ROLE OF NASYA BY SHADBINDU TAILA, LAXMIBILAS RASA AND PATHYAKSHADHATRAYADI KASHAY IN A SHIRASHULA (MIGRAINE)

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ABSTRACT

The word Shirashula (headache) denotes the painful condition of the head. According to Ayurvedic text, it is a symptom as well as diseases. It is an important cardinal symptom seen in most type of Shiraroga (disease of head). Various Acharyas have been described Shiraroga and its classification in different text. In all Shiraroga except Shirakampa (tremor in head), Shirashula is a prime complaint.

The sign and symptoms of Shirashula very much correlates to that of migraine. Migraine is the second most common cause of headache, afflicts approximately fifteen percent of women and six percent of men over a one-year period.

Nasyakarma (drug administered through nasal route) is highly efficacious in all types of Shiraroga, due to the fact that Nasa (nose) is the entry gate of head. It is the best method to eliminate and alleviate the vitiated Doshas of upper portion of body. In the study Shadbindu taila was administered to both groups of patients along with some Vatakapha shamaka medicine for consecutive 21 days. After administration of this therapy, it is found that both group shows significant result. 70% patients of group A were completely cured, 20% were marked improved and 10% were mild improved and in group B 50% were completely improved and 50% were marked improved. The female and male ratio in the study is approximately 3:2. In this present study, out of 20 patients, almost all patients were improved without any side effect. In this paper, effect of Shadbindu taila nasya along with shaman medicine on Shiraroga has been discussed with statistical analysis.

INTRODUCTION

Shirashula simply by defined as the pain felt in different parts of head, which may be differentiated from each other for their location, severity, character or time of pain. Acharya Charak described in details Samprapti of Shirashula in Kiyanta shirasiya adhyaya[2]. As pain is Concerned Vayu should have predominant role especially Vataja type of Shiraroga. Vayu is aggravated by Nidan sevana and gets lodge into arteries and vein of head, causing headache. This type of Shirashula very much Co-relates to that of migraine.

Migraine is an inherited headache disorder that is typically unilateral but sometimes bilateral, moderate to severe, worsened by routine physical activity, associated with nausea and vomiting and accompanied by photophobia and phonophobia. The headache occurs anytime and persists from 4 to 72 hours. It may occur with an aura (a focal neurologics symptom that may be visual, sensory or motor) or without an aura.[3] It is common between the age group of 16-60 years; and is rare after the age of 60 years. The patho-physiology of Migraine is almost similar to that of Shirashula. There are some pain sensitive receptor inside the Cranium which are highly sensitive to stress and pressure changes. They are dural sinuses, and arteries, dura at the skull of base.[4] So any pathological change, that is responsible to stimulate the receptors may Cause Headache.

Ayurveda has a variety of efficacious procedures and medications with no drawback and incidence of recurrence in the management of Shirashula. Here the special emphasis is given on...
Nasya Karma in the management of Shirashula.[5] The Condition Chief caused due to pre-dominance of Vata dosha or Vata – Kapha dosha. With this background, present study has been intended to evaluate the combined efficacy of Shadbindu taila Nasya and Tab Laxmilbas Rasa and Syp. Pathyakshyadhatrayadi Kashay in the management of Shirashula.

MATERIALS AND METHODS

a) Study Area: Total 20 patients, diagnosed as Shirashula were selected incidentally from the Panchakarma department of J.B. Roy State Ayurvedic Medical College & Hospital, 170-172, Raja Dinendra Street, Kolkata – 4

b) Study Population: Mainly from North-Kolkata area.

c) Study Period: (Shodhan + Shaman) = 21 days

- Nasya → 21 days
- Shaman medicine → 21 days

d) Sample Size: 20 patients

e) Sample Design: Total 20 patients were divided into 2 groups.


(ii) Group – B (10 patients) → Treated with Nasya Karma by Shadbindu taila along with Syp. Pathyakshyadhatrayadi Kashay[8] as shaman medicine.

f) Study Technique

- **Group – A**
  - **Shodhan** Poorva Karma
    - Sthanika Abhyanga with Til taila.
    - Sthanika Bashpa swedana.

- **Pradhan Karma**
  - Proper, position of patient.
  - **Shadbindu taila Nasya** – 8 drops in each nostril.

- **Paschat Karma**
  - Haridra dhoom pana.
  - Ushna jala Kavalgraha.
  - Shaman → T. Laxmilbas Rasa.
  - **Dose:** 250mg twice daily.
  - **Anupan:** Adrak Rasa with honey.

- **Group – B**
  - Shodhan: Same as Group – A.
  - **Dose:** 15ml. twice daily.
  - **Anupan:** Equal amount of water.

g) Inclusion Criteria

- i. Patients between the age group of 16 to 60 years.
- ii. Patients fit for Nasya Karma.
- iii. Patients fulfilling the diagnostic criteria and all sign and systems would be selected randomly irrespective of sex, religion and occupation.

h) Exclusion Criteria

- Any other systemic disorder which will interfere the cause of treatment.

i) Assessment Criteria

Assessment of the Condition was done based on detailed proforma adopting standard scoring method and was analyzed statistically based on obtained data.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symptoms</th>
<th>No.</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Shirashula</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Chardi</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Exposer to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Shabda Asahishnutva</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>No. of attacks</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Duration</td>
<td>0-15 minutes (1)</td>
<td>&lt;6 hours (2)</td>
<td>&lt;12 hour (3)</td>
<td>&gt;12 hours (4)</td>
</tr>
<tr>
<td>7.</td>
<td>Severity</td>
<td>Relieved spontaneously</td>
<td>Relieved by taking balm</td>
<td>Relieved by balm with light message</td>
<td>Relieved only by pain killers</td>
</tr>
</tbody>
</table>
DISCUSSION

Shiraroga is a disease of Vata-Kapha origin and upper portion of body. Vata-Kapha nasak treatment as well as Nasya Karma is essential to treat this case. Tab. Laximibilas Rasa and Pathyakshya dhatrayadi kashay both are popularly used for Vata-Kapha originated Shira- roga. For the above mentioned result, it is found that both groups shows highly significant.

Nasya used in the protocol, is of Pratimarsha type. So, patient is advised to take Nasya in the evening at their home as because this study was carried in OPD level. Statistically Group-B shows slightly better result than Group-A.

Probable mode of action of Nasya Karma

- The Pre-operative measures adopted in Nasya therapy like lowering of the head, elevation of lower extremities and fomentations of face, have some role on enhancement of blood circulation in head. Efferent Vaso-dilator nerves are spread out on the superficial surface of face. These receptors may receive stimulation form above said action and results in an increase in blood circulation in head. There is also possibility of falling of arterial pressure due to Vaso-dialatation that may encounter "Cushing reaction". As a result, the aroused ischemic response will raise the arterial pressure.
- This act convinces more of slush created in intracranial space, probably forcing more transfusion of fluid into brain tissue[9].
- The drugs when administered nasally will normally be cleaned rapidly from nasal cavity into gastro-intestinal tract by muco-ciliary clearance system. A quality of drug will be eliminated via normal clearance mechanism. It is also dependent on the lipophilicity and molecular weight of drugs. some of the drugs which are lipid soluble, can cross the blood brain barrier and reach the brain.
- According to Ayurvedic text, Nasa is the door way to Shira and it Communicates with eyes, ears, throat etc. by minute channels. The drugs administered through nostrils, reaches Shringataka marma and spreads into Murdha (Brain), Netra (eye) Shrotra (ear), Kontha (throat), Siramukha (opening of vereles) etc. and

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Mean Score</th>
<th>Difference in Mean</th>
<th>%</th>
<th>Paired t-test</th>
</tr>
</thead>
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<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td>SD</td>
</tr>
<tr>
<td>1.</td>
<td>2.5</td>
<td>0.2</td>
<td>2.3</td>
<td>92%</td>
</tr>
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<td>0.1</td>
<td>1.1</td>
<td>91.66%</td>
</tr>
<tr>
<td>3.</td>
<td>0.6</td>
<td>0.1</td>
<td>0.5</td>
<td>83.33%</td>
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<td>0.4</td>
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</tr>
<tr>
<td>5.</td>
<td>2.1</td>
<td>0.2</td>
<td>1.9</td>
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<td>0.1</td>
<td>1</td>
<td>90.90%</td>
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<tr>
<td>7.</td>
<td>2.3</td>
<td>0.2</td>
<td>2.1</td>
<td>91.30%</td>
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<table>
<thead>
<tr>
<th>S.No.</th>
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<th>Difference in Mean</th>
<th>%</th>
<th>Paired t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td>SD</td>
</tr>
<tr>
<td>1.</td>
<td>2.8</td>
<td>0.4</td>
<td>2.4</td>
<td>85.71%</td>
</tr>
<tr>
<td>2.</td>
<td>1.8</td>
<td>0.1</td>
<td>1.7</td>
<td>94.44%</td>
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<tr>
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<td>0.8</td>
<td>0.1</td>
<td>0.7</td>
<td>87.5%</td>
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<td>4.</td>
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<td>1.2</td>
<td>100%</td>
</tr>
<tr>
<td>5.</td>
<td>2.5</td>
<td>0.4</td>
<td>2.1</td>
<td>84%</td>
</tr>
<tr>
<td>6.</td>
<td>2.1</td>
<td>0.3</td>
<td>1.8</td>
<td>85.71%</td>
</tr>
<tr>
<td>7.</td>
<td>3</td>
<td>0.4</td>
<td>2.6</td>
<td>86.66%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Overall</th>
<th>Group-A</th>
<th>Assessment</th>
<th>Overall</th>
<th>Group-B</th>
<th>Assessment</th>
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<tr>
<td>Complete Improvement</td>
<td>7</td>
<td>70%</td>
<td>5</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Marked Improvement</td>
<td>2</td>
<td>20%</td>
<td>5</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>1</td>
<td>10%</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
snatches the morbid Dosha from their region and expel them from the Uttamanga.\[11\]

**Mode of action of Laxmibilas Rasa**

It is specially indicated in Vatavyadhi chikitsa\[12\], Most of the ingredients are having Vedanasthapana, Shothhara, Rasayan property.

**Mode of action of Pathyakshya dhatrayadi Kashay:**

It is well known drug specially used in all types of Suhirashla, like Ardhavavedaka, Sankhak, Suryavarta Naktandhya, Akshisha, Dhati, Bhunimba, Nisha, Nimbo and Amruta, are the ingredients of this Kashay. Most of the ingredients are Sothahara, Vedanasthapan, Medhya.\[13\]

**CONCLUSION**

It can be concluded from the current research project that:

(i) Nasya Karma along with Vata-Kapha shakak medicine like Tab Laxmibilas Rasa and Pathyakshadhatrayadi kashay are highly effective therapy.

(ii) Study has not shown any side effect.

(iii) To establish the role of Nasya & Tab Laxmibilas Rasa and Pathyakshadhatrayadi Kashay on Shirashula, it needs series of clinical trials in long duration with large No. of cases.

**REFERENCES**


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