

CONCEPTUAL STUDY OF MASHADI SIDDHA TAILA NASYA IN AVABAHUKA

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ABSTRACT

Avabahuka is a disease that usually affects the *Amsa sandhi* (shoulder joint). In the sedentary and restless lifestyle of people both *aharaj* and *viharaj hetu* and least importance to physical exercises affects the body and produce disease. *Avabahuka* is the disease produced by the *vata dosha*. Aim of study is to assess the effect of Nasya with *Mashadi Siddha Taila* in *Avabahuka*. References regarding *Avabahuka* and *Nasya karma* collected from *Sharangdhara*. Even though the term *Avabahuka* is not mentioned in the *nanatmaja vatavyadhi*, *acharya Sushruta* and others have considered *Avabahuka* as *vataja vikara*. Here *amsa shosha* can be considered as preliminary stage of disease where loss or dryness of the *shleshaka kapha* from the shoulder joint and symptoms like shoola during movement. *Avabahuka* manifests due to the depletion of tissue elements (*dhatu Kshaya*) as well as *Samsrushta dosha*. *Nasya* is being the treatment of choice in *Urdhavajatrugata vyadhis*. *Mashadi Siddha Taila* has *vata-kaphara* properties which are beneficial for *Avabahuka* in both *Avastha*.

Keywords: *Nasya, Mashadi Siddha Taila, Avabahuka*

INTRODUCTION

Avabahuka is one such disease that usually affects the shoulder joint and hampers the day to day activity of an individual. It is caused by *kupita vata dosha* localised around the *amsa pradesha* causing *shoshna* of *amsa sandhi*^[6] there by leading to *akunchna* of *sira* and presents with *Bahuspanditahara*. Even though factor responsible for the manifestation of the disease is not mentioned. It is interpreted that the disease *avabahuka* manifests due to

depletion of tissue elements (*dhatu kshaya*) as well as *samsrushta dosha*. However the term *Avabahuka* is not mentioned in the *nanatmaja Vata vyadhi*, *Acharya Sushruta* and others have considered *Avabahuka* as a *Vata vyadhi*^[2]. *Amsa shosha* (wasting of shoulder) can be considered as the preliminary stage of the disease, where loss or dryness of *shleshaka kapha* from *amsa sandhi* occurs^[1].

Avabahuka being a *Bahushirshagata roga*, *Nasya karma* should be the first treatment of choice. *Mashadi Siddha Taila* which is described in *Sharangdhar* [5] contains drugs having *Vata-kaphara properties*. *Brumhana Nasya* is indicated in *Avabahuka* by *vagbhata*[6] and treatment described in different classics for *Avabahuka* are *nidana parivarjana*, *abhyanga*, *swedana*, *Nasya Karma*, *shamanoushadhi*. In this study *Nasya Karma* with *Mashadi Siddha Taila* have been advised for patients suffering from *Avabahuka*.

Aims and Objectives

1. To study the effect of *Mashadi Siddha Tail Nasya in Avabahuka*
2. To Study the literature of the disease in view of *ayurveda*

Materials and Methods:

- All the references regarding *Avabahuka* and *Nasya* are collected from *Bruhat Trayi and Laghu trayi* and various textbooks.
- Concept of *Nasya*, *Avabahuka* and *Mashadi Siddha Taila* is studied in detail.
- Collection of all the references is done and correlation between the data is done logically.
- *Mashadi Siddha Taila* is prepared under Observation also



Disease Review:

Nidana (etiology): The causes (*hetu*) of *Avabahuka* may be classified into two groups.

- 1) *Bahya hetu*- causing injury to the vital parts of the body(*marma*) or the region surrounding the *amsa sandhi*, which is also known as *bahya abhigataja* that manifests the *vyadhi* or disease first
- 2) *Abhyantra hetu*—indulging in the etiological factors that *aggravate Vata* Leading to the *vitiation of Vata* in that region and is also known as *dosha prakopajanya(samshraya)*, which in turn leads to *Karmahani of bahu*. The descriptions of *Nidana* are:
 - a) *Aharaja- katu, tikta , kashaya rasas, laghu sukshama and sheeta guna* cause vitiation of the *vata*
 - b) *Viharaja-* The exercises directly or indirectly influencing the shoulder or *amsa desha* should be considered
 - c) *Plavana-* Results in *Vata kopa* due to over exertion in the joint
 - d) *Bharavahana-* carrying heavy loads over the shoulders will cause *Vata Prakopa* and deformity in the joint capsule. This leads to disease formation
 - e) *Dukkha Shayya* -Improper posture that creates a great amount of more pressure on the *amsa sandhi* will disturb the muscular integrity and provokes *vata*. This manifests the disease. Other *viharaja nidanas* as reported in *Vatavyadhi* may influence the condition by provoking *vatadosha*

To summarise the above mentioned *nidanas*, under *vihara*, especially involving the *amsa sandhi* and *marmabhigata to amsa*, lead to the development of *Avabahuka*.

Rupa: Bahuspanditahara (restricted movement), pain (*ruka*), and *Stambha* (stiffness)

Samprapti: In case of Avabahuka, two ways of vitiation of the *vata* can be considered. The etiological factors like *ruksha*, *laghu* and so on and *atibharavhana* like cause vitiation of the *vata* directly. In the other way, *Kapha prakopaka nidanas* like taking of *atisnigdha*, *atiguru dravya* and so on cause an increase in the *vikruta kapha*, which produces the *kaphavrita vata* condition.

Sthana samsraya avastha of the *vyadhi* occurs with the localization of the aggravated *Vata* in the specific *dhatu*, that is *dosha dushya sam-murachana*, which occurs in the specific organ of the body where *kha vaigunya* has previously taken place by the specific part of the *nidanans*, simultaneously with the *dosha vikruti*. As Avabahuka is considered as *Vatavyadhi* and *Vata* has the *Ashukari guna*, the *poorvarupas* like *bahuspanditahara* and *shoola* may manifest mildly or are totally absent. However, the above-mentioned symptoms are clearly manifested in the *vyakta avastha* or in the *roopa avastha* of the *vyadhi* in the *vyaktasthana* i.e *amsa pradesha*. Even though *Madhukosha* commentary of *Madhav Nidana* is mentioned that *amsa shosha* is produced by *dhatukshaya*, that is *shuddha vata janya* and Avabahuka is *Vata kapha Janya*^[7].

Any external trauma to *amsa pradesha* may also cause *bahya marmabhighata* to *amsa marma* present in *amsa pradesha*. As *amsa marma* is a *snayu* and *vaikalyakara marma*, afflicting *snayu* will manifest *bahuspanditahara*

Procedure Review:

Nasya: The procedure of instilling medicines through the nasal route is called *Nasya karma*. The Nasal orifices are believed to be the en-

trance of the head. The medicine instilled through them easily penetrates the *Sringataka* and spreads to the *Siras*(arterioles) of *Shira* (head), *Netra*(Eyes), *Shrotra*(ears), *Kantha*(throat) and expels out the impurities. After absorption of the drug, it acts on the diseases of *Skanda*, *Amsa* and *Greeva* and the *doshas* are expelled from the *Shira pradesha*. The action of *nasya karma* depends upon the *dravya* used in it. Based on these, it is divided into *shodhana*, *shamana*, and *brumhana*. In case of the *shamana nasya*, it alleviates the *dosha* and helps in reducing the *kshobha* of the *marma* and *indriya* caused by the vitiated *dosha*. *Brihmana nasya* provides nourishment of the *Shiroindriya* and other organs and alleviates the vitiated *vata*. Hence it is useful in *vatajanya* ailments

The absorption of the drugs is carried out in three media. They are^[4]:

1. By general blood circulation, after absorption through the mucous membrane
2. By direct pooling into the venous sinuses of the brain via the inferior ophthalmic veins
3. By direct absorption into the cerebrospinal fluid

Apart from the small emissary veins entering the cavernous sinuses of the brain, a pair of venous branches emerging from the *alae nasi* will drain into the facial vein. These ophthalmic veins on the other hand also drain into the cavernous sinuses of the meninges

The nasal cavity directly opens into the frontal, maxillary and sphenoidal air sinuses. The epithelial layer is also continuous throughout the length. The momentary retention of the drug in the nasopharynx and the suction, causes oozing of the drug material into the air sinuses. These sites have rich blood vessels entering brain and meninges

through the existing foramens in the bones. Therefore, the better chances of drug transportation via this path.

Shirngataka, where the ophthalmic vein and the other veins spread out. The sphenoidal sinuses are in close relation with the intracranial structures. Thus, there may be so far undetected root between the air sinuses and the cavernous sinuses, establishing the transudation of fluids as a whole. Nose is a highly vascular structure and its mucous membrane provides a good absorbing surface. Hence, *siddha sneha*, on their administration, spread along the nasal mucous membrane. An active principle along with *sneha* gets absorbed inside the olfactory and respiratory mucosa and from there is carried to different places. The mentioning of *Shringataka* in this context seems to be more reasonable. As the procedure of *nasya* itself involves massaging and fomenting over may be the *marmas* existing on the face and head, this also helps in the alleviation of

marmaksobha and *Vatashamana*.

Drug review:

Mashadi Siddha Taila contains drugs *Masha*, *Kapikacchu*, *Eranda*, *Rasna*, *Bala*, *Rohisha*, *Hingu*, *Ashwagandha*, *Saindhav* having properties of *vata-kaphnashka*^[3] and all these are *Siddha* in *Tila Taila*. Here *Sneha* provides nourishment to the nasal structures and other organs of the head also. The network of the nasal blood and lymph vessels have many communications with those of the subdural and subarachnoid spaces.

This fact is one of the important factors contributing to the extension of the mentioned drugs from the nose into the cranial cavity.

The lipid contents of '*Mashadi Siddha Taila*' may pass through the blood-brain barrier easi-

ly due to their transport. Some of the active principles may reach certain levels in the nervous system where they can exert their *Vataghna* property and it may act as an anti-inflammatory agent also. On the Nasal administration, it reaches different *shirogata indriya* and causes *Vatashamana* and *Brumhana*.

DISCUSSION

Avabahuka is *Nanatmaja Vata vyadhi* but *Kapha dosha* association is described in *samprapti*. *Vata* is vitiated either because of *Avarana* or *Dhatu kshaya*. Because of the *samprapti* of *dhatu kshaya*, *Snehan* type of *brimhana Nasya karma* is very Beneficial. The drugs used in *Snehan* type of *Brimhana Nasya* are having the *gunas* like *Snigdha*, *Ushna* which are antagonistic to *Gunas* of *Vata* and palliates the *Vata dosha*. *Mashadi Siddha Taila* used in the disease has drugs of *Vata* and *kaph hara* properties which broke the pathogenesis of the *Avabahuka*. Due to the properties of the drugs in *Taila*, disease can be treated.

CONCLUSION

1. *Mashadi Siddha Taila Nasya* can definitely be used in *Avabahuka*
2. The reduction cardinal signs of *Avabahuka* Pain, *Bahuspanditahara*, *stambha* can be effectively done.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Chavan Manjula Et Al: Conceptual Study of Mashadi Siddha Taila Nasya In Avabahuka. International Ayurvedic Medical Journal {online} 2017 {cited February, 2017} Available from: http://www.iamj.in/posts/images/upload/453_457.pdf