr.No			
1.	Age-18	6.	Blood Pressure-120/70
2.	Sex- male	7.	Addiction- Tea
3.	Occupation- Student	8.	Appetite- Moderate
4.	Marital Status- Unmarried	9.	<i>DehaPrakriti-VataKaphaja</i>
5.	Pulse- 72/min	10	<i>Desha- Jangala</i>

Treatment-

Anu tailapratimarshanasya was advised to the patient which was then administered by the patient 2 drops into each nostril by the help of a dropper, twice a day morning and evening. No other medication or *pathya apathya* advice was given to patient.

Duration of study- 3 weeks (21 days). Follow up was done once in every 7 days i.e. 3 times in total trial.

PRATIMARSHA NASYA- *Pratimarsha Nasya* is included in context of *Dinacharya*ⁱⁱ for the prevention of disease as well as for the promotion of health. *Pratimarsha Nasya* is a type of *Nasya* that can be performed either by dipping the clean little finger in the oil and applying oil into each nostril or by dropping 2 *bindu* into each nostril. It helps to maintain health of nasal passage and can be done twice daily. The *Nasya dravya* acts by reaching *sringataka marma*ⁱⁱⁱ. From where it spreads into various *strotasas* (Vessels and Nerves) and brings out vitiated *doshas* from the body.

ASSESSMENT CRITERIA

Assessment was done on parameters like size of *Pidaka*, number of *Scars*, number of *Pidaka*, and **photographic assessment** (with Nikon camera) was also done.

Table showing Gradation Index

Symptoms		Grade
Lesions according to severity (Evaluation of Lesion- Acc.To American academy of Dermatology)	No Acne	0
	Mild Acne [Presence of comedones, few papules and pustules (generally <10) But no modules.]	1
	Moderate Acne [Presence of several too many papules and pustules (10-40) along with comedones (10-40). The presence of <40 papules and pustules along with larger deeper nodular inflamed lesions (up to 5)]	2
	Severe Acne [Presence of numerous or extensive papules and pustules as well as many nodular lesions.]	3

Objective parameters		Grade
Size of <i>Pidaka</i>	No.of <i>Pidaka</i>	0
	Less than 5 mm	01
	In between 5 to 10 mm	02
	More than 10 mm	03
No of Scars	No Scars	00
	Less than 1-5 on one side	01
	In between 6-10 on one side	02
	More than 10 on one side	03
No of <i>Pidaka</i>	No <i>Pidaka</i>	00
	Less than 1-5 on one side	01
	In between 6-10 on one side	02

	More than 10 on one side	03
Subjective Criteria		
<i>Vedana of Pidaka</i>	No tenderness	0
	Pain on deep pressure over the <i>Pidaka</i>	01
	Pain on touch	02
	Pain without touch	03
Oiliness of the face	Normal Skin	0
	Face becomes oily 3-4 hours after wash	01
	Face becomes oily 1-2 hours after wash	02
	Requires face wash once in every half an hour	03
Dryness of the face	Normal Skin	0
	Feels dryness of skin during winter	01
	Dryness subsides with application of moisturizers	02
	Feels dryness of skin in all seasons and do not subside by application of moisturizers	03

Laboratory Investigation— Complete blood count was also done prior to starting of *Anu tailapratimarsha nasya* to check the health status.

OBSERVATION AND RESULTS-

Below table shows that *pratimarsha nasya* causes improvement in all assessment criteria

Sr.No	Assessment Criteria	1 st visit	2 nd visit	Last visit
1.	Lesion(grade)	1	1	1
2.	Size of <i>Pidaka</i>	1	1	1
3.	No. of Scars	3	3	3
4.	No. of <i>Pidaka</i>	3	2	1
5.	<i>Vedana of Pidaka</i>	1	0	0
6.	Oiliness of the face	1	1	1
7.	Dryness of the face	1	0	0

Photographic Assessment-





DISCUSSION-

Mukhdushika is a disease which destroy beauty of face which in turn diminishes confidence of an individual. As in *Mukhdushika khai-vaigunya* is at facial skin so a karma/treatment which works best at it, ought to be embraced. *Sthana vishesha chikita* is also important as *khai-vaigunya* is at *lom kupa* of face which is *urdhwajatrugata* thus, the treatment which works particularly on *urdhwajatrugatapratyanga* is picked i.e. *nasya*. Particularly my case study is on *pratimarsha nasya* in light of the fact that it is cheap and convenient to take. Reference of *pratimarsha nasya* in *Mukhdushika* is found in *Vangsen Samhita*.

Karma of *Pratimarsha nasya* as indicated by *Acharya Charaka* is *ubhyarthkruti*.e.*snehavirechanarthkrut*.So, it does *snehan* as well *asshodhan*.

Anu tail due to *sukshama* and *vyavayi Guna* of *Tila taila*, has a decent spreading limit through minute channels ...which may prompt its better assimilation (miniaturized scale particles and lipophilic are consumed better by means of nerve course). *Laghu, tikshna, ruksha guna* and *ushnaveerya* expels the *margavarana*.

PROBABLE MODE OF ACTION OF ANUTAILANASYA –

- Due to *Sukshama* and *VyavayiGuna* of *anutaila* it has a good spreading capacity through minute channels therefore called as *anutaila*.
- *Laghu tikshna ruksha guna*, and *ushnaveerya* helps to remove the *margavarana*.
- By the above two points it is clear that the drugs administered by *nasya* removes the *margavana* and hence, alleviate *Vata Prakopa*.
- *Indriyadardyakaratwa, Balya, Preenana* and *Brimhana* properties can increase general and local immunity.
- *Madhurarasa, Sheetaveerya, Snigdha guna* properties will promote the nourishment of *dhatu(rasayan)* which ultimately increases the general and local immunity and due to its *tridosahara* property *anu taila pratimarsh nasya* yields better results.
- The lignans such as Sesamin and sesamol, have shown properties like antioxidant, Antiproliferative, Neuroprotective activities, immunomodulatory activities and responsible for enhancing antioxidant activity of vitamin E in lipid peroxidation systems.
- Pharmacologically - its majority of contents have anti-inflammatory activity so, prevent inflammatory process.
- Bacteriostatic property of its content will diminish the secondary infection.

Most of the drugs in *Anu tail* was having anti-inflammatory, anti-viral, anti-bacterial and anti-pyretic properties.

CONCLUSION-

After trial it shown that *pratimarsha nasya* causes decrease in acne number, size and grade. Hence, *pratimarsha nasya* of *Anu taila* is highly effective treatment due to subsiding symptoms of *Mukhdushika*(acne vulgaris).

ⁱ The epidemiology of Acne Vulgaris in late adolescence by Darren D Lynn

A community study of prevalence and use of medical care. Br J prev Soc Med 1976;30(2), Survey-Arch Dermatol 2003;139(12)

ⁱⁱ *Agnivesha. Charaka Samhita*, Comm. Chakrapanidatta Ed. Lakshmidhar Dwivedi, Chowkhamba Krishnadas Academy, Edition-2016, Varanasi, *Sutrasthana* 5/ 61-70 604p

ⁱⁱⁱ Sushruta, Sushruta Samhita nibandh sangraha commentary by acharya dalhana, translated in hindi by Dr. Keval Krishna Thakral, Chaukhambha Orientalia, Varanasi -221001 (India), reprint 2017, *Chikitsasthana*.40/30, 618p