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The Application of *Nasya* in *Pakshaghata*

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ABSTRACT

The *Vatavyadhis* include *Pakshaghata* is one. That resembles the medical disease known as a stroke in the cerebrovascular area. *Ruja*, *Vakstambha*, and other *Lakshanas* are among them. There are two varieties: *Pittanubandha* and *Kappanubandha*. Though *Pakshaghata* is a *Vata Vyadhi* and, it is not a *Shuddha Vataja* condition, according to *Charaka's Nanatmaja Vatajavikaras*. *Susrutha* and *Madhava Nidana* speak of *Samsarga* of *Pitta* and *Kapha* in detail. The fundamental reason of the illness is evident in all of the previously given theories, which link *Raktadushti* to *Vata Prakopa*. Cerebrovascular accidents rank third in the world in terms of causes of death, with acute stroke accounting for one out of every ten deaths. Acute stroke symptoms can be mistaken for *Pakshaghata*, one of the 80 varieties of *Nanatmaja Vata Vikaras*, because *Kevalavata Vyadhis* are hard to treat. The patients' physical disabilities persist even after the treatment, demonstrating the global potential of *Ayurveda*. As *Kevalavata Vyadhis* are difficult to heal, signs and symptoms of acute stroke can be misinterpreted as *Pakshaghata*, one of 80 forms of *Nanatmaja Vata Vikaras*. *Ayurveda* is demonstrating its global potential as people continue to experience physical disability even after receiving the most recent treatment. Thus, an attempt is made to illustrate the part played by *Avapeedana Nasya* in the administration of *Pakshaghata*.

Key words: *Pakshaghata*, *Hemiplegia*, *Vatavyadhi*, *Nanatmaja Vata Vikaras*, *Avapeedana Nasya*

INTRODUCTION

Paralysis of one half of the body is the meaning of the term *Pakshaghata*. The term *Aghata*, or paralysis, indicates the impairment of *Karmendriya*, *Gyanendriya*, and *Manas*, while *Paksha* indicates the right or left half of the body. Both *Gyanendriya* and *Karmendriya* are seen as components of the *Sangnavaha Srotas* (sensory system) and *Cheshtavaha Srotas* (motor system), respectively, with *Manas* is acting as their controller and guide. In rural areas, the

prevalence of stroke is 1.8%, while in urban areas, it is 9.4%. Every year, 15 million people have strokes worldwide; of those, one third pass away and one third become permanently crippled. When discussing the *Chikitsa* of *Pakshaghata*, *Acharya Sushruta* stated that it should be regarded as *Aakshepaka*, citing references to *Teekshna Avapeedana Nasya* has and *Teekshna Avapeedana Nasya Dravyas* found in *Trimarmeeya Adhyaya* of *Charaka*. Hence, *Nasya* is the best treatment for preserving *Urdhvajatru's* health because it is the only *Karma* that has a position in both the most complex locations, such as *Panchakarma*, and in straight forward references, like *Dinacharya*. All Ayurvedic experts and ancient literatures agree that *Nasya Karma* is the most effective therapy out of all *Karmas* for *Urdhvajatrugata Rogas*, especially *Nasagata Rogas* (Ch. Chi. 30/294; Ch. Si. 9/93; Su. Chi. 40/23). It is impossible to eradicate the vitiated *Doshas*, which are found in *Nasa Pradesh* or *Shirah*, without *Nasya Karma*. For the most part, *Rogas* medicinal oil is utilized in *Urdhvajatrugata*. The rationale is that it strengthens immunity against both *Urdhvajatru* and *Nasa Pradesh* in addition to shielding

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the nasal mucosa from external objects. The nose is an organ that serves both respiratory and olfactory purposes (B. D. Chaurasiya, Vol. 3/193). Owing to its close interaction with the outside world, it is subjected to several airborne microbes and contaminants. Today's hectic lives and rising environmental pollutants have made rhinitis a frequent illness. Meaning and Origin Derived from *Nasa* Dhatu, which means *Gati*, comes the word *Nasya*. The *Gati* is now oriented toward the head proper, nasal accessories, and nose. Definitions Here are a few well-known definitions of *Nasya* from various *Ayurvedic* classics. According to *Sushrut*, "*Shringataka Marma*" refers to *Sira Marma* that is present in the midst of a *Sira*'s confluence and feeds the tongue, ears, eyes, and nose. One of the *Panchakarma* prescribed in *Ayurveda* is *Nasya*. *Nasya Karma* is a medical practice in which medications are given through the nose in a particular way to treat various systemic disorders. Since the nose is the entrance to the head, the therapy purifies and opens the channels in the head, enhancing the process of oxygenation (*Prana*), which directly affects how the brain functions. Since *Nasa* is referred to as the gateway to the *Shira*, it is seen as one of the *Panchaganandriya*, whose functions extend beyond breathing and smell to include acting as a conduit for the introduction of drugs.

REVIEW OF LITERATURE

History of Nasya

Rigveda

While it is highly unlikely that *Nasya Karma* therapy was in use during the *Vedic* era, a few *Mantras* in the *Rigveda* allude inadvertently to the *Karmas* that fall under the purview of *Panchakarma* remedies. The *Rigvedic Mantra* (Ri.V. 10-16-4) mentions the removal of *Roga* from the paths of *Nasa* (Nostrils), *Chibuka* (Chin), *Shira* (Head), *Karna* (Ear), and *Rasana* (Tongue). Therefore, it stands to reason that any allusions to the removal of sickness from the aforementioned routes most likely allude to either *Shirovirechana* or *Nasa* (nose). *Yajurveda Krishna*. The *Upanishada*, *Satapatha Brahmana*, and *Krishna Yajurveda* all make frequent references to *Nasya Karma*.

Ramayana

The *Valmiki Ramayana* contains a reference to the usage of *Sanjivani* for *Nasya Karma*. *Sushana Vaidhya* blew a drug into *Lakshmana's* comatose state to bring him back to consciousness.

Bauddha Kala

There are certain anecdotes (*Jataka* stories) from the Buddha period concerning the well-known *Vaidya* named "*Jeevaka*." He has used *Nasya Karma* on multiple occasions, including: 1. He gave the wife of *Shreshthi* of *Sakela Nagar* medicine *Ghritha* as *Nasya Karma* to heal *Shirah Shool*. 2. When the Buddha was in pain, *Jeevaka* administered him *Virechana*. He administered to him the entire dosage of three *Utpala Hasta*, *Aushadha* by *Nasya* for *Virechana*.

Vinaya Pitika

According to the book *Vinaya-Pitika*, one *Utpala Hasta* of *Nasya* was used (it was adequate for 10 *Virechana*).

Ayurvedic classics

The *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* detail *Nasyakarma* treatment in great detail. The *Nasyakarma* specification had become so excellent that it was also being employed as a means of altering the sex of the fetus (Ch. Sha.8/19).

Nasya's classification

Various ancient *Acharyas* have classed *Nasya* in different ways. Even while each classification has unique characteristics and is approached from various perspectives, the procedures are essentially all the same in the end. Below are the classifications of *Nasya* based on various *Acharyas*.

Nasya's classification by *Charaka* based on the administration technique (Cha.Si.9/89-92) *Pratimarsha*, *Nasya*, *Navana*, *Aavapidana*, *Dhmapana*, *Dhuma*, *Snehana*, *Shodhana*, *Shodhana*, *Stambhana*, *Virechana*, *Snehana*, *Prayogika*, *Vairechanika*, *Snehika*.

An appropriate moment to give Nasya

Acharya Charaka states that *Nasya* should normally be given in *Pravrit*, *Sharada*, and *Vasanta Rutu*. *Nasya* can,

however, be administered in any season in an emergency by creating fake conditions for the previously stated seasons; for instance, it should be administered in cold locations during the summer and in hot places during the winter.

In classics, suitable time schedule for *Nasya* is mentioned as below

1. According to seasons (Ch.Si.2/23) *Vagbhata Grishma + Varsha* - Evening.
2. According to *Doshaja - Kaphaja Vikara* – Morning, *Pittaja Vikara* - Noon (Su.Chi.40/24), *Vataja Vikara* - Evening.
3. According to *Sushruta* (Su.Chi.40/24). In normal condition - Empty stomach (at the time of meal). *Vataja Shiroroga, Hikka, Apatanaka, Manyastambha, Swarabhramsha, (Vagbhata)* Daily morning and evening.
4. According to certain diseases (A.H.20/16) (Sha.Utt.8/3) *Lalasrava, Supti, Pralapa, Putimukha; Ardita; Karnanadi, Trishna, Shiroroga*, excessive vitiated *Doshas* etc. (Sha.) Can be administered in night also.
5. According to *Panchkarma* Schedule (A.S.) As a part of complete *Panchkarma*. After *Basti Karma*.

Classical Schedule of Nasya Karma

Charaka

The length of the *Nasya* therapy has not been specified by *Charaka*; instead, it is suggested to be administered based on the severity of the ailment. An overview of the *Nasya Karma* schedule is provided below:

SN	Name of Acharya	Durations (Days)
1.	<i>Vagbhata</i>	3,5,7,8
2.	<i>Bhoja</i>	9
3.	<i>Sushruta</i>	Interval of 1, 2,7,21
4.	<i>Charaka</i>	According to disease

Dose of Nasya Drugs

The dose of *Nasya* drugs depends upon the drug utilized for it and the variety of the therapy as well as *Aturabala & Doshabala* (Su.Chi.40/28,36). *Acharya*

Charaka has not mentioned the dose of the *Nasya* drugs. *Sushruta* and *Vagbhata* have described the dose in form of *Bindus* (Drops). Classically, one *Bindu* means the drop, which is formed after dipping the two phalanges of *Pradeshini* (Index) finger. (A.H.Su.20/9). The dose of *Nasya* drugs according to different types of *Nasya* can be summarized as under.

Type of Nasya drops in each nostril

Hrasva Matra, Madhyama Matra, Uttama Matra

1.	<i>Shamana Nasya</i>	8, 16, 32
2.	<i>Shodhana Nasya</i> (Su.Chi. 40)	4, 6, 8
3.	<i>Marsha Nasya</i> (A.H.Su.27/9)	6, 8, 10
4.	<i>Avapida Nasya</i> (Su.Chi.40)	2, 2, 2
5.	<i>Pratamarsha Nasya</i> (Cha.Si.9/117)	2, 2, 2
6.	<i>Sneha Nasya</i> (Su.Chi.40)	8, 32, 64

Drugs

Medications according to *Charaka* in *Avapeedana Nasya Dravyas*, the medications administered for *Avapeedana Nasya* were *Tulasi, Shunti, Maricha, Pippali (Trikatu), Yastimadhu, and Dugdha*.

Mechanism of Nasya through Modern Anatomical and Physiological Studies

1. Neurological Pathway: Drug-induced olfactory stimulation comes first. Bipolar olfactory receptor axons pass through the ethmoid bone's cribriform plate and enter the olfactory bulb. Axons and mitral cell dendrites synapses in this location. Mitral cell axons exit the olfactory bulb and form the olfactory tract. The olfactory tract now enters the brain and splits into two paths.
 - a) The brain's medial olfactory region is made up of a collection of nuclei situated in the midbrain, right in front of the hypothalamus. The most noticeable are the septal nuclei. The olfactory bulb, hippocampus, amygdala, hypothalamus, habenula,

thalamus, cingulate gyrus, and midbrain all provide connections to it.

- b) The brain's lateral olfactory region, which is primarily made up of prepyriform and pyriform cortex. Additionally, the amygdoloid nucleus' cortical region.

Functions

- a. Hippocampus: The long-term memory and emotional center.
 - b. Amygdala: Involved in scent, it gets information from the cortex and olfactory bulb. Particularly, bed nuclei (BNST) of Stria terminalis serve as a conduit for communication between amygdala and hypothalamus as well as hypothalamus and pituitary gland. It is a part of limbic system responsible for emotions and motivation.
 - c. Hypothalamus: through the pituitary gland, it connects the neurological and endocrine systems. The sympathetic and parasympathetic brain stem and spinal cord nuclei are reached via the axons of the hypothalamus. Therefore, the ANS is in charge of controlling the heart rate, body temperature, and water balance, as well as uterine contractility, the GIT, and food patterns.
 - d. Habenular nuclei: primarily connected to smell.
 - e. Thalamus: perception, sleep, and awareness.
 - f. The Cingulated Gyrus is a limbic system region that is involved in emotion processing, memory, learning, and processing.
 - g. Midbrain: Arousal (alertness), sleep/awake, hearing, vision, and motor control Thus, the above-mentioned brain regions and functions are indirectly stimulated by olfactory stimulation.
2. The Vascular Route The septum's Kiesselbach's plexus, also known as the Littles region, empties directly into the facial vein in the front and the pterygoid plexus in the back. Additionally, the facial veins drain directly into the jugular vein and have strong links to the cavernous sinus, pterygoid plexus, supraorbital and superior ophthalmic veins, and these veins.

3. Drug Diffusion: The nasal mucosa's cell wall is more receptive to passive absorption of lipid-soluble compounds. Large lipid materials are found in the cilia and body of olfactory cells, which is why lipid-soluble substances significantly stimulate olfactory cells. Non-polar hydrophobic molecules enter and exit cells through the lipid layer of the plasma membrane. Oxygen, carbon dioxide, nitrogen gases, fatty acids, steroids, and fat-soluble vitamins are examples of such molecules.
4. Drug Transfer Through the Brain-Blood Barrier: Drugs cannot ordinarily enter the brain from the blood circulation due to the blood-brain barrier's near total impermeability to passive diffusion. Nonetheless, medication transfer via the olfactory nerve can directly reach the brain and avoid the BBB. It is believed that smell travels into the brain through two different routes: either slowly via olfactory nerve cells inside the olfactory bulb, or more quickly via the perineural space surrounding the olfactory nerve cells in the CSF surrounding the olfactory bulb and brain.

The value of massage after *Nasya* following a *Nasya* massage, advised by traditional healers is just as crucial as a massage prior to *Nasya*. The frontal, temporal, maxillary, mastoid, and neck (*Manya*) regions should be massaged following *Nasya*, according to the literature. A gentle massage in the aforementioned areas may assist reduce the somatic tightness caused by heat stimulation and aid in clearing the slush that has formed there. Sushruta states that *Manya* is a *Marma* that exists in the neck on either side of the trachea (Su.Sha.6/29), which most likely corresponds to the neck's carotid sinus on the common carotid artery's bifurcation.

This region contains the baroreceptor receptors, which can be manipulated to potentially lower cerebral artery pressure. It is also discovered that applying pressure to the baroreceptors restores the abnormal cerebral arterial pressure. Based on the previous explanation, we may conclude that the *Nasya Karma* methods, postures, and conducts are crucial for drug absorption and transportation.

DISCUSSION

The patients' traditional protocols were not followed when giving *Nasya* to because the condition was an emergency and the patients would not cooperate. Every time new *Nasya Dravya* is produced and administered, it is done flawlessly. The maximum duration for administering *Nasya Dravya* was 21 days, with repeat administrations occurring after a 15-day interval and as needed. When a patient is having another *Shodhana* procedure, *Nasya* is not given. There were no noted problems during the administration. *Nasya Dravyas* are affordable and easily accessible for patients. The impact of the *Nasya* was noted on the sensory system in the greatest number of patients on the third day. As well as how the *Nasya* persisted, their impact on motor functions was observed. *Avapeedana Nasya* in conjunction with contemporary medicine proved to be more efficacious than modern treatment by it.

CONCLUSION

In the present day, *Pakshaghata* is a concerning illness. The fundamental characteristic of *Pakshaghata* is the presence of *Karma Kshaya*, *Balakshaya*, *Vaksangha*, *Manasikachesta Hani*, *Santapa*, *Tandra*, and *Alasya* in one half of the body. *Avapeedana Nasya* is one of the *Ashulabhakari Upayas* mentioned by *Acharya Sushruta* and *Charaka* for the aforementioned condition. We have seen that doing *Avapeedana Nasya* in folkloric practices yields noteworthy outcomes. *Avapeedana Nasya* is an affordable and simple medication to use. *Ushna Teeksha*, one of the *Dravyas* utilized in *Avapeedana Nasya*, aids in the relief of obstruction and *Yastimadhu* acts as *Vruna Ropaka* thereby reducing the symptoms. Every single one of the six patients responded favorably to the *Nasya*.

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