ROLE OF TAILA IN SANDHIGATA VATA

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ABSTRACT

Among various diseases mentioned in classics vatavyadhi acquires special importance the disease sandhigatavata is one of the nanatmajavatavyadhi. The incidence of the illness is most common in old age due to dhatukshaya. The disease belongs to madhyamarogamarga where in sandhies are involved. It is articular joint disease presenting with clinical features like painful joint movements, swelling and limitation of daily activities like dressing, walking, bathing. As it is nirupastambitavatavyadhi, snehana therapy in the form of Abhyanga, paana and basti plays an important role. Various tailayogas are explained for internal and external therapy and these taila should be selected as per the stage of the illness, doshic predominance and as per the agni.

Keywords: Sanadhigatavata, Dhatukhashaya, Osteoarthritis, Bahyasnehan, Abhyantarsnehana, Abhyanga,

INTRODUCTION

Janusandhigatavata is caused due to vitiation of vata-dosha in joints. It is a condition of Gatavata where in vyavanavata afflicts asthi sandhi¹. Lakshanas of janusandhigatavata are pain swelling, vatapurnadrit-isparshe, restricted movement of joints. These clinical findings simulate with the disease Osteoarthritis, a chronic degenerative inflammatory disease which has a great impact on quality of life.

It is the second most common musculoskeletal problem in the world population (30%) after back pain (50%). Osteoarthritis is one of the 10 most disabling diseases in developed countries². Osteoarthritis is explained as “Global Disease Burden” by WHO. Main characteristic features of disease are sandhishoola, sandhishotha and sandhigraha. This disease mainly affects the knee joint of old age and obese group of people. Sandhigatavata is mainly a dhatukshayavan-yavatavyadhi, for sandhigatavata treatment modalities like snehan, swedhan, basti, agnikarma are explained.

Snehana is explained one among shadvida upakramas² and snehana is indicated for nirupastambhavatavyadhi. Among the four sneha i.e. sarpi, taila, vasa and majja, taila is considered as the best sneha for sandhigatavata because sandhigatavata is vatapradhanadhatukshayavatavyadhi having increased rukshata, kharata, shoola and stamba. Taila having opposite quality i.e. marutaghna, balavardhana, ushnata, sthirikarana which helps to
subside vata dosha\(^4\). So different taila prayoga in sandhigatavata plays prime role. In Pathya prayoga madhura, amla, lavana rasa pradhan ahara along with snigdha ahara are the best.

**Sneha in therapeutics**

Sneha exhibits the qualities of Snigdha, guru, shita, mrudu, drava, picchila, sara, manda, sukshmaguna. It is used for dheergayu, prevention of diseases and maintenance of the health of a healthy person. Different snehas are explained for therapeutic purpose and they are classified into sthavara sneha and jangamasneha as per the origin\(^5\).

Sthavara sneha are obtained from plant seeds like sarshapa taila, tilataila etc. Among all taila, tilataila is considered as best one\(^6\). Tilataila is used as the base for preparing many medicated oil. Jangama sneha is obtained from animal. E.g. navaneeta, ghrita, majja. Ghrita exhibits the quality of vatapitahara\(^7\) does not increase kaphadosha, does agnideepana, chakshushya, prajakam, rasayana and increases the intellectual power. Taila is best in vatavyadhies. It imparts the qualities of twachya, snigdha, shlakshna, tanutwak, medaska, laghutwam, vatakaphanashaka. Vasasneha is obtained from the mamsa, preferably given in teekshnaagni person vatamargavaran, to whom vasa is satmya, yonisula, vishapidita, bhagnaroga, karnashula, daily who are doing vayama. Majjasneha is obtained from bone marrow. And it takes little more time to digest as it is guru in nature. It has benefit of balavardhana, rasa and shukravardana, shleshma, meda and majjavardana, and increases digestive function, good for krurakosta person and vatadosha.

Table 1: List of taila mentioned in classics:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Rogadikara/ indication</th>
<th>Reference</th>
<th>Mode of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tila taila(^8)</td>
<td>Tailaguna / Sarvavataraoga</td>
<td>Y. R.</td>
<td>Bahyaand abhyantar</td>
</tr>
<tr>
<td>2.</td>
<td>Mahavishagarbha taila(^9)</td>
<td>Vatavyadhi / sarvavataraoga</td>
<td>B.R.</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>3.</td>
<td>Vishagarbhatai(^10)</td>
<td>Vatavyadhi</td>
<td>B.R.</td>
<td>Abhyanga,</td>
</tr>
<tr>
<td>4.</td>
<td>Prasarinitaila(^11)</td>
<td>Vatavayadinidanam/ gridraSIrdita</td>
<td>Y. R.</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>5.</td>
<td>Saindhavadhyaatai(^12)</td>
<td>Amavata/ sarvavatavikaara</td>
<td>B. R.</td>
<td>Abhyanga,basti, virechan</td>
</tr>
<tr>
<td>6.</td>
<td>Nakulatai(^13)</td>
<td>Vatavyadhi</td>
<td>B. R.</td>
<td>Abhanga</td>
</tr>
<tr>
<td>7.</td>
<td>Siddhartakatai(^14)</td>
<td>Vatavayadi / sandhigatavata</td>
<td>B.R.</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>8.</td>
<td>EkadashatikaPrasirinitaila(^15)</td>
<td>Vatavyadhi</td>
<td>B.R.</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>9.</td>
<td>Vishna taila(^16)</td>
<td>Vatavayadi / sandhigatavata</td>
<td>B. R.</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>10.</td>
<td>Narayana taila(^17)</td>
<td>Vatavyadhi</td>
<td>Chakradatta Pana, Abhyanga, bhojana</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Masha balatai(^18)</td>
<td>Vatavayadi chi / sarvavataraoga</td>
<td>Chakradatta</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Moolakadya taila(^19)</td>
<td>Vatavayadi chi / sarvavataraoga</td>
<td>Chakradatta 22/146</td>
<td>Pana</td>
</tr>
<tr>
<td>13.</td>
<td>Tritiya masha taila(^20)</td>
<td>Vatavayadi chi / janurujashoola</td>
<td>Chakradatta 22/162</td>
<td>Abhanga,basti</td>
</tr>
<tr>
<td>14.</td>
<td>Saptaprasrthabrihanmasha taila(^21)</td>
<td>Vatavayadi chi / sarvavataraoga</td>
<td>Chakradatta 22/165</td>
<td>Pana, Abhyanga, basti</td>
</tr>
<tr>
<td>15.</td>
<td>Trishatiprasarini taila(^22)</td>
<td>Vatavayadi chi / sandhigatavata</td>
<td>Chakradatta 22/215</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>16.</td>
<td>Prabhanjanavimardana taila(^23)</td>
<td>TailapraKarana / sarvavataraoga</td>
<td>Sahasray- oga 3/7</td>
<td>Abhyaga,</td>
</tr>
<tr>
<td>17.</td>
<td>Karpasathyadi taila(^24)</td>
<td>TailapraKarana / sarvavataraoga</td>
<td>Sahasray- oga 3/15</td>
<td>Pana, navana, Abhyanga</td>
</tr>
<tr>
<td>18.</td>
<td>Tintriniswarasadi taila(^25)</td>
<td>TailapraKarana / sarvavataraoga</td>
<td>Sahasray- oga 3/33</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>19.</td>
<td>Dashamoola taila(^26)</td>
<td>TailapraKarana / sandhigataraoga</td>
<td>Ayurveda</td>
<td>Abhyanga</td>
</tr>
</tbody>
</table>

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Sneha is administered in different routes for therapeutic purpose i.e. bahya and abhyantaar42. In bahya sneha lepa, mardana, snehaavgaha, and parisheka are explained. Snehapana, basti, nasya are included in abhyantaara snehapana. Snehapana can be done in the form of acchasneha, vicharanasneha and sadyasneha. Internally snehan is administered for the purpose of shaman, shodhan or bramhan. For brimhana43 effect sneha is administered along with different dishes, about 10 to 20 ml of ghrita is mixed with food, like in rice or other food preparations, in sandhigatavata orally ksheerabala tail is given as it reduces the rukshata and stamba. Shodhanangsneha44 is given for dosha utklesha and to bring doshas from shakha to kosta. The basic unit of any living being is cell. The primary aim with snehapan is to make sure that all the cells in the body are saturated with so much fat that its ready to expel everything out at first chance and in the process flushing out toxins as well, once the cell expels the fat plasma level increases and to maintain the normal equilibrium, excess plasma level increases and to maintain the normal equilibrium the excess plasma is transported back to the GIT. Administration of vamana or virechana at this stage will complete the detox or shodhana process. Many research works have been conducted on reduction high lipid profile by shodhananga sneha therapy. In Shamanangasnhe45 for doshashman purpose sneha is administered in less quantity of madhyamamatra of sneha during annakaala in empty stomach when person feels hungry. Shamanasneha normalizes the aggrivated doshas without disturbing normal doshas. Internally when ghrita is administered in shamnanga sneha it may reach upto stem cells present in stratum basalis.

<table>
<thead>
<tr>
<th>No.</th>
<th>Tala</th>
<th>Tailaprakarana / sandhi shoola, jaanushoola</th>
<th>Ayurveda sarasan-graha</th>
<th>Pana, Abhyanga</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Brihatsaindhavadi taila</td>
<td>Tailaprakarana / sarvavataroga</td>
<td>Ayurveda sarasan-graha</td>
<td>Basti, abhyanga</td>
</tr>
<tr>
<td>21.</td>
<td>Chinchadi taila</td>
<td>Tailaprakarana / sarvavataroga</td>
<td>Ayurveda sarasan-graha</td>
<td>Basti, abhyanga</td>
</tr>
<tr>
<td>22.</td>
<td>Vishatinduka taila</td>
<td>Ayurveda sarasan-graha</td>
<td>Pana, Abhyanga</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Kottumchukkadi taila</td>
<td>Vataroga</td>
<td>sahasrayoga</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>24.</td>
<td>Vijayabhairav taila</td>
<td>Sarvavataroga</td>
<td>sahasrayog</td>
<td>Abhanga</td>
</tr>
<tr>
<td>25.</td>
<td>Lakshadi taila</td>
<td>Balya</td>
<td>sahasrayoga</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>26.</td>
<td>Murivenna taila</td>
<td>Vataroga</td>
<td>sahasrayoga</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>27.</td>
<td>Anataila</td>
<td>Greevashushkata</td>
<td>AstangaHridaya</td>
<td>Nasya</td>
</tr>
<tr>
<td>28.</td>
<td>Ksheerabalatala</td>
<td>Vataroga,</td>
<td>AstangaHridaya</td>
<td>Abhyanga</td>
</tr>
<tr>
<td>29.</td>
<td>Dhnvantara tail</td>
<td>Vataroga,pakshavadha, sarvagavata</td>
<td>Vaidyayogaratnavali</td>
<td>Abhyanga and dhara.</td>
</tr>
<tr>
<td>30.</td>
<td>Parinatakeriksheeradyatala</td>
<td>Vatavyadh/Apabahuka</td>
<td>Sahasrayog.</td>
<td>Nasya and abhyanga</td>
</tr>
<tr>
<td>31.</td>
<td>Baladhathryadi taila</td>
<td>Vataroga</td>
<td>Sahasrayog</td>
<td>Abhyauga nasya</td>
</tr>
<tr>
<td>32.</td>
<td>Balashwagandhalakshadi taila</td>
<td>Vataroga</td>
<td>Sahasrayog</td>
<td>Abhanga</td>
</tr>
<tr>
<td>33.</td>
<td>Brahatmasha taila</td>
<td>Vatavyadhi, avabahuka,avishwachi</td>
<td>Bhaishyaratnavali</td>
<td>Basti,abhanga,nasya.</td>
</tr>
<tr>
<td>34.</td>
<td>Sahacharaditaila</td>
<td>Vataroga</td>
<td>AstangaHridaya</td>
<td>Abhyanga</td>
</tr>
</tbody>
</table>
and may reduce the proliferation rate by acting as 
vatashamaka. Ksheerabalatailai is given as 
shamanangasneha in vatavyadhi like e.g. sandhigatavata 
and dhatukshayajvatavyadhi.

Chart 1: Mode of administration

![Mode of Administration Diagram]

Taila is applied differently according to the different 
anatomical structure like murdhnita, nasatarpa, 
nasapoorana, akshitarpana, gandoosha, kavala, Ab-
hyanga, lepa, mardana, padaagata, snehaaghga,
udvartana and parsheka. Snehana has the effect of 
visyandana, kledana, mardavakara.

Mode of action of Abhyanga

The seat of vatadosha is twacha and the qualities of 
vatadosha is ruksha, sheeta etc. and qualities of taila 
are vatahara and it is not going to aggravate 
kaphadosha, gives strength to the body along with 
lustre to the skin. Ushnaguna having the opposite 
quality of vatadosha helps to relieve from stiffness 
caused by sheetaguna of vata. Due to sookshma guna 
it easily penetrates all the srotas. Due to its sara and 
dravaguna it helps in the liquefaction of the doshas. 
Among all taila, tilataila is considered as best

Abhyanga direction improves the blood circulation, 
helps to remove toxins from the tissue and improves 
the function of the musculo-skeletal system. Bhrjaka 
pitta having the function of Deepana and pachana 
which is seated on skin helps in the digestion of sneha 
which is applied on knee joint in circular direction 
thus enters the romakopaa and srotas. By this it shows 
systemic action of taila on external application.

Table 2: Penetration of taila in different matra kala

<table>
<thead>
<tr>
<th>Sl no.</th>
<th>Dhatu</th>
<th>Matra kala</th>
<th>Time in seconds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Romakoopa</td>
<td>300</td>
<td>96</td>
</tr>
<tr>
<td>2.</td>
<td>Twacha</td>
<td>400</td>
<td>128</td>
</tr>
<tr>
<td>3.</td>
<td>Rakta</td>
<td>500</td>
<td>160</td>
</tr>
<tr>
<td>4.</td>
<td>Mamsa</td>
<td>600</td>
<td>192</td>
</tr>
</tbody>
</table>
So, the oil applied on the skin enters the deeper structures of the body in about 288 seconds or approximately 5 min\(^47\). By doing Abhyanga arterial and venous and lymphatic blood flow to the skin and muscles is increased, softens the skin, and stimulates the nerve endings. Expels the metabolic waste product from the body and reduces the swelling and by snehana pain and swelling will be reduced and helps in movement of body and joint. As it is jarana\(\text{ha}\)na property abhyanga is advised daily as a part of dinacharya\(^48\). So, the Simile of stick is told that we can soften the hard stick by dipping it in oil similarly stiffness of the joint is reduced and helps for easy movement of the joint and body. And toxicit of the muscle is maintained. And dryness of the skin will be reduced by snehana therapy.

Principles of drug absorption to the skin is explained that, A topical drug aims at providing therapeutic effects depend not only on pharmacological properties of the active drug but also on physical properties of the vehicle.

Absorption of the drug depends on the partition coefficient of the drug between the vehicle and stratum corneum, which depends upon lipid solubility of the drug. The state of hydration of the stratum corneum, drug concentration in the vehicle and thickness of the skin, thicker the skin lowers the drug penetration\(^49\). This is important as the thickness of the skin varies in the different regions of the body and with the age. Oil applied on the skin will help to retain the water in the skin.

There are three major mechanisms by which oil absorption occurs these are, through the transcellular absorption chemical is transferred through the keratin packed corneocytes by partitioning into and out of the cell membrane. And by intercellular absorption chemical is transferred around the corneocytes in the lipid-rich extracellular regions and by appendageal absorption chemical bypasses the corneo-cytes, entering the shunts provided by the hair follicles, sweat glands, and sebaceous glands.

**Basti Chikitsa:** Here the medicine is administered through the rectal route and basti is classified as niruha and anuvasana basti\(^30\). In anuvasana basti sneha is the main ingredient of the basti so it is also called as snaihikabasti, this basti will not produce the diseases even after longterm administration and as per the dose it can be administered in three forms i.e. snehabasti it is one fourth quantity of niruhabasti i.e. six pala. In anuvasanbasti dose of the sneha is half of the snehabasti is used i.e. three pala and in matrabasti one and half pala of sneha is used i.e. dose is half of anuvasan basti\(^31\). In nirupastambhitavatayadhi snehabasti is routinely practiced, because it has opposite qualities to vatadosha and it does snehana to the body like bramhanbasti increases rasadi dhatu in the body dashamaladi anuvasanbasti which is mainly prepared out of vasa of anupamamsa and kalka of jeevaniyagana oushadhies is given in vararogas, shatahwdianuvasanabasti in vararogas, and for balavardanjeeyantyadi anuvasanabasti is used. And for vatashamangritabasti is used, chandanadibasti for pittas\(h\)man. Panchatiktaguggulughriramrabasti is most practiced in sandhigatavata, as it is madhyamarogamargavyadhi where in asthi and vadosha are afflicted mainly and for asth\(d\)hatu impairment tikta and dravyasnigdhadravyas plays an important role. Tikta rasa is predominant in vayu and aakashamahabhuta so it has got affinity towards asthi. In niruha basti\(^32\) kwathadrvyas are administered through the rectal route and specially given in avaran conditions. Niruhabasti is classified into ukleshanabasti where in doshautklesha and liquefaction of dosha and malas are observed. Shodhanabasti, lekhanabasti, shaman, brimhana, karshana and rasayanabasti. Examples are lekhanabasti in sthoulya, erandamuladiniruhabasti in gridrasti, ksheerabasti in vatarakta, vaitaranabasti in amavata, sahacharadi-
Basti in gridrasi, baladyabasti in vridda and durbala persons, panchamulabasti for balavardan, mustad-yapanabasti in janujianghatavyadhies and vatarakta, adman and ksheerabasti in vatarakta.

Probable mode of action of basti

Action of basti depends on the ingredients. The main ingredients of niruhabasti includes saindhava, makshika, sneha, kalkaandavapa. Due to sukshma andteekshnaguna of saindhavalavan it can easily enter the srotu sand breaks the doshasanghata. Singdha-guna of snehadrayva protects mucus membrane and helps for liquefaction of doshas, produces snigdhata. Honey forms homogenous mixture with saindhava and it is easily absorbed in the body. Kalka, kwatha and avapadravyas are selected as per the doshadushya predominance so it helps in sampraptivighatana. The given basti will reach nabhipradeshas, kati, parshwa, kukshi, and the veerya of basti spread throughout the body and will churn the doshachaya and mala chaya and expel out purisha and dosha completely without any complications. Veerya of the medicine is carried by vatadosha through the siras and spread throughout the body. Veerya of given basti is immediately transferred to apanavata, from apana to samana, thus to vyana and then to udana and then to prana. Then the veerya reaches to pitta sthana and kaphasthana and bring them back to normalcy. The given basti will reach nabhipradeshas, kati, parshwa, kukshi, and the veerya of basti spread throughout the body and will churn the doshachaya and mala chaya and expel out purisha and dosha completely without any complications. Similarly, how the sun evaporates the water from the earth by his rays in the similar way basti in the pakwashaya drags the doshas from whole body by its ushna and teekshnaguna. Anuvasanbasti does nourishment of the whole-body simile given for this basti is by water in the roots of plant whole plant is nourished.

As per the modern science mode of action of basti is explained by four mechanisms, administered bastidrayva will penetrate through the epithelial cells, and phytochemicals in basti dravyas absorbed into systemic circulation. Certain hypothesis can be postulated like absorption mechanism, neural chemical and mechanical stimulation, administered bastidrayva will penetrate through the epithelial cells of GIT and absorbed into systemic circulation, niruhabasti is hyper osmotic solution which causes movement of solvent from cells of colon to the lumen containing bastidrayva facilitates the absorption of endotoxin and produce detoxification during elimination. basti has got irritant property along with other ingredients which may induce colonic distension. The distension stimulates pressure which produces evaculatory reflex. The sigmoidal, rectal and anal regions of large intestine are considerably better supplied with parasympathetic fibers than other part of intestine. Even though the basti given is expelled out immediately as such or mixed with feces, the veerya of basti is spread throughout the body by vata. From this it can be understood that the action of basti is possible through nervous stimulation so that within seconds itself the action of basti is spread. Certain mechanical and chemical stimulation is responsible for the action of basti. Basti cause nervous stimulation and there produces the effect.

Mode of action of Nasya

Nasa is the portal gateway of shira, nasa being the doorway toshira, andshiras is the main seat for indriyas, so the diseases where adhistan is shiras there all nasya plays a vital role. The drug administered through nostrils, reaches shringhataka by nasa and spreads in the murdha taking route of netra, shrotra, siramukha and scrapes the morbid dosha in supra clavicular region and expels them from the uttamanga. As per modern science, nasal route is easily accessible, convenient and reliable with a porous endothelial membrane and a highly vascularized epithelium that provides a rapid absorption of compounds into the systemic circulation, avoiding the hepatic first pass elimination. The nasal tissue is highly vascularized making it a good site for rapid and efficient site for absorption. Olfactory nerve is chemoreceptor in by nature. It is known that through olfactory pathway this nerve relates to limbic system and hypothalamus which are having control over endocrine secretions and hypothalamus stimulate the higher centers of brain which shows action on regulation of endocrine
and nervous system. And the diffusion of the drug is through mucus. Drug administered through the nasal cavity rapidly transverse through the cribiform plate into the CNS by three routes directly by olfactory neurons, through supporting cells and the surrounding capillary bed, directly into the cerebro-spinal fluid (CSF). Some of the examples of nasya in vatavyadhi, karpasastyaaditailanasya in greevastambha, naavananasya in ardit.

Some research works:

1. Application of NirgundiTaila along with internal administration of the same has a considerable reduction in the pain and inability to perform joint movements.

2. NirgundiTaila has shown the preventive effect on the development of formaldehyde-induced experimental arthritis.

3. Studies have revealed that the lipid medium is highly suitable for penetration of the drug molecule through stratum corneum on this basis; it can be assumed that the oil used in Nirgundi Patra Upanaha serves as a lipoidal medium for penetration of drug molecules and exerts an immediate anti-inflammatory effect.

4. A comparative study using orange oil/ginger oil for a massage with olive oil as control conducted in Hong Kong showed a significant reduction in knee pain, stiffness, and enhanced the physical function of the joint.

5. Karpasasyaditailanasya in cervical spondylosis a case study was done.

6. Laghumashatail in apabahuka

7. Parinatakeriksheeraditaiala nasya in apabahuka

8. Janubasti with mahanarayan tail and naadisweda in janusandhigatavata

9. Anuvasana basti with ksheerabala tail in sandhigatavata, a study was conducted on 30 patients of janusandhigatavata.


11. Erandamuladiyapanabasti in lumbar spondylosis.

CONCLUSION

Taila has madhura, tikta, kashayarasa, tikshna, guru snigdha, vikasi and sara gunas and ushnaveerya and madhurivipakavatator not increases kaphadosha. Karmas are krimiar, sthirakar, tvachya, balakara, yonivishodhaka and it is best administered in pravrita and sheetakaal. Taila is explained as best in vatavyadhi (nirupastambhavatavyadhies), different taila should be selected as per the avasthavishesha and doshavishesha of the vatavyadhi, and these tailas can be administered in abhyantara or bahya form. Taila exhibits the qualities of teekshna, vyavayiguna, sukshmasrotogami, by giving sanskar to taila it can be used in both krisha and sthoola persons. It is best vatahara among all chatusnehas, it increases bala of the person suffering with vatavyadhi. Purana of rikta srotus will be done by taila by its snigdhaguna, so taila plays vital role in vatavyadhi as a preventive and therapeutic effect. In dinacharyataila abhyanga is included to prevent jarajanyavyadthies and to prevent diseases like sandhigatavata.

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