

## **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 AcharyaSushruta and the other AcharyasAvabahuka 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, Atiraktamokshana, 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**

*VataDosh*a 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<sup>1</sup>. 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.<sup>4</sup>

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*<sup>2</sup>. *AmsaShosha* can be called a preliminary stage of the disease in which the absence or dryness of *ShleshakaKapha* from *AmsaSandhi* occurs<sup>3</sup>. 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*<sup>5</sup>

### ***BrimhanaNasya* -**

### **Aims and Objectives**

1. To study the mode of action of *BrihmanaNasya* in management of *Avabahuka*..

### **Materials and Methods:**

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

### **Disease review**

- ***Nidana:***
  - a) ***Aharaja-*** *Katu, Tikta, Kashayarasas, LaghuSukshma and Sheeta*guna causes vitiation of

the *Vata*.

- b) ***Viharaja*** – Exercises which explicitly or indirectly affect the shoulder or *AmsaDesha* should be considered.

***Plavana***- Results in *VataKopa* 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 disease formation

***DukkhaShayya***-Improper posture that creates a great amount of more pressure on the *Amsasandhi* will disturb the muscular integrity and provokes *Vata*. Other *ViharajaNidanas* reported in *Vatavyadhima* 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*, *Bhaya*, *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 *Vikrutavastha* of *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*, i.e. *AmsaPradesha*. While Madhukosha's commentary on MadhavNidanamentions that *AmsaShosha* is created by *Dhatukshaya*, that is *ShuddhaVataJanya* and *Avabahuka* is *Vata kaphaJanya*<sup>6</sup>.

**Chikitsa:**

In *DhatukshayajanyaVyadhiBrihmanaline* of treatment is preferably done.

**Procedure Review:**

**Method of *Nasya Karma***<sup>7</sup>

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

***Poorva Karma***

This includes the following points, such as *OushadhaSangraha*, *AturaPariksha* and *Siddhata*. 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*, *Lalata* and *KarnaPradesha*, 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.<sup>8</sup>

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*, *Gandoosha* and *KavalaGraha*. 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 *Sneha* should at least reach from nose to gullet, but it should not be too much that to produce secretion in gullet.<sup>9</sup>
- 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 - *Madhyammatra*
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 Acharya *Vagbhata* 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.

Acharya *Sushruta* considers that the *ShringatakaMarma* is a *SiraMarma*, found at the site of the union of the *Sira*, which provides the nose, the ear, the eye and the tongue. Acharya *Charaka* stressed that the *Nasya* compound typically works by absorption by the *ShringatakaMarma*, 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*<sup>10</sup>

***Pathya Ahara***<sup>11</sup>

<b><i>1. Annavarga</i></b>	<b><i>Godhuma, Masha, Raktashali, Kulattha</i></b>
<b><i>2. Dugdhavarga</i></b>	<b><i>Gau-AjaGhrita, etc.</i></b>
<b><i>3. Phalavarga</i></b>	<b><i>Draksha, Badara, Amra, Madhuketc</i></b>
<b><i>4. Jalavarga</i></b>	<b><i>UshnaJala, ShritashitaJala</i></b>
<b><i>5. Madyavarga</i></b>	<b><i>Sura, Madira, Surasava, Amlakanjika</i></b>
<b><i>6. Mamsavarga</i></b>	<b><i>Kukkuta, Mayura, Chataka, Tittir, Nakra, Matsya, Varah, JalacharaMamsa.</i></b>
<b><i>7. Mutravarga</i></b>	<b><i>Go, Avika, Ashva, HastiMutra</i></b>
<b><i>8. Rasavarga</i></b>	<b><i>Madhura, Amla, Lavana</i></b>

***Apathya Ahara***<sup>12</sup>

<b><i>1. Annavarga</i></b>	<b><i>Yava, Kodrava, Shyamaka, Nirava, Chanaka, Kalayaetc</i></b>
<b><i>2. Dugdhavarga</i></b>	<b><i>GadarbhaDugdha</i></b>
<b><i>3. Ikshuvarga</i></b>	<b><i>Madhu</i></b>
<b><i>4. Jalavarga</i></b>	<b><i>Nadi-samudra, ShitaJala, DushitaJalaetc</i></b>
<b><i>5. Madyavarga</i></b>	<b><i>Navamadya, Atimadyapana</i></b>
<b><i>6. Mamsavarga</i></b>	<b><i>Kapota, Paravat, Kulinga, Shuka, ShushkaMamsa etc.</i></b>
<b><i>7. Mutravarga</i></b>	<b><i>Ajamutram</i></b>

<b>8.Phalavarga</b>	<b><i>Jambu, Kramuka, Kasheruka, Lavali, ParpatakiPhala etc.</i></b>
<b>9.Rasavarga</b>	<b><i>Katu, Tikta, Kasaya Rasa</i></b>
<b>10.Shakavarga</b>	<b><i>Kumuda, Kamalanala, Palakya, Udumbara etc.</i></b>

### **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*<sup>13</sup> 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 *ShringatakaMarma* as a *Sira* and *SadyopranaharaMarma*<sup>14</sup> 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*<sup>15</sup>.

### **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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