EFFECT OF BRIMHANA NASYA KARMA IN THE MANAGEMENT OF AVABAHUKA – A REVIEW STUDY

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Abstract

Avabahuka is a disorder that normally affects the sandhi of Amsa. As per Acharya Sushruta and the other Acharyas, Avabahuka is one among VatajaVikara. Amsashosha can be considered a preliminary stage of the disease in which the absence or dryness of Sleshakakapha from amsasandhi occurs. In Aharajahetu like harenu, jambava, kalaya, kalinga, masooraand Viharajhetu like Atigamana, Atilanghana, Atiplavana, Atiprapatana, Atiprapeedana, Atiraktamokshhana, Atishrama, Ativyayama, Ativyavaya, Gajaticarya. Avabahuka is an illness caused by vitiated Vatadosha. The purpose of the review is to study the impact of BrihmanaNasya in Avabahuka.

Keywords: Avabahuka, DvitiyaBrihanmashaTaila, Nasya,

Introduction

VataDosha is deliberated to be the key component for the physiological preservation of the
body. Factors that provoke Vata result in an instantaneous manifestation of diseases that can also prove fatal. Contradictory approaches to pacify this vitiated state must be restored in order to preserve balance. Avabahuka is one such disease that typically affects the joint of the shoulder and hinders the day-to-day operation of the person. It is triggered by the KupitaVataDosha situated around the AmsaPradesha, which causes the Shoshana of AmsaSandhi causing the Vedana(Pain), Stambha(stiffness ) and Bahuspanditahara(restricted movement).Lakshanas (symptoms) of the Avabahuk are very similar to Frozen Shoulder i.e. degeneration, structural and functional changes in shoulder joint.Difficulty in movements of the shoulder joint due to Stiffness in the nerve roots.

There is no specific mention of the cause, which is responsible for the manifestation of the disease. It is perceived that the Avabahuka disorder is manifested by the loss of tissue elements (DhatuKshaya) and SamsrushtaDosha. However the word Avabahuka is not specified in NanatmajaVataVyadhi, AcharyaSushruta and others considered Avabahuka under Vata vyadhi. AmsaShosha can be called a preliminary stage of the disease in which the absence or dryness of ShleshakaKapha from AmsaSandhi occurs. As Avabahuka is a Bahushirshagataroga, NasyaKarma should be the first treatment of choice also the disease manifestation is due to DhatuKshayaBrihmanaNasyaKarma is going to be beneficial in the management of the Avabahuka

BrimhanaNasya -

Aims and Objectives

1. To study the mode of action of BrihmanaNasyainmanagement of Avabahuka..

Materials and Methods:

- All the references related to Avabahuka and Nasya are collected from Bruhattraye and Laghutraye and various textbooks, Manuscripts, authentic websites, like AYU, NCBI, J-AIM, etc.,

Disease review

- Nidana:

a) Aharaja- Katu, Tikta, Kashayarasas, LaghuSukshma and Sheetaguna causes vitiation of
b) **Viharaja** – Exercises which explicitly or indirectly affect the shoulder or *AmsaDesha* should be considered.

**Plavana**- Results in *VataKopad* due to over exertion in the joint

**Bharavahana**- carrying heavy loads over the shoulders will cause *VataPrakopa* and deformity in the joint capsule. This leads to diseaseformation

**DukkhaShayya**-Improper posture that creates a great amount of more pressure on the *Amsasandhi*will disturb the muscular integrity and provokes *Vata*. Other *ViharajaNidanas* as reported in *Vatavyadhimay* influence the condition by provocation of *Vatadosha*. To summarize the above mentioned *Nidanas*, under *Vihara*, especially involving the *AmsaSandhi*and *Marmabhigata to Amsa*,lead to the development of *Avabahuka*.

c) **Manasika**- *ManasikaNidanas* like *Chinta*, *Bhya*, *Shoka*, *Krodha,Mada*, are also responsible for *vatprakopa*.

**Rupa:**

*Bahuspanditahara*(restricted movement),

*Vedana* (Pain)

*Stambha*(stiffness)

**Samprapti:**

In case of *Avabahuka*, two methods of vitiation of *Vata* can be found. Etiological influences such as *Ruksha, Laghu* and so on and *Atibharharana* are primarily responsible for the aggravation of the *Vata*. On the other hand, *KaphaPrakopakaNidanas* like *Atisnigdha, AtiguruDravya*, and so on, leads to the *Vikrutavasthaof Kapha*, which generates *KaphavritaVata* and *SthanaSamshraya* in the *AmsaSandhi* and manifestation of *Vyadhi* takes place. The above Signs,however are distinctly manifested in *VyaktaAvastha* or in *VyadhiRoopaAvastha in Vyakta-Sthana*, *AmsaPradesha*. While Madhukosha's commentary on MadhavNidanamentions that *AmsaShosha* is created by *Dhatukshaya*, that is *ShuddhaVataJanya* and *Avabahuka is Vata kaphaJany*°.
Chikitsa:

In DhatukshayajanyaVyadhiBrihmanaline of treatment in preferably done.

Procedure Review:

Method of Nasya Karma

Nasya Karma can be explained in three captions as testified in the classics.

Poorva Karma

This includes the following points, such as OushadhaSangraha,AturaParikshaandSiddhata. Patient is instructed to void the natural urges. He should not have any diet until taking the Nasya Karma. The patient is then taken to a room which is devoid of dust, pollen, intense breezes or sunshine and asked to sleep over Droni. Bahyasnehana is performed first over Gala, Kapola, LalataandKarnaPradesha, in the form of MriduAbhyanga. Mild Swedana is done on the part of the body above the shoulders, after Snehana.

Pradhana Karma

Once the PoorvaKarma has been done, the patient should lie down on the table in the supine position with the legs slightly elevated. Ideally eyes should be covered by a cloth. The patient's head is then lifted and the drug is instilled into each nostril one after the other. The other nostril should be covered when the drug is delivered in one nostril. The drug should be steadily injected in an uninterrupted fashion called 'AvicchinnaDhara.' The patient is told to inhale the medication slowly and aggressively. In both nostrils, the same process is repeated. Care should be taken to stop shaking the head during the operation. Tapasweda can be replicated conveniently.

Since taking the drug, the patient is strictly advised not to ingest the medicine, but to spit it out in the spittoon kept aside. The spit should be achieved until the scent and taste of the drug fades from the throat. Then the patient is allowed to rest in the same pose for 100 Matrakala (30 – 32 seconds) without going to bed.

PaschatKarma

PradhanKarma is accompanied by Dhoomapana, GandooshaandKavalagraha. The patient
is recommended to obey the procedures and regimens. The patient should be instructed to take SukhoshnaJala and LaghuAhara. Patients were strictly advised to avoid SheetaJalaSnana and SheetaJalaPana during the whole procedure.

**Dose**

- 8 - 8 Bindu in the morning in both nostrils. The Snehas should at least reach from nose to gullet, but it should not be too much that to produce secretion in gullet.\(^9\)

- The procedure may be conducted on alternative days or once in 3 days for about 7 to 21 days or even until results are got. In VataVyadhi daily 2 times Nasya can be given. But Vagbhata says that Nasya should not be conducted for more than 7 days.

1. 10 drops – Uttamamatra
2. 8 drops - Madhyamatra
3. 6 drops - Heenamatra

*Season and age are to be considered

**Mode of action of the NasyaKarma**

NasyaKarma is therapeutic procedure where drug is delivered through the nasal pathway. This is one of the procedures of Panchakarma that not only alleviates vitiated Doshas, but also illness to be fully eradicated. The same relates to the NasyaKarma as well. In fact, the Nasya Karma exerts its effects on UrdhvajatrugataPradesha. The ‘NasaHi Shirasodwaram,’ that is, the nose,' has been stated by AcharyaVagbhata as the simplest and closest opening to the cranial cavity to express the potency of drugs. He is the first entity to narrate NasyaKarma's mode of drug operation. The administered medications would enter the ShringatakaMarma and spread to the head through the opening of the Shiras of the eyes, ears, throat etc.

AcharyaSushruta considers that the Shringhatakamarma is a SiraMarma, found at the site of the union of the Sira, which provides the nose, the ear, the eye and the tongue. AcharyaCharakastressed that the Nasya compound typically works by absorption by the Shringhatakamarma, thus explaining the indication for Nasya in Siddhisthana. It works on the diseases of Skanda, Amsa, and Greeva after absorption of the substance and the doshas are
expelled from the *ShiraPradesha*\textsuperscript{10}

**Pathya Ahara\textsuperscript{11}**

<table>
<thead>
<tr>
<th>1. Annavarga</th>
<th>Godhuma, Masha, Raktashali, Kulattha</th>
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</thead>
<tbody>
<tr>
<td>2. Dugdhavarga</td>
<td>Gau-AjaGhrita, etc.</td>
</tr>
<tr>
<td>3. Phalavarga</td>
<td>Draksha, Badara, Amra, Madhuketc</td>
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<tr>
<td>4. Jalavarga</td>
<td>UshnaJala, ShritashitaJala</td>
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<tr>
<td>5. Madyavarga</td>
<td>Sura, Madira, Surasava, Amlakanjika</td>
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<tr>
<td>7. Mutravarga</td>
<td>Go, Avika, Ashva, HastiMutra</td>
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<tr>
<td>8. Rasavarga</td>
<td>Madhura, Amla, Lavana</td>
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</tbody>
</table>

**Apathya Ahara\textsuperscript{12}**

<table>
<thead>
<tr>
<th>1. Annavarga</th>
<th>Yava, Kodrava, Shyamaka, Nirava, Chanaka, Kalayaetc</th>
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</thead>
<tbody>
<tr>
<td>2. Dugdhavarga</td>
<td>GadarbhaDugdha</td>
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<tr>
<td>3. Ikshuvarga</td>
<td>Madhu</td>
</tr>
<tr>
<td>4. Jalavarga</td>
<td>Nadi-samudra, ShitaJala, DushitaJalaetc</td>
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<tr>
<td>5. Madyavarga</td>
<td>Navamadya, Atimadyapana</td>
</tr>
<tr>
<td>6. Mamsavarga</td>
<td>Kapota, Paravat, Kulinga, Shuka, ShushkaMamsa etc.</td>
</tr>
<tr>
<td>7. Mutravarga</td>
<td>Ajamutram</td>
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</tbody>
</table>
Contra-Indications for Nasya:

Sinus infections, pregnancy, menstruation, after sex, bathing, eating or drinking of alcohol, should not be used below 7 years or over 80 years of age.

Discussion

Avabahuka is NanatmajaVatavyadhi, but the association of Kaphadosha is defined in samprapti. Because of Avarana or DhatuKshaya, Vata is vitiated. The Snehana form of BrihmanaNasyaKarma is very helpful because of the samprapti of DhatuKshaya. AcharyaVagbhata's quotation “Naasa hi shirasodwaram” states that, nose is the easiest and closest opening for conveying the potency of medicines to the cranial cavity. The NasyaDravya acts by reaching ‘SringatakaMarma’ from where it spreads into various Srotas (vessels and nerves) and brings out vitiated Dosha from the head. AcharyaSushruta considered ShringhatakaMarma as a Sira and SadyopranaharaMarma and as a composite structure consisting of four Siras in connection with four sense organs- viz, nose, ear, eye and tongue.

AcharyaCharaka, while explaining indications of Nasya, advocates NasyaKarma in Griva,Skanda and AmsaRoga and emphasizes that the Nasya drug will act by absorption via ShringatakaMarma. once the absorption takes place the Dosha situated in Shiras are expelled out just similar to, like how the seenk (fibres) are removed from Munja (a type of grass with fibers in it) without affecting either of the both ie ‘MunjadiShikamiva’.

Conclusion

Avabahuka mostly affects the individuals with the age between 35 to 70 years. Morbidity of VyanaVayu is the prime pathology of the Avabahuka. This morbidity can happen either due to DhatuKshaya or KaphaAvarana. PrakupitaVata invariably involves the Siras, Snayus,
kandaras, at the AmsaPradesha. AmsaShosha may manifest during the later course of the illness. Strenuous physical work and direct Marmabhigata are the predisposing factors in the manifestation of the disease. Nasya Karma was significant in relieving most of the symptoms of Avabahuka.

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➢ Conflict of Interest: None Declared.

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