



# “A Comparative Clinical Study to Evaluate the Efficacy of Virechana Nasya and Shamana Therapy in the Management of Mukhadooshika”

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## ABSTRACT

Vyadhi is defined as conjunction of living being with the pain. Aacharya Charaka has quoted that health is happiness and any Vikara occurring in the body is Dukha i.e. pain. Right from the evolution of man, feeling of pain is instinct character inside the body. Pain either in the form of Kshudha, Pipasa, etc. or diseases & particularly death has awakened the latent potencies in man for survival and growth.

Diseases & death brought him to face the reality in tremendously vital matters. So he gathered all his strength, sincerity, and determination to work out realistic, practical, and finally effective solution of the problem. To deal with this problem man is always in search of remedy that relieves this pain.

## I. INTRODUCTION

Ayurveda, the fountain head of Indian medicine was conceived as a science and preached in this country some thousands of years ago. The science of Ayurveda was developed to impart the knowledge with regard to which substances, properties, and action are promotive of life and which are not.

Vyadhi is defined as conjunction of living being with the pain. Aacharya Charaka has quoted that health is happiness and any Vikara occurring in the body is Dukha i.e. pain. Right from the evolution of man, feeling of pain is instinct character inside the body. Pain either in the form of Kshudha, Pipasa, etc. or diseases & particularly

death has awakened the latent potencies in man for survival and growth.

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Ayurveda is an ancient time tested system of healing which aims to the maintenance of health in healthy individual and curing the ailments of a diseased.

## II. METHODS

### 1. Review of literature:

#### a. Collection of literature:

A thorough review of the literatures related to the subject has been done from available Ayurvedic classics, contemporary texts, journals and Internet etc.

#### b. Evaluation of literature:

Critical evaluation of the collected matter was done and presented.

### 2. Study population:

Thirty participants with Mukhadooshika, satisfying the eligibility criteria were selected from the O.P.D. of Govt. Ayurveda College Hospital, Tripunithura.

They were divided into two equal groups by following the Lottery method: 1) Nasya along with Shamana 2) Shamana alone.

### 3. Group allocation:

Group	No. Of Participants Registered	No. Of Participants completed
Nasya along with Shamana group	15	15
Shamana group	15	15



#### 4. Sample frame:

- Study Design: Comparative Clinical Trial
- Sample Size: 30 participants (15 in each group)
- Period of Study: 18 months

d. Selection of Patient: As per inclusion and exclusion criteria.

e. Study Setting: Govt. Ayurveda College Hospital, Tripunithura.

#### 5. Randomization of all patients as lottery method:

Nasya along with Shamana group	1	2	4	5	6	7	8	16	17	20	23	24	28	29	30
Shamana group	3	9	10	11	12	13	14	15	18	19	21	22	25	26	27

#### 6. Inclusion criteria:

- Patients diagnosed to have symptoms of Mukhadoshika on the basis of clinical symptoms.
- Patients between age limit 18 yrs to 30 yrs.
- Patient with written informed consent.

#### 7. Exclusion criteria:

- Patients with known systemic disorders like Tuberculosis, HIV, etc.
- Patients contraindicated for Nasya.
- Any other skin disorder at the diseased site.

#### 8. Drug intervention:

a. Nasya group:

Patients were subjected to Virechana Nasya:

A) Poorva Karma:

- Local Snehana: Ksheerabala Taila.
- Local Svedana: Nadi Sveda.

B) Pradhana Karma:

- Virechana NasyawithApamarga Taila with the dose of 8 Bindu i.e. 4ml at

8:30 am for consecutive 7 days.

C) Paschat karma:

- Dhoomapaana: with Haridra Varti.
- Kavala: with Ushnambu.

Then the patients were subjected to shamana therapy as mentioned in shamana group for next 15 days.

#### b. Shamana Group:

Patients were subjected to

A) Lodhradi Lepa: Local application for 15 consecutive days.

B) Laghu Manjisthadi Kashaya: 15ml of Kashaya mixed with 60 ml of luke warm water twice at 6:00 am and 6:00pm along with Lepa treatment for 15 consecutive days.

#### 9. Procedure of Nasya Karma:

Nasya was administrated in one group only.

Procedure of Nasya consists of three parts:

a) Poorvakarma

b) Pradhana Karma

c) Paschat Karma

#### a. Poorvakarma:

All the materials, drugs and equipments like napkin, utensils necessary for Nasya Karma were collected in sufficient quantity prior to Nasya Karma.

i. Room:

Nasya was performed in special room designated for the purpose which was free from direct blow of air and devoid of dust.

ii. Seat:

- An armed chair for sitting and a cot for lying

iii. Medicine:

Drugs required for Nasya Karma in the form of Apamarga Taila was kept in sufficient quantity. Haridra Varti required for Dhoomapaana was also kept.

iv. Instrument:

- Gokarna

Beside this spitting pits and trained assistants were made available.

v. Preparation of the patient:

- Bahya Snehana and Svedana: After preparation of patient by above said regimens, Snehana and Svedana were done. Here, Snehana means, Mridu Abhyanga. It was done on scalp, forehead and neck for 5 to 10 minutes with Ksheerabala Taila.

- After Abhyanga, Mridu svedana was done on Sira, Mukha, Nasa, Manyaa, Greeva and Kantha. While doing Svedana eyes were covered with cotton and cloth so as to protect it from the steam.

#### b. Pradhana Karma:

The procedure was adopted for the Nasya Karma as described in Ashatangsamgraha Nasya Vidhi.

i. Posture of the Patient:



- Patient was asked to lie down in supine position on Nasya table.
- By arranging the pillow, the head of the patient was lowered (Pravilambita) to keep the opening of the nostrils upward.
- ii. Preparation of the medicine:
  - The medicine was made warm over Luke warm water.
- iii. Administration of medicine:
  - Eyes were covered with a clean cloth to prevent the spilling of medicine into eyes accidentally during administration.
  - Standing on the back of head side of the table, the thumb and ring finger of left hand was kept on the both eyes of patient.
  - Then the tip of patient's nose was drawn upward by middle finger of the left hand.
  - Also the other two fingers of left hand were used to close the nostril alternately.
  - At the same time with the right hand administration of lukewarm medicine in each nostril was done alternately, by keeping the other nostril closed.
  - The drug was instilled in continuous stream. Warm oil (at a comfortable temperature) for patient was used in Pravara Matra i.e. 8 Bindu (4 ml) for each nostril.
  - The total dose of Apamarga Taila was divided in 3 parts as 2ml+1ml+1ml for 3 consecutive administrations".
  - The patient was asked to remain relaxed at the time of administration of Nasya avoiding speech, anger, sneezing, laughing and shaking of his head.

#### c. Paschat Karma:

- i. Nasya Dhaarana Kaala:
  - Nasya Dharana Kala was kept as 7Matra<sup>7</sup>. This was the time elapsed in between instillation of medicine and Nishtheevana (spitting it outside)
  - After administration of Nasya soles, shoulders, palms and ears was gently massaged with the help of attendant.
- ii. Nishtheevana after Nasya:
  - The patient was asked to do Nishtheevana turning to either side to expel out the drug which comes in oropharynx. Nishtheevana was continued till the patient felt no oil left.
- iii. Svedana after Nasya:
  - After Nasya Svedana was done in the form of Tapa Sveda

- iv. Second or third instillation if condition demands:
  - Second instillation was done after confirming that appearance of Kapha in spitting was subsided.
  - It was also observed that there were no complications (ie. Ariyoga or Hina Yoga).
  - Patient was asked to remain in the supine position. Main procedure was repeated, if third instillation was necessary.
- v. Dhoomapaana, Kavala and other Parihaara:
  - Patient was asked to be in supine position up to 100 Matra i.e. approximately 1 minute after Nasya.
  - Dhoomapaana with Haridra Varti and kavala with luke warm water were advocated to expel out the residue mucous lodged in Kantha.

Patient was asked to follow the following regimen:

- To stay in away from direct blow of wind.
- To take light meal and lukewarm water.
- Avoid dust, smoke, sunshine, riding over vehicle.
- Avoid anger.
- Avoid excessive intake of fat and liquid diet.
- Avoid day sleep.
- Avoid cold water for any purpose.
- Avoid head bath.

After Nasya patients were advised to remain in hospital for minimum 2 morehours.

#### 10. Assessment:

Both pre and post assessment of the patients was done on the basis of clinicalsymptoms.

#### 11. Follow up study:

In Nasya group, after finishing Nasya schedule the patients were advised to report O.P.D. on 15th day, 30th day and 45th day.

In Shamana group the patients were advised to report after the Shamanaschedule finished i.e. on 15th day and thereafter on 30th day and 45th.

#### 12. Criteria for assessment of Mukhadooshika:

The effect of the management was assessed on the basis of following findings:

Scoring Pattern:

The scoring system was applied according to severity of signs and symptoms for the sound statistical analysis. The scoring was given individually to each sign and symptoms. The severity was evaluated as follows.



**a. Number of Pidika**

Number	Score
No Pidika	0
Up to 20	1
21 to 35	2
36 to 50	3
>50	4

**b. Discoloration of the skin involved**

Discoloration	Score
No discoloration	0
At the centre of lesion	1
Minimal around the lesion	2
Marked around the lesion	3
Over all face	4

**c. Srava from lesion**

Srava	Score
No Srava	0
Very less need not to mob	1
Need mobbing occasionally	2
Needs mobbing frequently	3
Profuse	4

**d. Itching at the face**

Itching	Score
No Itching	0
Minimal itching	1
Occasional	2
Frequent	3
Continuous	4

**e. Pain in lesion**

Pain	Score
No Pain	0
On moderate pressure	1
On minimal pressure	2
On simple touch	3
Without touching	4

**f. Burning in Lesion**

Burning	Score
No burning sensation	0
Minimal burning	1
Occasional	2
Frequent	3
Continuous	4

These all score obtained before treatment, after treatment and after follow up.They were statistically analyzed.

**13. Statistical Analysis:**

The data collected was arranged in a master sheet. Statistical tables and graphs were constructed for

proper analysis. The statistical data was computed and SD, t-test was calculated using Instat software.

**III. DISCUSSION**

In the present study, 30 patients were registered; out of which 15 patients were randomly selected for each group by lottery method. General observations made on these patients are as follows:



**1. Age:** In the present study, maximum number of patients i.e. 53.33% from Nasya group and 60% from Shamana group were of 22-25 years. In Charaka Samhita the age between 16- 30 years is Vivardhmana Dhatu Gunavsatha, specially the starting period of functional state of Shukra Dhatu (Abhivyakti & Vriddhi) this is also the age of predominance of Pitta in the body i.e. Pitta Kala, which also supports the incidence of this disease at this age, and more within the age of 22-25 years.

**2. Sex:** Majority of patients under this study were females i.e. 66.66% from Nasya group and 86.66% from Shamana group. Earlier report shows that incidence rate of acne is more in males than females. But in the study it was noted that hospital visit from Males for Acne problem was less. Many of the male patients were not ready to undergo the treatment like Nasya as it required a week daily Hospital visit. Female being more beauty conscious readily accepted the treatment.

**3. Religion:** Maximum numbers of patients were from Hindu community i.e. 73.33% from Nasya group and 60% from Shamana group. This may be the dominance of Hindu Dominance in particular Region.

**4. Domicile:** In Nasya group 33.33% patients and in Shamana group 53.33% were from urban area and remaining 66.66% patients of Nasya group and 46.66% of Shamana group were residing in rural area. So there is no much difference where the patients were staying.

**5. Occupation:** In case of both the Nasya and Shamana groups, maximum numbers of patients i.e. 66.66% were students; this may be because these patients were more conscious regarding their looks and are mostly in stressful condition.

**6. Educational status:** 60% patients of Nasya group and 26.66% of Shamana group were matriculates. Rest of 40% of Nasya group and 73.33% of Shamana group were graduates. So they were more conscious about the disease.

**7. Socio-economic status:** Maximum numbers of patients i.e. 80% of Nasya group and 53.33% of Shamana group were from middle class, food habits in this group may be reason for susceptibility of the disease in this particular age.

**8. Dietary habits:** Majority of patients were having mixed dietary habits i.e. 93.33% of Nasya group and 80% of Shamana group. It is in correlation with the dominance of mixed dietary food habits population in Kerala. The excessive intake of oily substances may vitiate the Meda.

**9. Day sleep pattern:** In case of day sleep pattern, it was absent in 66.66% patients of Nasya group and 80% of Shamana group. As Diwaswapa

aggravates Kapha-Pitta Doshas but here maximum patients were not sleeping during day time.

**10. Marital status:** 60% patients from both the group were unmarried and that of 40% were married. No direct reference is available about the relation between the marital status and Acne, but we can say unmarried are more conscious about beauty related problem than married ones.

**11. Addiction:** Maximum number of patients i.e. 11 patients from Nasya group and 13 patients from Shamana group were addicted to tea or coffee; followed by 9 patients from Nasya group and 6 from Shamana group were addicted to junk foods. And 6 patients from Nasya group and 2 from Shamana group were addicted to carbonated drinks. 2 patients from Nasya group were addicted to smoking. Excessive intake of irritant and spicy (Tikshana) food article vitiates Pitta and Rakta Doshas. Inclination towards junk foods was seen in both the groups.

**12. Koshta:** Maximum number of patients i.e. 33.33% in Nasya group and 46.66% in Shamana group were of Madhyama Koshta followed by 33.33% patients from both were of Kroora Koshta, and 33.33% patients from Nasya group and 20.00% of Shamana group were of Mrudu Koshta,

**13. Satva:** Maximum no. of patients were of Madhyama Satva 53.33% in Nasya group and 46.66% in Shamana group respectively, followed by 26.66% in Nasya group and 33.33% in Shamana group were of Pravara Satva, rest of the 20.00% were of Avara Satva in both groups.

**14. Agni:** Maximum no. of patients was having Mandagni i.e. 33.33% in Nasya group and 40.00% in Shamana group. This shows Mandagni as a causative factor for this disease.

**15. Prakruti:** Maximum no. of patients was having Kapha-Vata Prakruti i.e. 60.00% in each group, followed by 33.33% in Nasya group and 40.00% in Shamana group were of Kapha-Pitta Prakruti and 6.66% in Nasya group were of Vata-Pitta Prakruti. This data indicates that the disease is prevalent in Kapha-Vata Prakruti patients.

**16. Family history of Mukhadooshika:** Maximum no. of patients i.e. 60.00% in both groups were having family history of Mukhadooshika and in remaining 40.00% patients in both groups, family history of Mukhadooshika was absent. This shows the tendency to develop acne runs in family.

**17. Pre-menstrual flare up:** Maximum no. of female patients i.e. 60.00% in Nasya group and 77.00% in Shamana group presented with Pre-menstrual flare up. It shows hormonal imbalance as a causative factor in the disease pathology.



#### IV. CONCLUSION

The following conclusions may be drawn based on the analysis of conceptual part and observations made in the clinical study.

- Virechana nasya is one of the radical treatment which takes out the disease causing morbid Kapha-Pitta Dosha from the parts above neck.
- Though Acharyas have given bunches of Nasya Dravyas but now a day's Apamarga, the best drug for Shirovirechana is not frequently being used. Hence, it is very much essential to evaluate the efficacy of Virechana Nasya with Apamarga Taila mentioned by Acharyas.
- Mukhdooshika, is a disease named based on the site of illness, and its later impact on the face.
- A critical literary review reveals that sign and symptoms of Mukhdooshika resemble that Acne Vulgaris.
- Based on the Dosha involved, site of disease Virechana Nasya is considered as one of the therapeutic measures in this disease.
- Treatment responses of all parameters were highly significant in both the groups which show the efficacy of Nasya Procedure in treating Mukhdooshika.
- Statistical analysis showed that the effect shown by the Nasya therapy is almost greater to that of the Shamana therapy. But in case of pain in lesion both groups are equally effective.
- Nasya Procedure conduction was with ease even in Avara Satva patients with Apamarga Taila. So it can be concluded that patient can undergo simple procedure of Nasya with much ease.
- This study Again prove that addition of Virechana Nasya with Shamana gives additional benefits than Shamana procedure alone.
- By dividing the dose of Nasya in three installation and its implication gives more convenience to the patients and also it helped to avoid the further complications.
- From the study it is also observed that when the symptoms of Mukhdooshika are less; then Shamana therapy has also given good effects.
- As Virechana Nasya is a shodhana procedure so it helps to remove the doshas from their uproot and also avoid the chances of recurrence.

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