

Viddha Karma as an Adjunct to Vidangadya Taila Nasya in Vataj Pratishyaya: A Narrative Review

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Abstract: *Background: Vataj Pratishyaya is an Ayurvedic disease entity characterized by nasal obstruction, thin nasal discharge, dryness of the throat, sneezing, voice changes and pain in the temporal region. Its clinical presentation may overlap with features of rhinitis, including allergic rhinitis, although the two concepts should not be treated as exact equivalents. Nasya Karma is described in Ayurveda for disorders involving the upper body, while Viddha Karma is a point-specific procedure discussed in the classical surgical tradition. Objective: To review the Ayurvedic rationale, clinical relevance and dissertation-reported findings concerning Viddha Karma added to Vidangadya Taila Nasya for Vataj Pratishyaya. Methods: This narrative review is based primarily on the supplied dissertation, including its Ayurvedic and biomedical literature review, treatment protocol, outcome tables and conclusions. Results: The dissertation reports a randomized comparative clinical study of 76 participants allocated equally to two groups. Both groups received Vidangadya Taila Nasya; Group A additionally received Viddha Karma at Nasagre. The dissertation reports statistically significant between-group differences favouring Group A for Pihita Nasa, Tanustrava, Shankha Nistoda and nasal congestion. Differences for several other clinical parameters and absolute eosinophil count were not statistically significant. Conclusion: The dissertation provides a preliminary clinical signal that adding Viddha Karma may improve selected symptoms over a short observation period. However, the findings require cautious interpretation because the study was small, follow-up was short, and further methodological details and independent replication are needed before firm efficacy or safety conclusions can be drawn.*

Keywords: Vataj Pratishyaya; Rhinitis; Nasya Karma; Vidangadya Taila; Viddha Karma; Ayurveda; Nasal Obstruction.

I. INTRODUCTION

Pratishyaya is described in classical Ayurvedic literature as an important disorder of the nasal region and an entity that may precede or accompany other Urdhvajatrugata conditions. The dissertation notes that Sushruta describes multiple nasal diseases and gives a detailed account of Pratishyaya, including its types, manifestations, stages and management. Vataj Pratishyaya is characterized in the reviewed texts by symptoms such as Pihita Nasa, Tanustrava, Galashosha, Shankha Nistoda, Swarabheda and Kshavathu. These features can affect breathing comfort, sleep, communication and daily functioning.

In biomedical practice, some of these symptoms are encountered in rhinitis, including allergic rhinitis; nevertheless, Vataj Pratishyaya is an Ayurvedic diagnostic construct and should not automatically be equated with a single modern diagnosis. The dissertation frames the condition as recurrent and identifies the need to evaluate an approach combining



Vidangadya Taila Nasya with Viddha Karma. Its central research question is whether Viddha Karma provides an additional benefit when added to the Nasya regimen.

II. REVIEW APPROACH

This article is a narrative synthesis of the supplied dissertation rather than a systematic review. The primary source was the dissertation's chapters on Ayurvedic literature, drug review, methodology, observations, results, discussion and conclusion. Studies listed in the dissertation's previous-work section are cited as background examples. No independent database search, risk-of-bias assessment or formal evidence grading was undertaken for this draft; therefore, it should not be presented as a systematic review or as a comprehensive account of all published evidence.

III. AYURVEDIC UNDERSTANDING OF VATAJ PRATISHYAYA

3.1 Nasal anatomy and functional significance

The dissertation reviews the Ayurvedic view of Nasa as an important sensory organ and a principal gateway for Pranavaha Srotas. Sushruta's description of nine Bahirmukha Srotas includes two nasal openings. The text also discusses the roles of Vata, Pitta and Kapha in nasal function: Prana and Udana Vayu are associated with respiratory activity; the Pitta subdivisions are discussed in relation to sensory and tissue functions; and Avalambaka Kapha is described as contributing lubrication and protection. These concepts form the traditional framework used by the dissertation to interpret nasal symptoms.

3.2 Nidana and Samprapti

Classical causative factors summarized in the dissertation include exposure to dust and smoke, cold conditions or cold water, seasonal variation, excessive speaking, disturbed sleep, suppression of natural urges and dietary or behavioural factors. In Ayurvedic terms, these exposures may vitiate Vata, alone or in association with other Doshas and Rakta, with subsequent involvement of the nasal and head regions. The dissertation identifies Pranavaha and Rasavaha Srotas among the relevant channels and describes Sanga, Vimargagamana and Atipravritti as possible forms of Srotodushti. Such explanations should be understood within the Ayurvedic pathophysiological model. They are not direct equivalents of modern immunological mechanisms, and the dissertation's clinical results do not establish a specific biological pathway.

3.3 Clinical manifestations and modern symptom mapping

The principal symptoms assessed in the dissertation were Pihita Nasa (nasal obstruction), Tanustrava (thin or watery nasal discharge), Galashosha/Gal Shosh (throat dryness), Shankha Nistoda (pricking pain in the temporal region), Swarabheda (altered or hoarse voice), Kshavathu (sneezing), nasal congestion and inferior turbinate hypertrophy. Absolute eosinophil count (AEC) was used as an objective laboratory parameter. These clinical and examination findings provide a multidimensional assessment, but AEC alone is not sufficient to diagnose or exclude allergic rhinitis, and changes in AEC should be interpreted in the context of the complete clinical picture.

IV. THERAPEUTIC RATIONALE

4.1 Vidangadya Taila Nasya

The dissertation identifies Vidanga, Saindhava, Devadaru, Shunthi, Maricha, Pippali and Yashtimadhu as ingredients of Vidangadya Taila, administered in a sesame-oil base. Its Ayurvedic discussion attributes properties such as Ushna Virya, Katu Rasa, Laghu and Tikshna Guna to the formulation and describes the intended actions as Kapha Vilayana, Shodhana, Vata Shamana and Srotoshodhana. The oil base is discussed as providing Snigdha qualities and helping address dryness. These are traditional pharmacological interpretations; the present dissertation does not independently establish the formulation's molecular mechanisms or ingredient-specific contributions.

Nasya Karma is the central treatment in both arms of the dissertation's comparison. The reported protocol used six drops of Vidangadya Taila in each nostril once daily for seven days. The dissertation describes preparatory and post-procedure measures in its procedural review, including Snehana and Swedana before Nasya and aftercare following



administration. In clinical practice, nasal administration should be undertaken only with an appropriately prepared formulation and under qualified supervision, with attention to contraindications, hygiene and adverse-event monitoring.



Figure 1. Dropper/instillation device used for Vidangadya Taila Nasya.

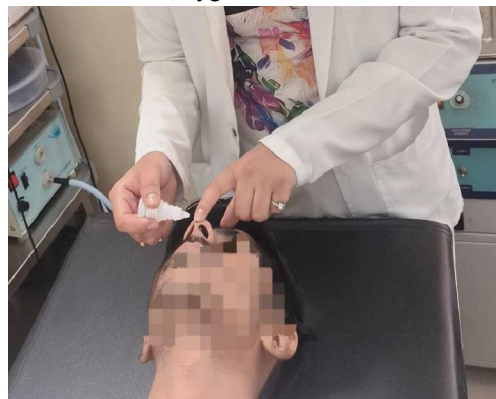


Figure 2. Administration of Vidangadya Taila Nasya.

4.2 Viddha Karma

Viddha Karma is described in the dissertation as a point-specific procedure rooted in the Ayurvedic surgical tradition. The study applied it at Nasagre (the tip of the nose), using a disposable needle, on alternate days three times per week during the treatment period. The dissertation proposes that the procedure may support Vata Anulomana, relieve Srotorodha, reduce Shotha, improve local circulation and provide analgesic effects. These explanations represent the proposed Ayurvedic and physiological rationale, rather than mechanisms proven by the comparative trial. Because Viddha Karma involves puncturing tissue, safety depends on practitioner training, aseptic technique, appropriate equipment, anatomical knowledge, bleeding-risk assessment and documentation of adverse events. The dissertation's study findings should not be taken as sufficient evidence to establish safety for unsupervised or routine use.



Figure 3. Demonstration of Viddha Karma at Nasagre (tip of the nose), as shown in the dissertation.

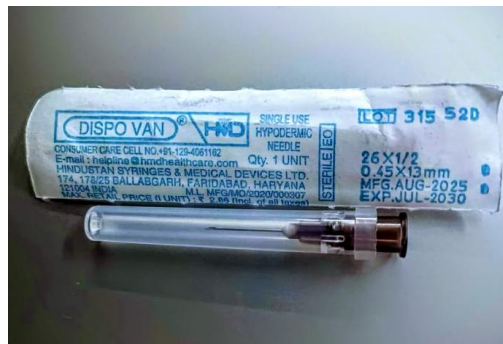


Figure 4. Disposable 26G × 1/2-inch hypodermic needle used for the Viddha Karma procedure.



V. CLINICAL EVIDENCE REPORTED IN THE DISSERTATION

5.1 Study design and participants

The dissertation reports a randomized comparative clinical study involving 76 patients, with 38 participants in each group. Participants were aged 20–50 years and were selected on the basis of at least three symptoms associated with Vataj Pratishyaya. The stated exclusions included acute infectious disease, nasal polyps or tumours, deviated nasal septum requiring surgery and recent nasal surgery. The study was conducted through the outpatient department, with informed written consent and clinical records maintained in a case record form.

Group A received Vidangadya Taila Nasya plus Viddha Karma at Nasagre; Group B received Vidangadya Taila Nasya alone. Nasya was administered once daily for seven days, while Viddha Karma was performed on alternate days. Assessments were recorded at baseline and follow-up visits described as days 4, 8 and 15. Thus, although the treatment course is described as seven days, observation extended to day 15.

5.2 Main findings

The dissertation reports statistically significant within-group improvement in the assessed clinical parameters in both groups. The between-group results favoured Group A for four parameters: Pihita Nasa ($p = 0.001$), Tanustrava (reported as $p < 0.001$ in the detailed discussion), Shankha Nistoda ($p = 0.013$) and nasal congestion ($p = 0.011$). The reported percentage improvements were 84.5% versus 64.0% for Pihita Nasa; 86.6% versus 62.8% for Tanustrava; 85.5% versus 62.7% for Shankha Nistoda; and 76.3% versus 61.2% for nasal congestion, comparing Group A with Group B.

For Gal Shosha, the reported improvement was 88.3% in Group A and 78.8% in Group B, but the between-group difference was not statistically significant ($p = 0.172$). Swarabheda improved by 79.7% and 62.6%, respectively ($p = 0.164$); Kshavathu by 70.2% and 61.6% ($p = 0.444$); right inferior turbinate hypertrophy by 77.5% and 71.7% ($p = 0.288$); and left inferior turbinate hypertrophy by 75.0% and 68.0% ($p = 0.416$). Although percentage changes numerically favoured Group A, these comparisons do not establish statistically significant superiority for those outcomes.

For AEC, the reported mean decreased from 272.53 to 257.92 in Group A and from 261.13 to 247.05 in Group B, corresponding to a 5.4% reduction in each group. The between-group comparison was not statistically significant ($p = 0.478$). Therefore, the dissertation's findings do not demonstrate an additional effect of Viddha Karma on AEC relative to Nasya alone.

5.3 Overall response

The dissertation's overall assessment states that 30 of 38 participants in Group A (78.9%) achieved marked improvement and the remaining 8 (21.1%) achieved moderate improvement. In Group B, all 38 participants (100%) were classified as having moderate improvement. No participants were classified as having mild improvement or no improvement. These categorical outcomes favour Group A; however, the exact scoring method, thresholds and handling of multiple outcomes should be clearly described in any journal submission so that readers can assess the robustness and clinical meaning of the categories.

VI. INTERPRETATION AND DISCUSSION

The most consistent finding in the dissertation is that both groups improved, while the group receiving Viddha Karma in addition to Nasya showed greater improvement in selected symptoms. The significant between-group differences in nasal obstruction, watery discharge, temporal pricking pain and nasal congestion are compatible with a possible adjunctive symptomatic benefit. Since both groups received the same Nasya intervention, the between-group comparison is designed to estimate the additional effect associated with Viddha Karma, subject to the study's allocation methods, measurement quality and other potential sources of bias.

Not all outcomes showed statistically significant between-group differences. In particular, the absence of significant differences for Gal Shosha, Swarabheda, Kshavathu, inferior turbinate hypertrophy and AEC means that claims of



broad superiority across all manifestations would be too strong. A non-significant result does not prove that the treatments are equivalent; it may also reflect limited sample size, variability or measurement limitations. Likewise, statistically significant results do not automatically indicate a large or durable clinical benefit.

The trial's short treatment period and follow-up through day 15 limit conclusions about long-term symptom control, recurrence, quality of life and sustained safety. The dissertation's stated aim includes adverse-effect observation, but a journal article should report the actual number and type of adverse events in each group, not merely the adverse-event checklist or intended monitoring. If no events occurred, this should be explicitly stated with the method and period of surveillance.

VII. STRENGTHS AND LIMITATIONS

Strengths

A comparative design with 38 participants in each group and a common Nasya regimen across the groups.

Assessment of several symptom-based outcomes alongside nasal examination findings and AEC.

Use of follow-up visits beyond the seven-day treatment course.

A clearly stated clinical question concerning the additional contribution of Viddha Karma.

Limitations and reporting issues

The sample size was modest and the study was conducted over a short period; the findings need confirmation in larger studies.

The dissertation describes random allocation, but the article should specify the sequence-generation method, allocation concealment and whether outcome assessors were blinded.

The interventions are procedural and likely difficult to blind; this increases the importance of standardized assessment and blinded outcome evaluation where feasible.

The outcomes include subjective symptom grades. The scoring scale, clinically meaningful change and missing-data handling should be reported transparently.

The dissertation contains a small number of inconsistencies in wording and summary statistics; all numerical results should be checked against the final master chart before submission.

The article should provide ethics committee approval details, trial registration (if applicable), participant flow, adverse-event counts and a complete statistical analysis plan.

Follow-up to day 15 cannot establish prevention of recurrence or long-term effectiveness.

The findings are specific to the studied population, protocol and formulation and should not be generalized to all forms of rhinitis or all Nasya preparations.

VIII. IMPLICATIONS FOR FUTURE RESEARCH

Future studies should use a prospectively registered protocol, a justified sample-size calculation, concealed random allocation and blinded outcome assessment where possible. A validated symptom score, objective nasal airflow or endoscopic measures, quality-of-life instruments and a clearly specified AEC protocol would strengthen interpretation. Follow-up should extend for several months to assess recurrence and durability. Safety reporting should include local pain, bleeding, infection, irritation, allergic reactions and any other adverse event, with severity and relatedness assessed systematically. Multicentre replication and comparison with guideline-based contemporary rhinitis care would help establish external validity. The formulation's identity, preparation, quality control, dose and batch details should also be reproducibly documented.

IX. CONCLUSION

Within the limits of the supplied dissertation, Vidangadya Taila Nasya was associated with improvement in both study groups, and the addition of Viddha Karma was associated with greater improvement in selected symptoms—Pihita Nasa, Tanustrava, Shankha Nistoda and nasal congestion. Between-group differences were not statistically significant



for several other clinical measures or for AEC. These results are promising but preliminary. The study supports further rigorous evaluation of Viddha Karma as an adjunct; it does not, by itself, establish long-term efficacy, prevention of recurrence or definitive safety.

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