



The Efficacy of Nirgundi Taila Puran in Nadi Vrana

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Abstract:

Ayurveda has the capacity to revive and give a new life and vision. Despite the modern advances in treatment of Nadi-Vrana (sinus), it still remains a jinx. Moreover the easy availability of Nirgundi, simplicity of usage of the taila, lack of untoward symptoms, efficacy and yet affordable to the patients of all socio-economic status should be a boon. Nirgundi taila puran, which is less irritant and less painful than kshara and other surgical interventions. The efficacy of Nirgundi Taila in the management of Nadi Vrana as described by the classics proves to be alluring.

In the present study an attempt was made to prove the efficacy of nirgundi taila puran in Nadi Vrana .

Keywords: Ayurveda, Nirgundi, nirgundi taila puran, Nadi Vrana, Nirukti, Laksanas

Introduction:

Ayurveda, the most ancient of the sciences is not just a compendium of diseases but a system of medicine that has enunciated principles relating to promotion and maintenance of health. In this life science, many lifestyles disorders and associated diseases have been mentioned from systemic to Ano-rectal disorders have been described elaborately. Nadi Vrana is one of them is explained as follows:

शोफंनपक्वमितिपक्वमुपेक्षतेयो

योवाव्रणप्रचुरपूयमसाधूवृत्तः तस्य |

अभ्यंतरप्रविशतिप्रविदार्यतस्य

स्थानानिपुर्व विहीतानिततः सपूयः॥

तस्यातिमात्रगमनाद्गतीरित्यतश्च
नाडीवयद्वहतिनेमतातुनाडी ।

-सु.नि. १०/३

Nadi Vrana is a Vrana which is formed by spread of pus deep inside, destroying the tissues through skin and muscles in a form of a tube is called as Nadi Vrana.

Sushruta has also narrated about the causes of Nadi Vrana.

नष्टं कथंचिदनुमार्ग मुदीरीतेषु।
स्थानेषु शल्यमचिरेण गतिं करोति ॥

सु.नि.१०

When vitiated dosas get formed in wound and are not properly taken care of they tend to form such Nadi Vranas. Other than Sushrutacharya , Madhukosh tika has also mentioned that Nadi Vrana resembles Kamal Naal. Nadi Vrana an Ayurvedic terminology can be referred to the sinus according to Modern science.

Nirukti-

Definition:-

The ignorant person who neglects the treatment of a ripe swelling thinking it as unripe or he who does not remove the large quantity of pus collected inside it. Then the pus burrows deep into the body (tissues) creating a Nadi (tube like channel) hence it is called Nadi Vrana (sinus ulcer) as Gati also, since it exudes pus constantly from places deep inside

Laksanas- Symptoms:-

It is of five kinds- one born from each dosa separately, one from the combination of all and the fifth caused by Shalya (foreign bodies).

That caused by vata the wound is rough, has minute mouth, painful and exudes frothy fluid during nights; that caused by pitta produces thirst, fever, burning sensation, exudes yellow pus, warm, more quantity especially during day; that caused by kapha the pus is very thick, white, slimy, stained with blood, has itching and pain and more so during nights. That due to Sannipata will have burning sensation, fever, dyspnoea, fainting, dryness of the mouth and might even lead to death.

Sinus-

A sinus is a blind track leading from the surface down to tissues. There may be a cavity in the tissues which is connected to the surface through a sinus. The sinus is lined by granulation tissues which may be epithelialized.

समुल पत्रां निर्गुन्डी पीडयित्वा रसं हरेत्।

तेन सिद्धं समं तैलं नाडी द्रुष्टव्रणापहम ॥

योगरत्नाकर

Yogratnakar, Bhaishajyaratnawali, Chakradatta And Gada Nigraha have quoted that Nirgundi taila is used in Nadi Vrana.

So taking reference from these texts and planning to work on Nadi Vrana.

Nirgundi taila puran looks to be a promising one in Nadi-Vrana and will add on to the clinical study in treatment of Nadi-Vrana as well as help the patients to heal by Ayurvedic treatment.

Signs And Symptoms

Two pilonidal cysts that have formed in the gluteal cleft

Pilonidal cysts are itchy and are often very painful, and typically occur between the ages of 15 and 35. Although usually found near the coccyx, the condition can also affect the navel, armpit or genital region, though these locations are much rarer.

Symptoms include:

- Pain/discomfort or swelling above the anus or near the tailbone that comes and goes
- Opaque yellow (purulent) or bloody discharge from the tailbone area
- Unexpected moisture in the tailbone region
- Discomfort with sitting on the tailbone, doing sit-ups or riding a bike (any activities that roll over the tailbone area)

Sinus

Sinus (PNS): is a sinus tract, or small channel, may originate from the source of infection and open to the surface of the skin. Material from the cyst may drain through the sinus. A pilonidal cyst is usually painful, but with draining, the patient might not feel pain.

Causes

One proposed cause of pilonidal cysts is ingrown hair. Excessive sitting is thought to predispose people to the condition, as sitting increases pressure on the coccygeal region. Trauma is not believed to cause a pilonidal cyst; however, such an event may result in inflammation of an existing cyst. However, there are cases where this can occur months after a localized injury to the area. Some researchers have proposed that pilonidal cysts may be the result of a congenital pilonidal dimple. Excessive sweating can also contribute to the cause of a pilonidal cyst. Moisture can fill a stretched hair follicle, which helps create a low-oxygen environment that promotes the growth of anaerobic bacteria, often found in pilonidal cysts. The presence of bacteria and low oxygen levels hamper wound healing and exacerbate a forming pilonidal cyst.

Diagnosis

Differential diagnosis

A pilonidal cyst can resemble a dermoid cyst, a kind of teratoma (germ cell tumor). In particular, a pilonidal cyst in the gluteal cleft can resemble a sacrococcygeal teratoma. Correct diagnosis is important because all teratomas require complete surgical excision, if possible without any spillage, and consultation with an oncologist.

Etymology

Pilonidal means nest of hair and is derived from the Latin words for hair (pilus) and nest (nidus). The condition was first described by Herbert Mayo in 1833. R.M. Hodges was the first to use the phrase pilonidal cyst to describe the condition in 1880.

Need For Study

Aim:

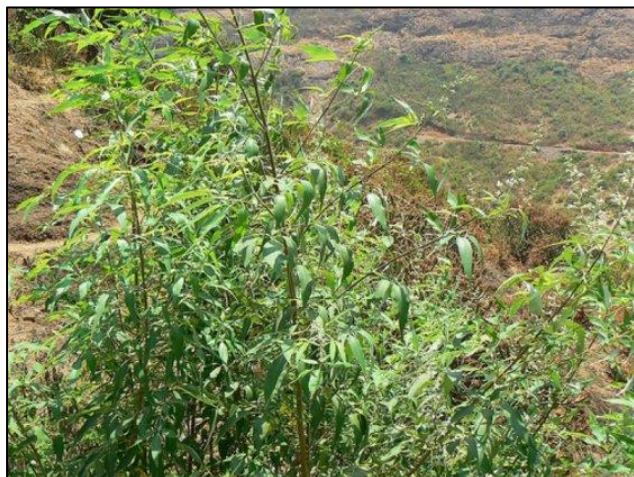
To study the efficacy of Nirgundi taila puran in Nadi Vrana.

Objectives:

- To Compile a Literature On Nirgundi Taila and its significance in Nadi Vrana according to Ayurvedic and modern texts.
- Statistically analyse the efficacy of Nirgundi Taila in Nadi Vrana based on collected data.

Review of Literature:

We come across the reference about nirgundi in kaiyadeva separately indicated the properties of nirgundi flowers viz , pliharoga , gulma , kushta , sophia etc . He described its oil for Vranashodhana . Dalhana describe (S.S.Ci.2/75) sephalika as raktha vrnta & sarada kusuma . This description specially indicate parijatha . Dalhana further described that harenuka as an aromatic substance . Susrutha (S.S.Ka. 2/5) included it renuka under poisonous fruits. Many modern writers have mentioned it as the fruits of Vitex negundo or Agnus castus linn.



Nirgundi is described as analgesic, diuretic and emmanagogue in 'Indigenous drug of India'. Its decoction is used in the treatment of Beri-Beri (Vit. B₁ deficiency). Fleming reported its anti-inflammatory properties. Europeans used to sell it in the Mumbai market as the fomentation herb, its leaf oil is best for wound healing, pain. CNS disorders for external use.

According to botany many species are mentioned. *Vitex negundo* Linn has both type of flowers white & light blue coloured flowers. The leaves of these plants are dentate. Another species is also there *Vitex trifolia*. It is mentioned that both *Sinduvara* & *Nirgundi* have similar properties & action.

Research Methodology:

Material –

1. COLLECTION –

Nirgundi patra and mula was collected from different (places) sources.

2. EXOMORPHIC IDENTIFICATION –

From the Department of Dravyaguna B.V.College of Ayurveda, Pune.

3. AUTHENTICATION –

Drug and collected raw material will be authenticated from appropriate place.

4. STANDARDIZATION –

After authentication of the drugs, Nirgundi tail was prepared as per reference from Yog Ratnakar. And prepared Nirgundi tail was standardised from standard laboratory.

5. SELECTION OF PATIENTS –

Patient was diagnosed and selected for the study after proper consent

6. UTILIZATION –

Nirgundi tail puran was done in patients diagnosed as Nadi Vrana

Method –

1. TYPE OF STUDY

a. Open clinical study

b. Observation of study during the treatment and after the treatment.

2. PLACE OF STUDY:-OPD/IPD – Shalya clinical department of Bharati Vidyapeeth Medical Foundation's Ayurveda Hospital, Pune

3. STUDY DESIGN:-

- Special Proforma of case paper was designed.
- Patients were diagnosed and selected as per symptoms and signs of Nadi Vrana present clinically.
- SAMPLE SIZE: 30 patients were taken as per Prevalence.

4. DRUG OF CHOICE –

Nirgundi - Leaves and root

Base – Til tail.

Materials

The following equipments and instruments were usually required during Taila purana.

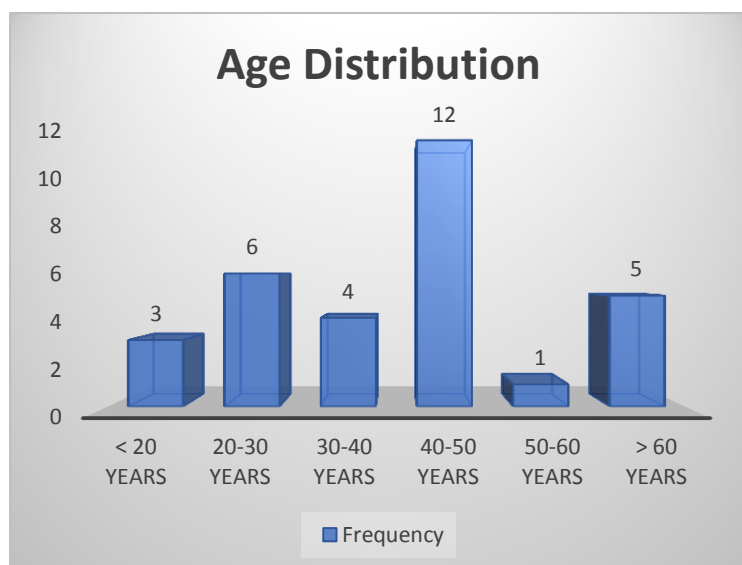
1. Lithotomy table- This table is very useful to put the patient in lithotomy position for
 1. examination as well as for the instillation of taila.
 2. Spot light- This is necessary for proper focusing of the light on affected part during
 3. examination and taila poorana.
 4. Dressing trolley- contains drums for sterile cotton, gauze pieces, cotton pads, sterile
 5. drapes and sterile gloves; instruments tray containing different types of probes, artery
 6. forceps.
7. 4. Instruments box- probes, sterile syringes, nirgundi taila.

Result and Discussion:

Age Distribution

Age Group	Frequency	Percentage
< 20 Years	3	10
20-30 Years	6	20
30-40 Years	4	13.3
40-50 Years	12	40
50-60 Years	1	3.3
> 60 Years	5	16.7
TOTAL	30	100

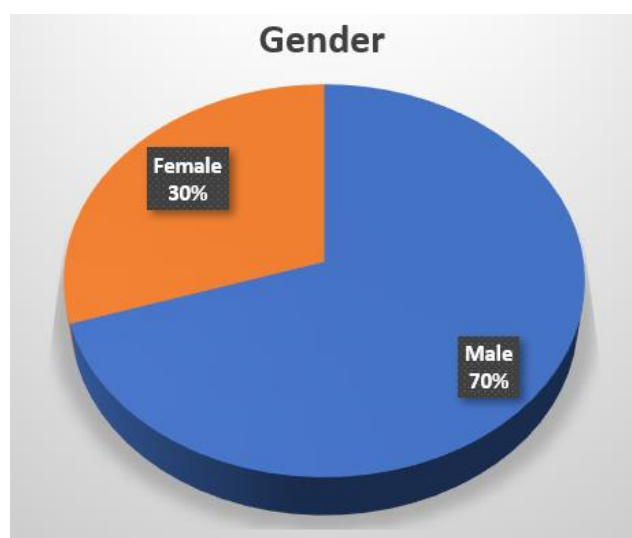
It has observed from the study that out of 30 patients maximum number of patients were in age group of 40-50 and 40% followed by 20-30 years ie 6(20%). The incidence of naadi Vrana being most common in this age group of 40-50 years is because of their redently lifestyle, lack of exercise due to various arthritic issues, lack of physical work and ignorance to deteriorating body's equilibrium.



GENDER

Gender	Frequency	Percentage
Male	21	70.0
Female	9	30.0
TOTAL	30	100.0

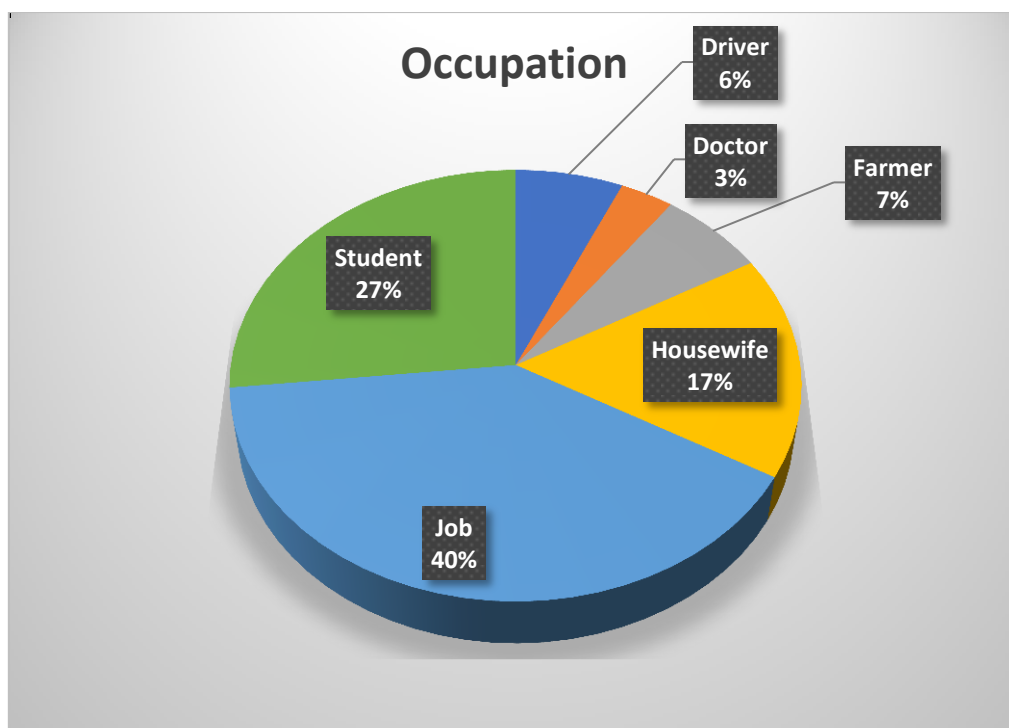
In this study sample higher incidence (70%) was observed in male gender. More valuable to form sinus and boils as a result of furunculosis or driver's abscess due to thick hair growth at groins and supra coccygeal regions. Have tendency to form sinuses has the rate of male driver's is more as compared as female drivers. Due to ignorance to not sharing, cleaning and keeping hygiene at the groins and perianal region.



OCCUPATION

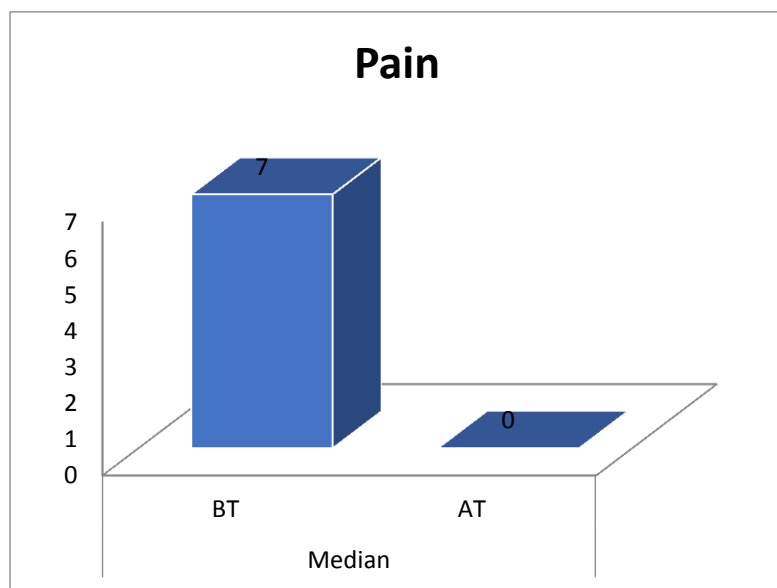
Occupation	Frequency	Percentage
Driver	2	6.7
Doctor	1	3.3
Farmer	2	6.7
Housewife	5	16.7
Job	12	40.0
Student	8	26.7
TOTAL	30	100.0

Maximum patients 10% were seen in the job going ie mostly office work and less field job. The incidence of job being higher may due to following reasons. India has flourished IT sector where mostly people have to be seated in fron of computer and their desks. Secondary the middle class socio-economic starta being the highest in government office jobs where they have less field jobs and non sedentary.



Since observations are on ordinal scale (gradation), we have used Wilcoxon Signed Rank Test to test efficacy. From above table we can observe that P-Value is less than 0.05. Hence we can conclude that effect observed is significant.

PAIN



Since observations are on ordinal scale (gradation), we have used Wilcoxon Signed Rank Test to test efficacy. From above table we can observe that P-Value is less than 0.05. Hence we can conclude that effect observed is significant.

Significant reduction of pain was seen in this study as it may be due to following reasons Less irritant as compared to ksharas.

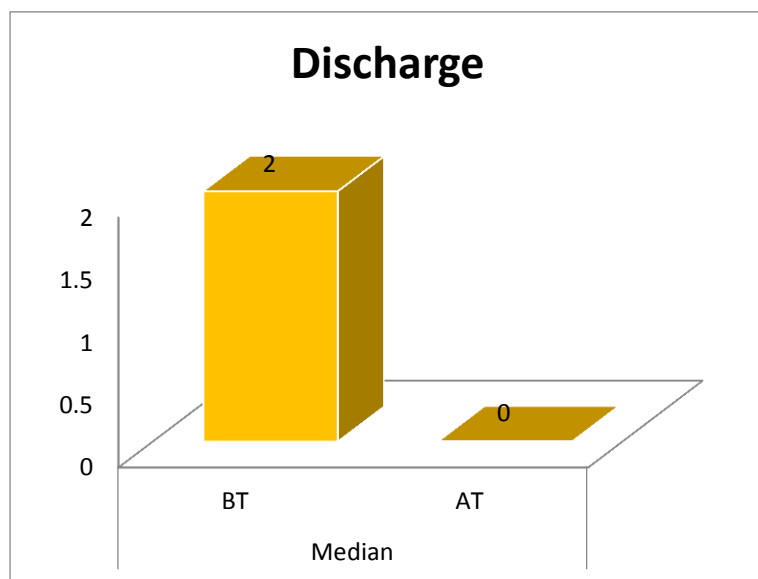
Higher penetration facilitates moisture maintaining in the cranial region tissues resulting in keep it moistured and thus less painfull.

As the procedure of taila pooran is non invasive which leads to less or negotiable tissue damage which eventually leads in diminishing pain.

DISCHARGE

DISCHARGE	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
	2	0	-4.852 ^a	0.000	95.3	Significant

Since observations are on ordinal scale (gradation), we have used Wilcoxon Signed Rank Test to test efficacy. From above table we can observe that P-Value is less than 0.05. Hence we can conclude that effect observed is significant..



Significant reduction is seen in the discharge this may be due to Firstly the higher penetration of the taila and gunas of the nirgundi and tila. Which clear the vitiation of the dosas at the sinus. Again the higher penetration taila enhances healthy granulation and oil coat reduces growth of slough and keeps new formed tissue protected hence shodhan effect is seen resulting in less discharge formation

Conclusion:

The dissertation was aimed to evaluate the effect of Nirgundi Taila poorana in Nadi Vrana. After a detailed observation and statistical evaluation the following conclusion can be drawn:

- Taila poorana is an effective palliative treatment in the management of Nadi Vrana
- It is effective over the clinical parameters like pain, discharge, induration.
- It is a simple, painless, non-invasive and economical procedure.
- It is an OPD level procedure and involves no significant complications.
- It can be used as an independent modality in the management of Nadi Vrana

whenever the patient does not withstand Ksharasootra therapy

References:

1. Søndena K, Andersen E, Nesvik I, Søreide JA. Patient characteristics and symptoms in chronic sinus disease. *Int J Colorectal Dis.* 1995;
2. Yadavji Vaidya, Trikamji Acharaya T., editors. publisher Chaukambha Surbharati Prakashan; 2003. *Sushruta Samhita With Nibhdha Sangraha Tika Of Dhalana*; pp. 307–408. Varnasi, Nidanasthana 10th

3. Vaidya Yadavji, Trikamji Acharya., editors. Chikitsa sthana 17th Chapter. Varnasi: Chaukambha Surbharati Prakashan; 2003. Sushruta Samhita With Nibhdha Sangraha Tika Of Dhalana;
4. Acharya Sushruta, Sushruta Samhita, Dalhana, Nibandhasangraha commentary, Edited by Jadavji Trikamji Acharya and Naarayana Ram Acharya; Varanasi: Chaukhambha Sanskrit Sansthan; Reprint 2013; Sutrasthana 33/4.
5. Maharshi Vedavyasa, Agni Purana, Edited by Acharya Baladeva Upadhyaya; Varanasi: Chowkamba Sanskrit series office, 1966; .
6. Acharya Vruddha Vagbhata, Ashtanga Samgraha; with the Sasilekha commentary by Indu, Prologue by Prof.Jyotir Mitra, Edited by Dr. Shivprasad Sharma; Varanasi: Chowkhamba Sanskrit series office; Reprint 2008; Uttarasthana 35/25.
7. Chakrapanidatta, Chakradatta; with the Vaiyaprabha Hindi Commentary by Dr.Indradeva Tripathi, Edited by Prof. Ramanath Dwivedy; Varanasi: Chaukhambha Sanskrit Bhawan; Reprint 2010; 45/11-13.
8. Harita, Harita Samhita; with Nirmala Hindi Commentary, 1st Edition; Edited by Vaidya Jaymini Pandey; Varanasi: Chaukhambha Visvabharati; 2010; Dwitiyasthana 4th Adhyaya.
9. Julius B.Christensen, Nadi Vrana [MD Thesis].Omaha, Nebraska: University of Nebraska Medical Center; 1935. <http://digitalcommons.unmc.edu/mdtheses>.
10. Acharya Sushruta, Sushruta Samhita, Dalhana, Nibandhasangraha commentary, Edited by Jadavji Trikamji Acharya and Naarayana Ram Acharya; Varanasi: Chaukhambha Sanskrit Sansthan; Reprint 2013; Shareerasthana 3/33.
11. Ferri, Fred F. (2017). Ferri's Clinical Advisor 2018 E-Book: 5 Books in 1. Elsevier Health Sciences. p. 995. ISBN 9780323529570.
12. James, William D.; Berger, Timothy; Elston, Dirk (2015). Andrews' Diseases of the Skin E-Book: Clinical Dermatology. Elsevier Health Sciences. p. 675. ISBN 9780323319690.
13. "Pilonidal Cyst: Definition". Mayo Clinic. December 5, 2012. Retrieved February 8, 2013.

14. Rao, Amrith; Sharma, Mohit; Thyveetil, Mabel; Karim, Omer (December 2006). "Penis: An Unusual Site for Sinus". *International Urology and Nephrology*. 38 (3–4): 607–608. doi:10.1007/s11255-005-4761-5. PMID 17111086.
15. Sternberg, Jeffrey. "What Is Pilonidal Disease". Retrieved November 14, 2014.
16. Doerr, Steven. "Pilonidal Cyst". *eMedicineHealth*. p. 1. Retrieved February 8, 2013.
17. "Pilonidal Cyst: Causes". *Mayo Clinic*. December 5, 2012. Retrieved February 8, 2013.
18. "Sinus disease". www.worldwidewounds.com. Retrieved 2016-05-22.