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CLINICAL STUDY OF BENEFICIAL ROLE OF NASYA AND SHIRODHARA ALONG WITH SHAMAN CHIKITSA- A REVIEW ARTICLE

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ABSTRACT

Ayurveda being an ancient science it has developed through many experiences and experiment in medicines. Ayurveda aims at preservation and promotion of health, prevention and cure of diseases through the concepts of positive physical and mental health. Ayurveda describes channels of circulation both at physical and mental level. If the smooth functioning of channels of circulation is disturbed at physical level, the result is physical disease. In present paper we are discussing regarding the role of Nasya , Shirodhara along with shaman chikitsa.

Keywords: Nasya, Shirodhara, Ayurveda

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INTRODUCTION

Acharya Charaka described Apasmara (epilepsy) as Apagama (loss of) of Smriti (memory/retention) associated with Bibhatsa Chesta (scary/irrelevant behavior) due to derangement of Dhi (thinking capacity) and Sattva (mental strength). Apasmara is described in Madhava Nidana as the loss of Smriti, characterized by Tamaha Pravesha (feeling of aura), which occurs spontaneously. The word "Apasmara" indicates only a clinical sign and not a supernatural cause. Smara means memory. It includes memory, intelligence, and consciousness. Apa means loss. Loss of consciousness is one of the important signs. The clinical features of Apasmara can be correlated with epilepsy in modern medicine. The disease epilepsy is featured about disturbed normal pattern of neural activity, which causes strange sensations, occasional convulsions, muscle spasms, and loss of consciousness. The intention of this case report was to present the constructive approach toward Ayurveda treatment in Apasmara without any unwanted incidences and side effects it does not have any side effect; hence, it can be prescribed for a long time in

therapeutic dosage.[12]Yoga Basti is characterized for curative, preventive, and promotive action. It pacifies the vitiated Vata Dosha in Apasmara and gives results in repetitive attacks. Basti is considered as a wide-ranging key treatment modality for Vata Dosha.[13]Bramhi Vati, in which Brahmi being a Medhya (brain tonic) drug is recommended for various psychosomatic and psychiatric disorders. It has capacity to cross the blood-brain barrier with the help of cow ghee as a vehicle. Brahmi Ghrita is recommended for the management of Unmada (insanity), Alakshmi (inauspicious), Apasmara (epilepsy), Papavikaras (diseases due to sinful acts),[14] and for Apasmara, Unmada, and Graha Rogas (diseases afflicted by evil spirits).[15] Sarasvatarishta improves general well-being and mental health. It increases immunity, memory, voice quality, feelings of joy, and satisfaction as well.[16]Mini Mental State Examination (MMSE), the most commonly used measure of the global mental status, is used in the screening for dementia. Similarly, if the channels of circulation related to astral body (emotional body) are disturbed, manas roga are born. In Ayurveda Manovikara are described

under Unmad, Apsmara, Mada, Murchha, etc. Manasroga is understood by their actions which are indriyabhigraha (sensory, motor perception & control), Svasyanigraha (self control), Uha (speculation) & Vicharya (thinking).[1] Most of mental illness caused by gunic and doshik imbalance leading to closing of perception and loss of understanding. According to Ayurveda manovikara is caused due to vitiated Vata dosha i.e. (Prana, Udana and Vyana Vayu). Vata dosha is said to be the controller and prompter of manah. It is also said that the excited Vata depresses mind, gives rise to fear, grief, stupefaction, feeling of helplessness, delirium, etc.[2] According to modern science, mental disorders are characterised by disturbances in an individual's cognition, emotions affects thinking, feeling, mood and behavior. This may be associated with particular regions of functions of the brain often in social context. In Ayurveda, the best treatment for all Manasroga is panchakarma (nasya, shirodhara, virechana & basti) and Shaman aushadhi like medhya drugs. But Acharya Charaka has mentioned the effect of basti on whole body including manah & Buddhi i.e. Manasroga. Here is

an attempt to review the synergetic role of basti chikitsa in Manasroga.

Pranayama or deep diaphragmatic breathing exercise reported changes in metabolism, blood flow, and oxygen levels in the blood. The regular practice of pranayama, in which person doing controlled deep diaphragmatic breathing exercise facilitated with reinstate normal respiration; this can reduce the duration of seizure and/or stop the seizure before it becomes full blown. Asanas or Yogasanas postures aid in reestablishing equilibrium of the body and its metabolic systems. Practicing regular Asanas strengthens person physically and calms the nervous functions. Asanas can be used as a physical exercise alone, which helps to improve circulation, respiration, and concentration, whereas declining the probabilities of seizure.[19] Dhyana (meditation) is a soothing experience that relaxes the mind and heals the body. Meditation corrects the blood flow to the brain and slows down the production of stress hormones. Simultaneously, meditation increases the levels of neurotransmitters, which keep the nervous system calm. Relaxation techniques, such as yoga and meditation, are well-known effective remedies in seizure control. The

patient got symptomatically result in this scenario, nevertheless evidences such as electroencephalogram and magnetic resonance imaging were not carried out because of financial condition of the patient. So, by conducting clinical trials, one can fix the treatment protocol for Apasmara and facilitate the society with harmless productive treatment. Panchakarma treatment, such as Shirodhara, Nasya, and Basti along with palliative treatment (Shaman Chikitsa), are safe without any interactions and adverse effects in the treatment in Apasmara. Now, the patient is symptomless and feels relaxed. But he is still on the clinical follow-up. This type of treatment plan can be recommended for large sample size as randomized clinic trail. Migraine is one of the common causes of recurrent headache. According to International Headache Society, Migraine constitutes 16 % of the primary headaches and affects 10- 20 % of the general population.

Migraine is considered as psychosomatic disease. In present era, the various data showed that 75% people suffer from migraine due to stress. In Ayurveda also, it is stated that psychological factors like

Manasa Santapa, Shoka, Bhaya are mentioned as the causative factors of Shirahshoola. Nasyakarma has been advised as the important method of treatment in Urdhavajatrugata Rogas. A medicine administered through the nose goes into the head and expels the vitiated Doshas. Anu taila is having Vata-Kaphanashaka and Vedana sthapaka i.e. pain-relieving properties. In Ardhavabhedaka there is Vata Kapha prakopa and also Raja and Tama manasik dosha prakopa. So, treatment used should be aimed at removing doshaprakopa from Shirapradesh i.e. Shodhana and also Shamana of Vata Kapha and Manasik Doshas. Rasa and Rakta dhatu were Dushya which should be treated effectively.

Migraine is highly prevalence in women than men. About 15% women and 6% men are afflicted by migraine. The term "Migraine" refers to a syndrome of vascular spasms of the cranial blood vessels. Migraine is a neurological condition that can cause multiple symptoms. It's frequently characterized by intense, debilitating unilateral headaches. Symptoms may include nausea, vomiting, difficulty speaking, numbness or tingling,

and sensitivity to light and sound (Sonophotophobia). Migraines often run in families and affect all ages.² Sometimes the headache may exist by focal neurological phenomena "aura" which is followed by headache. The most common categories of migraine headache are those without aura (previously known as common migraines) and those with aura (previously known as classic migraines). The diagnosis of migraine headaches is determined based on clinical history, reported symptoms, and by ruling out other causes. Also, orthopedic tests, Cranial nerve examination, blood count, urinalysis and Cranial magnetic resonance imaging was performed if required. Treatment for migraine helps to stop migraine symptoms and it also helps to prevent future attacks. To treat migraine many medications have been designed. Medications used to combat migraine falls under two broad categories such as Pain-relieving medication, Preventive treatment and Complementary treatment. Pain-Relieving Medication, also called as acute treatment. It is the treatment which is generally used to stop an attack when it begins. Drugs for acute treatment includes NSAIDs, Triptans, Ergotamine, Opioids, Antiemetics. For the prevention of

Migraine, the psychological state of the patient should also be evaluated since a relationship exists between head pain and depression. Many patients in chronic daily pain cycles become depressed; moreover, there is a greater-than-chance coincidence of migraine with both bipolar (manic-depressive) and unipolar major depressive disorders. Drugs with antidepressant actions are also effective in the prophylactic treatment of both tension-type headache and migraine.⁴ Ayurveda is the ancient Health science which has glorious past and bright future. It comprises many dimensions about health of human being. Many chronic diseases which cannot be treated properly by other medical sciences, or there are side effects of the medicine or recurrence of the disease, those diseases were well treated by Ayurveda principles and medicines. All symptoms of Migraine were having close resemblance with Ardhavabhedaka, which is one among the 11 types of Shirorogas explained in the classics which presents with Bhedatodavat ardhaparshwa shirashula having periodic attacks and with prakasha, shabdha asahishnutha. ^{5, 6} It is mentioned that Ardhavabhedaka if left untreated it leads to deafness and blindness.⁷

Ardhavabhedaka is best treated with Shiro Virechana, Kaya Virechana, Nadisveda, Niruha and Anuvasana, Basti, Upanaha and Shiro Basti. Aacharya Sushruta indicated Nasya with Sirishphala Nasya, Dashmooladyavpidana, Madhukadhyavapidan, Madhuradi - nasya. specially Madhura aushadhi siddha Ghrita, Taila Nasya and Madhura aushadhi along with ghrith taila lepana were indicated.⁸ Also, treatment for Manas dosha Raja and Tama is necessary for Ardhavabhedaka. In present case study the patient of Ardhavabhedaka was treated with Nasya upakrama⁹ with Anu taila¹⁰ and Shaman chikitsa. We selected the drugs Kamdudha Rasa¹¹, Mahavata Vidhvansa Rasa¹² and Gandharva Haritaki Choorna¹³ for Vata Kapha Shamana karma in that patient. Also, Bramhi Ghrita¹⁴ is given to patient for the manasik dosha i.e. Raja and Tama Dushti. Patient got relief in his symptoms.

Madhura ras pradhana and balya aushadhi should be used. Mahavataavidhvansa rasa, act as vata Shamaka. Kamdudha rasa used in Ardhavabhedaka acts on Rasa and Rakta Dhatu reduces hrullasa and Shirashool. Gandharva Haritaki is anulomaka and

hence helps in sampraptibhanga. For manasik Dosha chikitsa Bramhi Ghrita is used.

Ardhavabhedaka is Psychosomatic disorder as explained in Ayurvedic classic as it has both Sharira and Manas Dosha Dushti. ♦ Emotional stress, Anxiety, Tension and other psychological factors play very important role in the etiopathogenesis of Migraine. ♦ Nasya Chikitsa is very much useful in urdhvajatrugata rogas such as Ardhavabhedaka. ♦ Mahavataavidhvansa rasa, Kamdudha rasa, Gandharva Haritaki are useful drugs in Ardhavabhedak. Bramhi Ghrita is useful for Manas Dosha dushti and Brihan chikitsa ♦ Shamana Chikitsa for both sharira and Manas dosha were necessary to treat Ardhavabhedaka. ♦ Ardhavabhedaka can be successfully treated with Ayurveda. Recurrence of disease can be avoided or its intensity can be reduced.

According to Ayurveda in every diseases there is involvement of Vata, Pitta and Kapha dosha with Manah. Among of all three doshas Vata dosha is one of the dosha is said to be controller and prompter of Manah. But also said that excited or vitiated vayu depresses mind and give rise

to different types of Manovikara like Chinta, Mada, Bhram, Bhaya, Unmad, Apsmara, etc. Thus Manovikara is mainly caused due to Vata dosha (Prana, Udana and Vyan Vayu). The main treatment of Vata dosha is Basti chikitsa. Basti is not only for Vata disorders but it also equally effective in correcting the morbid Pitta and Kapha. Hence basti is most important shodhana karma in all Manovikara. Charak Acharya mentioned that basti is main treatment as it possesses a wide spectrum of effect on the whole body including manah & buddhi and is thought to be the Ardhachikitsa in Ayurveda.

According to Ayurveda basti therapy has special effect on Manovikara. There is direct reference of basti chikitsa on Manovikara in Ayurvedic classical text. Basti is main therapy for vitiation of Vata dosha and in all Manovikara there is predominance of Vata dosha along with Pitta and Kapha. So by adopting basti chikitsa all sharirik (vata, pitta and kapha) and manasik (raja and tama) doshdushti can be treated effectively. Basti chikitsa includes various types of basti (Niruha basti, anuvasana basti). In basti chikitsa, we can use a number of medicines as per the need of the disease. CONCLUSION In this

review study, we discussed the synergetic role of basti chikitsa in manoviakra. In all manovikara, vata dosha is more prominent. In Ayurveda the best treatment for Vitiated vata dosha is Basti therapy. In basti therapy various types of medhya drugs can be used according to condition or type of manovikara. In normal day today life, everyone is suffering from stress i.e. physical and mental. So in healthy person basti along with medhya drugs can be very useful. Hence basti play and synergetic role in all manovikara.

The previously taken antiepileptic drugs medication has many drawbacks such as adverse reaction and drug interaction. Cognitive impairment to an extent is also seen in patients with epilepsy. Panchakarma and internal Ayurveda medicines work surprisingly in this area, and they do a remarkable job. Dhanwantara Taila Abhyanga—cures Kampa (tremors), Akshepa (convulsions), Unmada (insanity), and all types of Vataja Rogas (neurological disorders). Shirodhara makes satiety in head, removes facial wrinkles, Santarpana of Indriya (nourishes all sense organs), and does the Pratipurana of Shiras and acts as Nidra Labha Sukha (gets good sleep easily and feels happy). Body

massage with simple or medicated oil increases the blood amino acids such as tryptophan, simultaneously reduces the stress, and stimulates nervous system, ultimately, which acts on muscular system that governed particular nerve actions.[10]Nasya with Panchagavya Ghrita showed an anticonvulsant effect against maximal electroshock seizure in animal model, which induced seizures and also potentiated the anticonvulsant effect. It also controls the regular occurrence of convulsions and the extent of duration

Benefits of Rasayana The benefits of following Ayurvedic way of life is the benefits of Rasayana. By controlling the natural cause of health and disease one can maintain health. It is possible to change the course of disease whether it is natural or the self-imbibed. The process, measure and procedures to keep healthy life and drive away diseases to keep longevity is the purpose of Ayurveda [5]. It is required special attention in the course of life to give more focus on controlling degeneration. In the normal process of degeneration to prolong the longevity without disease is the intention and special measures for such purposes are taken into consideration in Rasayana-chikitsa. The function of body tissues or specific

activities of internal organs are in stake in the old age or in a clinical situation when normal procedures are failed. The benefits of Rasayana are Long life, excellent memory, brilliance, health and young age, radiating lustre, pleasing colour, commanding voice, great strength of body and sense organs, Influencing speech, reverential attitude and loveliness [6]. That process which facilitates optimum movement acquisition, assimilation and circulation of the essence of food or medicine to gain the above benefits is attained through Rasayana chikitsa. The benefits are focused attaining strength (balya), life giving (Jivaniya), bulk promoting (Brahmaniya) and stabilising the ageing process which is anti-ageing (Vayahsthapana) [7].

The essence of food or medicine ingested is also known as rasa. This end product is responsible for formation of Rasa-dhathu [12]. The transformation of well-formed essence after digestion (Ahara Rasa) determines the successive formation of all seven dhathus in which the first formed dhathus is Rasa dhathu. In old age or in ageing process the control of formation of Rasa dhathu is lost and end result start with lose of sensory functions and related symptoms of malfunction of internal

organs. The structural deformities of the pathways which carry the Rasa into the dhathus are one of the cause of decay and dysfunction of dhathus. The importance of "Srotas" or channels micro pathways or systems as a whole, play a major role in this process. The specific varieties of the channels in the human body are the same in number as the structural entities in it [13]. The channels of circulation carry the dhatus undergoing transformation to their destination. The possible blockages and immobility of channels cause functional delay and excessive or less diverted movement of nutritional fluids described in detail under the "Srothas" concept and its "dusti" or vitiation [13]. Rasayana chikitsa is incomplete and cannot give in good result if the Srotas are vitiated. The ayana (movement) of Rasa is main process behind any Rasayana function.

The word "Mala" is derived from "malineekarannath mala" which means, it constitutes waste materials which needs to be eliminated through various channels of the body at the last stage of metabolism. If the accumulation of waste products happens diseases are developed. The gross forms of waste products are urine, faeces and sweat. The subtle waste

constituents are exudates or secretion from epithelial lining of eyes, nose and mouth. At various stages of digestion like in that of Avasthapaka, waste products are formed and get divided. "Aama" plays a major role in understanding Rasayana concepts. Aama is the toxins resulting from improper digestion of food or waste accumulation in the body [26]. Aama needs to be eliminated from the body or it should get disintegrated by means of drugs or through purificatory measures (sodhana) or palliative (samana) chikitsa. The Rasayana therapy is advised only after removing the accumulation of Malas from the body. The example given by Charaka at this context is like a guide line exposing the importance of waste elimination to achieve rasayana effect [27]. A dirty cloth cannot absorb any new colours unless the dirt is removed. Maximum benefit of Rasayana is achieved when the toxins are removed from the body. The concept of "Sama mala" balanced state of waste elimination gives another dimension for healthy living. The process of waste elimination includes generation of waste, accumulation and elimination. If the amount of waste produced is high and the process of elimination is slow, it will result in imbalance. Similarly the waste elimination is rapid and

formation of waste constituents is slow which can also result in more stress and over activity of related organs. The balance is very much essential in keeping the body fit. The process of waste elimination plays a major role in making the body more sensitive and receptive to assimilate the Rasayana effect of a given medicine.

Vyasdivya rasay

Amalaki is a natural remedy long used in Ayurveda (the alternative medicine of India). Sometimes referred to as amla or Indian gooseberry, Amalaki is sourced from *Emblica officinalis* (a tree native to tropical regions in southeastern Asia). Amalaki contains a number of substances thought to enhance health, including vitamin C and other antioxidants. Amalaki is also one of the three herbs included in Triphala, an herbal formula widely used in Ayurvedic medicine. Presented case is diagnose as pakshaghataavyadhi. Due to shiro-abhighaat, vat-prakop occurred. Vitiated vat dosha occupies riktastrotasas in the body and causes vatvyadhi like pakshaghata. Increased rukshaguna causes rukshata and parushata, which is key point of samprapti of pakshaghata. So to

compensate the rukshaguna of vatadosha, we used snehan in the form of sarvangabhyang, basti, shirodhara and nasya karma. According to acharyacharak, basti is one of the most important treatment on vat vyadhi. Shirodhara pacifies the vitiated vat in shirapradesha and relaxes the nervous system. Nasya karma gives significant results in pakshaghata, shashtikshaalipindsweda gives bala to the affected siraa and kandara.

References:

- Charak, Charak Samhita of Agnivesha, Sharma Priyavat (editor), Sharirsthana 1/21; Chaukhamba Prakashan, Varansi, Volume I, 8th edition, 2007; PP678.
- M.G.Ramu, B.S.Venkataram, Ancient Science of Life, Vol. IV, No.3 January 1985, Page 165-173.
- Charak, Charak Samhita of Agnivesha, Sharma Priyavat (editor), Sharirsthana 1/18; Chaukhamba Prakashan, Varansi, Volume I, 8th edition, 2007; PP677.
- Sushrut, Sushrut Samhita of Kaviraja Ambikadutta Shashtri, Sharirsthana 5; Chaukhamba Prakashan, Varansi, Volume I, 2009.
- Charak, Charak Samhita of Agnivesha, Sharma Priyavat (editor), Sharirsthana 1/20; Chaukhamba Prakashan, Varansi, Volume I, 8th edition, 2007; PP677.

Bhela, Bhela Samhita of Shree Girijadayalu Shuklah, Chaukhamba Bharti Academy, Varansi.

Charak, Charak Samhita of Agnivesha, Sharma Priyavat (editor), Siddhithana; Chaukhamba Prakashan, Varansi, Volume I, 8th edition, 2007.

Charak, Charak Samhita of Agnivesha, Sharma Priyavat (editor), Chikitsasthana 9/27;

ChaukhambaCharak, Charak Samhita of Agnivesha, Sharma Priyavat (editor), Chikitsasthana 10/16; Chaukhamba Prakashan, Varansi, Volume I, 8th edition, 2007; PP-247.

Charak, Charak Samhita of Agnivesha, Sharma Priyavat (editor), Chikitsasthana 10/61; Chaukhamba Prakashan, Varansi, Volume I, 8th edition, 2007; PP-251.

Sushrut, Sushrut Samhita of Kaviraja Ambikadutta Shashtri, Chikitsasthana 35/27; Chaukhamba Prakashan, Varansi, Volume I, 2009; PP-192.

Bende Yogita, Pawan Lekurwale, et al, International Journal Of Ayurvedic Medicine, 2015; 6(4): 301-304.

Upadhyaya Y. Madhav Nidan, Madhukosh Tika, Apasmara Nidana 21/1. Varanasi, India: Sanskrit Sansthana; 2002. p.45.

Shastri A. Sushruta Samhita, Uttara Tantra 61/ Varanasi, India: Chaukhamba Sanskrit Sansthana; 2007. p.81.

Mishra UK, Kalita J. Clinical Electroencephalography. 1st ed. Vol.17. Gurgaon, Haryana: Elsevier Publishers; 2009. p.371-3.

Nandeshwar KP, Patil PL, Choudhari MC. Ayurvedic management of balapasmara w.s.r. to epilepsy in children along with anti-epileptic drug: A case study. Eur J Pharm Med Res 2017;4:354-7.

Janowski K, Gustaw K, Kasproicz M. Application of Choynowski's memory scale in assessment of patients with dementia. Arch Med Sci 2012;8:130-

Murthy KR. Astanga Hridayam. Vol. II. 2nd ed. Varanasi, India: Krishnadas Academy; 1995. p.511.

Trikamji Y. Sushruta Samhita, Nidan Stahana. 8th ed. Varanasi, India: Chaukhambha Orientalia; 2005. p.488.

Trikamji Y. Charaka Samhita. Reprint ed. Varanasi, India: Chaukhambha Sanskrit Sansthan; 2004. p.42.

Roshy JC, Cheian A, Joseph CT. Role of Abhyanga (oil massage) to lead a healthy life. Ayurpharm Int J Ayur Alli Sci 2012;1:163-7.

Joshi R, Reeta KH, Sharma SK, Tripathi M, Gupta YK. Pharmacodynamic and pharmacokinetic interaction of Panchagavya Ghrita with phenytoin and carbamazepine in maximal electroshock induced seizures in rats. Ayu 2015;36:196-202.

Chitrangana CN, Shetty SK, Prakash NB, Raj AGR, Shankar V. Explorative study on efficacy of Ayurvedic therapy and an Ayurvedic compound preparation in the management of epilepsy. Int J Res Ayur Pharm 2014;5:702-7.

Patil VC. Principles and Practice of Panchakarma. 3rd ed. Atreya Ayurveda Publications; 2012. p.98.

Acharya YT. Charaka Samhita, Chikitsa Sthana. Apasmara Chikitsa Chapter 10/25. Varanasi, India: Chaukamba Prakashana; 2009. p.475.

Bhavamishra. Bhavaprakasha, Uttarardh 23/18. Varanasi, India: Choukhamba Samskruta Sansthana; 2005. p.225.

Saxena S. Saraswatarishta: Uses, benefits, side effects, FAQs and more. Available from:

<https://cashkaro.com/blog/saraswatarishta-benefits-uses-how-to-consume-side-effects/52063>. [Last accessed on 2019 Dec 19].

Brain Metrix. Available from: <http://www.brainmetrix.com/iq-scale/>. [Last accessed on 2019 Dec 18].

Saxena VS, Nadkarni VV. Nonpharmacological treatment of epilepsy. Ann Indian Acad Neurol 2011;14:148-52.

Rajesh B, Jaychandran D, Mohandas G, Radhakrishnan K. A pilot study of yoga meditation protocol for patients with medically refractory epilepsy. J Altern Compliment Med 2006;12:367-71.

Sahaja Deepak KK, Manchanda SK, Maheshwari MC. Effect of Sahaja yoga practice on seizure control and EEG changes in patients of epilepsy. Indian J Med Res 1996;103:165-72