

EFFECT OF VYAGHRI TAILA NASYA IN THE MANAGEMENT OF VATAJA PRATISHYAYA W.S.R. TO ALLERGIC RHINITIS

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ABSTRACT

Pratishyaya is A condition of continuous Nasal discharge, *Vata Pradhana* disease occur due to accumulation of *Doshas* in *Uttamanga*. *Vataja Pratishyaya* is explained in *Ayurvedic* system of medicine as Sneezing, Watery discharge from nose, Stuffy nose, Itching in nose etc. which have relevance with Allergic Rhinitis. Allergic rhinitis is an IgE mediated immunologic response of nasal mucosa to airborne allergen and is characterized by watery nasal discharge, nasal obstruction, sneezing and itching in the nose. In the present study 10 patients were selected randomly and treated with Vyaghri Taila as Nasya which is mentioned as best treatment modality for uttmanga shudhi by Acharyas. The signs and symptoms were studied before and after treatment. Results of study showed moderate(50%) and marked (50%) improvement in patients.

KEYWORDS: Pratishyaya, Pradhana, Uttamanga, Allergic rhinitis, Vyaghri taila, Nasya, Shudhi.

INTRODUCTION

Pratishyaya by word itself indicates that it is a recurrent attack and can precipitate even due to minute etiological factors. *Vata* is the main *Dosha* and *Kapha*, *Pitta* and *Rakta*^[1] are associated to it. So it can be concluded that *Pratishyaya* is:

- A condition of continuous nasal discharge
- *Vatapradhan* disease
- Accumulation of *Doshas* in *Uttamang*

In *Uttantantra*, *Acharya Sushruta* has devoted one separate chapter to *Pratishyaya* after explaining *Nasagataroga*.^[2] *Vataja Pratishyaya* is explained in *Ayurvedic* system of medicine as Sneezing, Watery discharge from nose, Stuffy nose, Itching in nose etc.^[3] which have relevance with Allergic Rhinitis.

Allergic rhinitis is an IgE mediated immunologic response of nasal mucosa to airborne allergen and is characterized by watery nasal discharge, nasal obstruction, sneezing and itching in the nose.^[4]

Administration of medicine through Nasal route is known as *Nasya*. Due to nearest route, the diseases related to head are best treated by this procedure. In modern medicine system a wide range of medicines are available but these drugs have nothing to do with such a chronic condition.

This present study includes detailed study of the disease, its nature and course and to evaluate the effect of *Ayurvedic* drug on chronicity of the disease. In the present study “**Effect of Vyaghri taila nasya in the management of Vataja Pratishyaya w.s.r. to Allergic rhinitis**” is planned to evaluate the nature of disease, course of disease and management with the help of some herbal drug. Vyaghri Taila used as drug for Nasya mentioned by Acharya Shargdhara and Chakradatta.

AIMS AND OBJECTIVES

- To establish the prevalence of the disease according to age and seasonal variations.
- Try to find out correlation of *Vataja Pratishyaya* with Allergic Rhinitis.
- To know the efficacy of *Vyaghri Taila* as *Nasya*.

MATERIAL AND METHOD

Selection criteria

Uncomplicated patients with signs and symptoms of Allergic rhinitis, attending OPD and IPD of RGGPG *Ayurvedic* college and Hospital Paprola were selected above 12 years age, irrespective of sex, religion and occupation etc.

Inclusive criteria

- Patients presents with sign and symptoms of Allergic rhinitis.
- Age above 12 years.

Exclusive criteria

- Patient below 12 years of age.
- Rhinitis caused by virus, bacteria etc.
- Hypertrophic rhinitis
- Atrophic rhinitis
- Rhinitis sicca
- Patient suffering from systemic disease like HTN, T.B., D.M. etc.

Plan of Work

The study was planned in different steps as mentioned below:

1. Proforma: A special proforma will be prepared for the evaluation of the etiopathogenesis and assessment of treatment efficacy. A detailed history will be taken and simultaneously general and systemic examination of the patients was done having signs and symptoms suggesting of Allergic rhinitis.

Assessment Criteria

General evaluating scoring

- **Kshavathu (Sneezing)**

No sneezing	0
1-10 sneezing in each bout	1
10-15 sneezing in each bout	2
15-20 sneezing in each bout	3
>20 sneezing in each bout	4

- **Nasavarodha (Nasal obstruction)**

No obstruction	0
Feeling of obstruction in inhalation and exhalation with one nostril	1
Feeling of obstruction in inhalation and exhalation with both nostril	2
Inhalation and exhalation with both nostrils with effort	3
Complete blockage with total mouth breathing	4

- **Nasa srava (Rhinorrhoea)**

No discharge	0
Occasional Rhinorrhoea with a feeling of running nose without visible fluid	1
Rhinorrhoea with occasional running nose with visible fluid	2
Rhinorrhoea with running nose which needs mopping	3
Severe Rhinorrhoea with copious fluid needs continuous mopping	4

- **Kandu (Itching)**

No itching	0
Can tolerate without rubbing of nose	1
Can tolerate after frequent rubbing of nose	2
Continuous rubbing of nose	3
Irresistible itching	4

- **Aruchi**

No anorexia	0
Occasional loss of appetite	1
Moderate loss of appetite	2
Continuous loss of appetite	3
Loss of appetite associated with nausea and vomiting	4

2. Investigations

Haematology- Hb%, TLC, DLC, ESR, LFT, RFT.

Biochemistry- FBS

Radiology- X ray PNS Water's view.

These investigations are done to rule out any other pathology e.g. DNS, Sinusitis, Polyp etc.

Clinical Assessment

Assessment of the effect of treatment has been done on the basis of relief of signs and symptoms of Allergic rhinitis were graded in 4 gradations. Most of signs and symptoms of Allergic rhinitis described in texts are subjective in nature. Hence multidimensional scoring system was adapted for statistical analysis and to give results on subjective parameters. Scores were given according to the severity of symptoms as follows:

• <i>Shirogurava</i>	
Nil/Absent	0
Mild	1
Moderate	2
Severe	3
Very severe (forced to take medicine)	4
• <i>Gandhahani</i>	
No loss of smell	0
Partial and unilateral	1
Partial and bilateral	2
Complete unilaterally	3
Total loss of smell	4
• <i>Swarbhanga</i>	
No change of voice	0
Occasional hoarseness of voice	1
Frequent hoarseness of voice more in morning hours	2
Frequent hoarseness of voice throughout the day	3
Cannot speak due to hoarseness of voice	4
• <i>Shirah shoola (Headache)</i>	
No headache	0
Headache occur sometimes	1
Headache occurs frequently but is able to carry routine work Without difficulty	2
Severe headache, patient restless and able to carry routine work With great difficulty	3
Severe crippling headache that renders patient bed ridden	4
• <i>Shwasa Kashtata</i>	
No dyspnoea	0
Dyspnoea after heavy work and walking	1
Dyspnoea after moderate work and walking	2
Dyspnoea after mild work	3
Dyspnoea even at resting condition	4
• <i>Kasa (cough)</i>	
No cough	0
Occasional cough	1
Moderate cough	2
Continuous cough with throat and chest pain	3
Severe continuous cough with throat and chest pain	4
• <i>Bhutwa Bhutwa (Recurrent attacks)</i>	
No attacks	0
Period between attacks more than two days	1
Period between attacks 1-2 days	2
Period between attacks 12-24 hrs	3
Attack within 12 hrs	4
• <i>Jwara</i>	
No fever	0
Intermittent fever	1
Continuous fever	2
Double rise with morning and evening peaks	3
With high peaks and relative bradycardia	4

Criteria For Over All Assessment

The total effect of therapy was assessed considering the following criteria-

- Complete remission : 100% relief in the signs and symptoms
- Markedly improvement : >75% relief in signs and symptoms
- Moderately improvement : > 50% relief in the signs and symptoms
- Mild improvement : >25% relief in signs and symptoms
- Unchanged : <25% relief in the signs and symptoms.

Drug review

Ingredients of vyaghri taila (Sha. Sm., C.D.)

- O;kÄzhnUrhokpf'kxqzrrqylh«;ks'klSU/koS%A
- dYdÜp ikpua rSyaw iwfrukllkxknige~AA ¼"kk-e- 9@182½^[5]
- O;kÄzhnUrhokpf'kxqzqljIO;ks'klSU/koS%
- Ikfpra ukoua rSyaw iwfrukekxna t;sr~AA ¼p-n½^[6]

Rasa Panchaka of Vyaghri Taila.

Rasa	Katu
Guna	Laghu
Virya	Ushna
Vipaka	Katu
Dosha karma	Kaphavatshamak

Method of Preparation of Vyaghri Taila

- Murchna of Til Taila is done as per Bhaisjya Ramawali.^[7]
- Paka of Til Taila done with drugs sr. No. 1-10 in table no. 3 in this section.
- Equal part of Kantakari, Danti, Sodhit Vacha, Sahijan, Tulsi, Shunthi, Pippali, Marich were coarsely powdered in Pulverizer.
- All these were dipped in water whole night and after that Kalka form prepared. Saindhava Lavana get mixed with it.
- This Kalka along with 4 parts til tail and 16 parts of Shuddhajala were added into it and took in a steel vessel and heated over Madhyama Agni till complete evaporation of moisture content. Heat was applied with intermediate stirring. Heating duration was adjusted until the appearance or Lakshana of Samyaka Sneha Siddhi. When Taila Paka completed with all its examination, allowed to cool and packing done. Then Vyaghri Taila was used as medicine for Nasya purpose.

Group, Dose & Duration

Study design

Open uncontrolled study.

Number of patients – 10

Drug Schedule

- Vyaghri Taila as Nasya drug.

Dose

- Vyaghri Taila- 6 drops in each nostril.

Duration

- Vyaghri Taila Nasya - 7 days.

Duration of treatment - 7 days

Follow up - After 7 days

Statistical Analysis

The information gathered regarding demographic data is shown in percentage. The scores of criteria of assessment were analysed statistically in form of mean score B.T. (Before treatment), A.T. (After treatment), (B.T.-A.T.) difference of mean, S.D. (Standard deviation), S.E. (Standard error). Student paired 't' test was carried out at $p > 0.05$, $p < 0.05$ and $p < 0.001$.

The results were considered significant or insignificant depending upon value of 'p'.

- Highly significant - $p < 0.001$
- Significant - $0.05 < p > 0.001$
- Insignificant - $p > 0.05$

Consent of patient

All the patients selected for trial were explained the nature of the study and their written consent was obtained on the proforma before including them in the clinical study.

OBSERVATIONS

In the present study maximum i.e. 40% of the patients were of age group 31-40 years, 80% were females, 80% were unmarried, 90% belonged to rural area, 90% were Hindus, 80% were graduates, 90% belonged to lower middle class, 80% patients were vegetarian, 60% of patients were addicted to tea/coffee, All 100% of patients were students, 30% of patients were having previous family history and no family history was recorded in 70% patients, Most of patients have chronicity of >4<5 years, almost all patients respond to aggravating factors like smoke, pollution, dust etc. and some to exposure to pollens, animal changes and climatic changes. Most of patients i.e. 60% belonged to Vatakaphaja Prakriti, 80% were having madhyama Satva, 70% were having madhyama Satmaya and Samhanana, 60% of patients were having madhyama Vyayama shakti. As incidence of signs and symptoms were concerned almost all patients showed symptoms like Kshavathu, Nasanaha, Nasasrava, 90% patients were having kandu, Bhutwa bhutwa and approx. 30-70% of patients showed symptoms like Gandhahani, Shorahshoola, Swarbhanga.

Effect of Therapy

1. **Kshavathu (Sneezing):** The initial score of sneezing was 2.3 which was reduced to 0.6 after treatment. The percentage relief was 73.91% which is highly significant statistically at the level of $p < 0.001$ ($t = 11.129$).
2. **Nasavarodha (Nasal obstruction):** The initial score of nasal obstruction was 1.9 which was reduced to 0.4 after treatment. The percentage relief was 78.94% which is highly significant statistically at the level of $p < 0.001$ ($t = 8.573$).
3. **Nasavrava (Nasal discharge):** The initial score of nasal discharge was 2.2 which was reduced to 0.6 after treatment. The percentage relief was 72.72% which is highly significant statistically at the level of $p < 0.001$ ($t = 9.798$).
4. **Kandu (Itching):** The initial score of itching was 2.3 which was reduced to 0.77 after treatment. The percentage relief was 66% which is highly significant statistically at the level of $p < 0.001$ ($t = 6.424$).
5. **Gandhahani (Anosmia):** The initial score of anosmia was 1.85 which was reduced to 0.42 after treatment. The percentage relief was 77.29% which is highly significant statistically at the level of $p < 0.001$ ($t = 7.071$).
6. **Swarbhanga (Hoarseness of voice):** The initial score of change in voice was 2 which was reduced to 0.33 after treatment. The percentage relief was 83.5% which is significant statistically at the level of $p < 0.050$ ($t = 5.000$).
7. **Shirah shoola (Headache):** The initial score of headache was 1.83 which was reduced to 0.5 after treatment. The percentage relief was 72.67% which is significant statistically at the level of $p < 0.050$ ($t = 4.000$).
8. **Bhutwa Bhutwa (Recurrent attacks):** The initial score of recurrent attacks was 2.22 which was reduced to 0.55 after treatment. The percentage relief was 75.22% which is significant statistically at the level of $p < 0.050$ ($t = 5.000$).

Among 10 patients, 5 patients were moderately improved and 5 patients were markedly improved. There was no patient who was cured, mildly improved or unimproved.

DISCUSSION

VatajaPratishyaya (Allergic rhinitis) is one of the most common ENT ailment affecting people in entire society and it is one of the challenging problem of all ENT surgeons. Repeated attacks and improper management of the disease leads to many complications like recurrent sinusitis, Nasal polyps, Serous otitis media, orthodontic problems etc. Keeping all this in mind an attempt had been made to evaluate the treatment protocol for patients suffering from *VatajaPratishyaya* (Allergic rhinitis).

Though *Pratishyaya* is said to occur due to vitiation of *Vata* and *Kapha* mainly. So any drug used for this disease should have *Vata* and *Kaphahara* properties but should also not aggravate *Pitta* and *Rakta*.

***VatajaPratishyaya* VIS-A-VIS Allergic rhinitis**

The resemblance of *VatajaPratishyaya* with Allergic rhinitis in terms of aetiology, clinical features and complications is evident from following discussion:

Aetiology of *VatajaPratishyaya* grouped into various categories can be compared with etiological factors of Allergic rhinitis which include food and drug ingestion (*AharajaNidana*), Occupational (*ViharajaNidana*), allergy and infection (*Rogajanidana*) and iatrogenic causes.

Table 1: Symptoms of *VatajaPratishyaya* which resemble those of Allergic rhinitis are as follow

Sr. No.	<i>Samanya & Vishesh Lakshanas of Pratishyaya</i>	Chief & associated clinical features of Allergic rhinitis
1.	<i>Kshavathu</i>	Sneezing
2.	<i>AanadhaPihita Nasa (Nasavrodha)</i>	Nasal obstruction
3.	<i>TanusravaPravaritini</i>	Watery nasal discharge
4.	<i>Gal TaluOasthShosh</i>	Dryness in throat, palate, lips
5.	<i>Swaropghata</i>	Hoarseness
6.	<i>GranaatiToda</i>	Painful sensation in nose
7.	<i>NistodaSankhyostatha</i>	Headache
8.	<i>Kandu</i>	Itching in nose
9.	<i>Shirogurava</i>	Heaviness in head
10.	<i>Kasa</i>	Cough
11.	<i>BhutwaBhutwa</i>	Recurrent attacks

Allergic rhinitis is recurring frequently and attending the *JeeranaAwastha*, so *Shodhan* therapy is the line of treatment. *Nasya* is the Chief *Shodhan* procedure for *Uttamangashuddhi*. *Acharyas* has remarked *Nasa* as a door of entrance to the cranium. Therefore *VyaghriTailaNasya* therapy has been selected which is mentioned by *Acharya Sharangdhara* in *Peenasa* (Sh.

Md. Khn. 9/182)^[8] and in *Nasarogadhikara* in *Bhaishjyarnavali*.^[9] The drug given in *Nasya* reaches to *ShringatakaMarma* and from there through different *Siras* spread to other parts like eyes, ears throat etc. and take out the morbid *doshas*. Thus in this way it causes *Srotoshudhi* and makes the *AnulomanaGati* of *Vayu* which is vitiated in *VatajaPratishyaya*.

In this formulation '*Kantkari*^[10] which is main ingredient is having *Katu Rasa* and *KatuVipaka* mainly which help in opening of channels, *Tikshnaguna* which help in *Bhedana* and *Rechana* of *KaphaDosh*, *UshnaVirya* due to which *KaphaVataShamaka*. Due to these properties it help in *Bhedhana* and *Rechana* of *Kapha*, open channels and with the help of normal *gati* of *Vata*, *Doshas* are expelled out. It also show *Shothahar* and *Kandughan* properties due to which help in reducing swelling due to inflammation and itching.

'*Shunthi*^[11] and '*Pippali*^[12] used has *Bhedhan* action on *KaphaDosh* to expel it out after opening channel due to their *Srotovibandhar* property. These also help in improving *Vyadhikshamatva* of the individual.

Shodhit Vacha,^[13] is *kaphavatashamaka*, *Shothhar*, *Deepana* And *Krimighana*.

Sahijan,^[14] is *Shirovirechanopaga* help in *Dusta KapahaDosh* elimination from *Shira*.

Til Taila,^[15] used is *UshnaVirya* due to which *KpahavataShamaka*.

As this formulation is given through *Nasa Marga* as *Nasya* which is best for *UttmangaShuddhi* by *Acharyas* hence here mode of action changes as:

Table 2: Facts About Shringataka Marma.

Facts	Interpretation
<i>Shringataka</i> is the union point of <i>Shrotas</i> of <i>Jihwa</i> , <i>Ghrana</i> , <i>Netra</i> and <i>Shrotra</i> . (<i>Su. Sha.6/27</i>)	Confirms the influence of <i>Nasya karma</i> on senses.
<i>Shringataka</i> is a <i>SadyaPranaharaMarma</i>	Proper stimulus can cause desired effect suddenly.
<i>Shringataka</i> is a <i>Siramarma</i>	Through these <i>Nasya</i> , <i>Dravya</i> is absorbed in vascular circulation.

So in Ayurvedic point of view assimilation and transportation of *Nasya* drug take place through *ShringatakaMarma* and reaches to local as well as general circulation.

CONCLUSION

If we see the symptomatology of *VatajaPratishyaya* in *Ayurveda* we find the same symptomatology in Allergic rhinitis. Hence there is correlation between *Vataja Pratishyaya* and Allergic rhinitis.

In the present study the treatment given is proved cheap and effective without any complication in the management of this disease. In modern medical system a wide range of medicines are given but these are not so much effective in such chronic conditions. *Vyaghri Taila Nasya* should be given in routine OPD patients as these show good symptomatic relief to patients without any side effects.

In *Vyaghri Taila* ingredients also have same predominant properties as *Katu Rasa* (61.53%), *LghuGuna* (30%), *UshnaVirya* (88.88%), *KatuVipaka* (66.66%) and *KapkaVataShamaka* properties. The dominant *Rasa Katu* having properties like *GhranamAsravayati*, *ShwayathuAnupahanti*, *KrimiHinasti*, *MargaVivrinoti* as per *Ch. Su. 26*,^[16] helps a lot in reduction of signs and symptoms. The dominant *Guna* of drug is *Laghu*, that helps in relieving symptoms like heaviness. *LaghuGuna* relieves the oedema of nasal mucosa and clear the osteo-meatal complex. As the *Pratishyaya* is aggravated by cold food habits and environment conditions *UshnaVirya* help to combat with this precipitating factor. Also *UshnaVirya* help in reducing *Kapha* i.e. discharge or over secretions & help to reduce *Kapha* and *Vata*, so act against *Vata* and *Kapha* predominance of *VatajaPratishyaya*. *KatuVipaka* have same function as *Katu Rasa*.

Because of *Tikshana* and *SukshmaGunathe* medicine will penetrate into minute channels does *Srotoshodhana*. Most of ingredients possess anti-inflammatory activities which also prevent inflammatory process. Tail is best for *VataDosh*, so oil preparation may be best form for conditions like *VatajaPratishyaya* (Allergic Rhinitis).

The role of *ShringatakaMarma* in *Nasya Karma* can be interpreted in the following ways:

Overall result of therapy in present study is

Among 10 patients, 5 patients were moderately improved and 5 patients had marked improvement. There was no patient who was cured, mild improved or unimproved.

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