TO STUDY THE EFFICACY OF NASYA KARMA IN THE MANAGEMENT OF KESHSHATAN W.S.R. TO HAIRFALLING

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ABSTRACT

In the competitive & fast going 21st century people have manifested many kind of disorders like lifestyle disorders, environmental disorders, sexual disorders. Alopecia is one of the symptoms among these lifestyle generated disorders. Ayurvedic literature has also indicated this type of condition as Khaliitya, Indralupta etc. This condition still remains incurable. The present status emphasizes the importance of imparting adequate knowledge about the hair care and its management. According to Ayurveda, Nasyakarma is the best purification procedure as well as shaman for the disease of upper clavicular region. Though Ayurvedic therapy Nasyakarma with the use of Chandanadhya taila yogahad been selected for this study. Considering the above aspects, a clinical trial was conducted with clinically diagnosed patients of keshshatan. In this study, 15 patients were selected and treated along with restricted diet pattern for 8 weeks. The treatment was done by chandanadhya tail in 15 patients.Nasya karma was done in dose of 8 drops in each nostril for 15 days and results were obtained

Keywords: Alopecia, Nasyakarma, Chandanadhya Taila .

INTRODUCTION

Hair falling is one of the conditions found in maximum population which is just because of the irregular daily routine. Keshya is mala of asthi dhatu¹ and Shatana is generally physiological but due to vitiation of dosha when more hair falling occurs, it becomes pathological. Ayurvedic literatures indicate this condition under the title of Khalitya, Ruhya, Indralupta etc.²Acharya Sushruta described them under the kshudra roga³ and Acharya Vagbhatta under the Shiroroga.⁴ The line of treatment for the Khalitya contains Nasyakarma, Abhyanga, Lepa, Rasayana and Keshya dravya⁵. Panchakarma therapy, the vital modality of Ayurveda, deals with purification by eradicating the vitiated do-shas or toxins from the body.⁶ Among Panchakarma, Nasyakarma is considered as best therapeutic measure for the disease of Urdhvajatrugata pradesha (supraclavicular region).⁷ Ayurveda texts noted as head is root of body and nose is entrance of head.⁸Nasyakarma has broad field of action and affects the Tridosha as well as whole body. A brief understanding of its relation with doshas is necessary for the pathogenesis and understanding the line of management with Ayurvedic drugs. Such an attempt is being made here, and necessary finding of the clinical study conducted in this regard are furnished.

Aims and Objects: -
The study was oriented:
1. To frame out etiopathogenesis, Symptomatology according to Ayurvedic and modern science
2. To assess the role of Nasya karma in the management of Keshashtan(hair falling).
3. To assess the effect of “Chandanadhya Tail” in the management of Keshashtan (hair falling).

Material and Methods: -
15 patients attended the O.P.D. of Govt. Akhandanand Ayu. College & Hospital, Ahmadabad who were Fulfilling the criteria of the disease was selected irrespective of their age, religion etc. for the present study.

Inclusion Criteria:-
Patients other than those who were excluded and coming within age limit of 20 to 40 years were included without any bar of caste, religion and occupation.
1. Patients who fulfilled the clinical signs and symptoms of Keshashtan (hair falling) described in classical Ayurvedic text and Modern literature.
2. Patients had been selected from 20 to 45 years of age.

Exclusion Criteria:-
1. Patients whose age is less than 20 and above 45 years.
2. Patients who had disease like Tinea capitals, Folliculisis devaculans and in Ayurvedic wise who had been Asadhya Lakshana.
3. Patient suffered from any severe systemic disease like rheumatoid arthritis, systemic lupus erythmatus, psoriasis etc were excluded.
4. Patient suffered from Cancer, AIDS, Diabetes mellitus, Hypertension, Depression, T.B. and other complicated disorders was excluded.
5. Anasyarh (Contra- indicated for nasya karma) according to classical text.

Investigation:
- Routine hematological examinations like Hb% (Haemoglobin), TLC (Total Leucocyte count), DLC (Differential Leucocytes count), ESR (Erythrocyte sedimentation Rate), and PCV (Packed Cell Volume) were performed to rule out any other pathological condition.
- Urine Routine and Microscopic to rule out urinary tract infections.
- Stool Routine and Microscopic.

Management of Patients:-
Randomly the 15 patients selected for the present study
➢ Group: Nasya karma
Drug: Chandanadh tailm
No of patients: 15
Dose: 8 drops in each nostril
Duration: 15 days
Duration: For the duration 2 weeks.
Follow up: follow up should been taken at the 4 weeks.

Criteria of Assessment:-
As recorded in the Study Protocol Case Report Forms. Investigator Rating Scale for Subject Assessment in the course of this study.

Table no-1: Assessment criteria of the symptoms

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Gradation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Keshshatan (Hairfall)</td>
<td></td>
</tr>
<tr>
<td>Severe(hair fall on simple stretching)</td>
<td>3</td>
</tr>
<tr>
<td>Moderate(hair fall on washing)</td>
<td>2</td>
</tr>
<tr>
<td>Mild(hair fall on combing)</td>
<td>1</td>
</tr>
</tbody>
</table>
Study of treatment plan:

Group:

- Purvakarma: Abhyanga was done with *til tail* & mild *Nadi swedana* had been given to head region.
- Pradhana karma: Patients had done *Nasyakarma* with “*Chandanadhya Tailam*” in the dose of 8 drops in each nostril for the duration of 2 weeks (15 days).
- Paschat karma: *Kavalgraha* had been done by *Ushanodaka* (lukewarm water).

Total Effect of the Therapies:

Table- 2: Overall effect of the therapy was assessed in terms of Complete Remission, Marked Improvement, Moderate Improvement, Mild Improvement and Unchanged by adopting the following criteria.

<table>
<thead>
<tr>
<th>Complete Remission</th>
<th>100% relief in chief complaints and associated symptoms no recurrence during follow up study was considered as complete remission.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marked Improvement</td>
<td>More than 75% improvement in chief complaints and associated symptoms was recorded as marked improvement.</td>
</tr>
<tr>
<td>Moderate Improvement</td>
<td>50% to 75% improvement in chief complaints and associated symptoms was considered as moderate improvement.</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>25% to 49% improvement in chief complaints and associated symptoms was considered as mild improvement.</td>
</tr>
<tr>
<td>Unchanged</td>
<td>Less than 25% reduction in chief complaints and associated symptoms was noted as unchanged.</td>
</tr>
</tbody>
</table>

Statistical Analysis:

The information collected on the basis of above observations was subjected to statistical analysis in terms of mean (X), standard deviation (S.D.) and standard error (S.E.) Paired ‘t’ test was carried out at P > 0.05, P < 0.01 and P < 0.001 levels.

The obtained results were interpreted as:

- Insignificant: P > 0.05
- Significant: P < 0.05
- Highly significant: P < 0.01, P < 0.001

Observation and Results:

Effect of therapy:

15 patients treated with *Nasyakarma* (*Chandanadhya tail*) in a dose of 8 drops in each nostril for the duration of 2 weeks (15 days).
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Table – 4: Effect on associated symptoms in 15 patients of Keshashatan

<table>
<thead>
<tr>
<th>Associated Symptoms</th>
<th>Mean B.T.</th>
<th>Mean A.T.</th>
<th>X</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kesha Rukshata</td>
<td>0.86</td>
<td>0.13</td>
<td>0.73</td>
<td>84.61</td>
<td>3.87</td>
<td>0.79</td>
<td>0.20</td>
</tr>
<tr>
<td>Keshabhoomi Daha</td>
<td>0.93</td>
<td>0.13</td>
<td>0.8</td>
<td>85.71</td>
<td>3.87</td>
<td>0.77</td>
<td>0.20</td>
</tr>
<tr>
<td>Keshabhoomi sweda</td>
<td>1</td>
<td>0.47</td>
<td>0.53</td>
<td>53.33</td>
<td>3.87</td>
<td>0.74</td>
<td>0.19</td>
</tr>
<tr>
<td>Palitya</td>
<td>1.27</td>
<td>0.47</td>
<td>0.8</td>
<td>63.16</td>
<td>3.87</td>
<td>0.56</td>
<td>0.14</td>
</tr>
<tr>
<td>Kesha Tanutva</td>
<td>1.4</td>
<td>0.33</td>
<td>1.07</td>
<td>76.19</td>
<td>3.87</td>
<td>0.79</td>
<td>0.20</td>
</tr>
<tr>
<td>Vibandha</td>
<td>0.17</td>
<td>0.00</td>
<td>0.67</td>
<td>100</td>
<td>3.87</td>
<td>0.62</td>
<td>0.16</td>
</tr>
<tr>
<td>Pandu</td>
<td>1.2</td>
<td>0.47</td>
<td>0.73</td>
<td>61.11</td>
<td>3.87</td>
<td>0.45</td>
<td>0.12</td>
</tr>
</tbody>
</table>

Table – 5: Overall Effect Therapy

<table>
<thead>
<tr>
<th>Result</th>
<th>%Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Cure</td>
<td>6.66%</td>
</tr>
<tr>
<td>Markedly Improved</td>
<td>46.67%</td>
</tr>
<tr>
<td>Moderately improved</td>
<td>46.67%</td>
</tr>
<tr>
<td>Mild improvement</td>
<td>0%</td>
</tr>
<tr>
<td>No response</td>
<td>0%</td>
</tr>
</tbody>
</table>

DISCUSSION

Khalitya does not cause any disability in the body but look wise it is a little bit embarrassing and quite frustrating (especially in male or female pattern baldness) condition. The disease is caused by mainly vata pitta Dosha. As per Sushrut Pitta along with Vata by involving the roots of hair (Romakoopa) causes fall of hairs and thereafter Kapha along with Rakta obstructs the channel of romakoopa leading to the stoppage of the regeneration of the hair and this condition is known as Indralupta, Khalitya or Ruhy. AcharyaCharak mentions that Tejas by involving VatadiDosha when scorches up the scalp, it results in Khalati. According to Chakrapani word Tejas here denotes Dehoshma as well as PittaDosha. Acharya Vagbhata differentiates the Indralupta from Khalitya. He mentions that in Indralupta sudden hair fall is present where as in Khalitya it is gradually. According to modern medical science hair fall is one of the important symptoms which indicate many pathological conditions. As per modern medical science Khalitya can be compared with Baldness. Hair fall may be occurred mainly due to hormonal disturbance. As per Acharya, Nasyakarma is specially indicated in Uradhava- Jatrugata Vyadhi. The Role of Nasyakarma in Khalitya can be strengthened by the fact that, the Vaghbatta has included this disease in the group of ‘Kapalgat Vyadhi’ This is in addition to the number of Chikitsasutras of Khalitya stated by various Acharyas like Sushruta, Charaka.Chandanadhya taila has been mentioned for the Nasya in Khalitya. Specific preparatory method, Chandanadhya taila posses a good spreading capacity even in minute channelsand attain Brumhanatwa, Doshatryaharatwa and Indriyabala vardhakatwa.Chandanadhya taila
contained Chandan, Murva, Triphala, Haritaki, Kamala, Jatamansi, Loha, Bhringraj, Yastimadhu etc. All described drug have Keshya, Balya, Rasayana and tridoshamaka property. In whole yoga combination, there are Tikta & Madhur rasa are dominant. Tikta & Madhur rasa are said to be Pitta shamaka. Tikta rasa have antagonistic properties to that of Kapha Madhur rasa have vata-pitta shamaka properties. In Khalitya, there are Rasavaha, Swedavaha srotas dusti. In srotas chikitsa Charakacharya mention that Swedavaha srotas treated like Jwar. In Jwar chikitsa Tikta rasa is main rasa as per these reference we can see good result of Chandanadhya tail in the Khalitya. Sheet Viryatva is mainly in the drug. Sheet Virya removes the Pitta and Rakta dusti. The Guna of the drug is Ruksha, Guru and Snigdha. Snigdha guna is Parthiva and Apya. Charka said that Keshya is a Parthiyabhav, so Snigdha guna increase Keshya because of Samanyavishesha Siddhanta (Ca.Sa. 7/16). Guru guna has vata shama-kak properties &Ruksha guna stated the Kaphadusti. Katu & Madhura Vipaka which was intended to have a Tridoshamaka effect. It is also indicated as a Prabhava. The Rasayana therapy aims specially at the promotion of strength and vitality in the body. It has been stated as a measure to contribute excellently and has been maintained the integrity of Saptadhatus of the body and thus increases the longevity. Keshya suggests that the drug is helpful in production and nourishment of hair. It has also Vishaghan and Tvachya properties. All these effects join together act in the cessation of hair fall and ultimately of Khalitya.

Nasya karma action:

When oil is prepared by the Tailapakavidhi according to “Sanskaro Hi Gunantaradhanam” their individual properties emerged into each other and emerges some new properties. Whereas this Tail when applied as Nasya would act as a Shirovyadhishamaka, which is the Prabhava of Nasya karma as described in the effects of Nasya. More ever Nasya would help in the internal correction of the dosha working locally by their position in the scalp and nutritive the roots of the hair would avert hair, so hair falling would be stopped. The tail has Laghu, Sukshma, Tikshna, Snigdha properties and it was prepared with Keshya drug. It would act on, which is a main causative factor of Khalitya. The obstruction of Srotas will clear by the Sukshma guna, which affects the growth of new hair. Regarding this, many references have been found for the use of tail in daily routine. Before Nasya karma we had done Purvakarma (Shirabhhayang and Mrudu Swedana). Both Purvakarma would decrease the Rukshata of scalp & doing Srotomukha Vishodana and excoriated the Prakupit dosha.

CONCLUSION

Above study plan showed that in case of Khalitya Nasya karma was given good result. Nasya karma break out the cycle of pathogenesis with its internal correction of the dosha working locally by their position in the scalp and nutritive the roots of the hair would avert hair, so hair falling would be stopped. The tail has Laghu, Sukshma, Tikshna, Snigdha properties and it was prepared with Keshya drug. It would act on, which is a main causative factor of Khalitya. The obstruction of Srotas will clear by the Sukshma guna, which affects the growth of new hair.

Suggestions for further study:

1) Procedure performed with shaman chikitsa then it will be given better result in short duration.
2) In this study small sample was taken in future study we can take number of pa-
tients after then analyzed it give more satisfactory result.

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