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MODIFIED DHUMA NASYA YANTRA

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ABSTRACT

Ayurveda, the ancient Indian system of medicine, describes numerous therapeutic procedures that employ specifically designed instruments (Yantras). Among these, Dhūma Nasya—the controlled inhalation of medicated fumes—is a distinctive procedure indicated in Ūrdhwajatrugata disorders such as Kaphaja Pratiśyaya, Śiroroga, and Netra Roga. Classical texts, describe the Dhūma Netra (or Dhūma Nālikā) as the traditional instrument used for this therapy. However, conventional designs and improvised substitutes (like rolled paper cones or direct use of Dhūmavarti) present major limitations—risk of burns, emission of toxic fumes, uncontrolled smoke flow, and difficulty in standardization. To overcome these challenges, a Modified Dhūma Nasya Yantra was developed based on classical references, expert consultations, and practical considerations for modern clinical use. Instrument modification improves the utility of instruments for specific procedures. It increases durability and ensures long-term use. Modification enhances precision and efficiency during treatment. The redesigned instrument, fabricated from brass for its durability and non-reactivity, comprises three detachable parts—Agrabhāga (inhalation end), Dhūma Nālikā (central tube), and Mūlabhāga (L-shaped base)—along with three Karnikās (Triparvikā) that divide the Nālikā into three chambers (Trikhanda). These structural innovations ensure regulated smoke flow, temperature moderation, and enhanced patient safety. The classical therapeutic lengths—Vairechanika (24 Aṅgula), Snaihika (32 Aṅgula), and Prayogika (48 Aṅgula)—are preserved to maintain

traditional pharmacodynamic principles. This modification harmonizes classical authenticity with contemporary feasibility, ensuring safety, sterility, and reproducibility. The Modified Dhūma Nasya Yantra enables standardized administration of Dhūma Nasya Karma, minimizes procedural hazards, and re-establishes the clinical and research relevance of this classical Ayurvedic therapy in modern practice.

KEYWORDS: Modification enhances precision and efficiency during treatment.

INTRODUCTION

Pañcakarma is regarded as an important tool both for the preservation of health and for the eradication of diseases from their root. Among these therapies, Nasya Karma is unique as it specifically targets the organs situated above the clavicle by administering medicated formulations such as ghee, oil, powders, decoctions, or smoke through the nasal passages. The classics emphasize that "Nāsa hi śiraso dwāram"[1]-the nose is the gateway to the head-hence the nasal route serves as a direct pathway to influence the śhiras and associated structures. Among the various forms of Nasya, Dhūma Nasya[2] has been described in detail by Ācārya Charaka.

The procedure of Dhūma Nasya is traditionally carried out with the help of a specific instrument known as Dhūmanetra. Classical texts provide elaborate descriptions of its structural features, materials, dimensions, and functional divisions, linking them to therapeutic intent. The design of Dhūma netra is not merely mechanical; it reflects a sophisticated understanding of pharmacodynamics, anatomical pathways, and patient safety. Factors such as the material of construction, length of the tube, and division into multiple chambers were carefully prescribed to regulate smoke flow, modulate temperature, and prevent irritation of the sense organs.

Despite its detailed description and therapeutic relevance, Dhūma Nasya remains underutilised in contemporary Ayurvedic practice. Practical difficulties in replicating the classical instrument, limitations in procuring materials, and challenges of standardisation have contributed to its reduced application.

To overcome these drawbacks, a modified Dhūmanetra has been developed using brass, designed in three detachable parts with threading and Karnikās for regulation of smoke flow. This modification preserves classical authenticity while ensuring safety, durability, ease of

use, and clinical feasibility, thereby enabling the effective reintroduction of Dhūma Nasya in present-day practice.

MODIFIED DHUMA NASYA YANTRA

- On the basis of the above classical references, an attempt has been made to standardize the Dhūma Nasya Yantra with certain modifications.
- These changes are incorporated to facilitate its practical application while still adhering to the fundamental principles laid down in classical texts.
- Designed in such a way that it makes sure Dhuma (fumes) is inhaled properly.

Need For Modification

In the current scenario, folded chart paper and Dhūmavarti itself are commonly used for Dhūmapāna and dhuma nasya. However, these practices pose several limitations: interaction of chemicals with smoke may lead to the emission of toxic fumes; there is an increased risk of burns; and the duration and volume of smoke cannot be regulated according to the patient's requirement.

Owing to these factors, despite its wide therapeutic benefits, the procedure is not routinely practiced in clinical settings. Therefore, an attempt has been made to modify the structure and material of Dhūma Yantra with the guidance and suggestions of experts, so as to facilitate its wider application in practice and to enhance patient benefit**.**

MATERIALS

The Brass[3] material is used in the preparation of Dhumanetra.

- **Non-reactive and stable**: Brass does not readily react with the constituents of Dhūmavarti preparations, reducing the risk of chemical alteration of medicated fumes.
- **Durability & longevity:** Resistant to corrosion and mechanical wear; suitable for repeated heating and sterilization cycles common in clinical use.
- **Workability:** Allows precise machining (thin orifices, threads, Karnika rings) that meet classical size requirements while permitting modern manufacturing tolerances.

Components of Modified Dhūma Nasya Yantra

The modified Dhūma Nasya Yantra has been designed in three distinct parts

- Agrabhaga
- Moolabhaga

- Nalika – along with with three Karnikas (Triparvikā) that divide the nalika into three sections (Trikhanda). In the modified version, threading has been introduced for detachable assembly and easy maintenance.

AGRABHAGA

The Agrabhaga is the anterior portion of the Dhuma Yantra, made separate and common for all three types of Dhumanalika (Vairechanik, Snaihika, and Prayogika).

The Agrabhaga resembles Gopucchakara (the tail of a cow), with the circumference equal to the size of the little finger (Kanishthika parinah).[4]

Specifications

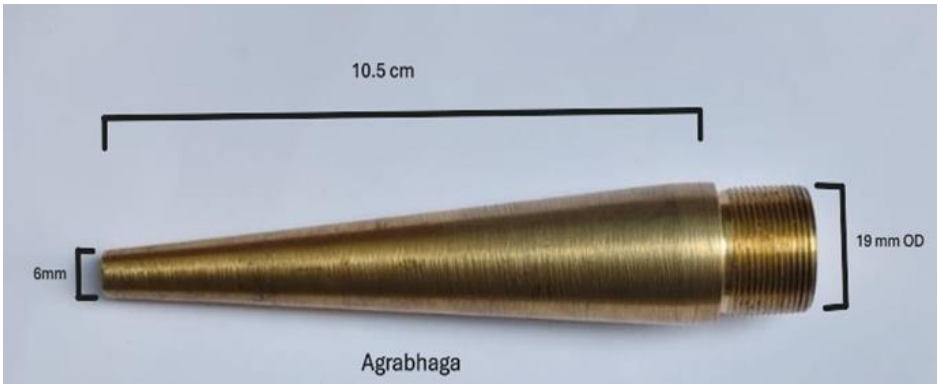
Thickness: equivalent Kanisthika Prinaha to the little finger.

Orifice: equal to the size of a Kalaya pulse (~6 mm), permitting smooth passage of medicated smoke.

Design: the front portion is slightly elongated & tapering towards inhalation end to facilitate patient comfort, ensures even flow of smoke.

Karnika attachment: The first Karnika is attached to the other end of Agrabhaga for connecting with the nalika

Thus, Agrabhaga serves as inhalation part of yantra, ensures proper regulation of smoke (dhuma)



First Karnika Attached with other end of agrabhaga and connects with other nalika

DHUMA NALIKA

The Dhuma Nalika is the tubular middle portion, connecting the Mulabhaga (wick holder) to the Agrabhaga (inhalation end). Its length varies according to the therapeutic indication.

Dimensions as per Sushruta Samhita (converted into cm).

Types	lenghth in angula	lenghth in cm
Vairechanika	24 Angula	42.5cm
Snaihika	32 Angula	56cm
Prayogika	48 Angula	85cm

Modification

Threading has been introduced at both ends of the Nalika to allow easy attachment with Agrabhaga and Mulabhaga.

This innovation ensures

a. Secure fitting during treatment.

b. Facility to interchange Nalikas of different lengths based on therapeutic use.

c. Convenience in dissembly, cleaning, and reassembly.

Thus Dhuma Nalika Functions as the connecting channel that directs medicated fumes from the ignited wick to the inhalation end.

Snaihika Dhuma Nasya Yantra

Intended for Snehana (unctuous) or soothing action.

The moderate length allows partial cooling and dilution of the medicated fumes before reaching the nasal passages, thus avoiding irritation.

This design promotes gentle lubrication, alleviating dryness and irritation of the mucosa, and is suitable for chronic or Vātaja conditions.

It provides a balanced thermal and pharmacological effect, aligning with the mild, nourishing purpose of Snaihika Dhūma.

Prayogika Dhuma nasya Yantra

Used for daily or preventive practice (Dinacharya) in healthy individuals.

The longest Nālikā allows greater cooling and diffusion, ensuring mild, pleasant, and safe inhalation even with frequent use.

This minimizes the risk of irritation or excessive stimulation of the nasal mucosa, maintaining nasal hygiene and preventing Kapha accumulation.

The design reflects a preventive, maintenance-oriented approach, suitable for routine application.

Vairechanika Dhuma nasya yantra

Designed for Śodhana (purificatory) or eliminative therapy.

The shorter length ensures strong, concentrated, and warm fumes reach the nasal and nasopharyngeal mucosa quickly, producing prompt expulsion of vitiated Doṣhas.

It provides maximum potency and minimal cooling, which is essential for effective cleansing.

Classical texts describe that Dhuma should be administered "till aggravated Kapha and Vāta are expelled," justifying the use of a shorter Nālikā to retain heat and therapeutic strength.

Measurements

Types of Dhuma Netra	Agrabhaga	Nalika	Mulabhaga	Total Lenghth	1angula-1.73cm [5]
Vairechanika	10.5cm	25cm	7cm	42.5cm	24A
Snaihika	10.5cm	38.5cm	7cm	56cm	32A
Prayogika	10.5cm	67.5cm	7cm	85cm	48A

The progressive increase in the length of Dhūma Netra from Vairechanika → Snaihika → Prayogika represents a graduated balance between potency and comfort.

KARNIKA IN DHUMA NETRA

Dhuma Nadi is divided into three sections (Trikhandā) and contains three Karnikas or ring-like joints (Triparvikā).

Placement: The three Karnikas are positioned at intervals along the Nalika, dividing it into three chambers.

1. **First Karnika** - Near Mulabhaga
2. **Second Karnika -** Middle of Nalika
1. **Third Karnika –** Near Agrabhaga

Benefits of Karnika

- **Filtration:** The three chambers created by Karnikas produce turbulence and allow heavier particulate matter to settle, lowering irritant load and temperature of fumes reaching the nose**.**
- **Protects sensory organs:** By attenuating intensity, Karnikas reduce risk of mucosal injury, reflex coughing, lacrimation, or nasal burning—aligning with the classical aim of protecting the indriyas when administered in proper mātra and kāla.
- **Dose modulation:** Chambers act as partial reservoirs that moderate instantaneous smoke flux, contributing to a smoother, controlled inhalation profile.

MULABHAGA

The Mulabhaga forms the basal portion of the instrument, where the Dhūma Varti (medicated wick) is placed and ignited. This part is also common to all three types of Dhumanalika.

Specifications

Mulabhaga is of the thickness of the thumb (Angushtha parinah), designed to insert the Dhuma Varti.

Shape: Slightly bent, L-shaped at the base.

Function: The curvature provides firm placement of the Dhuma Varti, preventing dislodgement.

Advantage: Keeps the wick ignited throughout the procedure, ensuring continuous generation of medicated fumes.

Thus, Mulabhaga serves as the ignition and wick-holding site of instrument.

Attachement of third Karnika at other end of Mulabhaga

PARTS OF INSTRUMENT

Sl.no	No Part of Instrument	Material Used	Purpose / Function
1	Agrabhāga	Brass	For inhalation of medicated fumes
2	Dhūma Nālikā (Triparvikā) Channel for transmission of medicated fumes	Brass	Threaded & detachable
3	Mūlabhāga (L shaped)	Brass	To hold and ignited Dhūmavarti
4	Karnika (3 in number)	Brass rings	Divides the Nālikā into three chambers (Trikhaṇḍa)

DISCUSSION

The present modification of Dhūmanetra was undertaken with the intention of overcoming the limitations encountered in contemporary clinical practice. Traditionally, practitioners resort to the use of folded chart paper or Dhūmavarti itself for Dhūmapāna and Dhūma Nasya, which compromises both efficacy and safety. The interaction of chemicals present in chart paper with medicated smoke results in the release of toxic fumes, thereby reducing therapeutic acceptability. Additionally, such methods are prone to burns and fail to regulate the quantity and duration of smoke administration, leading to variability in therapeutic outcomes.

The classical texts, provide detailed descriptions regarding the structure, dimensions, and functional divisions of Dhūmanetra. However, difficulties in procuring the recommended materials, along with the impractical length of Pravogika Dhūmanetra, have hindered its clinical use. These challenges warranted structural and material modification while preserving the fundamental classical design.

Brass was chosen for fabrication due to its durability, non-corrosive nature, eco-friendliness, and lack of reactivity with Dhūmavarti ingredients. The instrument has been redesigned into three detachable components-Agrabhāga, Mūlabhāga, and Nālikā-with threaded joints ensuring easy assembly, disassembly, and cleaning. The inclusion of three Karnikas

(Triparvikā) divides the Nālikā into three chambers, creating turbulence that slows down the smoke flow, thereby reducing its intensity and protecting the sense organs from irritation. This also minimizes the risk of inducing cough or discomfort during therapy.

Further, the modified Nālikā allows interchangeable use of different lengths (24, 32, and 48 Angulas) ding to the therapeutic indication-Vairecanika, Snaihika or Prayogika-thus ensuring adherence to classical principles while enhancing convenience. The Agrabhāga is designed tapering and elongated, facilitating smooth inhalation, while the L-shaped Mūlabhāga ensures steady ignition of the wick and continuous smoke generation.

Thus, the present modification retains classical authenticity while integrating practical innovations.

CONCLUSION

The modification of Dhūmanetra addresses major challenges faced in current practice, such as emission of toxic fumes, risk of burns, impractical dimensions, and difficulty in cleaning and reassembly. By employing brass as the material, introducing detachable parts with threading, and incorporating three Karnikas for regulation of smoke intensity, the redesigned instrument ensures both adherence to classical guidelines and alignment with modern clinical needs.

The modified Dhūmanetra is safe, durable, easy to handle, and adaptable for different therapeutic indications. It not only enhances patient comfort and practitioner convenience but also revives the practical utility of a classical Ayurvedic procedure that was otherwise underutilized. With these modifications, Dhūmapāna and Dhūma Nasya can be more widely practiced in contemporary Ayurvedic clinical settings, ultimately contributing to improved patient outcomes.

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