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EFFICACY OF VAIRECHANIKA DHOOMA NASYA IN THE MANAGEMENT OF MANYASTAMBHA

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ABSTRACT

Background: *Dhooma Nasya* is the inhalation of medicated smoke or fumes through the nose and exhalation of the same through the mouth. Vairechanika Dhooma Nasya is one among the three types of Dhooma Nasya which is used for the elimination of Dosha from the Urdwajatrupradesha. Manyastambha is a clinical entity marked by Stambha and Ruk in Manyapradesha, manifested by exacerbated Vata Dosha in the Manyapradesha with Avarana of Kapha Dosha. Therefore Vatakaphahara measures are used in the treatment of Vairechanika Dhooma Manyastambha. Nasya which is Vatakaphahara Nasya is indicated in Manyasthamba as it relieves the Kapha Avarana of Vata Dosha. Aims and objectives: The aims and objectives of the study were to evaluate the efficacy of Vairechanika

Dhooma Nasya in Manyastambha. Materials and Methods: The study is a pre and post-test clinical trial to assess the effectiveness of Vairechanika Dhooma Nasya in Manyastambha. Thirty patients who fulfilled the diagnostic criteria of inclusion were taken for the study. The assessments of the results were done on the basis of readings of subjective and objective parameters - Ruk, Stambha and Neck Disability Index (NDI) before the treatment, after the treatment and after follow up. Dhooma Nasya was assessed by Samyak Yoga, Ayoga and Atiyoga Lakshana during the period of procedure and on day 21. Results and Discussion: It was observed that all the parameters of the study - Ruk, Stambha and Neck Disability Index (NDI) showed statistical significance with p value <0.001. Conclusion: In this clinical study of thirty patients, the null hypothesis was rejected and the alternative hypothesis ie; there is

Lakshman et al.

significant effect of Vairechanika Dhooma Nasya in the management of Manyastambha was accepted.

KEYWORDS: Nasya Karma, Manyastambha, Vairechanika Dhooma Nasya.

INTRODUCTION

Dhooma Nasya is one among the five types of *Nasya Karma*^[1] where the medicated fumes from the *Dhooma Varti* are inhaled through the nose and is expelled out through the mouth. Among the three types of *Dhooma Nasya*, ^[2] *Vairechanika Dhooma Nasya* is administered for the elimination of *Dosha*.

Manyastambha is a clinical entity marked by Stambha and Ruk in Manyapradesha ie; there will be stiffness in the back of the neck and the neck movements are affected. Manyastambha is produced by exacerbated Vata Dosha in the Manyapradesha with Avarana of Kapha Dosha. So Vatakaphahara measures are used in the treatment of Manyastambha.

Among the three varieties of *Dhooma Nasya*, *Vairechanika Dhooma Nasya* which is a type of *Vatakaphahara Nasya* is considered in the management of *Manyasthamba* as it relieves the *Vata Kapha Avarana*. ^[3] *Dhooma Nasya* was performed by using the *Dhoomapana* procedure since the procedure of *Dhooma Nasya* is not specified in the classics. ^[5] The patient was instructed to breathe-in the *Dhooma* via one nostril while shutting the other and through the mouth it is expelled. Three times a day, the treatment was repeated.

In the fifth chapter of the *Charaka Samhita Sutrasthana*, *Acharya Charaka* describes *Murdha Virechana Dravya such as Swetha*, *Jyothishmathi*, *Haritala*, *Manashila*^[6] and *Gandha Dravya* like *Agaru*, *Patra*^[7] etc for *Dhoomapana* and these drugs are having *Vata Kaphahara* property. Using these drugs *Dhooma Varti*^[8] was prepared and was used for the procedure of *Dhooma Nasya*. In this study an attempt was made to explore the procedure of *Dhooma Nasya* and to evaluate its efficacy in *Manyastambha*.

Materials used for the study

i. Dhooma varti^[8]

Ingredients: Sweta, Jyotishmati, Agaru, Ela, Shallaki, Devadaru, Sati, Shringavera, Pippali, Sarshapa, Vacha, Surasa, Rasna, Pura, Dashamoola.

Preparation

50 g each of Sweta, Jyotishmati, Agaru, Ela, Shallaki, Devadaru, Sati, Shringavera, Pippali, Sarshapa, Vacha, Surasa, Rasna and Dashamoola were taken and grounded into a fine powder.

50g of *Guggulu* was melted by adding 200ml of water. The fine powder of drugs were taken in a big *Kalwa Yantra* and pounded by adding melted *Guggulu* and 3litres of water. Pounding was continued till the mixture attained the proper consistency.

Thirty 12cm long bamboo stick was taken and applied with medicinal paste in such a way that the middle part is thick and the end part is tapering by leaving 1cm on either side. Then it was kept in the shade to dry. After complete drying, the bamboo stick was taken out. A *Varthi* with two holes at the ends was obtained.



Photograph no. 1: Dhooma varti.

ii. Vairechanika dhooma netra^[9-10]

Dhoomanetra was prepared with silver. The thickness of the *Agrabhaga* was *Kanishtika Parinaha* (5 cm). The lumen was *Kalaya Matra* (approx. 0.9 cm). The thickness of the *Moolabhaga* was *Angushta parinaha* (6 cm). The lumen of the *Moolabhaga* was equal to the size of the *Varti*. The length of the *Dhoomanalika* was 27.2 cm. The total length of the *Dhoomanetra* was 24 *Angula* (43.2 cm).



Photograph no. 2: Vairechanika dhooma netra.

METHODS

1. Type of the study

The study was a pre and post-test clinical trial to assess the effectiveness of Vairechanika Dhooma Nasya in Manyastambha.

2. Source of data

The patients who attended the O.P.D and I.P.D of K.V.G Ayurveda Medical College and Hospital, Sullia, Dakshina Karnataka, having the signs and symptoms of *Manyastambha* were screened. Among these, 30 patients who fulfilled the below mentioned criteria of inclusion were taken for the study. The selected patient's detailed profile was prepared as per the detailed proforma designed for the same purpose, which incorporates relevant data like symptomatology, physical signs as well as assessment criteria.

3. Selection of patients

a) Diagnostic criteria

- 1. Ruk in Manyapradesha
- 2. Stambha in Manyapradesha

b) Inclusion criteria

- 1. Patients who has the classical Lakshana of Manyastambha.
- 2. Patients of both genders who are Nasya Yogya^[11] according to Ayurveda classics, irrespective of occupation and socio-economic status.
- 3. Patients in between the age group of 18 and 70 years of age.

c) Exclusion criteria

1. Patients who are *Nasya Ayogya*^[12] according to *Ayurveda* classics.

- 2. Patients with the association of other systemic disorders.
- 3. Patients below the age of 18 years and above 70 years of age.

Procedure^[13]

a) Poorva karma

Patient was made to sit in knee high chair.

b) Pradhana karma

- The Dhooma Varti was lit with fire and was held at the distal end of the Dhooma Netra and the patient was asked to inhale the Dhooma.
- The right side of the nostril was closed by pressing with the right index finger and then the patient was asked to inhale the *Dhooma* through the left nostril.
- Then the patient was asked to exhale the *Dhooma* through the mouth.
- This was repeated for three times by one nostril.
- The procedure was carried out to the opposite nostril by closing the left nostril with the
 left index finger and the smoke was made to inhale through nose and exhaled through the
 mouth.
- The procedure was repeated for three times.

c) Paschat karma

After *Dhooma Nasya* patient was advised to take rest for 5 Minutes.

Posology

Vairechanika Dhooma Nasya was done for a period of 7 days with *Dhooma Varti* in the dose of three puffs in each nostril, thrice in a day.

Study duration and follow up

- i. Nasya 07 days
- ii. Follow up 14 days
- iii. Total study duration 21 days

Observation period

- > Initially on the first day before treatment.
- > On the 7th day after treatment.
- > On 21st day for the last assessment.

Assessment criteria

The assessments of the results were done on the basis of readings of subjective and objective parameters before the treatment, after the treatment and after follow up. *Dhooma Nasya* was assessed by *Samyak Yoga*^[14] *Ayoga*^[15] and *Atiyoga*^[16] *Lakshana* during the period of procedure and on day 21. All the results were analyzed statistically for p value using paired student t test.

01. Subjective criteria

i. Ruk (VAS)

02. Objective criteria

- i. Stambha
- a. Flexion of cervical spine
- b. Extension of cervical spine
- c. Right lateral bending of cervical spine
- d. Left lateral bending of cervical spine
- e. Right lateral rotation of cervical spine
- f. Left lateral rotation of cervical spine
- ii. Neck Disability Index

Observations

Observation on demographic data

In this study, the maximum percentage of patients (33.3%) was observed between the age group of 51 - 60 years and in lower middle class with equal distribution in both the gender.

Observation on disease

In this study, 60% of patients had diffuse pain where 53.3% of patients experienced a gradual onset of pain, 13 people reported dull aching pain and 23 patients had complaints that lasted less than 6 months. 15 patients had *Vishamashana* because of work related irregular eating habits. In 12 individuals sleep disturbance were reported. *Mandaagni* was found in 11 patients. 10 patients had irregular bowel habits and 6 patients had constipation. There was swelling in the *Manyapradesha* in 9 patients, tenderness in 24 patients and a local rise in temperature in the *Manyapradesha* in 16 patients. 16 patients had continuous course of pain.

As *Poorva Roopa* 36.7% had stiffness, 30% had pain, 20% had pain and stiffness in *Manyapradesha* and 13.3% had *Shirashoola*.

Observation of vairechanika dhooma nasya karma

The *Dhooma Nasya* was carried out with *Dhooma Varti* prepared out of *Murdha Virechana Dravya*, three times a day for duration of seven days with *Vairechanika Dhooma Netra*. During the course of treatment patients had slight irritation in the nostril for the first two days and later on for the further days this was not observed. On the fourth and fifth day onwards the difference in the pain intensity and relieve of *Stambha* in the *Manyapradesha* were observed. Among the *Samyak Sirovirechana Lakshana*, in maximum number of patient's *Urolaghava* and *Shirolaghava* were observed in between third to seventh day of procedure. There were no complications or side effects observed throughout the study.

RESULTS AND DISCUSSION

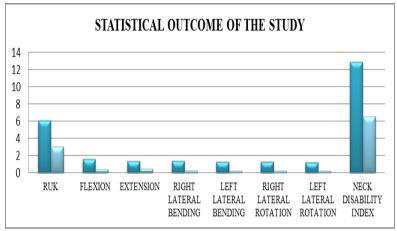
Paired t test was used for statistical analysis. It was observed that all the parameters of the study - *Ruk*, *Stambha* and Neck Disability Index (NDI) showed statistical significance with p value <0.001. The highest level of significance was observed in Ruk with t value of 17.5. Among the *Samyak Shirovirechana Lakshana*, in maximum number of patients *Urolaghava* and *Shirolaghava* were observed in between third and seventh day of therapy. It is evident that by relieving the *Ruk* and *Stambha*, the *Vairechanika Dhooma Nasya* is effective in the *Samprapthi Vighatana* of the disease *Manyastambha*.

The Statistical Outcome of the Study is shown in the Table No: 1 and is graphically presented in the Graph No: 1.

Table no. 1

Parameters	BT	AF	Net Mean	S.D	S.E	t value	p value	Remarks
RUK	6.06	3.1	2.96	0.92	0.16	17.51	< 0.001	HS
STAMBHA								
Flexion	1.6	0.46	1.3	0.5	0.09	12.31	< 0.001	HS
Extension	1.36	0.5	0.86	0.57	0.1	8.32	< 0.001	HS
Right Lateral Bending	1.4	0.3	1.1	0.4	0.07	15	< 0.001	HS
Left Lateral Bending	1.26	0.26	1	0.45	0.08	12.19	< 0.001	HS
Right Lateral Rotation	1.33	0.26	1.06	0.52	0.09	11.34	< 0.001	HS

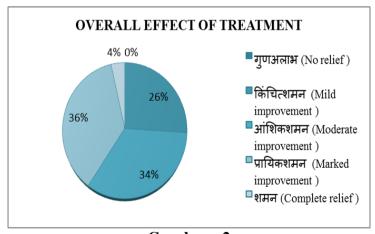
Left Lateral Rotation	1.23	0.26	0.96	0.41	0.07	12.88	< 0.001	HS
Neck								
Disability	12.9	6.56	6.33	2.36	0.43	14.65	< 0.001	HS
Index								



Graph no. 1

Overall effect of the treatment

In this present study of 30 patients, 8 patients had mild improvement, 10 patients had moderate improvement, 11 patients had marked improvement and 1 patient had complete relief. The overall effect of the treatment is 68.5%. The Overall Effect of the Treatment is graphically presented in the Graph No: 2.



Graph no. 2

Probable mode of action of nasya karma in manyastambha

According to Acharya Charaka, the drug administered through nose as Nasya reaches to the Uttamanga and eliminates the morbid Dosha residing there. In the commentary of Charaka Samhita, Chakrapani explains Nasya Karmukata by giving the simile of Munja and Ishika.

According to *Chakrapani*, drug administered as *Nasya* enters into *Uttamanga* and eliminates the vitiated *Dosha* residing in the *Shiras* similar to *Ishika* taken out from *Munja*.

Dhooma Nasya acts on Vata and Kapha Dosha. Because of the Sukshma Guna of the drugs, it enters the Srotas and by Ushna, Teekshna Guna it does the Vilayana of the Dosha and eliminates the Dosha through the nearer route. The medicine in the form of medicated fumes increases the bioavailability. The fumes are absorbed in blood by pressure difference and greater surface area. By the use of Vairechanika Dhooma Nasya in a dose of three puffs three times a day increases the absorption in maximum level.

On considering above discussed factors an appreciable effect of *Nasya Karma* is expected on *Roga* of *Shira*, *Jatru Urdhwa*, *Skanda* and *Greeva*, expelles vitiated *Dosha* from *Shiras* and strengthens the *Jatru Urdhwa Pradesha*, *Skanda* and *Greeva*.

CONCLUSION

In this present study, *Vairechanika Dhooma Nasya* was performed thrice a day by using *Vairechanika Dhooma Netra* for duration of seven days. The study revealed that the *Vairechanika Dhooma Nasya* has the therapeutic effects like *Vedana Shamana*, *Stambhahara*, *Srotoshodhana* properties. Among the *Samyak Sirovirechana Lakshana*, *Urolaghava* and *Sirolaghava* were observed in most of the patients in between third to seventh day of the *Dhooma Nasya*. There were no complications and side effects observed during the study period. In the statistical analysis, on effect of *Dhooma Nasya*, all the parameters - *Ruk*, *Stambha* & Neck Disability Index (NDI) showed statistical significance as p value was <0.001. On comparing the statistical values, *Ruk* has a higher level of significance with t value 17.5 in comparison to the values of other parameters. By this it can be concluded that the *Vairechanika Dhooma Nasya* is more effective in relieving *Ruk* when it is compared with other parameters. Therefore it can conclude that there is significant effect of *Vairechanika Dhooma Nasya* in the management of *Manyastambha*.

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1333

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