CONCEPTUAL STUDY OF MASHADI SIDDHA TAILA NASYA IN AVABAHUKA

Harsha Shweta¹, Chavan Manjula², Vedpathak S.M³

¹PG Scholar, ²Ass.prof., ³Prof & HOD
Dept. of Panchkarma, College of Ayurved,
Bharati Vidyapeeth Deemed University, Pune -43, Maharashtra, India

Email: manjulamatekar@gmail.com

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 Sharangdhar. 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 sandhi⁶ 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 vyadh⁵. 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 occurs¹¹.
Avabahuka being a Bahushirshagata roga, Nasya karma should be the first treatment of choice. Mashadi Siddha Taila which is described in Sharangdhar\textsuperscript{[5]} contains drugs having Vata-kaphara properties. Brumhana Nasya is indicated in Avabahuka by vagbhata\textsuperscript{[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 Taila 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 prakopanaya(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 vihara 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 vitiatiion of the vata can be considered. The etiological factors like ruksha, laghu and so on and atibharavhana like cause vitiatiion 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 vikrutha 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 sammurachana, which occurs in the specific organ of the body where kha vaigunya has previously taken place by the specific part of the nidanas, simultaneously with the dosha vikruti.

As Avabahuka is considered as Vatavyadhi and Vata has the Ashukari guna, the poorvarupas like bahuspanditahara and shoolal may manifests 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, affliction 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 entrance 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 vitiatiated dosha. Brihmana nasya provides nourishment of the Shiroindriya and other organs and alleviates the vitiatiated 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 foramen 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 *Shirngataka* 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-kaphna*\(^3\) 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 easily 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 *sampratii*. *Vata* is vitiated either because of *Avarana* or *Dhatu kshaya*. Because of the *sampratii* of *dhatu kshaya*, *Snehan* type of *brihmana Nasya karma* is very Beneficial. The drugs used in *Snehan* type of *Brumhana Nasya* are having the *gunas* like *Snigdh, 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.

**REFERENCES**


Source of Support: Nil
Conflict Of Interest: None Declared