



ISSN: 2456-4419

Impact Factor: (RJIF): 5.18

Yoga 2018; 3(1): 721-724

© 2018 Yoga

www.theyogicjournal.com

Received: 18-11-2017

Accepted: 19-12-2017

Dr. Udayakumara K

Department of Human
Consciousness and Yogic
Sciences, Mangalore University,
Mangalagangothri, Karnataka,
India

Yoga therapy for frontal sinusitis headache: A research based study

Dr. Udayakumara K

Abstract

Sinusitis headache is an inflammatory disorder. Yogic techniques have the potentiality to prevent and cure such conditions by relieving the inflammation and by increasing the resistance against the infection. The efficacy of the yoga therapy on Sinusitis headache was studied with 20 sinusitis patients of age group 19-53 years along with a control group during the present study. Yoga therapy was given for a period of 6 months including follow-up. The temperature variation recorded by Infra Red Thermal Imaging System (IRTIS) was selected as the main parameter for the present study. Similarly the blood tests for ESR, Total W.B.C. count and Differential count were also considered as other parameters. The experimental group has shown a highly significant change in the IRTIS reading in both right and left frontal sinus areas with $p < 0.001$. This is also correlated by the significant improvement in the blood test readings. These statistical significant changes were not seen in control group. This shows that yoga therapy helped to relieve the inflammation in Frontal Sinusitis headache and improved the resistance of the body against the infection.

Keywords: Yoga therapy, frontal sinusitis headache, infra red thermal imaging system, blood test

Introduction

Yoga is one of the ancient sciences prevalent from time immemorial. Recently, there has been an increased awareness in health through natural methods like yoga in all parts of the world. Holistic approach of yoga has the potentiality to heal the patients completely from their ailments.

The present research work is a unique scientific approach to assess and standardize the effect of yoga therapy on frontal sinusitis headache. The assessment is done by using Infra Red Thermal Imaging System (IRTIS) and blood test. It is hypothesized that the effect of yoga therapy on sinusitis can be assessed by using IRTIS and blood test.

The IRTIS is a precise scanning infrared device for the measurement and visualization of the thermal field. It can be used for checking the condition of power stations, high-power transformers, high-voltage electric circuits and contacts, heat supply systems, investigating heat losses from buildings/constructions and in public health for examining the inflammations in a human body. Thermography is a noninvasive procedure that images the infrared radiation (heat) emitted from the body surfaces based on the principle that alterations in a variety of body functions will alter the cutaneous vascular supply that heats the skin. IRTIS can indicate abnormality based on variations in thermal temperatures (TT) in any part of the human body. Total non-invasiveness is the major benefit of Thermal Imaging System. The system may be used for early diagnosis of skin cancer, visualization of the patient reaction to different stimuli, observation of vascular diseases and in other applications. Increased temperature is found over the areas involved with an inflammatory process. Sinusitis is an inflammatory disorder. Therefore there will be an increase in TT at the areas of sinuses where there is an inflammation. It can be measured by using IRTIS and variation in TT recordings can be monitored by using this instrument. Therefore, the IRTIS is selected as the main parameter for the present study. Blood tests for ESR (Erythrocyte Sedimentation Rate), T.C (total white blood cell count) and DC (Differential count) are the other parameters considered.

Correspondence

Dr. Udayakumara K

Department of Human
Consciousness and Yogic
Sciences, Mangalore University,
Mangalagangothri, Karnataka,
India

Materials and Methods

The assessment of the effect of yoga therapy on Frontal Sinusitis headache has been studied with 20 subjects of age group 19-53 years along with a control group of 20 subjects. The subjects having Frontal Sinusitis headache were finalized after taking the detailed case histories of the each subject. The study was done at the Department of Human Consciousness and Yogic Sciences, Mangalore University, Mangalagangothri, Karnataka under the guidance of Dr. K. Krishna Bhat, former Dean-Faculty of Science & Technology, Retd. Professor and Chairman, Department of Human Consciousness and Yogic Sciences, Mangalore University. Yoga therapy was given to the experimental group for a period of 6 months including follow-up. The IRTIS recordings were monitored in frontal sinus areas before starting the yoga therapy. Similarly, the blood tests for E.S.R, T.C and D.C were done before starting the therapy. No yoga therapy was given for the control group. However the IRTIS recordings were taken and blood tests were done for the control group before starting the study.

The following yogic practices were systematically taught for the experimental group. While giving therapy individual care has been taken and practices were taught separately to each subject for better results and precision in yoga practices. The Yogic practices given include *Jalaneti kriyā*, *Sūtraneti kriyā*, *Kapālabhāti*, *Svastikāsana*, *Vajrāsana*, *Suptavajrāsana*, *Simhāsana*, *Tadāsana I*, *Trikonāsana*, *Parśvakonāsana*,

Paścimatānāsana, *Purvatānasana*, *Pavanamuktāsana*, *Bhujangāsana*, *Śalabhāsana*, *Dhanurāsana*, *Bharadvājāsana*, *Ardhamatsyendrāsana*, *Viparītakarānī*, *Halāsana*, *Uttānapādāsana*, *Ujjayī Prānāyāma*, *Anuloma-Viloma Prānāyāma*, *Bhastrikā Prānāyāma* and *Shavāsana* depending on their severity and causes of the Sinusitis condition.

All the practices were gradually taught for the first 15 days and a complete course of yoga therapy was taught for the next 15 days. There after 5 months follow up was done in all the subjects and the IRTIS recordings were monitored at regular intervals in experimental group. Similarly after six months, the IRTIS recordings were monitored and the blood tests were done. In control group also after the duration of six months once again the IRTIS recordings were taken and blood tests were done.

Results

It is observed that all the subjects either relieved or reduced from their frontal sinusitis headache in the experimental group. But no such changes were found in case of control group. The observations were correlated with the data collected through IRTIS recordings and blood test. The data collected for different parameters were analyzed by using Student paired 't' test. The obtained values are tabulated below.

IRTIS readings –Experimental group

Right Frontal Sinus area							
IRTIS readings	Mean TT (in °C)		S.D.		t stat value	p-value	Significance
	Before	After	Before	After			
Spot 1*	33.12	32.54	0.6363	0.5311	3.3534	0.0033	HS
Diff. between spot 1 & spot 2**	1.184	0.172	0.4787	0.1543	9.8856	<0.001	HS

Spot 1- a spot in frontal sinus area, Spot 2 - a spot about 1.5c.m upward vertical distance from spot 1, TT - Thermal Temperature, HS- Highly Significant

Left Frontal Sinus area							
IRTIS readings	Mean TT (in °C)		S.D.		t stat value	p-value	Significance
	Before	After	Before	After			
Spot 1*	33.11	32.61	0.6442	0.4605	3.0904	0.006	HS
Diff. between spot 1 & spot 2**	1.1295	0.2365	0.4714	0.2184	10.4401	<0.001	HS

Spot 1- a spot in frontal sinus area, Spot 2 - a spot about 1.5c.m upward vertical distance from spot 1, TT - Thermal Temperature, HS- Highly Significant

IRTIS readings -Control group

Right Frontal Sinus area							
IRTIS readings	Mean TT (in °C)		S.D.		t stat value	p-value	Significance
	Before	After	Before	After			
Spot 1*	33.23	33.19	0.6354	0.5713	0.28616	0.7779	NS
Diff. between spot 1 & spot 2**	0.8445	0.9535	0.4982	0.5147	1.37397	0.1854	NS

Spot 1- a spot in frontal sinus area, Spot 2 - a spot about 1.5c.m upward vertical distance from spot 1, TT - Thermal Temperature, NS- Non Significant

Left Frontal Sinus area							
IRTIS readings	Mean TT (in °C)		S.D.		t stat value	p-value	Significance
	Before	After	Before	After			
Spot 1*	33.18	33.08	0.6192	0.6259	0.6451	0.5266	NS
Diff. between spot 1 & spot 2**	0.762	0.7755	0.4575	0.4307	0.1838	0.8561	NS

Spot 1- a spot in frontal sinus area, Spot 2 - a spot about 1.5c.m upward vertical distance from spot 1, TT - Thermal Temperature, NS- Non Significant

Blood test–Experimental group

Blood test	Mean		S.D		t stat value	p value	Significance
	Before	After	Before	After			
ESR (mm/hr)	14.2	9.5	10.8657	9.0117	4.3085	0.0004	HS
T.C. (/ ml)	7783.25	6772.5	2362.01	1162.74	2.1191	0.0475	S
Neutrophils (%)	56.9	63.05	8.0844	3.7483	3.9994	0.0007	HS
Lymphocytes (%)	37.95	32.95	7.4018	4.0585	3.4374	0.0028	HS
Eosinophils (%)	4.4	3.3	1.8750	1.7199	2.7277	0.0134	S
Monocytes (%)	0.7	0.65	1.2183	0.9881	0.3697	0.71	NS

S- Significant, HS- Highly Significant, NS- Non Significant

Blood test–Control group

Blood test	Mean		S.D		t stat value	p value	Significance
	Before	After	Before	After			
ESR (mm/hr)	13.25	13.3	10.351	8.67	0.0507	0.9601	NS
T.C. (/ml)	7434.75	7330	1138.54	1033.19	1.0905	0.2891	NS
Neutrophils (%)	60.55	60.85	5.4818	4.0946	0.4457	0.6609	NS
Lymphocytes (%)	34.65	34.55	4.7047	3.3478	0.1487	0.8833	NS
Eosinophils (%)	4.25	4.2	1.7434	1.43637	0.1951	0.8474	NS
Monocytes (%)	0.4	0.35	0.5982	0.5871	1	0.3299	NS

NS- Non Significant

Discussion

The experimental group has shown highly significant reduction in the mean thermal temperatures (TT) in the IRTIS readings of a spot (near supra-orbital foramen) in frontal sinus area (spot 1) in both right and left frontal sinuses from 33.12 °C to 32.54 °C and 33.11 °C to 32.61 °C with t stat = 3.3534, p = 0.0033 and t stat = 3.0904, p = 0.006 respectively. The decrease in the IRTIS reading indicates the reduction in inflammation of the sinuses. However naturally there will be a temperature variation in different parts of the body. Similarly, other external facts may also affect the body temperature. To nullify this fact the difference between the TT of spot 1 and a near by spot, spot 2 (about 1.5c.m upward vertical distance from spot 1) were calculated by recording the TT of these two spots. The experimental group has shown highly significant reduction in the TT difference of IRTIS readings (from 1.184 °C to 0.172 °C & from 1.1295 °C to 0.2365 °C) with t stat = 9.8856, p < 0.001 and t stat = 10.4401, p < 0.001 for right and left frontal sinuses respectively. However, symptomatically all the subjects in experimental group were got relief from their symptoms of sinusitis. This improvement is statistically proved by the readings of IRTIS. It is important to know that this is correlated by the significant improvement in the blood test readings.

The total white blood cell count (T.C) decreased significantly from 7783.25/ml to 6772.5/ml with t=2.1191 and p=0.0475. The ESR also significantly reduced from 14.2 mm/hr to 9.5 mm/hr with t stat = 4.3085, p= 0.0004 indicating a significant reduction in the inflammation. Neutrophil percentage has been normalized with t=3.9994 and p=0.0007. Lymphocytes percentage has been decreased from 37.7857 to 34.5 with t stat = 3.4374, p= 0.0028 indicating a reduction in the infections. Eosinophils percentage significantly reduced from 4.4 to 3.3 with t stat = 2.7277, p= 0.0134 indicating a reduction in the allergic reaction and an increase in body resistance against the allergens. But these significant statistical changes were not seen in control group. There is no significant change in mean TT of control group at spot1 in right and left frontal sinuses (before=33.23 °C; after=33.19 °C & before=33.18 °C; after=33.08 °C) with t stat = 0.28616, p = 0.7779 and t stat = 0.6451, p=0.5266 respectively. Control group has got statistically non significant values for TT difference (before=0.8445 °C; after=0.9535 °C &

before=0.762 °C; after=0.7755 °C) with t stat = 1.7688, p = 0.1004 and t stat = 0.9351, p = 0.3668 respectively for right and left frontal sinuses. Similarly all the statistical values for ESR, T.C and D.C were non-significant in case of control group.

Above discussion shows that yoga therapy helped to relieve the inflammation of frontal sinusitis and improved the resistance of the body in experimental group. In the present study it is important to observe that this improvement is clearly shown by Infra-Red Thermal Imaging System. There is no such instrument which can assess the improvement in the treatment of sinusitis. Thus the research study scientifically proved that the effect of yoga therapy on sinusitis can be assessed by Infra-Red Thermal Imaging System. Hence IRTIS which is a totally non-invasive method can be used as an effective tool to assess the efficacy of yoga therapy.

Conclusion

Based on the discussion of the data obtained we can conclude that the effect of yoga therapy on Frontal Sinusitis can be assessed by using Infra Red Thermal Imaging System and blood test. Present research work showed that Infra Red Thermal Imaging System, which is a totally non-invasive method, can be used to diagnose the Frontal Sinusitis and other inflammatory diseases and it can be used as a parameter to assess the efficacy of yoga therapy. This study proves that Yoga can be used as a better therapeutical method in the treatment of Sinusitis.

References

1. Swami K, Vinekar SL. Yogic Therapy. New Delhi: Central Health Education Bureau, 1963.
2. Shrikanth MR. Vagbhata's Astanga Hridayam. Sūtra Sthāna & Sharira Sthāna. Gopal Mandir Lane, Varanasi: Krishnadas Academy, Oriental Publishers and Distributors; 1997; 1:19.
3. Bhole MV. Chronic Diseases of Nose and Their Yogic Treatment. Kaivalyadhama, Lonavala: Yoga Mimamsa; 1971, 14.
4. Borenstein. Low back pain - Medical diagnosis and comprehensive management. Philadelphia, Pennsylvania: W B Saunders Company, 1995

5. Operating Instruction Manual - Infra Red Thermal Imaging Systems. Moscow, Russia: Starosadskype Publications, 2008
6. Dorland's Pocket Medical Dictionary. Philadelphia, Pennsylvania: Saunders, Elsevier, 2006
7. Swami V. Rājayoga (Pātañjala Yogasūtra). Calcutta: Advaita Ashrama, 2002.
8. Swami D. Hathapradīpikā of Svātmārāma. Lonavala, Pune: Kaivalyadhama, S.M.Y.M. Samiti, 1998.
9. Swami D. Gheranda Samhita of Gheranda. Lonavala, Pune: Kaivalyadhama S.M.Y.M. Samiti, 1997.
10. Udayakumara K. Yogic Approach for the Management of Sinusitis. Bangalore: International Journal of Yoga - Philosophy, Psychology and Parapsychology, 2017; 5(1).
11. Bhole MV. Yogic treatment of chronic Rhinitis and Sinusitis. Kaivalyadhama, Lonavala: Maharashtra Medical Journal, 1970, 17.
12. Rabago D. Qualitative Aspects of Nasal Irrigation Use by Patients with Chronic Sinus Disease in a Multi method Study. New York: Journal of Family Medicine; 2006, 8.
13. Balayogi BA. Scientific basis for some Yoga practices in Sinusitis. Kaivalyadhama, Lonavala: Yoga Mimamsa, 2007, 39.
14. Bhat Krishna K, Udayakumara K. Assessment of the effect of Yoga Therapy on sinusitis using infrared thermal imaging system. New Delhi: International Journal of Yoga & Allied Science; 2014; 3(1).
15. Vicent, Pedro De. Neti kriya in the management of bronchial asthma and spastic descending conditions of the respiratory tract, Vol. 40, Kaivalyadhama, Lonavala: Yoga Mimāmsa, 2008.
16. Shirley T, Nagarathna R, Nagendra R. Breathing through a Particular Nostril can Alter Metabolism and Autonomic Activities. Appajappa Agrahara, Chamarajpet, Bangalore: Vivekananda Kendra Yoga Research Foundation, 1994.