

A DIFFERENT APPROCH FOR ADMINISTRATION OF MARSHA

NASYA BY ASHTANGA SANGRAHA: A REVIEW ARTICLE

¹Girde Samir, ²Chandaliya Sachin, ³Bende Yogita, ⁴Chafle Shilpa

¹Assistant professor, Department of Panchakarma, Shri Ayurved Mahavidyalaya, Nagpur.

²Professor, Department of Panchakarma, Shri Ayurved Mahavidyalaya, Nagpur.

³Associate professor, Department of Panchakarma, Shri Ayurved Mahavidyalaya, Nagpur.

⁴Assistant professor, Department of Panchakarma, Shri Ayurved Mahavidyalaya, Nagpur.

ABSTRACT

Nasya, one of the five *panchakarma* acts on brain by route of *nasa*. *Nasya* administration is one of most important things in *panchakarma* practice. In *Charaka*, *Sushruta* and *Ashtanghridaya*, methodology of *nasya* including its types with their different dosage are well explained, but how to administer dose in details is not explained. So following this in routine *nasya* practice, calculated or prescribed dose is administered in one stroke. Routinely *bindu* is considered as drop, which actually is lesser in quantity than the actual quantity of *bindu*. If we go by texts, the dosages are explained in *bindu pramana* which becomes huge if tried to give in one stroke. So, *Ashtang Sangraha* had suggested to administer the prescribed dose in three divided doses. So in the present review article, the methodology by *Ashtang sangraha* is discussed in detail.

Keywords: *Nasya* administration, *bindu*, asthanga sangraha

Introduction: *Nasya karma* is one of the five *panchakarma*. It is the process where the medicines are administered through the nostrils in a specific manner to cure systemic disorders. *Nasa* (Nose) is told to be the ‘*dwara* of *shirah* (gateway of brain/head)¹. This suggests that *Nasya* may have the direct entry into the brain and have the ability to improve the disoriented brain functions. *Nasya* firstly acts on *nasa* i.e. nose which is one of the sensory organs. *Nasya* mainly works on *jatrurdhwa* organs (organs situated above neck) which includes like of ears (*karnendriya*), nose (*ghranendriya*), head / brain (*shira*), eyes (*netra*), which are mostly *dnyanendriyas*. So *nasya* is one of the prime treatment modalities for treatment of the diseases of these organs. In routine *nasya* practice, calculated or prescribed dose is administered at once. This practice is contrary to the methodology advised by *Ashtang*

Sangrahakar Vaghbata where he suggested to administer prescribed dose in three divided doses.

MATERIAL AND METHODS

Acharya Charaka divided *nasya* in five groups viz *navana*, *avapida*, *dhmapan*, *dhooma*, *pratimarsha*². These five types categorised in three types on the basis of its action like *rechana* i.e. *nasya* which expels out *dosha* from body, *tarpana* i.e. *nasya* which increases *dosha* in body and *shamana* i.e. *nasya* which pacifies *doshas* in body³. Further on the basis of *matra* or dosing *nasya* is divided in *marsha nasya* and *pratimarsha nasya*⁴. *Nasya* doses i.e. *matra* is mentioned in *bindu pramana*. Dose of *pratimarsha nasya* is 2 *bindu*. *Sneha nasya matra* in each nostrils for *hina*, *madhayama*, *uttama matra* are 8, 16, 32 *bindu*⁵. For *shodhana*, *sneha nasya matra* in *hina*, *madhyama*, *uttama matra* are 4, 6, 8 *bindu* respectively⁶ while *ashtanag sangraha* mentioned *marsha*

nasya doses of 6, 8 10 *bindu* and 4, 6, 8 *bindu* of *kwatha* for *hina*, *madhyama*, *uttama matra* respectively⁷.

Bindu is considered as drop in routine practice, which is a word to word translation of Sanskrit to English. When two *parva* (proximal two phalanges) of *pradeshini anguli* (index finger) are dipped into the oil and the oil slipping from the same is collected and counted⁸, it is defined as 'bindu'. A research study has shown that quantity of one *Bindu* is approximately 0.44 ml (14.34 ml / 32Bindu⁹). *Shaarangadhara*¹⁰ has stated that, 8 *Bindu* are equal to one *Shana* and further the dose of *Marsa Nasya* is explained in multiples of *Shana* itself, as 8 *Shana*, 4 *Shana* and 2 *Shana* for *Mukhya*, *Madhya* and *Antya matra*¹¹.

So, 1 *Shana* = 4 *Maasha*.

4 *Maasha* = 4 gm = 4 ml (Ayurveda Formulary of India).

Thus, 8 *Bindu* = 1 *Shana* = 4 ml.

1 *Bindu* = 0.5 ml.

Above calculation shows difference in dosing by *bindu* method and drop method. By drop method, administering *nasya* dose by dropper is given in drop by drop method which is contrary to the method advised by texts. *Nasya* should be given in continuous stream i.e. *avichchhinna dhara*¹². So, one should advocate this method.

Ashtang sangraha suggests the administration of the *nasya* dose in three divided dosages¹³. If the whole *nasya* dose is poured in one stroke, it may push the *sneha* in the upward direction (*Utsnehana*), may create various head and brain related disorders (*shiroroga*), rhinitis (*pratishyaya*), accumulation of secretions in nostrils (*ghraana kleda*), obstruction in breathing (*Anoochhvasoparodha*)¹⁴. So, to avoid this, administration of whole dose in

three equal divided doses is advised. After administration of each divided dose, repeated *swedana* (fomentation) is suggested till the expulsion of medicine through spit or sneeze. After finishing all the three dosages, *pashchatkarma* is to be followed¹⁵.

Steps of procedure of *nasya karma*:-

1. *Marsha Nasya Vidhi*-

Nasya vidhi is divided in 3 steps i.e. preoperative (*Poorakarma*), operative (*Pradhanakarma*) and postoperative (*Pashchatkarma*).

Poorvakarma-

1. Before starting *snehana* and *swedana*, patient should be asked to get relieved from natural urges like urination, defecation etc and get cleaned the body¹⁶.

2. *Snehana* of *jatrurdhwa* organs i.e. organs above neck like neck, ears, face, head and scalp should be well oleated and subjected to *swedana*¹⁷.

3. Patients should be given *prayogik dhumpana* to clear all the *strotasas*¹⁸.

4. Patient should be in *niwata* room (devoid of flowing air) and is given supine position (*uttana shirsh*) with slightly leg raised condition (*unnata pada*) and both the upper and lower limbs spread straight (*prasarat kara charana*)¹⁹.

5. Repeated *hastasweda* should be administered to *jatrurdhwa* area²⁰.

6. While performing this procedure neck will be partially extended, *paricharaka*'s (therapist) palm of left hand will stay on forehead of patient, eyes will be covered with pad or clean cloth, tip of nose will be stretched by middle finger and one nasal cavity will be closed by *anamika* or *pradeshini anguli* finger²¹.

7. To be administered calculated dose should be divided in three doses.

Pradhana karma

1. After *snehana* and *swedana* and earlier mentioned position, prescribed dose of lukewarm drug should be administered in three equal divided doses.
2. First of the 3 divided doses of lukewarm medicine should be poured in nasal cavity in one stroke without breaking the stream. Same procedure will be done with another nostril.
3. Patient should be advised to avoid sneezing, loose temper, laugh, forceful inhalation (*Uchchhindana*), excessive talk (*vyaahara*)²².
4. Then it should be followed by next luke warm dose and again repeated *swedana* should be given to *jatrurdhwa* organ, soles and palms followed till the expulsion of medicines and *kapha* through spitting (*shthiwana*)²³.
5. This should be followed by the third set of a luke warm *nasya* till the expulsion of medicines.
6. In this way, all the three divided dosage of *nasya* should be administered one after another with *swedana* offered in between.

Pashchata karma :

1. After administration of the first *nasya* dose, *samwahana* i.e. light massage to ears, forehead, scalp, chicks, neck, shoulders, palms and soles should be given. The patient should be asked to exhale forcefully through the nostrils²⁴.
2. If administered medicine arrives in oropharyngeal cavity, it should be spitted out by turning towards right or left lateral side. This medicine should not be swallowed as it may cause *Agnimandya*, and increase in *dosha*²⁵.
3. Repeated fomentation (*sweda*) should be given to organs above clavicles (*jatrurdhwa*) organs till the medicine and *Kapha* will be spitted and sneezed out.
4. After this, likewise 2nd and 3rd dose should be administered.
5. After each dose administration, *swedana* should be carried out.
6. For *virechana* and *avapida nasya*, after medicine administration, according to *doshbala sneha nasya* should be given²⁶.
7. After completion of *nasya* procedure, Patient should be advised to be in lying down position till 100 *matra*²⁷.
8. If there any vitiated or remaining dosha, *Vairechanik* or suitable *dhumpaan* and *Gandusha* with lukewarm water should be carried out²⁸.
9. Patient should be advised to follow the rule mentioned in *snehapan*²⁹ i.e. patient should be advised to follow rules like to drink luke warm water, follow *Brahmacharya* (avoid sex), be *Kshapashaya* (avoid daysleep and late night sleep), avoid *pravaata* (direct air), avoid *yana* (excessive travelling), *adhwa* (excessive walking), *atibhashya* (excessive talk), *atyasana* (sitting on same site for long duration), avoid *dhum rajasewana* (smoke and dust)³⁰.
10. Excessive liquid intake should be avoided³¹.
11. Same procedures will be repeated in every 3rd day till *samyaka lakshana*³².
12. *Nasya* can be administered daily or twice a day in diseases of *vata* predominance like *hidhma*, *swaropaghata*, *manyastambha*, *apatanaka*, *vataja shirahshoola*³³.

DISCUSSION

Charka and *Laghu-Vaghbata* had advocated *nasya* procedure in the same manner with the same *purva karma* and *paschata karma* except one change. The change is in putting the whole *nasya* dose into the nostrils. *Vruddha vagbhata* seems to be more logical and practical as if one has to put 32 *bindus* i.e. almost 16 ml into nostrils in one dose. It will be impossible to bear the strength of the medicine if it is

ushna teekshna. So, it will be easier to divide the same into three dosages. Some points can be discussed in the following way.

Doubts –

1. Whether use of dropper is justified for *Nasya*, as it doesn't allow the oil to be dropped in *avichhinna* manner as suggested by the texts?
2. Why *vagbhata* have suggested to administer *Nasya* in three divided doses?

Justification -

1. Administration of *nasya* dose by dropper will take much more time if given by dropper as compared to be given by *Nasya yantra* through *avichhinna dhara*. It may not yield the same effect as that explained by the texts.
2. If tried to give the whole dose at once, it may not be tolerated by the patient. ($32 \text{ bindu} = 16 \text{ ml}$ or $16 \text{ bindu} = 8 \text{ ml}$). So, the idea of splitting of dosage must have been arise. It will give the patient enough time to breathe in between and make the patient ready to go for the higher dose.

CONCLUSIONS:

1. *Nasya* should not be carried out by dropper method. Instead of it *Nasya yantra* which can allow to pour in a stream manner will be more appropriate.
2. Dose should be given without breaking the stream.
3. Calculated dose should be divided in three equal dosages and then *nasya* should be administered.

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Corresponding Author:
Dr Samir Girde, Assistant professor, Department of Panchakarma, Shri Ayurved Mahavidyalaya, Nagpur.
Email: samir.besur@gmail.com

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