Anutaila Nasya and Varunadi Ghrita in Dushta Pratishyaya (Chronic Sinusitis): A Three-Group Clinical Study

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ABSTRACT

Background: Dushta Pratishyaya is described in Ayurveda as a chronic or persistent form of Pratishyaya and was correlated in the source thesis with chronic sinusitis. The thesis evaluated Anutaila Nasya, oral Varunadi Ghrita, and their combined use.

Objective: To assess the clinical response to Anutaila Nasya and Varunadi Ghrita, administered separately and together, in patients diagnosed with Dushta Pratishyaya.

Methods: This three-group clinical study was conducted among patients attending the Department of Shalya–Shalakya, IPGT&R, Gujarat Ayurved University, Jamnagar. Forty-six patients were registered and described as randomly allocated: Group A received Anutaila Marsha Nasya (16 registered; 10 completed), Group V received oral Varunadi Ghrita (15 registered; 10 completed), and Group C received both treatments (15 registered; 12 completed). Anutaila was administered at 8–10 drops per nostril during each treatment sitting for 7 days, across three sittings separated by 7-day gaps. Varunadi Ghrita was given orally at 10 g twice daily after food for one month with warm water. A one-month follow-up was undertaken. Symptoms, sinus palpation, transillumination, radiological findings and selected laboratory parameters were assessed.

Results: The thesis reports improvement in multiple symptoms in all three groups. In Group A, reported reductions included postnasal drip (85.84%), halitosis (84.40%), heaviness in the head (70.59%) and headache (60.86%). In Group V, reported reductions included headache (77.27%), anorexia (75%) and loss of smell (63.63%). In Group C, reported reductions included nasal obstruction (63.63%), nasal discharge (65.53%), headache (76.80%), postnasal drip (79.90%) and halitosis (82.35%). The thesis reports no statistically significant between-group advantage of combined treatment over Nasya for individual symptoms; comparisons with Varunadi Ghrita alone reportedly favoured combined treatment for postnasal drip and heaviness in the head (both $p<0.05$). These are historical thesis-reported values; raw participant-level data were not available for independent recalculation.

Conclusion: The original thesis records symptom improvement across all three treatment groups and suggests that combined treatment may be beneficial for selected outcomes. However, incomplete reporting of attrition, allocation methods, raw outcome data and ethics documentation limits firm comparative conclusions. The findings should be interpreted as exploratory and require confirmation in a rigorously reported study.

Keywords: Dushta Pratishyaya; chronic sinusitis; Anutaila; Nasya; Varunadi Ghrita; Ayurveda; clinical study

INTRODUCTION

Pratishyaya is described in Ayurvedic literature as a recurrent nasal disorder. The thesis characterises Dushta Pratishyaya as a chronic stage associated with symptoms such as nasal discharge, nasal obstruction, sneezing, headache, heaviness in the head, postnasal drip and reduced smell. It correlates this clinical presentation with chronic sinusitis. Nasya was selected as the principal Shodhana procedure, while Varunadi Ghrita was selected as an oral Shamana intervention. The study compared each intervention separately with their combined use.

Aim and objectives

- To assess the clinical response to Anutaila Nasya in Dushta Pratishyaya.
- To assess the clinical response to oral Varunadi Ghrita in Dushta Pratishyaya.
- To describe the response when Anutaila Nasya and Varunadi Ghrita were used together.

MATERIALS AND METHODS

Study design and setting

The source thesis describes a three-group clinical study conducted among patients attending the OPD and IPD of the Department of Shalya–Shalakya, Institute of Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar. The thesis states that 46 patients were registered and randomly grouped. It does not provide sufficient detail to establish the random-sequence method, allocation concealment, blinding, prospective registration, or the rationale for sample size.

Participants

Patients meeting the symptom-based diagnostic criteria for Dushta Pratishyaya described in Ayurvedic classics and chronic sinusitis were included. Exclusion criteria listed in the thesis were chronic debilitating infectious diseases, nasal polyps requiring surgical treatment, age below 7 years and age above 80 years. The thesis does not supply a reproducible modern diagnostic definition or complete individual diagnostic data.

Groups and interventions

Group A: 16 patients registered; 10 completed treatment. Marsha Nasya with Anutaila, 8–10 drops in each nostril, for 7 days per sitting/course, with three sittings separated by 7-day gaps. The procedure included preparatory local massage and mild fomentation, instillation of lukewarm oil, and post-procedure care as described in the thesis.

Group V: 15 patients registered; 10 completed treatment. Varunadi Ghrita, 10 g orally twice daily after food for one month, with warm water as anupana.

Group C: 15 patients registered; 12 completed treatment. Combined Anutaila Nasya and oral Varunadi Ghrita using the schedules above.

The trial drugs were reported to have been prepared in the pharmacy of Gujarat Ayurved University. The thesis identifies Varunadi Ghrita as prepared using Varunadi Gana ingredients but does not provide a sufficiently complete batch-level formula, manufacturing record, quality-control results or product standardisation data for reproducibility in this article. No unsupported formulation details have been added.

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Outcome measures

Subjective outcomes were scored on ordinal scales, generally from 0 to 4, for nasal discharge (Nasasrava), sneezing (Kshavathu), nasal obstruction (Nasavarodha), headache (Shirashula), change of voice (Swarabheda), loss of smell (Ghranaviplava), postnasal drip, fever (Jwara), cough (Kasa), anorexia (Aruchi), halitosis (Mukha Daurgandhya) and heaviness in the head (Shirogaurava). Objective assessments included pain on sinus palpation (0–3), transillumination (0–2) and radiological opacity (0–2). Laboratory investigations listed were total and differential leukocyte counts, ESR, haemoglobin, urine and stool examination, and radiological examination of paranasal sinuses. The source states that scores were assessed before and after treatment.

Follow-up and statistical analysis

The thesis reports follow-up for one month. It mentions use of an unpaired t-test for certain between-group comparisons and reports p-values for selected outcomes. It does not provide a sufficiently complete statistical analysis plan, exact denominators for every outcome, participant-level pre/post values, confidence intervals, effect sizes, a missing-data method, or adjustment for multiple comparisons. No new statistical calculations have been represented as performed in this revision.

RESULTS

Participant flow: 46 patients were registered; 32 completed treatment. Group A: 10/16 completed (6 did not complete); Group V: 10/15 completed (5 did not complete); Group C: 12/15 completed (3 did not complete). The thesis does not document individual reasons for discontinuation, timing of withdrawal, or whether any participants were included in particular analyses despite not completing treatment. Therefore, reasons for attrition cannot be reported without additional source records.

Reported symptom outcomes: The values below are percentage improvements reported in the thesis and are not independently recalculated. Group A (Anutaila Nasya) reported improvement in nasal discharge of 57.08%, sneezing 43.48%, headache 60.86%, postnasal drip 85.84%, heaviness in the head 70.59%, anorexia 55.33% (the thesis conclusion elsewhere states 55.53%), and halitosis 84.40%. Because the source contains a discrepancy for anorexia, both figures are retained here as an unresolved source inconsistency.

Group V (Varunadi Ghrita) reported improvement in nasal discharge of 47.06%, headache 77.27%, loss of smell 63.63% (the thesis conclusion elsewhere reports 63.23%), anorexia 75%, and halitosis 63.60% (the thesis conclusion elsewhere reports 63.69%). These differences in reported percentages require checking against the original tables or raw data.

Group C (combined treatment) reported improvement in nasal discharge of 65.53%, sneezing 52.38%, nasal obstruction 63.63%, headache 76.80%, loss of smell 56.25%, postnasal drip 79.90%, heaviness in the head 68.42%, anorexia 60%, and halitosis 82.35%. The thesis reports statistically significant within-group changes for several symptoms, but the original report does not consistently provide the test statistic, exact p-value, denominator and uncertainty estimate for each result.

Between-group comparisons: The thesis states that no individual symptom showed a statistically significant difference between combined treatment and Nasya alone using an unpaired t-test. It reports significant differences favouring combined treatment over Varunadi Ghrita alone for postnasal drip and heaviness in the head ($p<0.05$). Since raw data, complete test outputs and confidence intervals are unavailable, the comparative results should be regarded as reported by the thesis rather than independently verified evidence of superiority.

Objective and laboratory outcomes: The thesis describes improvements in sinus palpation, transillumination and radiological findings in all groups, with some statistically significant findings. It also reports a reduction

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in ESR in the combined group (36.08%, $p<0.01$) and a reduction in serum cholesterol in Group V (3.42%, $p<0.05$). Exact baseline and post-treatment values, dispersion measures and complete denominators are not consistently available in the extracted report; therefore, these findings cannot be presented as independently reanalysed objective effects.

Overall response: In Group A, the thesis classified 10% as marked relief, 80% as moderate relief and 10% as mild relief. In Group V, 70% were classified as moderate relief, 20% as mild relief and 10% as no relief. In Group C, 25% were classified as marked relief, 66.67% as moderate relief and 8.33% as mild relief. These classifications were based on the thesis-defined percentage-relief categories.

DISCUSSION

The thesis reports symptom improvement after Anutaila Nasya, Varunadi Ghrita and combined treatment. Nasya was associated with higher reported percentage improvement for postnasal drip and halitosis, while oral Varunadi Ghrita showed higher reported improvement for headache and anorexia. The combined group had higher reported improvement in nasal discharge and nasal obstruction than either individual-treatment group, but the thesis itself states that combined treatment was not statistically superior to Nasya for individual symptoms. Only two symptom comparisons against Varunadi Ghrita alone were reported as statistically significant. Therefore, the data do not support an unqualified claim that combined treatment is globally more effective than both single interventions.

Important limitations include the small number of completers, 14 non-completers among 46 registered participants, undocumented reasons for attrition, insufficiently described randomisation and allocation concealment, no reported blinding, lack of a sample-size calculation, incomplete reporting of objective baseline and follow-up values, inconsistent percentages in different thesis sections, limited detail on statistical testing and multiple comparisons, and absence of complete safety/adverse-event reporting. The source thesis also does not provide verifiable ethics committee approval details, consent documentation, trial registration, funding information or conflict-of-interest declarations. These items must be confirmed from original records or author statements and must not be inferred.

CONCLUSION

In this small three-group clinical study, the source thesis reports improvement in several symptoms of Dushta Pratishyaya across groups receiving Anutaila Nasya, oral Varunadi Ghrita, or both. The thesis reports selected between-group differences favouring combined treatment over Varunadi Ghrita alone, but does not demonstrate statistically significant superiority of combined treatment over Nasya alone for individual symptoms. Given incomplete reporting and the absence of raw data for independent verification, the findings are exploratory and should not be interpreted as definitive evidence of comparative efficacy.

Ethics, consent, registration, funding and conflicts of interest

The source thesis supplied for this revision does not document verifiable ethics committee approval details, informed-consent procedures, prospective trial registration, funding, or conflicts of interest. These declarations require confirmation by the authors from original records. They should not be submitted as affirmative statements unless verified.

Data availability

The thesis PDF was the source used for this manuscript. Participant-level data and complete statistical outputs were not supplied; independent reanalysis was therefore not possible.

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REFERENCES

The thesis contains a numbered bibliography and classical-text citations, but the article-level reference list must be checked against the journal's reference style and the cited works. The available source identifies, among others:

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