Critical review on Naasapana with special reference to the management of Apabahuka

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INTRODUCTION

It has been estimated by research group that the hand performs approximately thousand different functions in an ordinary day today’s activity. Apabahuka is one such disease which hampers most of the foresaid functions of the hand.[1]

Amongst the category of diseases our acharyas have considered Vata Vyadhis as an important entity. They have mentioned these Vata Vyadhis under the heading of Ashta Mahagadas, the disease Apabahuka is one among them, which is Vataja Nanatmaja Vyadhi according to some scholars and Vata Kapha Pradhana Vyadhi according to some.

Loss of Bahu Prasandana, Stambha and Sula at the shoulder joint are the cardinal features of Apabahuka.

Even though the term Apabahuka is not mentioned in the Nanatmaja Vata Vyadhi, Acharya Sushruta and others have considered Apabahuka as a Vata Vyadhi. In Madhava Nidana[2] two conditions of the disease has been mentioned – Amsa Sosha and Apabahuka. Amsa Sosha can be considered as the preliminary stage of the disease where loss or dryness of Sleshaka Kapha occurs.

In the next stage i.e. Apabahuka, due to the loss of Shleshaka Kapha symptoms like Shoola during movement, restricted movements etc. are manifested.

Naasapana[3] with Dasamooli Bala Masha Kwatha was carried out in the patients who are diagnosed as Avabahuka according to classical symptoms.

Naasapana

We do not find any explanation regarding Naasapana procedure in any of the Bruhatrayees. But Chakradatta in the Vatavyadhi Chikitsa gives the explanation of Naasapana. He says Pibennasyam[6] which has to be understood like drinking through...
nose. He used the word Nasyanipito\(^7\) i.e. the word Nipito has got 2 meanings one is Paana and the other is concentrated form of Dravya. And he says if a person drinks Dashamoola Balamasha Kwatha through nostrils makes his arms strong like Vajra. i.e. Vajrasamaanabahu.\(^8\)

Administration of medicated Kashaya through nose in larger doses and asking the patient to drink the Kashaya is called Naasapana. Larger doses in the sense Chakradatta say’s, the dosage of Kashaya should be similar to the Kashaya which is given orally, i.e. approximately 1 Pala.

The procedure Naasapana serves both purposes like Shirovirechana and Bruhmana, thereby gives desired effects in Apabahuka.

**MATERIALS AND METHODS**

Specially designed Naasapana Yantra

![Fig. 1: Bulb with Needle Holder](image)

![Fig. 2: 5ml Syringe](image)

After conducting the pilot study with syringe, Nethi pot, Nasya Yantra and dropper, this special Yantra was prepared. This Yantra was designed with the concept of Basti Yantra which contains Putaka and Netra. Here in the present study the bulb of the B.P apparatus and a needle holder which is cut and made open at the top end were taken. When the Kwatha becomes ready to administer, 25 ml of Kwatha was added to the bulb with the help of of 5 ml syringe. Needle holder was then fixed to the bulb. During the administration of Naasapana all aseptic precautions were taken.

**Preparation of Naasapana Dravya**

**Table 1: Ingredients of Dashamoola Balamasha Kwatha**

<table>
<thead>
<tr>
<th>SN</th>
<th>Drugs</th>
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<tbody>
<tr>
<td>1.</td>
<td>Bilwa</td>
<td>8.</td>
<td>Bruhati</td>
</tr>
<tr>
<td>4.</td>
<td>Patala</td>
<td>11.</td>
<td>Bala</td>
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<tr>
<td>5.</td>
<td>Gambhari</td>
<td>12.</td>
<td>Masha</td>
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<tr>
<td>6.</td>
<td>Salaparni</td>
<td>13.</td>
<td>Taila 1 tola</td>
</tr>
<tr>
<td>7.</td>
<td>Prushnaparni</td>
<td>14.</td>
<td>Goghrita 1 tola</td>
</tr>
</tbody>
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**Method of preparation**

First of all, the above drugs were made into coarse powder (Yavakuta Churna). Then Kashaya is prepared by boiling Yavakuta power with 32 Tola of water and reducing to one fourth of the total quantity of water. Then 1 Tola Taila and 1 Tola Ghrita is added. This Kwatha was used for Naasapana after evening meal.

**Naasapana Vidhi**

Naasapana procedure includes,

- **Poorva Karma**
- **Pradhana Karma**
- **Paschat Karma**

**Poorva Karma**

This includes the following points like, Preparation of Dasamooli Bala Masha Kwatha, Sterilization of
specially designed Naasapana Yantra, Atura Vaya, Kala, Atura Siddhata etc. Before taking Naasapana patient is strictly advised to take food. Then, patient is taken to a comfortable room, which is devoid of dust, extreme breeze and sunlight. Bahyasnehana in the form of Mrudu Abhyanga is done to Shiras first and then over Gala, Kapola, Lalata and Karna. After Snehana, mild Swedana is done to the part of the body above the shoulders. Care of the eyes should be taken with closing the patient’s eyes with a band of cloth.

**Pradhana Karma**

Once the Poorvakarma is over, the patient is made to sit comfortably on a chair. Regarding the position of the patient, sitting position was found to be comfortable after conducting the pilot study. The head of the patient is then highly raised and with the help of left thumb patient’s nose was raised simultaneously with the right hand the medicine is poured into the nostril at a stretch with the constant pressure over the bulb. The same procedure was repeated for other nostril also. During the procedure patients were asked to swallow the contents as much as possible. In the present study 50ml dosage was approximately fixed for Naasapana i.e. 25ml each nostril. Regarding the fixation of dosage in the pilot study it was observed that usually after the administration of Kwatha there is severe irritation in nasal mucosa and throat. Patients usually develop cough, headache, watering from eyes, and throat pain. Since the above said conditions were temporary, the same procedure was followed for continuous 7 days.

**Paschat Karma**

Gandoosha and Kavala Graha were followed. The patients were advised to take Sukhoshna Jala and Laghu Ahara.

Patients were strictly advised to avoid Sheeta Jala Snana and Sheeta Jala Pana during the whole course.

**DISCUSSION**

The probable mode of action of Naasapana can be understood by following concepts;

1) Absorption via nasal mucosa

2) Absorption via gut

1) Absorption via nasal mucosa

Many nerve endings which are arranged in the peripheral surface of mucous membrane ie olfactory, trigeminal etc will be stimulated by Naasapana Dravya and impulses are transmitted to the central nervous system. This results in better circulation and nourishment of the organs. Many drugs absorbed through the rich blood supply of the nasal mucosa enter the systemic circulation more rapidly than when they are administered orally.

Lukewarm Kashaya was preferred to administer in this study as because Sheeta Kashaya, which creates irritation in nasal membranes and also exaggerate the gag reflex during administration (a normal reflex action caused by contraction of pharynx muscles
when the posterior pharynx is touched) so there are chances of contents getting refluxed and entry into the wrong passage also is prevented.

Most of the drugs described for Naasapana therapy have got Katu, Ushna and Teekshna properties. These drugs produce Draveekaranam and Chhedanam of vitiated Dosha. The Kashaya Rasatmaka drugs like Bilwa, Agnimantha, Syonaka, Patala, Bala etc. produce astringent effect while Madhura Rasatmaka drugs like Shalaparni Prisnaparni Gokshura Masha produce cooling and nourishing effect.

Role of Yamaka Sneha in Naasapana Dravya

Acharya Chakradatta specifies to add Taila and Ghrita to the Kashaya.[9] The specific quantity of this Yamaka Sneha is not mentioned. In the present study 10 drops each of Mahamasha Taila and Goghrita was added to the prepared Kashaya.

Even though administration of the concentrated Dravya in the form of Kashaya is mentioned for Naasapana but still Yamaka Sneha is said to be mixed in the preparation. The reason behind this may be, as Nose is a highly vascular structure and its mucous membrane provides good absorbing surface. Hence, this Yamaka Sneha which contains lipids in it surpasses the blood-brain barrier easily because it easily allows lipid materials to pass through, and this Yamaka Sneha helps in the entry of Kashaya drugs and helps in exerting their action. It provides nourishment to nasal structures and other Shirogata organs also just like that of Nasya. The active principles of Dashamoola may reach up to certain levels in the nervous system to exert their Vataghna property as well as The active principles of Bala Masha exert their Brumhana action.

If the mode of action is similar to that of Nasya then a question arises that why larger quantity of medicine is administered via nose which is a real practical difficulty and a question of patient’s acceptance.

This can be interpreted as follows, It has been said earlier that Pranavata is also said to be involved in the pathogenesis of the disease Apabahuka. i.e. in order to nourish this Pranavata we need to administer the Dravya via nose, as the nose is the doorway to consciousness. Prana or energy of life enters the body through breath taken in through the nose. Nasal administration of medication helps to correct the disorders of Pranavata affecting the higher cerebral, sensory and motor functions. So the mentioning of Pibennasayam by Chakradatta appears to be more scientific in this concept.

2) Absorption via gut

In order to produce an effect, a drug must reach its target site in adequate concentration. This involves several processes embraced by the general term pharmacokinetics. In general, these processes are: (1) administration of the drug, (2) absorption from the site of administration into the bloodstream, (3) distribution to other parts of the body, including the target site.

An important step in all these processes is the movement of drug molecules through cellular barriers (eg, intestinal wall).

Phagocytosis is one more process where the absorptive cells engulf the material and exerts its action. After the dravya is administered into the gut, absorption is accomplished with the help of enterocytes (cells lining the gastrointestinal tract). The end products are absorbed mainly in the intestines through the villi. Each villus is connected to the circulatory and lymphatic systems. The Dravyas are absorbed with the help of energy supplied by an enzyme and the sodium ion cofactor. Water-soluble nutrient drugs like Dashamoola pass directly into the circulatory system, while fat-soluble materials like Taila and Ghrita pass through the lymphatic system before being transported by the blood. Dashamoola are actively absorbed by the absorptive cells of the villi, which then go to the liver via the portal vein for metabolism. Here we need to take into consideration of Yakrit which is a Raktavaha Sroto Mula, and Siras being Upadhatu of Rakta, the Dravya when reaches Yakrit does the Poshana of Siras there by helps in Samprapti Vighatana. And one more thing to be taken into consideration is the whole absorption process which takes place in the intestinal villi may
also be taken as Pakwashaya which is the main Sthana of Vata, as the general rule of pharmacokinetics when the drug reaches its target site it has to exert its action hence Dashamoola does Vatashamana, and Bala, Masha exerting Brihmana effect. By this dual mode of action Naasapana surely helps better in resolving the Samprapti of Apabahuka.

CONCLUSION

However, the major limitation with Nasya is the poor contact of the formulations with the nasal mucosa. Many attempts have been made in the recent past to increase the residence time of drug formulations in the nasal cavity, resulting in improved nasal drug absorption. Researchers became interested in the nasal route for the systemic delivery of medication due to high degree of vascularization and permeability of the nasal mucosa. Hence in Naasapana when the Kashaya in the larger dose is poured continuously definitely has the more residence time of Aushadha Dravya as compared to that of Nasya. Thus better nasal drug absorption may take place.

Naasapana even though looks practically difficult for administration, but has a very promising results in reversing the Samprapti of Apabahuka thereby ensuring good results as compared to the other treatment modalities explained in our classics.

REFERENCES


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