

A LITERATURE REVIEW ON THE NASYA KARMA IN AYURVEDA

Deepika Agrawal*¹ and Ashwini Sharma²

¹PG Scholar, Department of Panchkarma, Pt. Dr. Shiv Shakti Lal Sharma Ayurvedic College
Ratlam (M.P) – 457001.

²Associate Professor, Department of Panchkarma, Pt. Dr. Shiv Shakti Lal Sharma Ayurvedic
College Ratlam (M.P) – 457001.

Article Received on
24 October 2024,

Revised on 14 Nov. 2024,
Accepted on 04 Dec. 2024

DOI: 10.20959/wjpr202424-34909



*Corresponding Author

Deepika Agrawal

PG Scholar, Department of
Panchkarma, Pt. Dr. Shiv
Shakti Lal Sharma Ayurvedic
College Ratlam (M.P) –
457001.

ABSTRACT

Nasya is the paramount remedy employed for the treatment of urdhvajatrugata ailments. In certain contexts, it has been designated as the primary procedure in the sequence of Panchakarma, as referenced in the Apamargatanduliya adhyaya in Charaka Samhita Sutrsthana. Nasya is advantageous not only for urdhvajatrugata disorders but also for some systemic ailments such as kampavata and hikka, as well as for pumsavana karma. Nasya karma is primarily categorized based on its pharmacological activity, medicinal form, and the specific portion of the substance utilized, each possessing distinct characteristics. The references pertaining to Nasya karma were gathered, analyzed, and interpreted. There are five methods for distinguishing the different forms of nasya karma: Dravya bhedanushara, Prayoga bhedanushara, Matra bhedanushara, Karma bhedanushara, and Ashraya bhedanushara. The diverse classifications of nasya by various Acharyas are founded on these five forms. Vagbhata's idea of dvividhopakramaniya

underscores its significance, since this classification of chikitsa effectively categorizes disorders into santarpanajanya vyadhi and apatarpanajanya vyadhi. Nasya karma, in its whole, facilitates the delivery of medication to the targeted site, subsequently either eliminating the doshas responsible for disease manifestation or nourishing the affected area. Sarangdhara's classification of nasya into Karshana and Brimhana serves as the foundational categorization, as the therapeutic techniques are bifurcated into Langhana and Brimhana. All other classifications and types of nasya can be categorized under the two headings of Langhana and Brimhana.

KEYWORDS: Ayurveda, Panchakarma, Nasya, Urdhvajatrugata, Nasal administration.

INTRODUCTION

Each individual's constitution possesses a distinct equilibrium of vata, pitta, and kapha reflective of its inherent essence. When this doshic equilibrium is disrupted, it results in imbalance, constituting chaos. The internal environment is regulated by vata, pitta, and kapha, which continuously interact with the external world. Inappropriate diet, habits, lifestyle, incompatible food combinations, seasonal variations, suppressed emotions, and stressors can together or individually disrupt the equilibrium of vata, pitta, and kapha. The nature of the cause leads to the aggravation or derangement of vata, pitta, or kapha, which impacts agni and results in the formation of ama. To halt the continued generation of ama, Ayurveda recommends implementing a suitable diet, adopting optimal lifestyle habits and exercise, and performing a comprehensive cleansing regimen known as Panchasodhana/Panchakarma. Panchakarma offers a distinctive methodology within Ayurveda, comprising five meticulously crafted treatments for the internal cleaning of the body via the most direct routes available. This purification enables the biological system to achieve homeostasis and regenerate swiftly, while also enhancing the intended pharmacotherapeutic benefits of subsequently delivered medications. Panchakarma serves a comprehensive therapeutic function as a promotive, preventative, and curative technique.^[1]

Prana, the life force that enters through the breath, remains at the center of our Ayurvedic practice, as it always has been. Taking care of one's respiratory system is the first step toward optimal health, and the nose is the portal through which Prana (life force energy) enters the body. It is important to clean and nourish the nasal passages in order to restore and balance Prana, just as one would sweep and clean the entryway of their home before guests arrive. Numerous positive side effects for human health are available as a result of this. The practice of Nasya entails nourishing the sinuses, nose, throat, and head by means of the application of medicinal herbs, decoctions, oils, etc. to the nasal passages. In the treatment of urdhvajatrugata illnesses, nasya is the most essential therapy. Apamargatanduliya adhyaya of Charaka Samhita Sutrsthana is one example of a site where it is considered the first in the Panchakarma sequence. The nose is the portal to the head, says Charaka. The medicine, when inhaled as nasya, penetrates the brain and kills the disease-causing morbid dosas. Some systemic disorders, such as kampavata, hikka, etc., and pumsavana karma, as well as urdhvajatrugata rogas, can be helped by nasya. The primary ways in which nasya karma is

categorized are according to its pharmacological activity, medicine form, drug part used, etc., and each of these categories has its own unique characteristics.

MATERIALS AND METHODS

The references regarding the Nasya karma were collected, analysed and interpreted.

CLASSIFICATION BY CHARAKA

In Charaka Samhita The five forms of nasya karma were categorized by Samhita Siddhithana Trimarmiyasiddhi adhyaya as follows: Navana, Avapida, Dhmapana, Dhuma, and Pratimarshi. In order to give someone Navana, a pranadi or pichu is used to inject a certain amount of medicated sneha into both nostrils. The two subtypes, Snehana navana and Sodhana navana, are based on the medicinal use of the substance. A sneha that has been processed with any of the vatapittahara dravyas stated in the classics can be used with snehana navana to produce the snehana effect. Sodhana navana relies on sneha made from shirovirechaka dravyas such as Apamarga, Pippali, Shigru, and others. For this remedy, fresh herbs are ground into a paste and strained to release their juice. A little of this liquid is then placed into the nostrils. The name of this special method of pharmaceutical administration is Avapida Nasya. Essentially, there are two varieties: Sodhana avapida and Stambhana avapida. Utilize the kalka or kwatha of tikshna dravyas such as saindhava, pippali, vidanga, etc., for the aim of sodhana. Sharkara, ikshurasa, kshira, kshaudra, mamsarasa, and other stambhana medicines are utilized for this purpose. The process of Dhmapana Nasya involves inhaling a fine powder of medicinal substances. It detoxifies the deha srotas by getting rid of the bad dosas. No other classification applies to it. Two ways, the Nadi method and the Pottali method, are used to administer dhmapana nasya. One kind of nasya karma that Charaka discussed is dhuma nasya. Using the Dhuma yantra, one can perform Dhuma nasya, an inhalation of medicinal fumes via the nose and an exhalation through the mouth. The inhalation of fumes through the mouth is more accurately described as Dhumapana than Dhuma nasya. Three distinct varieties exist, each distinguished by the medications used: Prayogika/Shamana, Snaihika, and Vairechanika. The Pratimarsha nasya method involves administering a little, precisely measured quantity of medicated sneha through the nose. They say it's the easiest and most tolerable nasya method because it doesn't cause any pain or problems. To administer it, one dips the index finger into the prescribed medicinal sneha and then drops it into one's nasal passages.^[2]

In the same chapter (Siddhithana Trimarmiyasiddhi adhyaya), Charaka divided nasya karma into three categories: Rechana, Tarpana, and Shamana, according to their actions. One definition of rechana nasya is the practice of removing vitiated dosas from urdhvajatru bhaga through the nasal administration of medicine. You can utilize churna or make sneha to take drugs like apamarga, pippali, maricha, etc. You can also take it with the shirovirechana medications prescribed for your specific illness, or dissolve them in madya, saindhava, asava, pitta, or mutra. Other possible preparations include tikshna sneha, kwatha, churna, or swarasa. The goal of the nasya karma technique known as "tarpana nasya" is to nourish the areas above the jatru region. You can use the sneha that is made from vatapittahara or madhura skandha herbs. Shamana nasya, as its name suggests, is a kind of nasya karma used to relieve severe dosas in the jatru region. Depending on the patient's state, sneha, swarasa, kshira, etc., can be employed.^[3]

The seven parts of the drugs used in nasya karma (ashrayabhedana) are phala (fruit), patra (leaf), mula (root), kanda (rhizome), pushpa (flower), niryasa (exudate), and twak (bark), as described by Charaka in his Samhita Vimanasthana Rogabhishakjitiya adhyaya.^[4]

CLASSIFICATION BY SUSHRUTA

In the Susruta Samhita, specifically in the Chikitsasthana Dhumanasyakavalagrahavidhi chapter, Acharya Susruta categorizes nasya karma into two primary classifications: Shirovirechana and Snehana, which are further subdivided into five types: Nasya, Shirovirechana, Pratimarsha, Avapida, and Pradhamana. Shirovirechana is categorized into three types: Shirovirechana, Avapida, and Pradhamana, whereas Snehana is classified into Nasya and Pratimarsha. The word Nasya encompasses all five methods, as they all entail nasal administration of medication.^[5]

Indications^[6]

- Any age
- Sukumara
- Bala
- Vridhta
- Trishna Pidita
- Mukhashosha
- Bhiru
- Weak patients

- Kshtakshama
- Valita and Palita
- Even in not suitable time & season i.e. in Varsha and Durdina

Contraindications

- Utklishta Doshas
- Dushta Pratishyaya
- Badhirya (deafness)
- Madhyapi (drunkers –habitual)
- Krimija Shiroroga
- Bahudosha

Time for giving Nasya

Charaka states that Nasya should typically be administered during the seasons of Pravrita, Sharada, and Vasant. In emergencies, it can be administered in any season by creating artificial settings corresponding to the aforementioned seasons; for instance, Nasya can be administered in cold environments during summer and in warm environments during winter.^[7]

Dose of Nasya Karma

Acharaya Charaka has not specified the dosage for Nasya. Sushruta and Vagbhata have specified the dosage in terms of Bindus (drops), where one Bindu refers to the drop produced after immersing the two phalanges of the index finger (Pradeshini).^[8]

Administration of Nasya

1) Purvakarma

- Prior to administering Nasya, the materials and equipment must be arranged accordingly. A designated room, "Nasya Bhavana," should be constructed to be free from environmental influences such as direct airflow and dust, and adequately illuminated. The subsequent articles should be compiled therein.
- Nasya Aushadhi – The substances necessary for the induction and management of Shirovirechana should be assembled in the forms of Kalka, Churna, Kwatha, Kshira, Udaka, Sneha, Asava, Dhuma, etc., in enough quantities.
- Nasya Yantra - For Snehana, Avapida, Marsha, and Pratimarsha Nasya, a dropper or Pichu is required. Pradhamana Nasya necessitates Shadangula Nadi and a special

Dhumayantra for Dhum Nasya. In addition, one requires an efficient assistant, dressing materials, spittoons, bowls, napkins, and towels.^[9]

Selection of the patient

- Patient preparation: In accordance with Sushruta's description, regimens are administered to the patient to prepare for Nasya Karma.
- The patient should have eliminated his natural desires, such as urination and defecation.
- He need to have finished his daily routines, such as cleaning his teeth and bathing.
- A light breakfast is recommended one hour before Nasya karma.
- The patient is now prepared for Nasya karma. He should recline on the Nasya table. Prior to Nasya, Mridu Abhyanga (massage) should be administered on the scalp, forehead, face, and neck for 3 to 5 minutes using medicated oils such as Bala Taila or Panchaguna Taila.

Snehapana

should not be given immediately before Nasyakarma.

Swedana

Mridu Swedana may be administered for the removal and liquefaction of Doshas. Tapa sweda may be used to the regions of Shira, Mukha, Nasa, Manya, Griva, and Kantha. A cloth immersed in hot water may be beneficial for Mridu Sweda. Following Swedana, a gentle massage should be administered to the areas of Gala, Kapola, and Lalata.^[10]

2) Pradhana Karma

- Charaka, Vagbhat, and Sushrut recommend the following process for executing Nasya Karma.
- The head (Shira) should be in a "Pralambita" position (lowered or hanging down), while the feet are slightly elevated.
- The head should not be too flexed or stretched.
- If the head is not inclined, the nasal medication may not reach the intended area, and if it is tilted excessively, there is a risk of the medication becoming lodged in the brain.
- The physician should cover the eyes with a clean cotton cloth, elevate the tip of the patient's nose with the left thumb, and administer the lukewarm medication (Sukhoshna drug) into both nostrils alternately in a suitable manner using the right hand.
- The dosage of the drug must be precisely calibrated, neither reduced nor increased.

- It should be neither excessively hot nor excessively chilly. That is, it should be lukewarm. The patient must maintain a state of relaxation when administering Nasya. He should refrain from speaking, expressing wrath, sneezing, smiling, and shaking his head during Nasya Karma.

3) Paschat Karma

Charaka, Ashtanga Hridaya, and Sushruta recommend adhering to the following regimen. Following the administration of medication via the nasal channel, the patient should remain supine (Uttana) for approximately two minutes and be instructed to count to 100. Following the administration of Nasya, the feet, shoulders, palms, and ears should be massaged.

- The patient should refrain from ingesting Nasya Aushadhi.
- The oil introduced into the nasal cavity may be systematically expelled together with the pathological Doshas, particularly mucus; the patient should evacuate it by sneezing gently.
- Ensure that no residue of the medicinal oil remains.
- The patient should expel the extra medication that has entered the oropharynx.
- Medicated Dhumapana and Gandusha are recommended to eliminate residual mucus accumulated in the Kantha (gullet) and Shringataka.
- The patient should remain in a sheltered location devoid of wind. A light meal (Laghu Aahara) and lukewarm water (Sukhoshna Jala) are permitted.^[11]

OBSERVATIONS AND ANALYSIS

Mechanism of action

Acharya	Types	Classification
Charaka	3	Rechana, Tarpana, Shamana
Vagbhata	3	Virechana, Brimhana, Shamana
Kashyapa	2	Brimhana, Karshana
Bhavamishra		
Sarangadhara	2	Rechana, Snehana
Bhoja	2	Prayogika, Snaihika

Method of Administration

Acharya	Types	Classification
Charaka	5	Navana, Avapidana, Dhmapana, Dhuma, Pratimarsha
Chakradatta	5	Navana, Avapidana, Dhmapana, Dhuma, Pratimarsha
Vangasena	5	Navana, Avapidana, Dhmapana, Dhuma, Pratimarsha
Susruta	5	Sirovirechana, Pradhamana, Avapida, Nasya, Pratimarsha

DISCUSSION

The aforementioned descriptions clearly delineate five methods for distinguishing the various forms of nasya karma: Dravya bhedanusara, Prayoga bhedanusara, Matra bhedanusara, Karma bhedanusara, and Ashraya bhedanusara.

Charaka's categorization of nasya karma into Navana, Avapida, Dhmapana, Dhuma, and Pratimarsha, along with the classifications of Susruta and Bhela, appears to be predicated on the nature of the preparation employed or the method of administration. For instance, in Avapida nasya, the designation suggests that the juice derived from kalka is utilized for nasya karma. Pradhamana is designated as such due to the necessity of blowing. Vagbhata has delineated Marsha and Pratimarsha primarily based on dosage differentiation. All nasya karma variations described by various Acharyas can be categorized under Charaka's classification alone.

Charaka and Vagbhata have categorized nasya karma into three categories based on pharmacological action: Virechana/Rechana, Brimhana/Tarpana, and Shamana. Sushruta and Sarangdhara have excluded Shamana from their classification and categorized nasya karma into two groups: Shirovirechana and Snehana. Kashyapa identified the Brimhana and Karshana classifications of nasya. Acharya Videha delineated two categories of nasya karma based on their pharmacological effects: Sajnaprabodhana and Stambhana. Chakrapani asserts that all these categories can be categorized exclusively under the following classification. Rechana nasya includes Shodhana navana, Shodhana avapida, Pradhamana, Vairechanika dhuma, Shirovirechana, Sajnaprabodana, and Karshana. Tarpana nasya includes Snehana navana, Snaihika dhuma, Pratimarsha, Nasya, Anuvasa, Marsha, and Prayogika. Shamana nasya includes Stambhana avapida, Shamana dhuma, and Stambhana.

Vagbhata's idea of dvividhopakramaniya underscores its significance, since this classification of chikitsa effectively categorizes disorders into santarpanajanya vyadhi and apatarpanajanya vyadhi. Therefore, to handle santarpanajanya diseases, apatarpana/langhana is the management approach, while for apatarpanajanya diseases, santarpana is the management approach. The term Brimhana denotes the application of chemicals and methods that promote bodily growth. The method or agents that induce lightness in the body are referred to as Langhana. All Panchakarma processes, with the exception of anuvasana, are predominantly langhana in character. However, the nasya and basti therapies have both langhana and brimhana characteristics, contingent upon the substances employed.^[12]

Nasya karma, in its whole, facilitates the delivery of medication to the targeted place, subsequently either eliminating the doshas responsible for disease manifestation or nourishing the affected region. Sarangdhara's classification of nasya into Karshana and Brimhana serves as the foundational categorization, as the therapeutic methods are bifurcated into Langhana and Brimhana. In his commentary on the classification of nasya karma in Charaka Samhita Siddhisthana, Chakrapani similarly asserts that nasya can be broadly categorized into Karshana and Snehana. All additional classifications and types of nasya can be categorized under these two categories.

CONCLUSION

Nasya karma, one of the Panchakarma therapies, holds significant importance as it addresses the vital organ, the Shiras, and is the preferred treatment for Urdhwajatrugata vikaras. Acharyas categorized nasya into many types based on distinct parameters, tailored for specific conditions, and fundamentally, all nasya types may be divided under the categories of dvividha upakrama: Langhana and Brimhana.

REFERENCES

1. Vasant C. Patil, Principles and Practice of Panchakarma, Published by Chaukamba Publications, 2012; p. 1, 6, 7.
2. Agnivesha, Charaka Samhita, Siddhisthana, 9th chapter, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chaukamba Orientalia, Varanasi, Reprint, 2006; p.738.
3. Agnivesha, Charaka Samhita, Siddhisthana, 9th chapter, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chaukamba Orientalia, Varanasi, Reprint, 2006; p.738.
4. Agnivesha, Charaka Samhita, Vimanasthana, 9th chapter, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chaukamba Orientalia, Varanasi, Reprint, 2006; p.327.
5. Susruta, Susrutha Samhita, Edited by Vaidya Yadavji Trikamji Acharya, 9th edition, 2010, Published by Chaukamba Orientalia. Varanasi, p.824.
6. Pt. Kashinathshastri and Dr. Gorakhanathchaturvedi, CharakaSamhita of charaka with Vidyostini Hindi Commentary, Siddhisthana, Reprint edition; chapter 9 versus 91, Varanasi: Chaukhambhabharati academy, 2013; 1070.
7. Agnivesa Charaka Samhita with the AyurvedDeepika Part-II Comm. Chakrapanidatta ChaukhambhaSurbharati Prakashan Varanasi, reprint Siddhi sthana chapter 9 versus, 2012; 92: 1086.

8. Pt. Kashinathshastri and Dr. Gorakhanathchaturvedi, CharakaSamhita of charaka with Vidyostini Hindi Commentary, Sutra sthana, Reprint edition; chapter 5 versus 28-32, Varanasi: Chaukhambhabharati academy, 2013; 118.
9. Vagbhata, Ashtanga Sangraha edited by Shiv Prasad Sharma, Sanskrit Commentary by Indu shasilekha, Chaukhambha Sanskrit Prakashan Varanasi, reprint Sutrasthana chapter 29 versus, 2006; 20: 539.
10. Ashtanga Hridaya of Vagbhata – Sarvanga Sundari Comm. Arunadatta, Edited by Pt. hari Sadasiva satri paradakara, Chaukhambha Surbharati Prakashan Varanasi, reprint Sutra sthana, chapter 20 versus, 2014; 13-16: 290.
11. AmbikadattShastri, SushrutaSamhita of Sushruta with Ayurveda TatvaSandipika Hindi Commentary, Chikitsa sthana, Reprint edition chapter 40 versus 24, Varanasi: Chaukhambha Sanskrit Sansthana, 2009; 225.
12. Vagbhata, Ashtanga Sangraha edited by Shiv Prasad Sharma ,Sanskrit Commentary by Indu shasilekha, Chaukhambha Sanskrit Prakashan Varanasi, reprint Sutrasthana chapter 29 versus, 2006; 2: 223.