



ISSN 2456-3110

Vol 1 · Issue 3

Sep-Oct 2016

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

JAIMS



**Charaka**  
Publications

Indexed

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

Dr. Praveenkumar H. Bagali, Dr. A. S. Prashanth<sup>1</sup>

Ph.D. Scholar, <sup>1</sup>Professor, Department of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, Karnataka, India.

## ABSTRACT

Ayurveda the science of life, not only deals with the prevention of diseases there by to maintain health but also with the alleviation of diseases. The unique position of man as a master mechanic of the animal kingdom is because of skilled movements of his hands and when this shoulder joints get obstructed, we call it as *Apabahuka*. While looking into comprehensive management of *Apabahuka*, *Nasya*, *Uttarabhuktika*, *Snehapana*, *Sweda*, *Raktamokshana* etc. are commonly in practise, but *Naasapana* a special procedure explained in *Vatavyadhi Chikitsa* of *Chakradatta* with *Dashamooli Bala Masha Kwatha* is rarely in practise. This article enlightens about practise of *Naasapana* in the management of *Apabahuka*.

**Key words:** *Naasapana*, *Apabahuka*, *Dasamooli Bala Masha Kwatha*.

## 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.<sup>[1]</sup>

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 Praspandana*, *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*<sup>[2]</sup> 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* at *Amsa Sandhi* 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*<sup>[3]</sup> with *Dasamooli Bala Masha Kwatha* was carried out in the patients who are diagnosed as *Avabahuka* according to classical symptoms.

## Address for correspondence:

Dr. Praveenkumar H. Bagali  
Assistant Professor, Dept. of Kayachikitsa,  
BLDEA'S AVS Ayurveda Mahavidyalaya,  
Vijayapur - 586101, Karnataka, India.  
E-mail: drpraveenbagali@gmail.com

Submission Date : 30/08/2016 Accepted Date: 29/10/2016

Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.v1i3.4418

## *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*<sup>[6]</sup> which has to be understood like drinking through

nose. He used the word *Nasyanipito*<sup>[7]</sup> 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*.<sup>[8]</sup>

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



Fig. 2: 5ml Syringe

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's 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 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*

SN	Drugs	SN	Drugs
1.	Bilwa	8.	Bruhati
2.	Agnimantha	9.	Kantakari
3.	Syonaka	10.	Gokshura
4.	Patala	11.	Bala
5.	Gambhari	12.	Masha
6.	Salaparni	13.	Taila 1 tola
7.	Prushnaparni	14.	Goghrita 1 tola

### 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*, *Kapala*, *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



Fig. 3: Naasapana Filling



Fig. 4: Naasapana Procedure

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 i.e. 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*.<sup>[9]</sup> 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 *Pibennasyam* 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 Srota Mula*, and *Siras* being *Upadhatu* of *Rakta*, the *Dravya* when reaches *Yakrit* does the *Poshana* of *Sira* 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

1. Vagbhata, Astanga Hridayam translated by Dr K R Srikanthamurthy volume 1 sutrasthan 3<sup>rd</sup> edition 1986:255.

2. Acharya Madhavakara, Vijayarakshita and Shrikantadatta Shastri Madhukosha Commentary, Madhava Nidana with Vidyotini Hindi commentary edited by Brahmanand Tripathi, Volume I, edition. Chowkambha Surabharati Prakashana, Varanasi. 1998.
3. Acharya Cakradatta Sanskrit with English translation edited and translated by Priya vrat Sharma. third edition. Chaukambha Bharati Academy, Varanasi. 2002:186.
4. Acharya Cakradatta Sanskrit with English translation edited and translated by Priya vrat Sharma. third edition. Chaukambha Bharati Academy, Varanasi. 2002:186.
5. Acharya Cakradatta Sanskrit with English translation edited and translated by Priya vrat Sharma third edition. Chaukambha Bharati Academy, Varanasi. 2002:186.
6. Acharya Cakradatta Sanskrit with English translation edited and translated by Priya vrat Sharma. third edition. Chaukambha Bharati Academy, Varanasi. 2002:186.
7. Acharya Cakradatta Sanskrit with English translation edited and translated by Priya vrat Sharma third edition. Chaukambha Bharati Academy, Varanasi. 2002:186.

**How to cite this article:** Dr. Praveenkumar H. Bagali, Dr. A. S. Prashanth. Critical review on *Naasapana* with special reference to the management of *Apabahuka*. J Ayurveda Integr Med Sci 2016;3:53-57. <http://dx.doi.org/10.21760/jaims.v1i3.4418>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*