



NATIONAL AYURVEDIC
MEDICAL ASSOCIATION

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Advanced Panel: **Scientific Basis for Pañcakarma**

Panelists:

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Moderator:

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Vrinda Devani, MD, FACOG, CAP, RYT

As a board-certified Obstetrician and Gynecologist, Dr. Vrinda Devani has a passion for women's health and empowering women towards vibrant health and living. She is a believer in unfolding the human body's potential through a blend of complementary and allopathic medicine. She currently serves as faculty at the Ayurvedic Institute and as a core executive of AyurPrana, a new venture to spread Ayurveda in the modern world, in addition to serving her patients through her thriving private practice in Albuquerque, NM. She has been extremely fortunate to study Ayurveda under Dr. Vasant Lad, completing the full Ayurvedic Studies Program at the Ayurvedic Institute, and further her studies in Ayurvedic women's health with travels in Nepal with Dr. Sarita Shrestha. Dr. Devani has also studied integrative and functional medicine under Dr. Aviva Romm. She also has a love for yoga and is a certified Ayuryoga instructor and is the mother of two young vibrant children, ages 5 and 1. Needless to say, her life never has a dull moment and she has personal, first-hand experiences to deeply connect with and serve women of all backgrounds.



Scientific Basis of Panchakarma Part 1 - Snehana and Purvakarma

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तान्युपस्थितदोषाणां सेहस्वेदोपपादनैः।

पञ्चकर्माणि कुर्वीत मात्राकालौ विचारयन्॥१५॥

In the event of vitiated 'dosha brought forth by oleation and sudation therapies, a physician should administer these five elimination therapies by duly considering the matra (dose) and kala (time).

Ca.Su.2#15



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In the event of vitiated 'dosha (vitiating factors) **brought to koshtha (gut) by oleation and sudation therapies**, a physician should administer five bio-purificatory therapies by duly considering the matra (dose) and kala (time).

Ca.Sa.Sutra Sthana 2/15



3 Steps

1. Preparation of the patient
(**Purvakarma**)
 - Preconception
2. Main procedures (**Pradhanakarma**)
 - Pregnancy
3. Post therapy regimen
(**Paschatkarma**)
 - Postpartum care


Purvakarma

Bring dosha and ama to the gut
(*doshautkleshana*)

- Deepana
- Pachana
- Snehana
- Swedana

Goals:

- Liquify and detach dosha and ama from the peripheral site and move to gut
- Remove obstruction in the body channels
- Normalize gati of vatadosha



Snehana (unction therapy ; oleation therapy)

- External oleation (*bahya snehana*)
 - Abhyanga (massage), pourishing medicated oil over body (sarvangadhara), immersing body parts (avagaha), retaining oil over the head (shirobasti), pouring oil over the head (shirodhara), over a particular body part (kati basti, janu basti, nabhi basti, netra basti), pizhichil
- Internal oleation (*abhyantara snehana*)
 - **Oral administration (snehapana)**, per rectal (sneha basti), intranasal (navana nasya), fill the ears (karna purana), into the vagina (uttara basti), snehana kavala (rinsing/swishing the mouth), snehana gandusha (holding oil in the mouth)

Qualities of Snehana and Their Actions

- Oily (*snigdha*) - oleation and lubrication of tissues
- Liquid (*drava*)- liquefaction of toxins and stimulation of secretions
- Heavy (*guru*)- nourishes tissues and brings grounding
- Subtle (*sukshma*)- enters the subtle bodily channels and capillaries
- Spreading (*sara*)- spreads deep into tissues and brings toxins back to GI tract
- Soft (*mridu*) - softens the tissues and induces relaxation
- Slow (*manda*)- prolonged sedative and tranquilizing action
- Slimy (*pichchila*)- brings tissue molecules together and makes them strong and firm
- Heating (*ushna*) - improves circulation, enkindles dhatu agni, burns ama
- Or Cooling (*hima*)- calms down the inflammation and soothes irritation

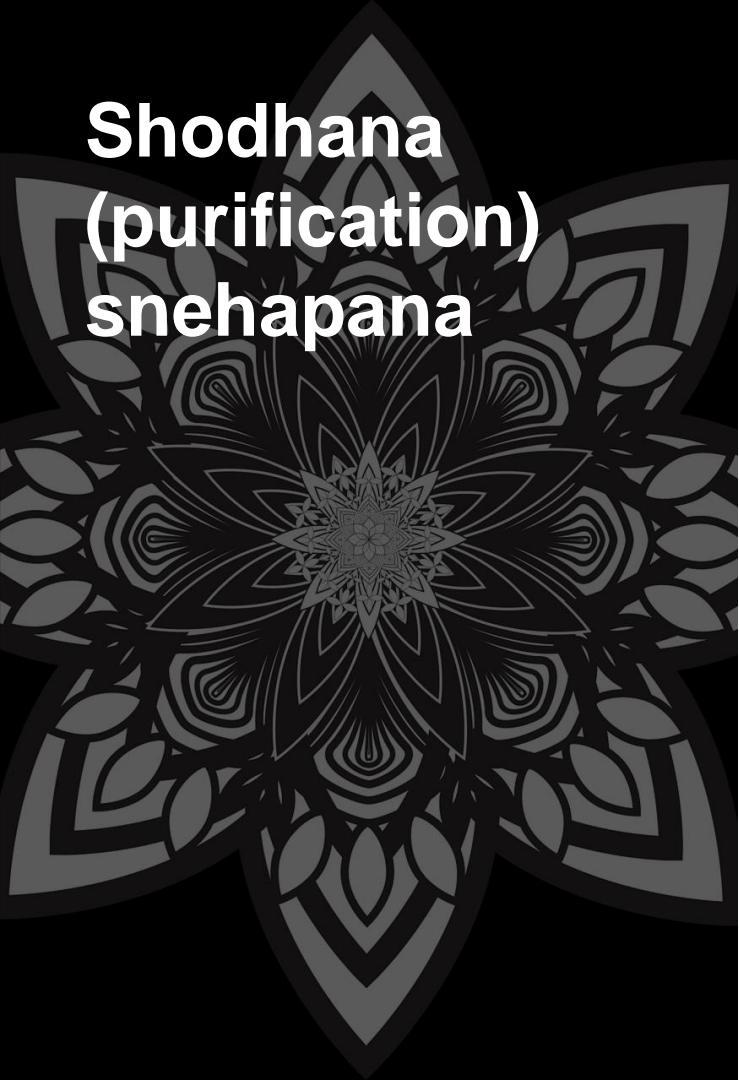
Contraindications

- Presence of ama and poor metabolic state
- Poor digestion and metabolism
- Immediately after purification/shodhana therapy
- Severe fatigue
- Obesity
- Nausea or vomiting
- Specific diseases of diarrhea, ascites, of the throat, generalized edema, severe dehydration, acute heart attack, acute bleeding disorder, acute jaundice of Hepatitis A, TB, intestinal obstruction, food poisoning, syncope, grand mal epilepsy, chemotherapy or antibiotics, alcohol toxicity, acute mania, active abscess, acute tonsillitis, acute hypoglycemia
- Excess kapha dosha and meda dhatu
- Pregnancy or menstruation

Snehapan Categories



- Nourishing (*brmhana*)
 - Low dose with food for nourishment
 - Can be done for longer periods until proper nourishment is attained
- Pacification (*shamana*)
 - Pacify a disease or symptom
 - To be done at meal time, when hungry
 - Medium dose
 - Continue until disease/symptoms subsides
- Purification (*shodhana*)



Shodhana (purification) snehapana

Objective: to move dosha to the gut from affected site right before purification

Time: early in morning on empty stomach, after complete digestion of the previous meals

Duration: 3 days (min) -7 days (max)

Dose: dependent on digestive capacity. Maximum tolerable dosage. Increase dose day by day

Snehapan Types

- Vegetable:
 - Oil (*tailam*)
- Animal:
 - Ghee (*ghrita*)
 - Subcutaneous/Muscle fat (*vasa*)
 - Bone marrow (*majja*)



Ghee

- 98.9% lipids, 0.3% water, less than .9% nonfat solids
 - Fatty acids: 93.65% of lipid fraction
 - 53.9-66.8% saturated fatty acid
 - Palmitic (24-28.8%)
 - Stearic (9.4-14%)
 - Myristic (8.5-10%)
 - Butyric acid
 - Conjugated linoleic acid (CLA) (1%)
- Good source of Vitamin A and E
 - 393 IU Vitamin A (8%DV)
 - .36mcg Vitamin E (2%DV)
 - 1.1 mcg Vitamin K (1%DV)



Target with medicated Snehapan

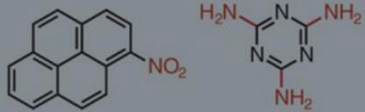
- Brahmi ghritam - memory and cognition and the brain
- Pippali ghritam - lungs, kapha
- Yashtimadhu ghritam - adrenals, kidney
- Tikta ghritam - pitta, liver



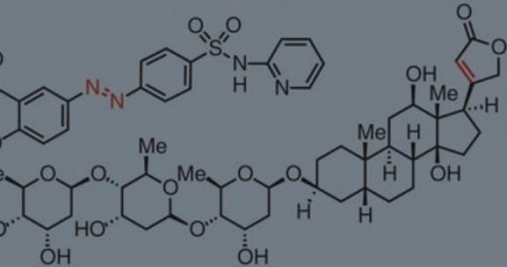
Dietary compounds

A Note About Modern Toxins

Industrial chemicals and pollutants



Pharmaceuticals



- Current count of foreign chemicals (XENOBIOTICS) an individual can be exposed to in a lifetime is approaching **100 million**
- Our bodies produce metabolic products, including excess hormones (ENDOBIOTICS)
- Both are fat-soluble

- Water soluble toxins more easily get excreted through urine and stool
- Lipid soluble stay in body
 - Liver is the primary organ to convert lipid soluble metabolites to water soluble metabolites



SO...

- 1) How do you get the lipid soluble toxins in periphery to the circulation to get to the liver?
- 2) How to support the liver detox pathways?



Fat Mobilization

B U R N

F A T

Lipids absorbed by intestines

→ liver → converted to triglycerides

→ hydrolyzed and converted into glycerol and fatty acids

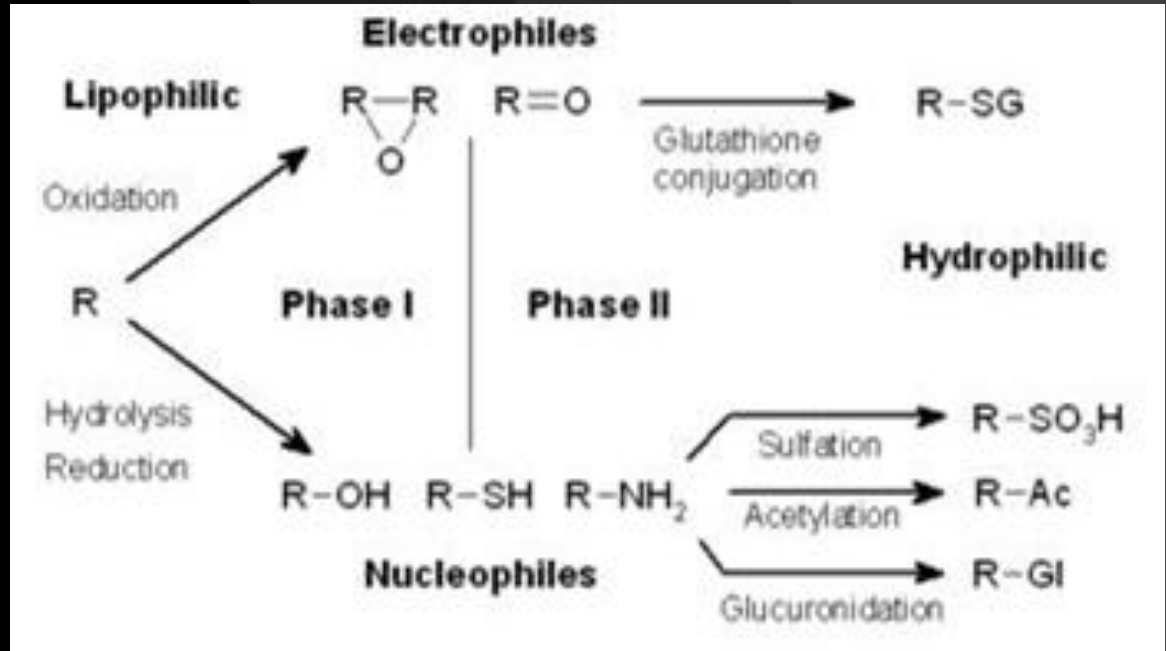
→ fatty acids move to the periphery and into tissues by moving down their concentration gradient

→ Ketogenic diet : high-fat, adequate protein, low carbohydrate diet

Forced to burn fats over carbs → ketogenesis

Fats are mobilized from depots and brought back to the liver

Liver Detoxification - Excretion of Lipophilic Metabolites



riboflavin (B2), niacin (B3), pyridoxin (B6)
folic acid, vit B12
glutathione
branched-chain amino acids
flavonoids, phospholipids

sulfation
glutathione conjugation
acetylation
amino-acid conjugation
methylation

TOXINS

(fat-soluble)

Phase I

REACTIONS:

oxidation
reduction
hydrolysis
hydration
dehalogenation

INTERMEDIARY METABOLITES

(more water-soluble)

Reactive Oxygen Intermediates

ANTIOXIDANTS

vitamins A, C, E
selenium, copper, zinc,
manganese
coenzyme Q10
thiols (garlic, onions, cruciferous
vegetables)
bioflavonoids, silmarin
oligomeric proanthocyanidins

Free Radicals

Tissue Damage

Phase II

EXCRETORY DERIVATES

(water-soluble)

Phase III

Bile

Intestines

Serum

Kidneys

Phase 1

-
- Governed by transformation enzymes- oxidize (CYP P450), reduce, hydrolyze
 - Transforms fat-soluble compounds to water-soluble compounds
 - Careful! These intermediates are actually more harmful to the body!
 - NEED PHASE 2 to balance Phase 1

Vitamin B - dairy, eggs, leafy greens, **legumes** all important sources

Glutathione - brassicaceae family for sulfur, **vitamin C**, whey, **turmeric**, **sleep**!

Mung daal in kitchari, turmeric, triphala, amalaki, rest during PK!!!

Phase 2

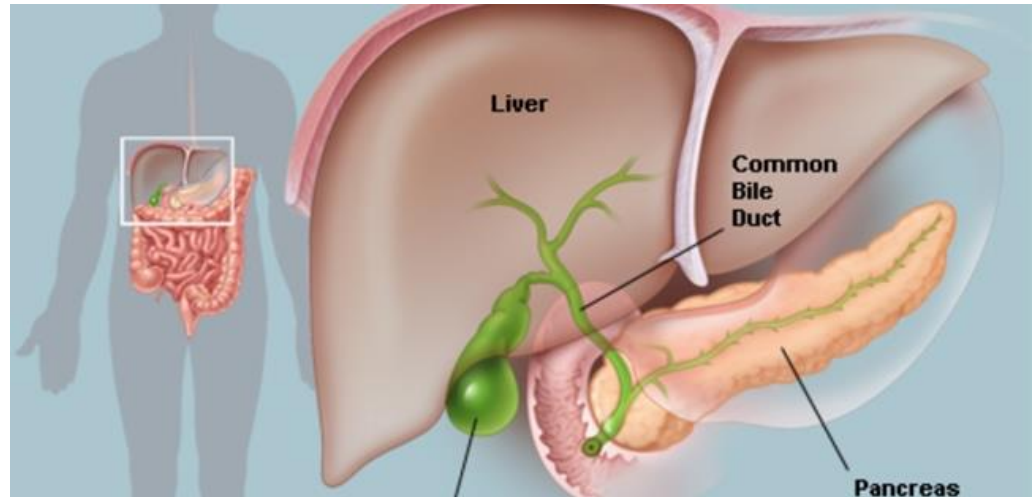
- Managed by conjugation enzymes - glucuronidation, sulfation, acetylation
- Conjugate Phase I products to inactive forms - reduce toxicity of Phase I metabolites and promote excretion
- Phase 2 glutathione transferase represents 10% of total protein in the liver!
 - Made of glutamine, glycine and cysteine

Again, mung daal!!

Amino acid (g/16 g of nitrogen)	Average*	Minimum	Maximum	References
Alanine	4.1	3.6	4.5	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999; Mubarak, 2005)
Arginine	5.8	4.5	6.7	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999; Mubarak, 2005)
Aspartic acid	13.0	12.0	15.1	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999)
Cysteic acid	13.5	13.5	13.5	(Mubarak, 2005)
Glutamic acid	18.3	13.6	21.7	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999; Mubarak, 2005)
Glycine	3.6	3.2	4.3	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999; Mubarak, 2005)
Histidine	3.2	2.4	5.6	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999; Mubarak, 2005)
Isoleucine	4.3	3.6	5.4	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999; Mubarak, 2005)
Leucine	7.6	6.9	8.7	(Dzudie and Hardy, 1996; Abd El-Moniem, 1999; Mubarak, 2005)
Lysine	6.5	4.1	8.1	(Rao and Belavady, 1979; Geervani and Theophilus, 1980; Khader

Phase 3 - *Where Snehapan Really Works!*

- Carried out by transport proteins - transport final products from the cells cell/liver to excretory pathways
- **Bile secretion and stool excretion**



Phase 3 and Snehapan

The image shows three glass jars filled with a yellow liquid, likely oil, on a marble surface. One jar in the foreground has its lid removed, showing a white substance inside the lid. The text 'Phase 3 and Snehapan' is overlaid on the top left of the image.

Cholecystokinin (CCK) - stimulates the release of bile

- Mediated by high fat diet, **particularly high long chain fatty acids**
 - (medium chain fatty acids are not significantly effective in stimulating CCK). Gut 2002;51(Suppl I):i54–i57
- Also delays gastric emptying and thereby reducing food intake and inducing satiety.

Phase 3 and Snehapan

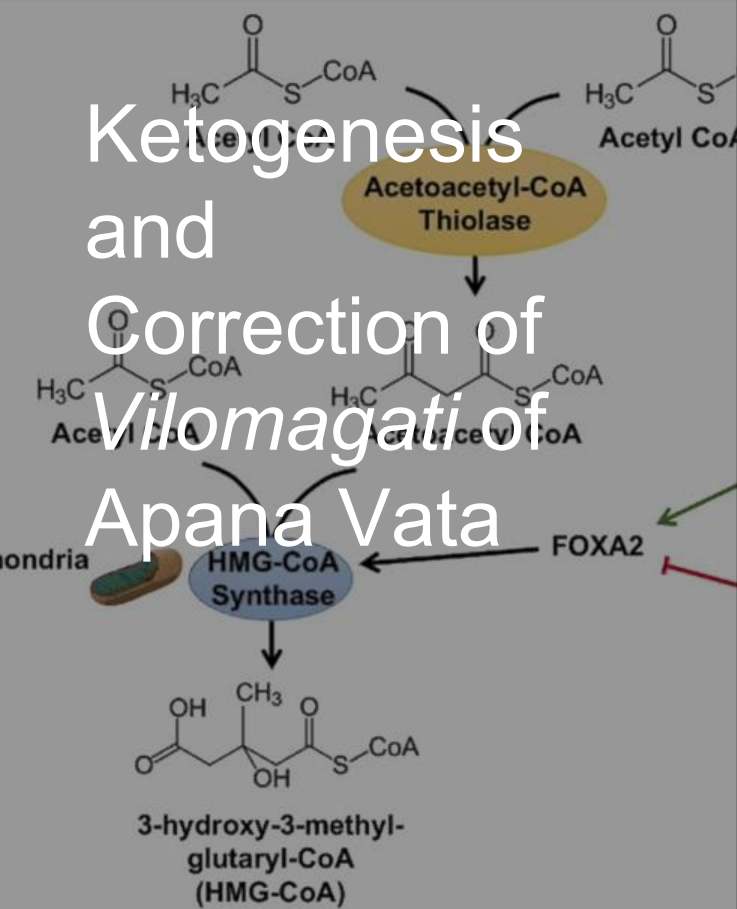


Ghee

- Increases softness of the koshta and frequency of bowel movements. Ayu.2013 Apr-Jun;34(2):147-153

Efficacy of ghee for bile secretion and excretion of bowels:

- Contrary to common thought, high consumption of ghee during purvakarma **actually decreases lipid levels**
- Due to highly effective ability to stimulate the gallbladder and purgation during panchakarma. Anc Sci Life. 2009 Oct;29(2):32-9.



→ fatty acids degraded into acetyl CoA in the mitochondria → Krebs cycle → $\text{CO}_2 + \text{H}_2\text{O} + \text{ATP}$

→ acetyl CoA in liver condenses to aceto-acetyl CoA
→ aceto-acetic acid

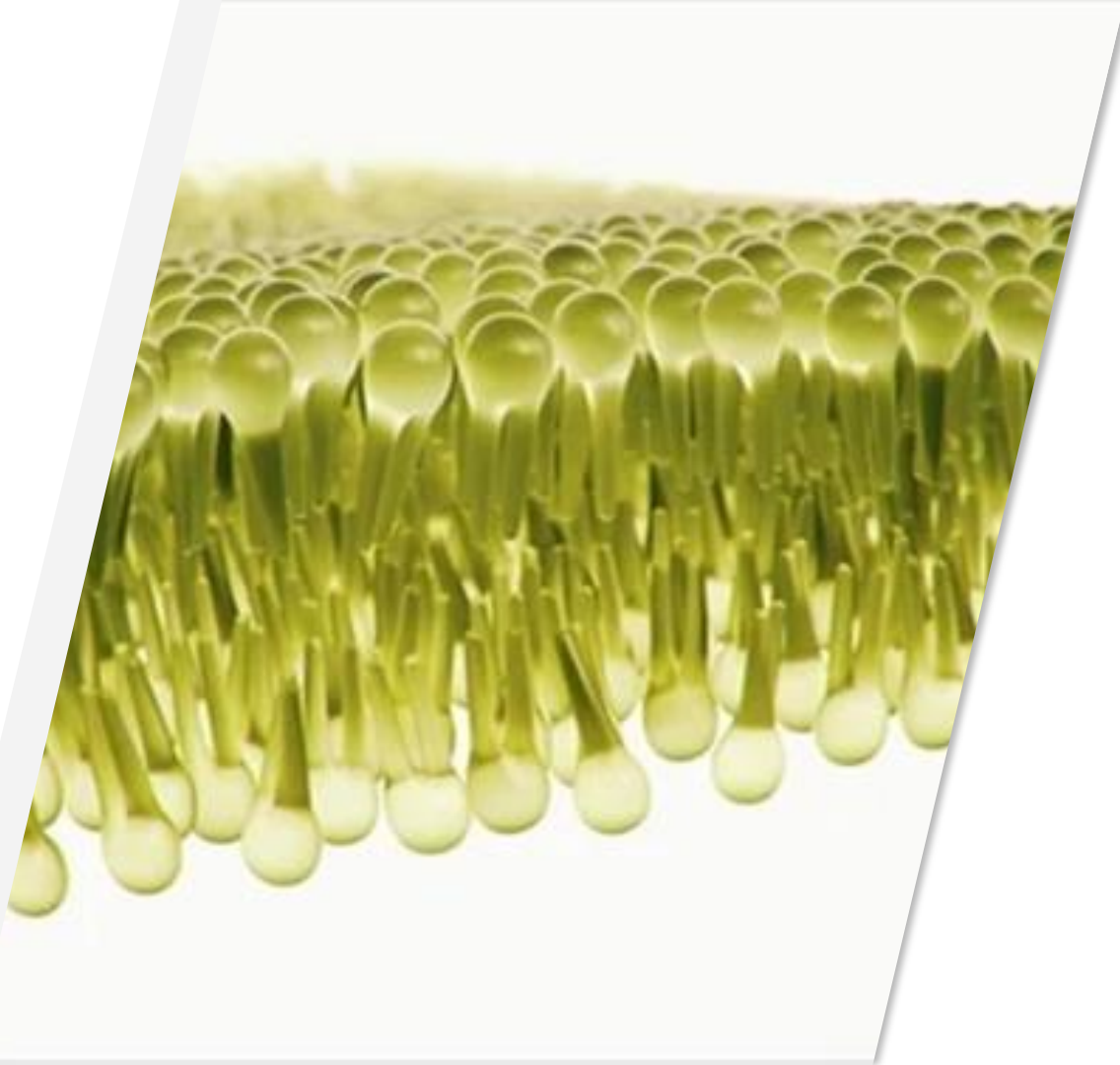
→ acetoacetic acid → beta-hydroxybutyric acid
→ acetones (collectively called ketone bodies and process of production is called ketogenesis)

→ end products: ATP and H^+ ions (increase in body acidity) → stimulates water excretion

This is why avapeedaka snehapana works so well in mutra vaha srotas vyadhi!

... In a Nutshell

- As the plasma/rasa dhatu becomes saturated with lipids, lipids transported to extracellular tissue through osmosis.
- As tissues become saturated with lipids, the lipids attract the lipophilic toxins and loosen them from the tissues
- The toxins then travel back to plasma/rasa dhatu, augmented by lymphatic movement through abhyanga.
- The venous circulation reaches the liver. Lipophilic metabolites are converted to water soluble metabolites by the liver, then excreted.
- Ghee administration increases secretion of bile and efficiency of release of toxins through stool and urine



Signs of Adequate Oleation

Charaka: cloth absorbs the water to capacity then drains off - same with agni digests the *sneha* according to its strength then drains off when excess.

Vangasena 12th century AD- first described three abstract incremental dose schedules (least, medium, best).





Insufficient Oleation

- Constipation
- Dry skin
- Insomnia
- Ringing in the ears
- Dizziness due to vata
- Body ache and pain
- Headache
- Long-standing stress
- Incomplete release of emotions
- Gas and abdominal distension
- Excessive thirst
- Generalized burning sensation



Excessive Oleation

- Heaviness
- Body ache
- Migraine or pitta type of headache
- Dizziness due to pitta aggravation
- Excessive salivation
- Drowsiness
- Oil leaking from the anal orifice
- Nausea or vomiting
- Fever
- Burning sensations in pitta organs (eyes, liver, naval)
- Swollen or puffy eyes
- Sadness or depression
- Excess kapha signs such as pallor

Proper Oleation

A glass bottle filled with a yellow liquid, likely oil, is shown in the foreground. In the background, there are yellow flowers, possibly saffron or marigold, which are slightly out of focus. The overall image has a warm, natural feel.

- Balanced vata that flows in proper direction (anulomana)
- Regular, easy bowel movements with soft and oily stools
- Normal urination
- Appropriate sweating
- Soft and oily skin with uniform color and complexion
- Well lubricated eyes, lips, genitals
- Normal appetite and thirst
- Optimal digestion
- Strength and energy
- Freedom from stiffness and pain
- Stress relief and total relaxation
- Feeling of lightness in the body
- Clear perception
- Happiness and contentment
- Sound sleep
- Clean tongue with no signs of ama
- Healthy ojas
- Enhanced longevity
- Well nourished tissues
- Love and compassion
- Normalized glandular secretions

Signs of Adequate Oleation Study

Study:

Group A- test dose of pure ghee on first day that was increased daily until appearance of symptoms of adequate oleation or maximum of 7 days

Group B- test dose of pure ghee on first day then increased on analysis of bio-fire (agni) using a bio-fire index. Continued until appearance of symptoms of adequate oleation or maximum of 7 days

Ayu.2013 Apr-Jun;34(2):147-153

Score:

Digestive capacity (agnibala)	20
Endurance (vyayama shakti)	10
Habit (satmya)	10
Nature of gut/bowels (hard/medium/soft)	30/20/10

BSI (Bio fire strength index) =

(Total dose / Given dose) x Time taken for digestion of ghee

As compared to fixed daily dose of internal oleation, increasing dose pattern based on digestion powder and bowel habits of the person is found to be more beneficial in attaining the desired oleation effects.

Samyak Snigdha Lakshana

Normalcy of vata (*Vatanulomana*):

- Upward- excessive belching and flatulence 5
- Upward- occasional belching and flatulence 4
- Mild flatulence and heaviness in abdomen 3
- Balanced but absence of lightness in abdomen 2
- Balanced and lightness of abdomen 1

Consistency of stool (*Pureesha Samhati*)

- Too dry and solidified 5
- Solidified 4
- Normal (semisolid) 3
- Loose 2
- Watery 1

Oiliness of skin:

- Excessively dry and rough skin 5
- Roughness of skin 4
- Dryness of skin 3
- Normal skin 2
- Oily skin 1
- Excessively oily skin 0

Lightness of body (*Gatva Laghava*)

- Absent in all 24 hours 5
- Present after 18-24 hours 4
- Present after 12-17 hours 3
- Present after 6-11 hours 2
- Present after 3-5 hours 1

Samyak Snigdha Lakshana

Normal unobstructed evacuation of stool (*mala anuloma*)

- No defecation 4
- Not satisfactory, with straining 3
- Satisfactory, with straining 2
- Satisfactory, without straining 1

Softness of body parts (*Anga Mardava*)

- Slight 3
- Moderate 2
- Excess 1

Weakness (*Sada*)

- Mild weakness occasionally not affecting activities of daily living 3
- Moderate weakness either occasionally or continuously present; affects ADL 2
- Severe weakness present continuously, affects ADL 1

Fatigue without doing any work (*Klama*)

- Mild fatigue occasionally not affecting activities of daily living 3
- Moderate fatigue either occasionally or continuously present; affects ADL 2
- Severe fatigue present continuously, affects ADL 1

Samyak Snigdha Lakshana

Aversion to oily substance intake (*Snehadvega*)

- Aversion, yet able to take ghee without force 3
- Aversion by tasting, can take ghee on force 2
- Aversion by tasting, seeing and smelling, person cannot take it at all 1

● SCORE

- 9-16 Superior and adequate
- 17-24 Moderate and adequate
- 25-32 Mild and adequate
- >32 Inadequate
- <9 Excess



Before / After Snehanpan

Research

A collage of research-related items. At the top left, the word 'Research' is written in white. Below it, a large magnifying glass is drawn in yellow and blue. The word 'RESEARCH' is written in large, bold, black letters. A hand is pointing at the word. A coffee cup is visible in the top right and bottom right. A pair of glasses is in the bottom left. A hand is pointing at the word 'RESEARCH'.

Cross sectional study

- 48 underwent lipophilic-detox
- 40 control subjects
- Gas chromatographic analysis of 17 serum toxicant levels

Results

- PCB 46% lower after detox
- beta-HCH 58% lower after detox

Altern Ther Health Med. Sep-Oct 2002;8(5):40-51.

IN SUMMARY

Strongly consider proper purvakarma, including snehapan, prior to starting any pradhanakarma

Appreciate its importance especially in today's era with lipophilic nature of toxins.

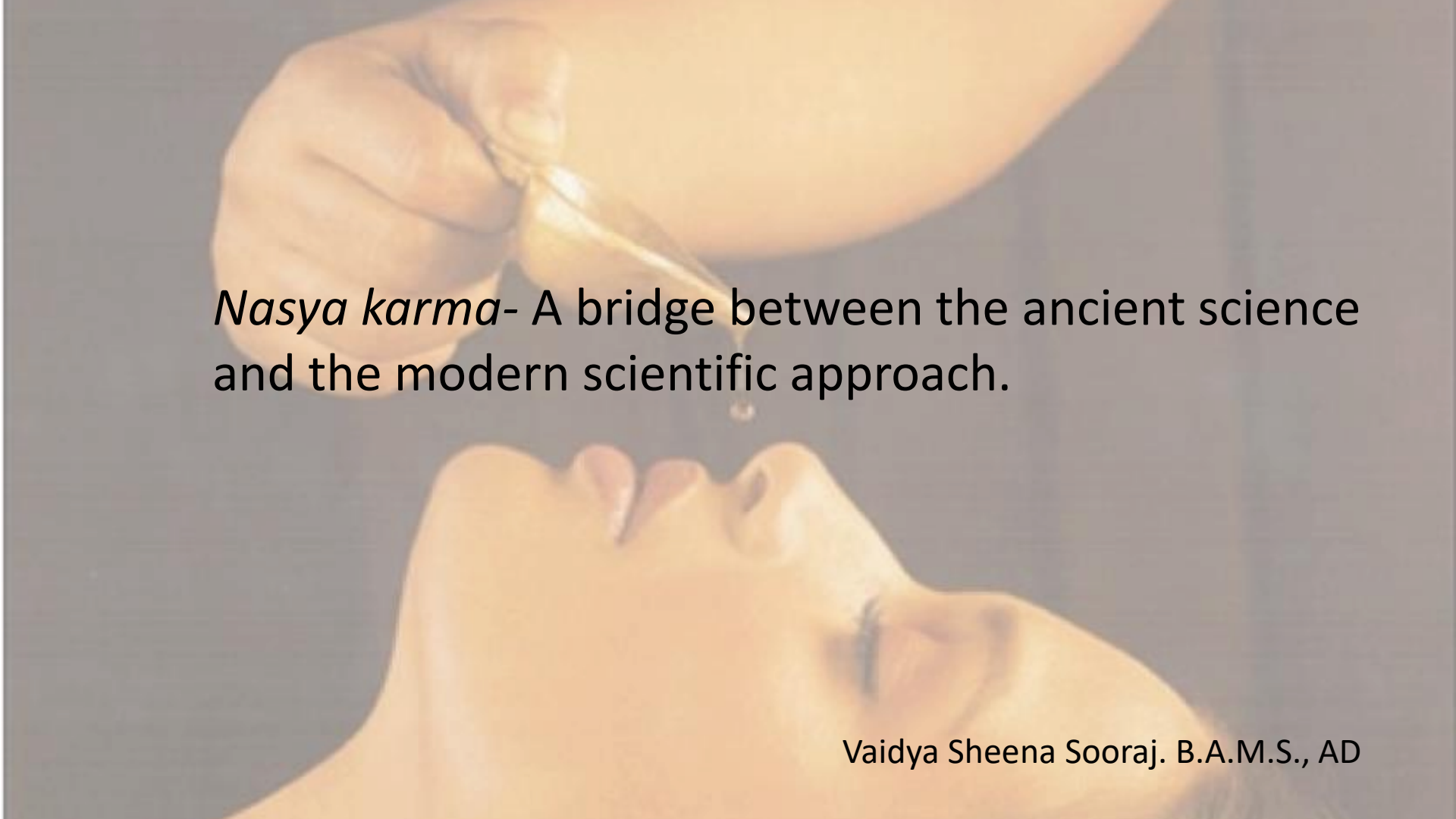
Keep in mind proper dosing and regimen based on lakshna of optimal (but not excessive nor inadequate) snehapan





Vaidya. Sheena Sooraj, BAMS, AD

Vaidya. Sheena Sooraj is an accomplished Ayurvedic Clinician and educator with 18 years of experience in India and in the United States. Coming from a family with a strong Ayurvedic background, she developed her passion for Ayurveda at a young age, as her grandfather was a well-known Ayurvedic physician and astrologer in Kerala, India. She has presented several papers in National and International Seminars. She is working in Kerala Ayurveda Academy & Wellness Center, Milpitas, CA as a core faculty and consultant Vaidya

A close-up photograph of a person's face, tilted back, with their eyes closed. A hand is holding a glass dropper, dispensing a single drop of liquid into the person's nostril. The background is a soft, out-of-focus grey.

Nasya karma- A bridge between the ancient science and the modern scientific approach.

Vaidya Sheena Sooraj. B.A.M.S., AD

Pancha Sodhana Karmas

- Vamana (Therapeutic emesis)
- Virechana (Therapeutic purgation)
- Vasti (Sneha Vasti or oil enema and Kashaya Vasti or decoction enema)
- Nasya (Nasal administration of herbal medicine)
- Raktamokshana (Blood letting)

The main aim of panchakarma is to remove the excessive amount of doshas through the easiest or the nearest route.

*Ūrdhwa jatru vikāreshu visēshānnasyamishyatē
Nāsā hi siraso dwāram tēna tadvyāpya hanti tāt//*

Ashtanga Hridayam Sutrasthana:

Nose is said to be the door of the head. Herbs administered through the nose helps in the evacuation of the aggravated *doshas* above the clavicle and it is considered as the main *sodhana karma* for the head and neck.

Benefits of *Nasya karma*:

- Promotion of health as a part of *Dinacharya*
- Rapid absorption of the herbs via highly vascularized mucosa
- Better nasal bioavailability for smaller herbal-medicine molecules
- Avoiding the gastro intestinal tract and first-pass metabolism
- Convenient route when compared with parenteral route for long term therapy
- Lower side effects
- Can be administered even in unconscious client (*Rogi*)

Classification of *Nasya* based on the action:

- *Brimhana*(Nourishing)
- *Samana* (Calming down)
- *Sodhana* (7yrs-80yrs)(Cleansing)

- *Marsa Nasya- Sodhana*
- *Pratimarsa- Dinacharya/Samana*

Classical Dose for *Marsa Nasya*:

- 10 Bindu= 5ml (1 Bindu= 0.5ml)
- 8 Bindu =4ml
- 6Bindu =3ml

Poorvakarma (Preparatory procedure) of *Marsa Nasya*

- *Pachana* and *deepana* (Digestive phase)
- *Snehana* (internal and external oleation)
- *Swedana* (Sudation)

The mode of action of Nasya Karma

“Nāsā hi sirasō dwāram tatra avasēchitam oushadham srota: srunghātakam prāpya vyāpya mūrdhānām nētra srōtra kanta ādi shirām mukhāni cha munchāt ishikām swāsakthām ūrdhwa jatrugatā vaikarikam asēshām āsu dosha samhatim uttamānga gadā apakarshati ”//

(Ref: Ashtanga Sangraha, Sutrastana, 29/3)

Acharya Vagbhata has clarified that herbs administered through the nose reach the **Shringhataka Marma** (*Sira Marma*) which is formed by the *Siras* of nose, eyes, neck, and ears. So we can understand that the *Nasya* medicine enter the head and purifies the doshas.

Indu, the commentator of *Ashtanga Sangraha* mentioned the exact location of **Sringhataka Marma**.

“Siraso antarmadhayam mūrdhānām”//

According to this, **Sringhataka Marma** can be correlated to the **middle cranial fossa**.



Middle Cranial fossa:

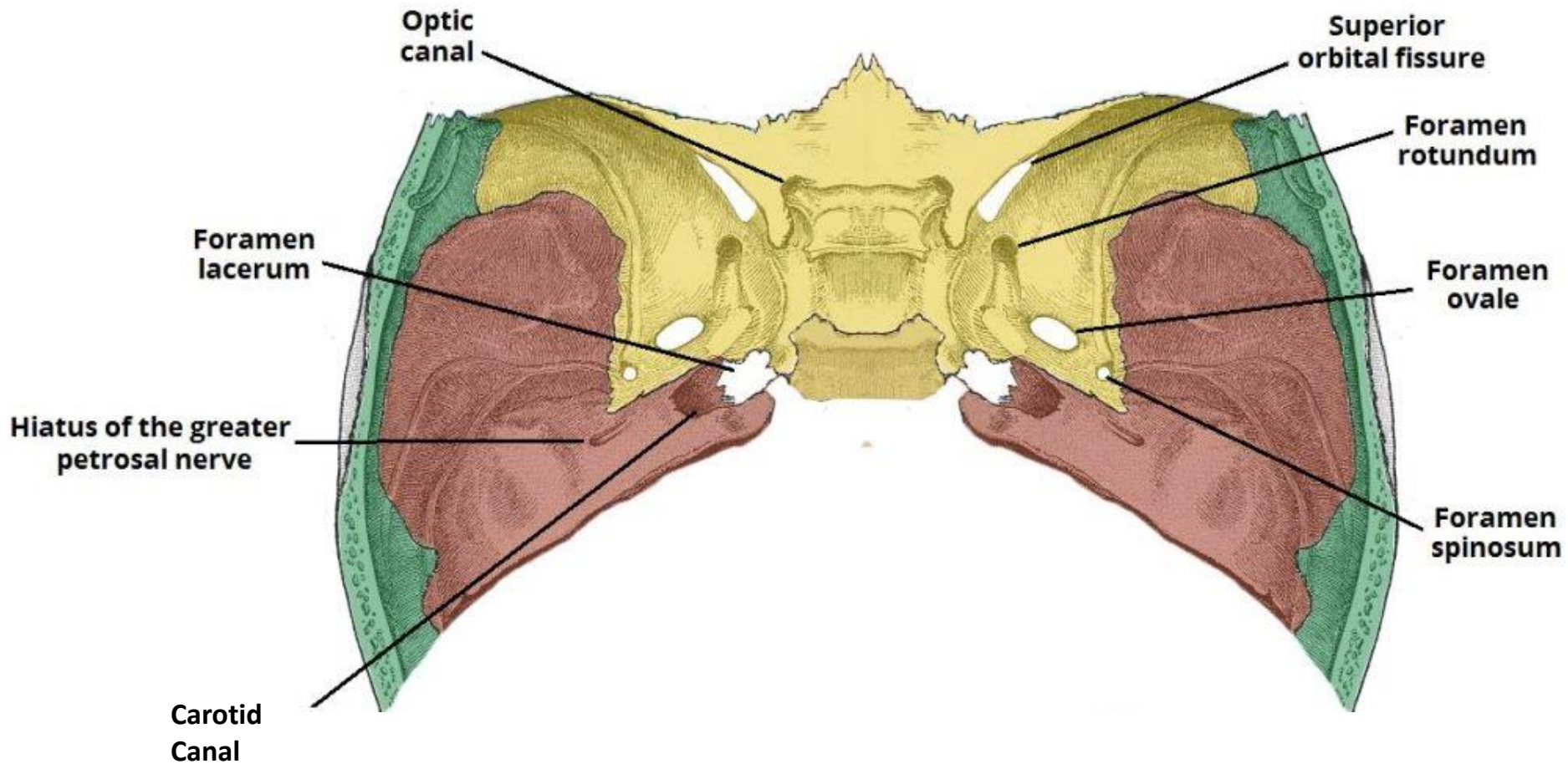
Consists of :

- Meningeal vessels mainly Internal Carotid Artery
- Cranial Nerves (II, III, IV,V,VI)
- The pituitary gland can be reached through the sphenoid sinus
 - The sphenoid sinus is inferiorly connected to the nasopharynx
 - The sphenoid sinus is posteriorly connected to the brain stem

The above descriptions show the correlation of *Shringhataka Marma* with the middle cranial fossa.

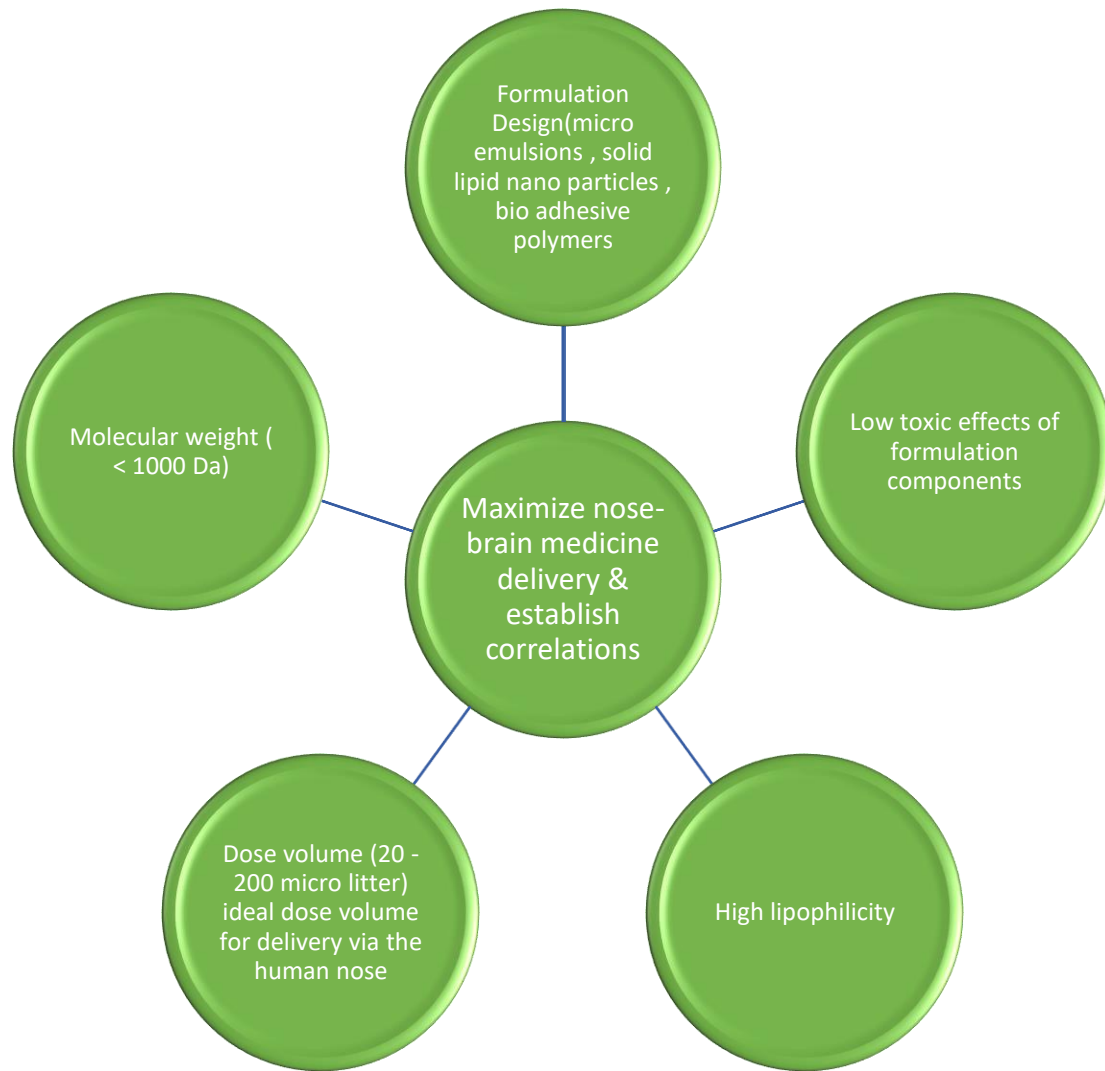






The portable pathways of the action of *Nasya* medicine:

- **At the level of blood circulation**
- **At the level of lymphatic channels including CSF**
- **At the level of neuro endocrinal & neuro vascular stimulation**
- **At the neuropsychological level**

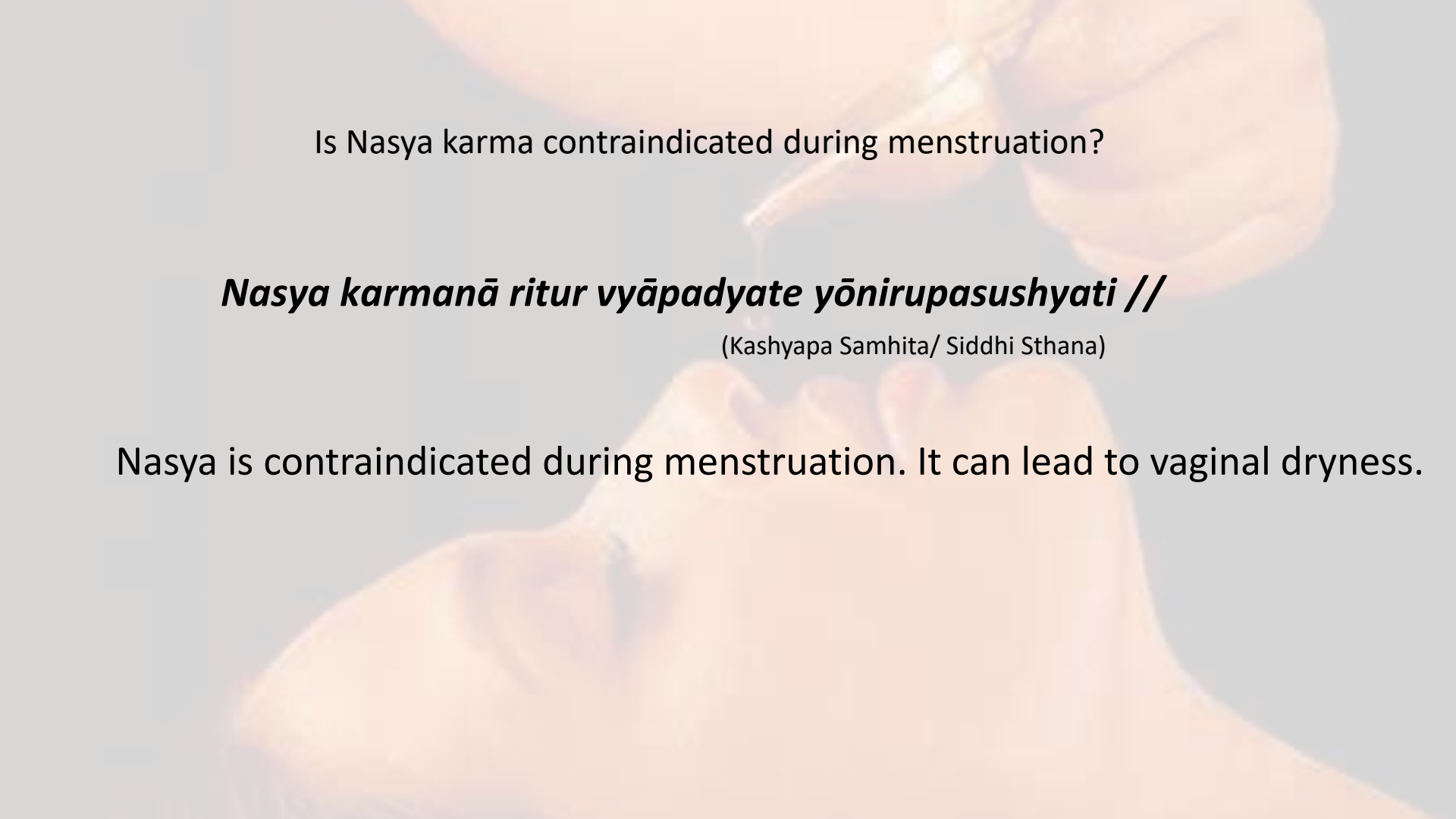


Indications of Nasya:

- Netra Roga (Eye disorders)
- Danta Roga (Teeth and gum disorders)
- Mukha Roga (Diseases of the oral cavity)
- Speech Disorders (eg. Hoarseness of voice, spasmodic speech etc.)
- Kanta Roga (Diseases of neck)
- Samanya Roga (General disorders of head and neck)
- Other health issues like tumors, convulsions, contractions etc.
- Mano rogas (Psychological imbalances/psychiatric conditions)

Contraindications of Nasyakarma

- Indigestion
- After having meals
- During *snehapana*
- After drinking water or alcohol
- After washing the hair (head bath)
- Who desires to take shower
- While hungry or thirsty
- Fatigue due to exercise or sex
- Acute fever
- Acute Rhinitis, asthma, cough
- Afflicted with grief
- Pregnancy and post natal period
- Improper season or on a cloudy day
- Intoxication
- Injured by weapons or with sticks

A close-up photograph of a person's head tilted back, with a hand pouring a liquid from a small glass bottle into their nostril. The background is a soft, out-of-focus light blue.

Is Nasya karma contraindicated during menstruation?

Nasya karmanā ritur vyāpadyate yōnirupasushyati //

(Kashyapa Samhita/ Siddhi Sthana)

Nasya is contraindicated during menstruation. It can lead to vaginal dryness.

Recommended Nasya formulations in specific conditions

Anu Tailam	Rhinitis
Maharajaprasarani Tailam	Frozen Shoulder, RA
Dhanwantharam Tailam (101)	Bell's Palsy
Ksheerabala (101)	Hemiplegia, Insomnia
Kalyanaka Ghritam	Manasika Rogas (e.g., Schizophrenia)
Shadbindu Tailam	Sinusitis
Dronapushpi swarasa	Apabahuka (Frozen shoulder)
Karpasasthyadi Taila	Cervical spondylitis
Bhringaraja swarasa	Alopecia
Vilwadi Gulika	Depression, Venomous snake bites
Madhuyashtyadi Tailam	Migraine

Action of MaharajaPrasarani Tailam Nasya in *Apabahuka*

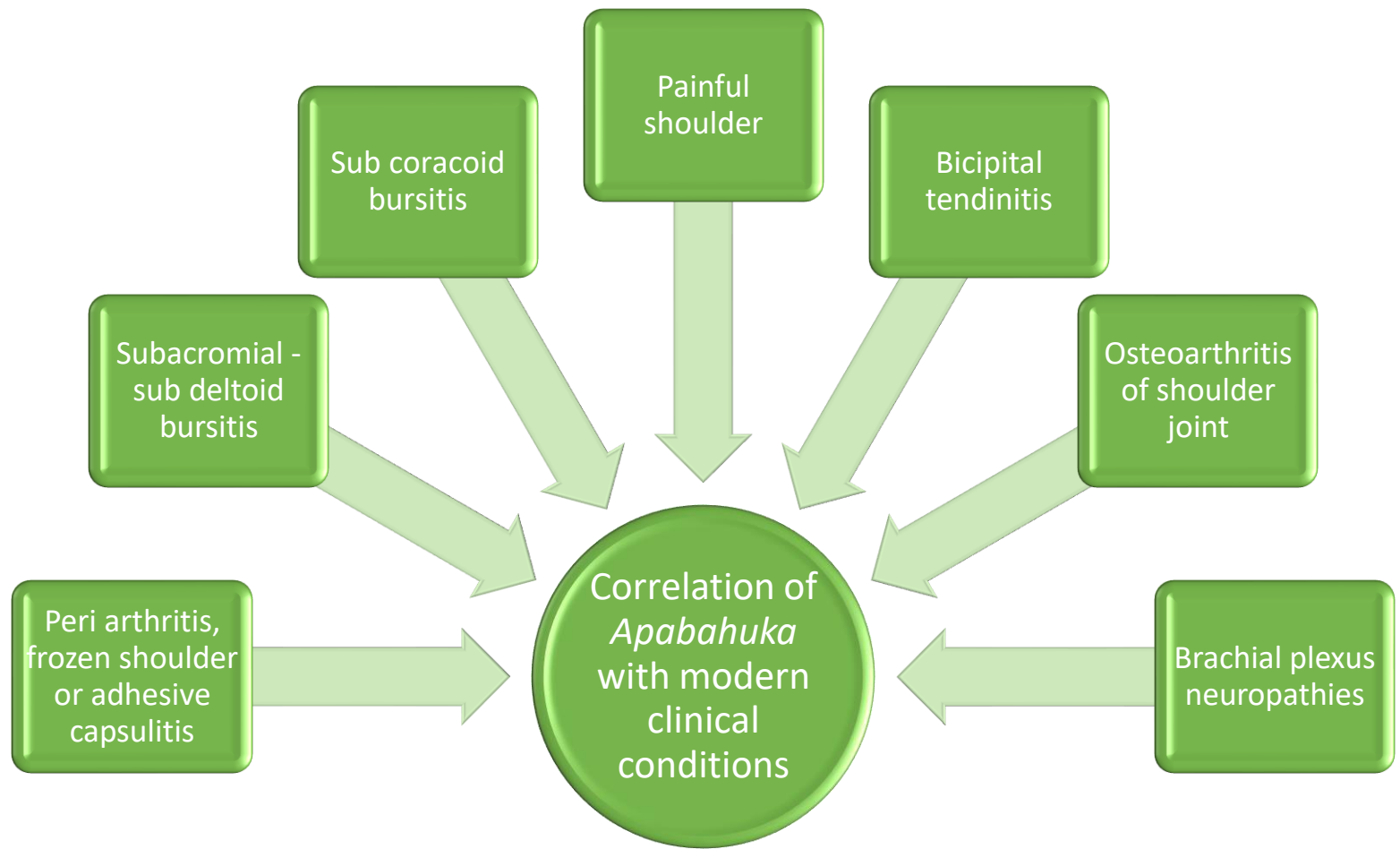
Apabahuka is a Vata vyadhi that affects the *Amsa sandhi* (shoulder joint).
Loss or dryness of *Shleshaka kapha* leads to *Amsa sosha* (degeneration of the *Amsa Sandhi*) which is considered as the preliminary stage of the disease.

The main symptoms of *Apabahuka* are :

Amsa dēsa sthitō vāyu: sōshayēt amsa bandhanam

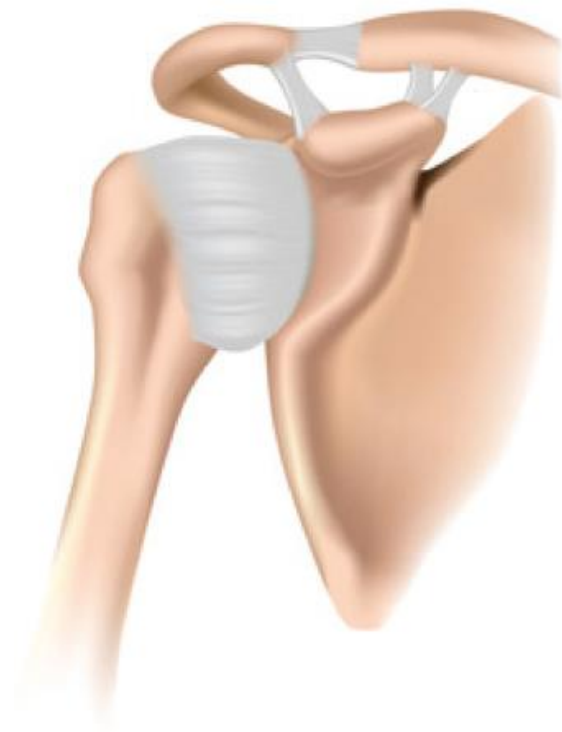
Sirāmschākunchya tatrasthō janayēt apabāhukam // (Madhava Nidana- Vata Nidana)

- Pain (usually worsens at night)
- Stiffness
- Numbness
- Restricted movements of the shoulder joint



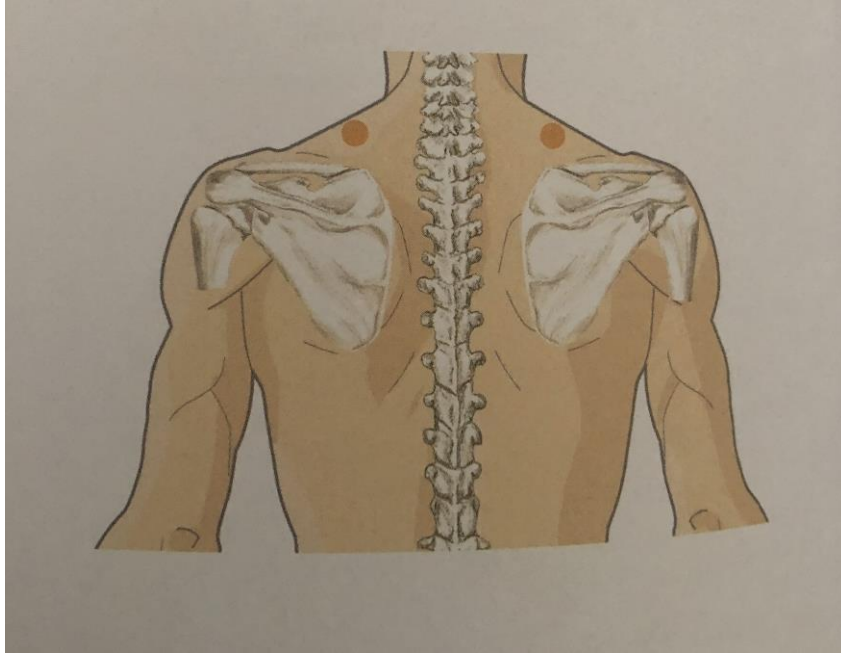
Adhesive Capsulitis of Shoulder

Normal shoulder



Frozen shoulder





Amsa Marma

“Tatra sthabdha bāhutā //” (Sushruta Samhita, Sarira sthana)

Any injury to the Amsa Marma leads to stiffness and rigidity of the shoulder joint and the hand.

Chikitsa Sutra of *Apabahuka* from *Ashtanga Hridayam Chikitsa Sthana*

“Apabāhou hitam nasyam snēhaschaouthara bhaktika:”//

- *Nasya karma*
- *Snehapana* after having food

Maharaja Prasarani Tailam

Ref: Bhaishajyaratnavali Vata vyadhi Prakarana



Total Number of ingredients:
113

Sneha Dravya

Kalka Dravya

Kwatha Dravya

Sesame Oil

Bhallataka, Maricha, Shatahwa, Shati,
Utpala, Dasamoola, Haridra, Pippali, Triphala,
Karkati, Musta, Manjishta, Chakramardda,
Pippalimoola, Shunti, Sarala, Vacha, Padmaka,
Aswagandha, Rasanjana

Prasarani,
Aswagandha, Bala, Punarnava, Dasa
moola, Paribhadra, Laksha,
Kanchikam, Dadhi, **Mamsarasa**,
Sahachara,
Eranda, Rasna, Ketaki, Twak,
Satavari, Lodhra, Ksheera, Ikshurasa,
Manjishta

Type of Nasya Karma	Number of Clients	Duration of management	Results Observed	Percentage of improvement
SAMANA	10 (Chronic)	3-4 Months (2 gtt)	Pain(radiating) and stiffness- Reduced	70%
			weakness and numbness reduced	65%
			Range of movement is improved	80%
SODHANA	5 (Chronic)	5 days (4gtt-4-6-6-8gtt)	-----	-----

Sneha pana (Internal oleation)	Bahya Sneha&Swedana (External oleation and Sudation)	Nasya Karma (Sodhana)	Results observed
Indukantham Ghrita (5 days)	Abhyanga -3 days (Dhanwantharam oil) Bashpa Sweda-3 days	Maharajaprasarani Tailam (4gtt, 4 gtt, 4 gtt, 6gtt, 6gtt)	ROM- 90%of improvement. Stiffness- 95% of improvement
Varanadi Ghrita (6days)	Abhyanga-1 day (Dharani oil) Patrapotala Sweda- 2 days	Maharajaprasarani Tailam (4 gtt, 4 gtt, 4gtt, 6gtt,6gtt)	Pain- 100% of Relief Numbness- 100% Relief Stiffness- 95% of improvement
Guggulu Thikthakam Ghrita (7 days)	Abhyanga -1 day (Mahanarayana Oil) Taila Dhara (Mahanarayana Oil)-3 days	Maharajaprasarani Tailam (4gtt,4gtt,6gtt,6gtt,8gtt)	Pain- 95% of Relief Stiffness- 100% of Relief ROM- 95% of Improvement
Kalyanaka Ghrita (5 days)	Abhyanga and Sirodhara-3 days (Balaswagandhadi Oil) Bashpa sweda-3 days	Maharajaprasarani Tailam (4gtt,4gtt,6gtt,6gtt,8gtt)	Pain- 100% of relief ROM- 95% of improvement Stiffness- 95% of improvement
Indukantha Ghrita (7 days)	Abhyanga , Greeva Vasti- 3 days (Karpasathyadi+Prasarani Oil), Bashpa Sweda-3 days	Maharajaprasarani Tailam (4gtt,4gtt,6gtt,6gtt,6gtt)	Pain (Radiating)- 90% of improvement ROM- 90% of improvement Numbness- 90% of improvement

Conclusion

- Multifaceted utility
- Highly effective therapy
- Easy to administer the medicine
- The most affordable *sodhana* therapy
- No complications if properly administered

[Ayu](#). 2012 Jan-Mar; 33(1): 73–77.
doi: [10.4103/0974-8520.100316](https://doi.org/10.4103/0974-8520.100316)

PMCID: PMC3456869

PMID: [23049188](https://pubmed.ncbi.nlm.nih.gov/23049188/)

**A randomized controlled clinical trial to assess the efficacy
of *Nasya* in reducing the signs and symptoms of cervical
spondylosis**

[C Radhika](#), [G. Vinod Kumar](#),¹ and [K. Mihirjan](#)²

A background image showing a hand holding a small glass bottle with a dropper, dispensing a liquid into a palm. The image is faded and serves as a background for the text.

Review

JBIS Database System Rev Implement Rep
. 2016 Apr;14(4):198-228.

doi: 10.11124/JBISRIR-2016-2402.

The effectiveness of ayurvedic oil-based nasal instillation (Nasya) medicines in the treatment of facial paralysis (Ardita): a systematic review

[Manuel Joseph Vivera¹](#), [Judith Streak Gomersall](#)

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A COMPARATIVE CLINICAL STUDY ON EFFECT OF NASYA AND NASAL SPRAY WITH OR WITH-OUT SHAMANUSHADI IN VATAJA PRATISHYAYA VIS-À-VIS ALLERGIC RHINITIS

*Dr. Manasa S. D. and 2Dr. Suma K. J.

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- Ashtanga Hridayam Sutrasthana
- Madhavanidana
- Action Of Nasya On Central Nervous System 608 www.iamj.in IAMJ: Volume 2; Issue 4; J
- Charaka Samhita Sutrasthana (2nd Chapter)
- Charaka Samhita Siddhi Sthana (9th chapter)
- Sushruta Samhita Chikitsa (40th Chapter)
- Kashyapa Samhita- Siddhi Sthana

A healthcare professional, wearing a blue and white plaid shirt and a stethoscope, is administering eye drops to a patient lying down. The patient's face is partially covered by a green bandage. The professional is holding a small bottle of eye drops in their right hand and is carefully dispensing the drops into the patient's eye. The patient is lying on a white surface, and the professional is leaning over them. The background is slightly blurred, showing a clinical setting.

Namaste

Thank You
