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Exploring Dhumapana: The ancient art of Ayurvedic inhalation for health

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ABSTRACT

Prayogika Dhumapana is a traditional Ayurvedic practice involving the inhalation of medicinal smoke derived from specific herbs and minerals, aimed at maintaining health and treating ailments, particularly those related to the Kapha and Vata Dosha in the Urdhva Jatru. Rooted in ancient Ayurvedic texts such as the Caraka Samhita and Sushruta Samhita, Prayogika Dhumapana is known for its efficacy in managing respiratory conditions, chronic cough, sinusitis, headaches, and stress-related disorders. This therapeutic approach utilizes the rapid absorption of bioactive compounds through the respiratory mucosa to provide immediate relief and therapeutic effects. Although traditionally practiced, Prayogika Dhumapana has potential for integration into modern clinical settings, with preliminary research indicating its benefits in managing chronic respiratory issues, migraines, and allergic rhinitis. However, further rigorous clinical trials are necessary to validate these findings and develop standardized treatment protocols. The practice of Prayogika Dhumapana exemplifies the convergence of ancient Ayurvedic wisdom with contemporary scientific inquiry, offering a holistic approach to health and well-being. Continued research and clinical evaluation will be essential to fully harness its therapeutic potential and ensure its safe application in modern healthcare.

Key words: Ayurveda, Ayurvedic Inhalation, Dhumapana, Health.

INTRODUCTION

Dhumapana, an integral component of the Ayurvedic Dinacharya (daily regimen), offers a multitude of health benefits as documented in classical Avurvedic texts. This therapeutic practice entails the inhalation of smoke derived from medicinal herbs and minerals, prepared according to precise methodologies outlined in the ancient Ayurvedic scriptures, or Samhitas. Rooted in millennia-old traditions, Dhumapana is primarily aimed at preventing and treating disorders associated with the Kapha and Vata Dosha, particularly

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those afflicting the head and neck regions.

Through the administration of medicinal smoke, Dhumapana is believed to harness the therapeutic properties of the inhaled substances to restore and maintain the balance of the *Dosha*s, thereby promoting overall health and well-being. The process involves carefully selected herbs and minerals, which when burned, release compounds that can alleviate various health issues by targeting specific *Doshic* imbalances.

This article delves into the historical significance of Dhumapana, examining its roots and evolution within the Ayurvedic tradition. It categorizes the types of Dhumapana, providing insight into the diverse methodologies and formulations used. Additionally, the scientific rationale behind Dhumapana is explored, highlighting contemporary research and understanding of its mechanisms. Practical applications and modern use cases of Dhumapana are discussed, alongside a critical review of current research studies. By offering a comprehensive analysis, this article aims to provide a clearer understanding of Dhumapana and its relevance in both traditional and modern therapeutic contexts.

REVIEW OF LITERATURE

Etymology

Dhumapana, a fusion of Sanskrit origin, intertwines *'Dhuma*,' representing smoke, with *'Paana*,' connoting drinking or, metaphorically, intake. This compound, structured through *Shashti Tatpurusha Samāsa*, embodies the notion of smoke ingestion, or expansively, the practice of smoking.

धूम शब्द व्युत्पत्ति एवं निरुक्ति^[1]

इषिय्धीन्धिदसिश्याधूसुभ्यो मक्

धू + मक् = धूम

धूनोति कम्पयतीति धूमः , अग्निसंभवो वा (उणादि कोष)

Dhumapana refers to the therapeutic practice of inhaling the smoke of medicinal herbs and minerals according to a prescribed method. This ancient tradition aims to prevent and treat ailments related to the *Kapha* and *Vata Dosha*, particularly those affecting the head and neck regions. By following a specific methodology, individuals administer the medicinal smoke, harnessing its properties to maintain balance within the body and alleviate existing health issues. This practice is deeply rooted in traditional medicine and is valued for its potential to promote overall wellbeing and vitality.

Puffing through the Ages: A historical review of *Dhumapana* traditions

Smoking practices in India trace back to at least 1000 BC, with the creation of the *Caraka Samhita* by *Acharya Agnivesha*. Fumigation (*Dhupa*) and fire offerings (*Homa*) are prescribed in *Ayurveda* for medicinal purposes and have been part of the cultural fabric for millennia. *Dhuma*, the active inhalation of smoke produced by burning various mixtures in a pipe, exerts a direct and profound influence on individuals, rooted in empirico-rational medical principles. *Dhumapana*, akin to modern smoking practices, has a rich history. Tobacco was introduced to India in the 17th century, merging with existing smoking customs, primarily involving cannabis.

The inhalation of smoke was utilized as a remedy for diverse ailments, extending beyond cannabis to

REVIEW ARTICLE

April 2024

include various plants and medicinal blends recommended for promoting general well-being. In antiquity, smoking was typically done using pipes with stems of varying lengths, or chillums.

Presently, *Dhumapana* has largely been supplanted by cigarette smoking, although fumigation (*Dhupa*) and fire offerings (homa) persist. *Bidi*, a hand-rolled herbal cigarette comprising cloves, ground betel nut, and a minimal amount of tobacco, represents a contemporary iteration of historical *Dhumapana*. In recent times, there has been a resurgence of interest in Ayurvediya smoking, evidenced by the emergence of herbal cigarettes, a departure from the traditional classical method.

Ayurvedic heritage legacy

In *Ayurvedic* literature, the practice of *Dhumapana* is referenced in the subsequent situations.

- 1. As a part of Dinacarya (daily regimen)
- As a Pradhanakarma (main therapeutic procedure) and
- 3. As a Pashchatkarma (post procedure)

Importance of Dhumapana^[2]

- It is noted as an element of daily regimen (*Dinacharya*).
- It can serve not only as a preventive measure but also as a remedy for various illnesses, particularly those pertaining to disorders of the upper respiratory tract (*Urdhvajatrugata Rogas*).
- Dhumapana demonstrates efficacy in conditions dominated by the Kapha-Vata Dosha.
- It proves advantageous in addressing disorders associated with the *Praņavaha Srotas*, such as breathing difficulties (*Shwasa*), cough (*Kasa*), and so forth.

Table 1: Types of Dhumapana mentioned in various treatises of Ayurveda:^[3-7]

SN	Ca.Sa.(3)	Su. Sa.(5)	A. S. (6)	А. Н.(З)	Sha. Sa. (6)
1.	Prayogika	Prayogika	Shamana	Madhya	Shamana
2.	Snaihika	Snaihika	Bŗumhaṇa	Snigdha	Brumhana

REVIEW ARTICLE

April 2024

3.	Shirovairec anika	Vairecani ka	Shodhana	Teekshna	Recana
4.		Kasaghna	Kasaghna		Kasaha
5.		Vamanee ya	Vamana		Vamana
6.			Vrana Dhupana		Vrana Dhupana

Commentary on *Sushruta Samhita, Shivadasa Sena* discusses the variance in numbers, suggesting that while *Caraka* and *Sushruta* differ, the treatments *Kasaghna* and *Vamaneeya* from *Sushruta* could be categorized under *Prayogika* and *Vairecanika* in *Caraka*, respectively.^[8]

It's noteworthy that the terminology *Snigdha, Madhya,* and *Teekshna* employed by *Vagbhata* corresponds respectively to *Prayogika, Snaihika,* and *Vairecanika* in *Caraka*. Similarly, the terms *Shamana, Brumhana,* and *Recana* are interchangeable. While according to *Sharangadhara, Madhya* denotes *Prayogika,* it refers to *Snaihika* in *Vagbhata's* context. *Mrudu* and *Teekshna* serve as equivalents to *Snaihika* and *Vairecanika,* respectively, as per *Sharangadhara.* Additionally, the term *Śodhana* in *Aṣţāŋga Samgraha* aligns with *Vairecanika* in *Caraka's* classification.^[9]

In the Ashtanga Hridaya, it is explicitly mentioned that Snigdha Dhuma should be used for Vata Dosha, Madhyama Dhuma for Vata-Kapha Dosha, and Teekshna Dhuma for Kapha Dosha.^[10] In contrast, according to Ashtanga Sangraha, Shamana Dhuma is recommended for individuals with Vata, Kapha, Vata-Kapha Dosha, as well as for those in a healthy state. Additionally, Brumhana Dhuma is suggested for VataDosha, and śodhana Dhuma for Kapha Dosha.^[11]

It is recommended to perform two inhalations of *Prayogika Dhuma*, one inhalation of *snigdha Dhuma*, and three or four inhalations of *vairecanika Dhuma* every 24 hours.^[12]

Methods of delivering various forms of *Dhumapana*^[13]

Prayogika Dhuma should primarily be inhaled via the nostrils, while *Snaihika* can be inhaled through both

the nose and mouth. *Vairecanika Dhuma* is best inhaled through the nose, while *Kasaghna* and *Vamaneeya Dhuma* should be taken in through the mouth.

Time periods for implementing different *Dhumapana* forms^[14]

Dhumapana involves three rounds, with each round comprising three cycles of Apaana, which include inhalation (Aakshepa) and exhalation (Visarga). Snaihika Dhumapana is continued until tearing occurs. Vairecanika Dhumapana is performed until the Dosha /vitiated Kapha is expelled or until the individual experiences a sensation of lightness.

Age-appropriate practices for Dhumapana

According to *Ashtanga Hridaya*, *Dhumapana* is recommended from the age of 18 onwards.^[15] However, *Sharangadhara* suggests an age range of 12 to 80 years. To allow for broader inclusion, this study follows the age range provided by *Sharangadhara*.^[16]

Prerequisites for Dhumapana

- 1. Dhumanetra
- 2. Dhumanetra stand
- 3. Dhumavarti
- 4. Match-box etc.

Dhumanetra^[17-21]

The *Dhumanetra*, utilized for administering *Dhuma*, bears resemblance to contemporary cigar pipes used in smoking. As described in classical texts, it manifests as a straight tube of variable lengths, exhibiting three interruptions or bulges (referred to as *Trikosha* or *Triparva*) along its inner trajectory from base to apex. The apex functions as the mouthpiece, while the base establishes connection with the source of *Dhuma*. Its circumference measures akin to the diameter of a little finger at the lower end and a thumb at the upper end.

During the therapy, as the smoke is drawn, these chambers create turbulence in the airflow, slowing down the smoke's rate of reaching the mouth. This

effectively diminishes the likelihood of discomfort and minimizes the risk of triggering the cough reflex during the therapy session.

Recommended material for Dhumanetra

Metals such as gold, silver, copper, lead, etc., which are utilized in crafting *Basti Netra*, are recommended for constructing *Dhumanetra*.

In present study, Dhumanetra was made from copper.

Table 2: Different Acharya's specifications forDhumanetra orifice sizes

SN	Acharya	Agra Chidra	Moola Chidra
1.	Caraka	Permits <i>Kolasthi</i>	-
2.	Suśruta	Permits Kalaya	Angushta Pramana
3.	A. S.	Permits Rajamasha	Dhumavarti Pramana
4.	А. Н.	Permits <i>Kolasthi</i>	Angushta Pramana
5.	Sharangadhara	Permits <i>Rajamasha</i>	-

Table 3: Different Acharya s' specifications for length (Angula Pramana) of Dhumanetra

Samhita	Prayo gika	Vairec anika	Snai hika	Kasag hna	Vāma nīya	Vra ņa
Caraka	36	24	32	-	-	-
Suśruta	48	24	32	16	16	-
A. S.	40	24	32	10	10	8
А. Н.	40	24	32	-	-	-
Sharanga dhara	40	32	24	16	10	10

As per *Ashtanga Sangraha*, if *Dhumanetra* is unavailable, hollow reeds from *Nala*, *Vamsha*, or *Eranda* may serve as alternatives.^[22]

Dhumanetra stand

To hold the *Dhumanetra* in position, 2 vertical, hollow stands with adjustable heights were made from iron.

Preparation technique for *Dhumavarti*

REVIEW ARTICLE

Raw drug collection - the required drugs are to be gathered.

April 2024

Dhumavarti (elongated pill shape) formation^[23]

- After gathering, cleaning, and drying the herbs, they are pulverized into a fine powder through the process of grinding.
- The powdered drugs are mixed with water and triturated to create a smooth paste.
- The smooth paste is then rolled onto a sleek wooden stick (known as Sharkhanda), which is wrapped in silk cloth. This rolling process ensures that the entire pill attains a thickness approximately equivalent to that of a thumb.
- The Varti's shape should resemble Yavakara, meaning it is centrally wide and tapers towards both ends. Subsequently, it should be left to dry in the shade.
- Once the Varti has fully dried, the wooden stalk in the center should be cautiously removed to obtain a hollow Varti.

SN	Condition/Disease	Ca. Sa.	Su. Sa.	А. S.	А. Н.	Sha. Sa.
1.	Vata-Kapha Roga	+	+	+	_	+
2.	Shirah Gaurava	+	+	-	+	-
3.	Shirah Shula	+	+	+	_	+
4.	Peenasa	+	+	+	+	+
5.	Ardhavabhedaka	+	-	+	+	-
6.	Karnashula	+	+	+	-	-
7.	Akshishula	+	+	+	-	-
8.	Akshigaurava	-	-	+	-	-
9.	Kaasa	+	+	+	+	+
10.	Hikka	+	_	+	-	-

Table 4: Indications of Dhumapana

Somanath S. et al. Exploring Dhumapana: The ancient art of Ayurvedic inhalation for health

ISSN: 2456-3110

REVIEW ARTICLE

April 2024

11.Shwasa12.Pratishyaya	+	+	+	+	
12. Pratishyaya					+
	-	-	-	-	+
13. Galagraha	+	-	-	-	-
14. Dantadaurbaly	y +	-	+	-	-
15. Shrotrasrava	+	-	-	+	-
16. Ghranasrava	+	-	-	-	-
17. Akshisrava	+	-	-	+	-
18. Putighraaṇa	+	-	+	+	-
19. Asyagandha	+	-	+	+	-
20. Dantashula	+	-	+	-	-
21. Arocaka	+	+	+	-	-
22. Hanugraha	+	+	+	_	+
23. Manyagraha	+	+	+	-	+
24. Kaṇḍu	+	-	+	-	-
25. Krimiroga	+	-	+	-	-
26. Mukhapaṇḍuta	+	-	-	-	-
27. Shleshma Prase	ka +	_	+	_	-
28. Vaisvarya	+	-	+	+	-
29. Galashuṇḍi	+	_	-	_	-
30. Upajihvia	+	_	-	_	_
31. Khalitya	+	_	-	_	_
32. Pinjaratva	+	_	-	_	_
33. Keshapatana	+	_	_	-	-
34. Kshavathu	+	+	+	-	-
35. Atitandra	+	+	+	+	-
36. Buddhimoha	+	-	-	-	-
37. Atinidrata	+	+	+	-	-

38.	Asyopalepa	-	+	_	-	_
39.	Svarabheda	_	+	_	_	_
40.	Mukhasrava	_	+	_	+	_
41.	Vamathu	-	+	-	-	-
42.	Kratha	-	+	+	-	-
43.	Shiroroga	-	+	-	-	-
44.	Abhishyanda	-	-	+	-	-
45.	Asyavairasya	-	-	+	-	-
46.	Galaroga	-	-	+	-	-
47.	Paņḍu	-	-	+	+	-
48.	Tvak Dosha	-	-	+	-	-
49.	Kesha Dosha	-	-	+	+	-
50.	Karnasyakshi Kaṇḍu, Jadya	-	_	-	+	-
51.	Asyarti	-	-	_	+	_

Table 5: Contraindications of Dhumapana^[29-32]

SN	Disease / Condition	Ca. Sa.	Su. Sa.	A. S.	А. Н.	Śā. Sa.
1.	Virikta	+	+	+	+	+
2.	Bastikrit	+	+	+	+	+
3.	Raktapitta	+	+	+	+	-
4.	Viaārta	+	+	+	+	-
5.	Shokarta	+	+	-	-	+
6.	Garbhini	+	+	-	-	+
7.	Shrama	+	+	-	-	+
8.	Mada	+	+	-	-	-
9.	Aama Dosha	+	-	-	_	-

Somanath S. et al. Exploring Dhumapana: The ancient art of Ayurvedic inhalation for health

ISSN: 2456-3110

REVIEW ARTICLE

April 2024

10.	Pittaja roga	+	-	-	-	-
11.	Prajagarita	+	+	+	+	+
12.	Murccha	+	+	-	-	-
13.	Bhrama	+	-	-	-	-
14.	Trishna	+	-	-	-	-
15.	Kshia	+	+	-	-	+
16.	Kshata	+	+	-	-	+
17.	After intake of Madya/ Dugdha/Sn eha/Madh u/Dadhi	+	+	+	+	+
18.	Matsyashit a	-	+	+	+	+
19.	Yavagu peeta	-	+	+	-	-
20.	Rukșa	+	+	-	_	+
21.	Kruddha	+	+	-	-	-
22.	Talushoṣa	+	+	-	-	+
23.	Timira	+	+	+	+	+
24.	Shirasyabh ihata	+	+	+	+	-
25.	Shankhaka	+	-	-	-	-
26.	Rohini	+	-	+	+	-
27.	Prameha	+	+	+	+	+
28.	Madatyay a	+	-	-	-	-
29.	Bhaya	-	+	-	-	+
30.	Daha	-	+	-	-	+
31.	Pipasa	-	+	-	-	+

32.	Panḍuroga	_	+	+	+	+
33.	Chardi	-	+	_	-	+
34.	Udgara	-	+	_	-	-
35.	Apatarpita	-	+	_	-	-
36.	Udara	-	+	+	+	+
37.	Adhmana	-	+	+	+	+
38.	Urdhva vata	-	+	+	+	-
39.	Balaka	_	+	_	-	+
40.	Ușņe	-	+	+	-	-
41.	Vriddha	-	+	-	-	+
42.	Durbala	-	+	-	-	-
43.	Alpakapha	-	+	-	-	-
44.	Krisha	-	-	-	-	+
45.	Shirah abhitapa	-	-	-	-	+
46.	Bhuktanna	_	_	_	_	+

Prayogika Dhumapana

प्रायोगिकी च नित्यपेय धूमवर्ति सज्ञ:[33,34]

Prayogika Dumapaana is a form of *Dhumapana* recommended by *Samhitas* to be included in one's daily routine (*Dinacharya*).

- Synonyms: Brumhana, Shamana, Madhya (Sharangadhara)
- Meaning: regular / consistent
- Intended for incorporation into daily routine (Dinacharya)
- Prescribed for intake through mouth and nose, with an advised frequency of 3-4 times per passage
- Its effects include Kapha Utkleshana, Shodhana and Shamana
- Its application discourages the manifestation of Kasa, Shwasa, Abhişyanda, Tandra, Glani, Klama,

Somanath S. et al. Exploring Dhumapana: The ancient art of Ayurvedic inhalation for health

ISSN: 2456-3110

REVIEW ARTICLE

April 2024

Svarabheda, and Mukharogas, all linked to Vata-Kapha disturbances.

 Recommended following Kavala and Gandusha to alleviate Utkleshita Kapha and Vatadosha.

Table6:IdealtimeframeforPrayogikaDhumapana[35-38]

SN	Kala	Ca. Sa.	Su. Sa.	A. S.	А. Н.
1.	After bath	+	+	-	-
2.	After food	+	+	+	-
3.	After vomiting	+	-	-	-
4.	After sneeze	+	-	-	+
5.	After cleaning teeth	+	+	+	+
6.	After Nasya	+	-	+	+
7.	After Anjana	+	-	-	-
8.	After sleep	+	-	+	-
9.	After Shastrakarma	-	+	+	+
10.	After elimination of urine	-	-	+	+
11.	After elimination of feces	-	-	+	+
12.	After sudation	-	-	+	-
13.	After yawning	-	-	-	+
14.	After intercourse	-	-	-	+
15.	After laughing	-	-	-	+
16.	After dinner	-	-	-	+

Table 7: Dravyas utilized for Prayogika Dhumapanaacross traditional literature^[39-43]

SN	Dravya	Ca. Sa.	Su. Sa.	А. Н.	Śā. Sa.
1.	Ela	+	+	-	+
2.	Jațamamsi	+	+	_	+

3.	Dhyamaka	+	+	_	+
4.	Tvak	+	+	+	+
5.	Patra	+	+	_	+
6.	Nagapushpa	_	+	_	+
7.	Priyangu	+	+	_	+
8.	Harenuka	+	+	_	+
9.	Vyaghranakha	+	+	_	+
10.	Shukti	_	+	_	+
11.	Chaṇḍa	-	+	-	+
12.	Sthauneyaka	+	+	_	+
13.	Shriveshţaka	+	+	-	+
14.	Соса	-	+	-	+
15.	Choraka	-	+	-	+
16.	Valuka	-	+	_	+
17.	Guggulu	+	+	_	+
18.	Sarjarasa	+	+	-	+
19.	Turushka	_	+	_	+
20.	Kunduru	+	+	+	+
21.	Aguru	+	+	_	+
22.	Sprukka	_	+	_	+
23.	Ushira	+	+	_	+
24.	Bhadradaru	_	+	_	+
25.	Kunkuma	+	+	-	+
26.	Punnagakeshara	_	+	-	+
27.	Pṛthvika	+	_	+	-
28.	Hribera	+	-	-	-
29.	Candana	+	-	-	-
29.	Candana	+	-	-	-

REVIEW ARTICLE

April 2024

30.	Padmaka	+	_	+	_
31.	Madhuka	+	_	+	_
32.	Sharkara	+	_	+	_
33.	Nyagrodha	+	_	+	_
34.	Udumbara	+	_	+	_
35.	Ashvattha	+	_	+	_
36.	Plaksha	+	_	+	_
37.	Lodhra	+	_	+	_
38.	Vanya	+	_	_	_
39.	Musta	+	_	_	_
40.	Shaileya	+	_	_	_
41.	Kamala	+	_	+	_
42.	Utpala	+	_	+	_
43.	Laksha	-	-	+	-
44.	Suvarna	-	-	+	-
45.	Raktayashtika	-	-	+	-

Dhumapana Vidhi^[44-47]

Initially, the patient undergoes a comprehensive examination to confirm the suitability of the procedure and to eliminate any potential contraindications. Subsequently, the individual deemed suitable for the procedure is seated comfortably with an erect posture, maintaining a straight gaze. The patient is encouraged to focus their mind on the therapy. Clear communication about the procedure is provided to the patient to alleviate any doubts or apprehensions.

The *Dhumanetra* must be mounted on stands. The *Dhumavarti* should be thoroughly coated or immersed in *Sneha Dravya* and then placed over the *Dhumanetra* before being ignited. *Dhumapana* begins by inhaling through the mouth initially, followed by alternating inhalation through each nostril. Regardless of the inhalation route, the smoke should only be exhaled

through the mouth, as exhaling through the nostrils may lead to vision impairments. *Prayogika Dhuma* is particularly recommended to be inhaled through the nose; *Snaihika Dhuma* should be inhaled through the mouth first, followed by the nose; *Vairecanika Dhuma* should be inhaled through the nose. *Kasaghna* and *Vamaneeya Dhuma* should be inhaled through the mouth exclusively.

In Ashtanga Hridaya, the inhalation route for Dhumapana is prescribed based on the location and condition of the Dosha. According to the explanation provided by Acharya Hemadri, if the Utklishta Dosha is primarily situated in the nose or head region, inhalation should commence from the nose and then proceed to the mouth; conversely, if the Anutklishta Dosha is in the same area, the sequence is reversed. In cases where the Utklishta Dosha is in the throat region, inhalation should begin from the mouth and then proceed to the nose; conversely, if the Anutklishta Dosha is in the same region, the sequence is reversed.

During one session, the individual should engage in three puffs of inhalation which is counted as one bout, with a short break between each bout. Each bout comprises three puffs, totaling nine cycles of inhalation and exhalation referred to as *Dhuma* "*Abhyavahara* and *Moksha*".

Type of Dhumapana	No. of <i>Apaana </i> duration of <i>Dhumapana</i>	Frequency in a day <i>Ca; A.S; A.H</i>	Route of administration <i>A.S; Su.Sa</i>
Prayogika	2 / 3 Apaana (A. S) 3 / 4 Aaana (Su. Sa)	2 times	If Utklesha in Kanţha - first through Mukha then Nasa If Utkleşa is above Kanţha - first through Nasa then Mukha
Snaihika	3 / 4 Apaana (A. S)	1 time	Mukha & Nasa

Table 8: Duration and frequency of Dhumapana^[48]

	Ashru Pravrutti (A. S & Su. Sa)		
Vairecanika	4 Apaana, Sroto Laghava (A. S) Adosha Darshanat (Su. Sa)	3 / 4 times	Only through Nasa

Indicators of Proper Inhalation^{[49],[50]}

Upon thorough elimination of the aggravated *Kapha* in the chest, throat, and head, individuals often experience a sense of lightness in these areas alongside heightened sensory acuity. This reduction in *Doshas* subsequently leads to the alleviation of associated diseases.

Indicators of excessive inhalation [51],[52]

Dryness and a burning sensation manifest in the palate, head, and throat. Heightened thirst emerges, and severe nosebleeds or oral bleeding may occur. Symptoms such as dizziness, tinnitus, and ocular and nasal issues may also arise, occasionally leading to unconsciousness. Sensory disturbances may be observed, with an increased susceptibility to *pitta*related conditions.

Indicators of Improper Dhuma Administration [53],[54]

Disease aggravation results from a rise in *Doshas*. Voice clarity diminishes, while the throat remains congested with *Kapha*, accompanied by a sensation of heaviness in the head. Furthermore, there is no observed improvement or recovery from the ailment for which *Dhumapana* was administered.

Complications of Akala and Ati Dhumapana^[55]

When *Dhumapana* is performed at an improper time or if excessive, it can lead to conditions such as hearing impairment, vision loss, speech difficulties, bleeding disorders, and dizziness.

Management of the complications^[56]

In these circumstances, when *Vata Dosha* is aggravated and associated with *Pitta Dosha*, ghee prepared with

oily substances should be ingested orally, administered through the nasal passage, and applied externally to the eyes (*Anjana*); *Tarpana* may also be performed if necessary.

April 2024

REVIEW ARTICLE

If *Rakta* and *pitta* are imbalanced, ghee processed with cooling substances should be taken orally, and *Tarpana* and *Anjana* procedures can also be conducted. In cases of vitiated *Kapha* and *Pitta*, ghee prepared with dry substances should be orally administered.

DISCUSSION

Prayogika Dhumapana, a specialized form of therapeutic smoking in Ayurveda, has garnered significant interest for its potential health benefits and applications. This practice, embedded in the rich traditions of *Ayurvedic* medicine, involves the inhalation of smoke derived from medicinal herbs and minerals. The therapeutic objectives of *Prayogika Dhumapana* are to prevent and treat ailments related to the *Kapha* and *Vata Dosha*, particularly targeting conditions affecting the respiratory system, head, and neck regions.

Prayogika Dhumapana is categorized based on the specific herbs and minerals used, the preparation of the *Dhuma* (smoke), and the intended therapeutic outcomes. The selection of ingredients is tailored to address particular *Doshic* imbalances and health conditions. For instance, herbs with mucolytic, anti-inflammatory, and broncho dilatory properties are chosen to alleviate *Kapha*-related respiratory issues, while those with calming and analgesic effects are selected to mitigate *Vata*-related ailments. The preparation involves careful drying, processing, and burning of these ingredients to produce therapeutic smoke, which is then inhaled through specialized apparatuses.

The scientific rationale behind *Prayogika Dhumapana* lies in the pharmacological properties of the herbs and the mode of administration. Inhalation ensures rapid absorption of active compounds through the respiratory mucosa, facilitating immediate therapeutic effects. The volatile oils and other bioactive constituents in the smoke are believed to exert anti-

REVIEW ARTICLE

April 2024

inflammatory, antimicrobial, and analgesic actions. Recent studies have begun to elucidate the molecular mechanisms underlying these effects, demonstrating the potential of *Dhumapana* in modulating immune responses, reducing oxidative stress, and alleviating pain.

In contemporary practice, *Prayogika Dhumapana* has found applications in both preventive and therapeutic settings. It is employed in the management of chronic respiratory conditions, allergic rhinitis, migraines, and stress-related disorders. Modern practitioners have adapted traditional formulations to enhance safety and efficacy, incorporating insights from both Ayurveda and modern medicine. The use of standardized herbal preparations and controlled delivery systems has improved the reproducibility and acceptance of *Dhumapana* in clinical practice.

The evidence base for *Prayogika Dhumapana* is still emerging, with a growing number of studies investigating its clinical efficacy and safety. Preliminary research has shown promising results in the management of *Urdhva Jatrugata Vikara*. However, rigorous clinical trials are needed to substantiate these findings and establish standardized protocols. Additionally, studies exploring the pharmacokinetics and pharmacodynamics of the inhaled compounds will further our understanding of their therapeutic potential.

CONCLUSION

Prayogika Dhumapana, an integral component of Avurvedic therapeutic practices, offers a unique and valuable approach to maintaining health and treating various ailments, particularly those affecting the respiratory system and Urdhva Jatrugata Vikara. Its potential to address a range of health conditions through the inhalation of medicinal smoke offers a unique and valuable addition to the integrative medicine repertoire. By leveraging the pharmacological properties of herbal smoke, this practice addresses a range of conditions of Urdhva Jatrugata Vikara. The rapid absorption of bioactive compounds through the respiratory mucosa ensures immediate therapeutic effects, highlighting the

scientific rationale behind its use. Continued research and clinical evaluation are essential to fully harness the benefits of *Prayogika Dhumapana* and to ensure its safe and effective application in contemporary healthcare settings.

In conclusion, *Prayogika Dhumapana* represents a promising intersection of ancient *Ayurvedic* wisdom and modern therapeutic approaches. Continued research and clinical evaluation will be essential to fully realize its potential and ensure its safe application in contemporary healthcare settings. By integrating traditional principles with modern scientific methodologies, we can advance our understanding and utilization of this ancient practice, offering new avenues for holistic health and well-being.

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REVIEW ARTICLE April

April 2024

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REVIEW ARTICLE

April 2024

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