



Review Article

A REVIEW ON THE STANDARD OPERATIVE PROCEDURE OF NASYA

Sunil Solanke ^{1*}, Sneha Kamre ¹, Pavan Sushir ¹, Sushil Chawre ², Prakash Kabra ³

¹PG Scholar, Department of Kayachikitsa, Government Ayurved College and Hospital, Nagpur, Maharashtra, India

²PhD Scholar and Assistant Professor, Government Ayurved College and Hospital, Nagpur, Maharashtra, India

³Head of Department, Government Ayurved College and Hospital, Nagpur, Maharashtra, India

*Corresponding Author Email: sunilsolanke6@gmail.com

Article Received on: 23/09/20 Approved for publication: 30/10/20

DOI: 10.7897/2230-8407.111090

ABSTRACT

Ayurveda is the science, which deals with the maintenance of health and treats the disease. Rasayana Aushadhi, Pathya-Apathya, Dinacharya, Rutucharya etc are explained in Samhitas for maintaining the health. Nasya is one of the Panchakarma used for eradication of Urdhvajatrugat Dosh (disease of head and neck). Although Nasya is included in Shodhan Chikitsa, it has various other uses as Shaman for health maintenance and controlling the disease. Today's lifestyle is very fast growing and having lack of time to look for their health issues. Nasya is the most preferred procedure as it consumes a very reasonable amount of time and can be performed easily as compared to other Panchakarma therapies like Vaman, Virechan and Basti. There is a need to have standard operative procedure, as its effect is largely dependent on the proper administration of Nasya. If this procedure is not followed properly and according to the classics, then there are chances of Vyapad (complications). This article will focus on the standardization of Nasya Karma procedure, Nasya Kal (timing at which Nasya is to be administered) and its importance in today's lifestyle.

KEYWORDS: Nasya, Nasya Kal, Panchakarma, Standard Operating Procedure (SOP), Urdhvajatrugat Vikar.

INTRODUCTION

In today's lifestyle, various diseases are developing due to people's negligence towards health. But these diseases leave their footprints in their life. Stroke, cervical spondylosis, hair loss, early developing myopia and hypermetropia are some of them. People are dealing with increased stress due to their busy lifestyle. Nasya can be practiced easily and is effective on the diseases of Shira.

In Ayurveda, Panchakarma therapy is used for the maintenance of health and eradication of diseases from their root; Nasya is one amongst them. The Process of giving medicines through nasal route in the form of ghee, oil, powder, liquid or smoke is called as Nasya Karma.¹

Shira is also called as Uttamanga, it control and regulate the functioning of all organs (Gyanedriya and Karmendriya) to normalcy.² Organs (Indriya) situated in Shira get their Nutrition from Tarpak Kapha which is located in Shira.³ In this way, Shira has local as well as whole body control. Charak described nose as the gateway of Shira.⁴ He advocated the use of this gateway as route of administration, when action of certain drugs is expected on Shira.

According to modern science, the brain is an organ that serves as the center of the nervous system that controls all the motor and sensory functions of human body. These neurological functions can be correlated with Gyanendriya and Karmendriya and its Prakrit Karma in Ayurvedic science.

Smell and taste are the chemical senses. Medicines used for Nasya are having chemical property. They stimulate the receptor

cell present in olfactory area. The receptor cells are the only neurons of our body which project to the external world.⁵ This receptor cells in continuation have their connections with the mid brain. This anatomical fact strongly supports the Ayurvedic concept of nose as the gateway to brain and one of the most effective routes to treat disorders of central nervous system.

Medicines used for Nasya are chemicals which produces action potential in receptor cell neurons. This Action potential is carried to the primary olfactory cortex through Olfactory bulb and olfactory tract. Primary olfactory cortex includes olfactory tubercle, which receive input from olfactory bulb and as well as from substantia nigra of midbrain. So, this central connection may get stimulated by the action potential energy produced by the chemical or medicine used for Nasya. So, it can be stated that, Nasya medicine reaches to brain via nasal route and acts on higher centers of brain controlling different neurological, endocrinal and circulatory functions and thus showing local as well as systemic effects.

STANDARD OPERATIVE PROCEDURE OF NASYA

The Nasya therapy is carried out by following three steps:

- 1) Purva Karma (Pre-measures)
- 2) Pradhana Karma (Nasya therapy)
- 3) Pashchat Karma (Post measures)

Purva Karma

Before administrating Nasya drug, prior arrangement of the materials and equipment should be done. Step wise requisites are as follows.

Collection of Equipment, Materials and Drugs

1) Nasya Bhavan: (Nasya Theater)

There should be a separate special room called as "Nasya Bhavana" which will be free from direct flow of air, dust and should be with appropriate light arrangement.⁶ Materials required for Nasya should be stored in Nasya Bhavan.

2) Nasya Asana

Appropriate and adequate arrangements are to be fabricated in the Nasya Bhavan as for Nasya patient is required to take head low position so that head can be tilted slightly below the level of neck. For this purpose, bed, table or chair can be used.

3) Nasya Drugs

Nasya is administered in various forms. Hence for this, drugs required for Nasya should be collected in the required form. For example, Kalka (pulp), Churna, Kvatha, Kshira, Udaka, Sneha, Asava, Dhuma etc. in sufficient quantity.

4) Equipment

For different type of Nasya such as Snehana, Avapida, Marsha, Pratimarsha Nasya, Pradhmana and Dhuma Nasya, different Nasya Yantras are required. Like dropper or cotton ball (Pichu) for Snehana, Avapida, Marsha and Pratimarsha Nasya.⁷ Pradhmana Nasya requires a specific tube or catheter like instrument (Shadangula Nadi).⁸ Specially designed Dhumayantra is required for Dhuma Nasya. Besides these, efficient expert assistants, cotton gauze, bowls, napkins and towels are also required.

General Examination of Patients

Patient should be examined thoroughly. First of all, it should be decided that the patient is fit for Nasya Karma or not. Indications and contraindications for Nasya have been described under the heading of Arha and Anarha respectively by Charaka.⁹ The patient should be examined with respect to Astavidha and Dashavidha Pariksha. It has been mentioned in Charak Samhita that Dosha, Bheshaja, Desha, Bala, Kala, Sharira, Ahara, Satmya, Satva and Prakriti are the important factors which must be examined before performing the Shodhan.¹⁰ Nasya being one of the interventional therapy, patient should be examined in the background of Dashavidha and Ashtavidha Pariksha. By this we also minimize the chances of complication and adverse effects (Vyapads) of Nasya.

Preparation of Patients

Selection of the Patient (Aatur Vichar): The patient should be selected according to the indications and contraindications of Nasya described in literature.¹¹

Preparation of Patient (Aatur Siddhata): Following instructions are given to the patient prior to Nasya therapy.

1. Patient should have passed his natural urges like urine and stool.
2. Patient should have completed his routine activities like tooth brushing, bath, etc.¹²
3. Light breakfast 1 hour prior to Nasya therapy is advised. Snehapana should not be given immediately before Nasyakarma
4. Prior to Nasya, mild massage (Abhyanga) should be done on scalp, forehead, face and neck for 3 to 5 minutes by medicated oil like Bala Taila, Panchaguna Taila or other preparations as indicated.¹³
5. Hot fomentation (Svedana) should not be given to the head and eyes. Mild fomentation (Svedana) may be given by

means of rubbing of palms (Hasta Sveda), by hot water bag or by dipping cloth in hot water etc. on Shira, Mukha, Nasya, Manya, Griva and Kantha region. This will help for elimination and liquefaction of Dosha.

6. Now the patient is ready for Nasya karma.

Pradhana Karma

Charaka, Sushruta and Vaghbata has described the Nasya procedure in detail with little bit of differences.^{14,15,16}

Following procedure is adopted for performing the Nasya therapy.

Nasya Karma (Administration of Drug)

Position: Patient should lie down in supine position on Nasya table. Head (Shira) should be 'Pralambita' i.e. extension of the neck. Head should not be excessively extended. This position allows the Nasya medicine to reach the desired site and have desired effect.

Procedure: Eyes should be covered with clean cotton cloth. The physician should stretch the tip of the patient's nose with his left thumb to facilitate the administration of the Nasya medicine and with the right hand the lukewarm medicine should be administered drop by drop in both the nostrils alternately, in the prescribed dose.

After administration of Nasya patient is again subjected to gentle and mild fomentation by means of rubbing hands on Shira, Mukha, Lat, Nasa, Manya, Griva and Kantha region. Mild massage (Mridu Mardana Karma) should be given on hands, shoulders and feet. Nasal secretion with residual medicine from nose and pharynx should expel out. The patient should remain relaxed while taking Nasya. He should avoid speech, anger, sneezing, laughing and movements of head during Nasya procedure.

Observations for Samyak Yoga and Ayoga in Nasya

After Nasya, physician must observe the patient for Samyak Yog, Ayog and Atiyog Lakshanas .

- i) Samyak Yoga: Shirah Laghava (lightness of the Head), SwapnaSukh (sound and refreshing sleep), SukhPrabodhan (the state of being easily awakened), Indriya Prasannata, Shudhha Strotas and Rogshanti.¹⁷
- ii) Nasya Ayoga/Hin Yoga: Vatavaigunya, Indriya Rukshata, disease for which Nasya is given remained untreated, Kandu, AngaGaurav (Heaviness), Kapha or Lalastrav from Nasa-Mukha-Netra.¹⁸
- iii) Nasya Atiyog: Kaphastrav, ShiraGauravata, IndriyaVibhram (dullness of the sense organ) and Vataprakop Lakshanas may be found.¹⁹

Complications of Nasya (Vyapad) and Treatment

If pre-measures and drug administration is done properly, then Samyak Yoga of Nasya will be attained. However, chance of occurrence of complications, are possible due to Ayogya Kala, fault in procedure and not doing examinations of Nasya Arha-Anarha. The complications are divided into two broad categories and they are treated according to the stage of Dosha.²⁰

- i) Complication due to Dosha Utklesha: This can be treated by Shodhan or Shaman Chikitsa
- ii) Complication due to Dosha Kshaya: This can be treated by Brihan Chikitsa.

Pashchat Karma

i) Immediate Post-Nasya Measures (Tatkalin Pashat Karma): After administration of medication through nasal route patient should lie supine for about 2-minute time interval (ask the patient to count numbers up to 100). Immediately after Nasya feet, shoulders, palms and ears should be massaged.²¹ Swallowing of Nasya medicine should be avoided. The oil that has been dropped in the nose may be repeatedly drained out together with the morbid Dosha, especially mucus, through nostrils. Care should be taken that not even the smallest portion of the medicated oil should be left behind.²² Patient should spit out the excessive medicine which has come into the oro-pharynx.

ii) Medicated Dhumapana and Gandusha are advocated to expel out the residual mucus lodged in Kantha and Shringataka.

iii) Parihary

Patient should stay in a closed place away from wind and cold.²³ Laghu Ahara and lukewarm water is allowed. One should avoid dust, smoke, sunshine, alcohol, hot bath, riding, anger, excess fat and liquid diet.²⁴ Day sleep should be avoided. Use of cold water for any purpose like drinking and bathing should be avoided.

Importance of Kala in Nasya Procedure

Charak explained that for prevention of diseases located in supraclavicular region (Urdhvajatrugata Vikar) and having absolutely healthy sense organs, Nasya in Yogya Kala is the key feature. When sky is clear, Pravrit, Sharad and Vasant Rutus are best Kala for Nasya.²⁵ Vagbhata explained the Kala of Nasya according to the Dosha i.e. , early morning (Pratahkala) for Kaphaj Vikar, afternoon for Pittaj Vikar and for Vataj Vikar in evening (Nisha Kala). He also explained the Kala of Nasya in healthy person.

- 1) Vasant Rutu: early morning (Pratahkala),
- 2) Hemant and Shishir: afternoon (Madhyann),
- 3) Grishma: evening (Sayankal) and
- 4) Varsha: after arrival of sunlight²⁶

Nasya Kal according to disease,

- 1) Vata dominant supraclavicular disease (Shirpradesh Vyadhi) such as Hikka, Apatanak, Manyastambh etc-2 times a day (morning and evening)
- 2) Other disease – Alternate day each.²⁷

Vagbhata further explained that Nasya should be avoided in daily routine life immediately after following activities.²⁸

- 1) After drinking water (Jalapan)
- 2) After taking alcohol (Madya), after Garavisha Pan or who wish to drink it
- 3) After eating rice
- 4) After taking bath
- 5) After Raktamokshan
- 6) Nav Pratishyay
- 7) Mal-Mutra Vegavarodh (in urge of urine or bowel movement)
- 8) In lactating mother (Sutika), Shwas-Kas (cough)
- 9) Immediately after Vaman, Virechana and Basti.
- 10) In cloudy climate

Pratimarsha Nasya

Pratimarsha Nasya is type of Nasya which can be given to healthy person for maintenance of health.

Being less in quantity this can be easily administered without complications.

Vagbhat mentioned 15 different Kala of administering Pratimarsha Nasya given in Table 1.²⁹

Table 1: 15 Kal of Pratimarsha Nasya and their action

Nasya Kal	Action
Early Morning	Shrotoshuddhi
End of the day(evening)	
After taking food	
After Vaman	
After day sleep (Divasvap)	
After walking	Klam Nash
After work (Parishram)	
After Stree-Sahawas	
After Shir Abhyang	Drikbal Vriddhi
After Kavaldharan	
After urination	
After Anjan Vidhi	
After defecation	Dant Sthirata
After toothbrush	
After laughing	
	Vata Shaman

DISCUSSION

Nasya is one of the Shodhan Karma. It is useful in Urdhvajatrugata Vikar. After administration of Nasya Aushadhi in Nasal cavity, get dissolved in nasal mucosa with the help of properties such as Vyavayi, Vikasi, Sukshma, Tikshna, Drava, of generalized Shodhan drugs. Drugs might be reaching by its Virya to the lesion of the disease. At the sight of lesion, these properties may break down the lesion and liquefied Dosha may come from Shakha to Koshta, here in oropharynx. These Dosha then expelled out through oral route. Sometimes Nasya medicines, may produce action potential in receptor cell neurons at olfactory nerves which in turn to olfactory center to mid brain. In this action potential blood circulation may be enhanced by virtue of red eyes and nasal secretions, increasing the nutrients to the region and reducing the inflammation and pain in the neck region in reference to cervical spondylosis. All these effects totally depend upon the proper procedure. Therefore, it is necessary to standardize the procedure of Nasya. Central connections of receptor cell get stimulated by the action potential energy produced by the Chemical (medicine) in receptor cells. So, it can be said that Nasya medicine reaches to brain via nasal route and acts on higher centers of brain controlling different neurological, endocrinal and circulatory functions and thus showing local as well as systemic effects.

Although Nasya is less time-consuming procedures its proper operative procedures are important for its beneficial action. Nasya Procedure is explained in detailed in Samhitas. This procedure is divided into 3 main headings Purvakarma, Pradhankarma and Paschatkarma. These individual headings are explained in detail earlier. While going through Nasya Procedure all the care must be taken to followed proper methods for getting the desirable effect. Pathya-Apathya during procure must explained to the patient. Rutu and Kal are the two major thing which must be taken into consideration while performing Nasya Vidhi.

CONCLUSION

Though Nasya is the procedure consuming less time, its effect depends upon the standard procedure explained. Therefore, it is the need of present era in Ayurvedic field to use the Standard Operating Procedure of Nasya for getting its proper benefit. Though simple to administer, all necessary steps must be followed for successful positive results.

REFERENCES

1. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/21, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 224-225.

2. Joshi Y.G., editor. Charaka Samhita-Sutrasthan 17/12, Vaidyamitra Prakashan, Pune; 2013. p. 228.
3. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 12/17, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 173.
4. Kale V. S., editor. Charaka Samhita-Siddhisthan 9/88, Chaukhambha Sanskrit Pratisthan, Delhi; 2014. p. 940.
5. The Chemical Science Chapter: Chaudhuri SK. Concise Medical Physiology, Published by New Central Book Agency, 5th ed. Calcutta. 2004. p. 519-521.
6. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/24-25, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 225.
7. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/19, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 247.
8. Kale V. S., editor. Charaka Samhita-Siddhisthan 9/107, Chaukhambha Sanskrit Pratisthan, Delhi; 2014. p. 943.
9. Kale V. S., editor. Charaka Samhita-Siddhisthan 2/20-22, Chaukhambha Sanskrit Pratisthan, Delhi; 2014. p. 878-879.
10. Joshi Y.G., editor. Charaka Samhita-Sutrasthan 15/5, Vaidyamitra Prakashan, Pune; 2013. p. 211-212.
11. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/11-12, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 246.
12. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/17, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 247.
13. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/25, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 225.
14. Kale V. S., editor. Charaka Samhita-Siddhisthan 9/101-103, Chaukhambha Sanskrit Pratisthan, Delhi; 2014. p. 942.
15. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/26-27, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 225-226.
16. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/18-20, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 247.
17. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/33, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 226.
18. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/34, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 226.
19. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/35, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 226.
20. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/49-50, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 228.
21. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/20-22, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 247.
22. Kale V. S., editor. Charaka Samhita-Siddhisthan 9/103, Chaukhambha Sanskrit Pratisthan, Delhi; 2014. p. 942.
23. Kale V. S., editor. Charaka Samhita-Siddhisthan 9/108, Chaukhambha Sanskrit Pratisthan, Delhi; 2014. p. 943.
24. Shashtri A., editor. Sushruta Samhita-Chikitsasthan, 40/31, Chaukhambha Sanskrit Sansthan, Varanasi; 2016.p. 226.
25. Joshi Y.G., editor. Charaka Samhita-Sutrasthan 5/56-62, Vaidyamitra Prakashan, Pune; 2013. p. 90.
26. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/13-15, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 246.
27. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/16, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 246-247.
28. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/11-12, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 246.
29. Tripathi B., editor. Astanghrudya Samhita-Sutrasthan 20/28, Chaukhambha Sanskrit Pratisthan, Delhi; 2013. p. 248-249.

Cite this article as:

Sunil Solanke *et al.* A review on the standard operative procedure of nasya. Int. Res. J. Pharm. 2020;11(10):42-45.
<http://dx.doi.org/10.7897/2230-8407.111090>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IRJP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IRJP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IRJP editor or editorial board members.