

Nasya Karma

Unit 9. Nasya Karma (Śirovirecana through the Nasal Route)

1. Introduction

Nasya Karma is the therapeutic administration of medicaments through the **nāsa** (nostrils) to treat disorders of the **ūrdhvajatra** (head-neck) region, especially those dominated by **Vāta** and **Kapha** in the cephalic channels. Its classical rationale is beautifully stated:

“ऊर्ध्वजत्रुविकारेषु विशेषान्नस्यमिष्यते ।

नासा हि शिरसो द्वारं तेन तद्व्याप्य हन्ति तान् ॥”

(In diseases of the head-and-neck, Nasya is especially indicated; the nose is the gateway to the head—through it the medicine spreads and destroys the morbidities.) — **Aṣṭāṅga Hṛdaya, Sūtrasthāna 20/1.**

Therapeutic essence: By cleansing, pacifying or nourishing the cephalic channels, Nasya restores **prāṇa-udāna vāyu** rhythms, opens **srotas**, relieves **śirogaurava** (head heaviness), **nāsa-netra-karṇa** complaints, and supports **Indriya-prasādana** (clarity of the senses).

2. Śirovirechana Gaṇa (Head-cleansing group)

Caraka enumerates a dedicated group of **nasya/śirovirecana** herbs and indicates their use in heaviness of head, headache, rhinitis, hemicrania, epilepsy, anosmia and fainting. Key verses (abridged for memory) are:

“अपामार्गस्य बीजानि पिप्पलीर्मरिचानि च ।

विडङ्गान्यथ शिग्रूणि सर्षपांस्तुम्बुरूणि च ॥३॥

अजार्जी चाजगन्धां च पीलून्येलां हरेणुकाम् ।

पृथ्वीकां सुरसां श्वेतां कुठेरकफणिज्झकौ ॥४॥

शिरीषबीजं लशुनं हरिद्रं लवणद्वयम् ।

ज्योतिष्मतीं नागरं च दद्यच्छीर्षविरेचने ॥५॥

गौरवे शिरसः शूले पीनसेऽर्धावभेदके ।

क्रिमिव्याधावपस्मारे घ्राणनाशे प्रमोहके ॥६॥”

— **Caraka Saṃhitā, Sūtrasthāna 2 (Apāmārga Taṇḍulīya), 3-6.**

Practical memory-pegs: *Apāmārga bīja, Pippalī, Marica, Viḍaṅga, Śigru, Sarṣapa, Tumburu, Ajāṇī, Ajagandhā (Ajamodā), Pīlu, Elā, Hiranyūka/Hereṇukā, Prthvikā, Sūrasā (Tulasi), Śveta-surasā, Kuṭheraka, Phaṇījjaka, Śīrīṣa bīja, Laśuna, Haridrā, Daruharidrā/“lavanadvaya”, Jyotiṣmatī, Nāgara (Śuṇṭhī)*—used singly or combined according to **doṣa**, route (powder, oil, juice), and indication.

3. Pūrva Karma of Nasya (Pre-procedure)

1. **Rogi-parīkṣā:** Assess **doṣa**, **āma-nirāma**, **bala**, **agni**, **prakṛti**, **roga-avasthā**; examine ear-nose-throat and sinuses.
2. **Indication check:** Choose **Rechana (śodhana)**, **Śamana**, or **Bṛṃhaṇa/Snehana** Nasya type as per need (see §6).
3. **Āhāra-vihāra prior day:** Light, warm, non-abhīṣyandī diet; avoid day sleep, cold exposure, heavy snigdha meals.
4. **Local preparation (same day):**
 - **Mṛdu Abhyanga** to face, neck, shoulders, and scalp.
 - **Mild Svedana** (face-neck fomentation) to liquefy Kapha and open channels.
5. **Setting & posture:** Quiet, warm room; patient **supine** with **shoulders slightly elevated and head tilted back** (~30°). Clean the nostrils gently (saline/cotton swab). Keep kidney tray/tissues ready.



6. **Drug readiness:** Filter **warm** (not hot) dravya; verify dose; label each nostril dose; test temperature on back of hand.

4. Pradhāna Karma of Nasya (Administration)

A. General steps (for liquid instillation types):

1. Ask the patient to relax jaw and **breathe through the mouth**.
2. Instill drops into **one nostril at a time**; after each instillation, **massage gently** over **nāsā-mūla, gaṇḍa, lalāṭa** and along **tālu** (soft palate) externally for uniform spread.
3. **Spit out** the medicines/mucus reaching oropharynx; **do not swallow**. Offer **lukewarm water gargle**.
4. Repeat for the other nostril.
5. Allow the patient to rest supine for 2–3 minutes, then to sit up slowly.

B. Dose & types (classic working ranges):

- **Pratimarśa Nasya** (micro-dose, daily): ~**2 drops per nostril**, very safe for routine use in most seasons and ages; used for **vāta-kapha prakṛti**, prevention, computer/AC exposure dryness, voice users.
- **Marśa Nasya** (therapy-dose): typically **8–16 drops total** (tailored to **bala/koṣṭha/doṣa**). Used **intermittently** under supervision for active disease.
- **Pradhāmana (Dhmapana) Nasya** (insufflation of fine powder): for **Kapha-āvaraṇa, śīrṣa-gaurava**, tenacious mucus; drugs like **Vaca, Marica, Pippalī** (very fine sieve; cautious in pitta/vāta).
- **Avapīḍana Nasya** (fresh expressed juice/decoction): e.g., **Ādhraka svarasa** with honey in acute rhinitis/sinus block, or bitter juices in **pitta-kapha** conditions.
- **Navana/Snehana Nasya** (oils/ghṛta): **Anu Taila, Śadbindu Taila, Kṣīrabala Taila (101)** etc., selected by **doṣa** and tissue need.

Helpful rule of thumb: In **rukṣa-vāta** phenotypes → prefer **snehana/bṛṃhaṇa** Nasya; in **kapha-pitta** with **āma** → prefer **rechana/pradhāmana** or **avapīḍana** first, then switch to **śamana**.

5. Paścāt Karma of Nasya (After-care)

- Keep the patient **warm and rested** for ~30–45 min; discourage immediate talk, exposure to dust/wind, or looking at screens.
- **Gandūṣa/Kavala** (warm water or medicated gargle) to clear residual taste.
- **Diet:** light warm gruels/soups the next meal; avoid **curd, cold drinks, heavy fried items** the same day.
- **Restrictions (for a few hours):** no day sleep, strenuous exercise, sexual activity, head bath, or immediate outdoor sun/wind exposure.
- **Observation:** Desired responses are lightness of head, easy nasal breathing, clearer voice, improved smell; watch for excess lacrimation, burning, dizziness—if so, stop and soothe (lukewarm water, mild dhūmapāna where appropriate).

6. Nasya Formulations (exam-relevant)

Formulation	Type/Key Actions	When to prefer
Anu Taila (A.H. Sū. 20 mentions as daily/seasonal caretaker oil)	Snehana-Śamana ; clears kapha , supports senses, hair, voice	Routine Pratimarśa , seasonal care, dry AC exposure, allergic rhinitis tendencies.



Formulation	Type/Key Actions	When to prefer
Śadbindu Taila	Potent Rechana-Śamana of head-neck; liquefies kapha, relieves ārdita/ārdhāvabhedaka	Chronic rhinitis/sinusitis, headache with kapha; use as Marśa with care.
Kṣīrabala Taila (101)	Bṛmhaṇa-Vātaśamana , nourishing	Vāta -dominant dryness, pakṣāghāta/kaṭigraha adjunct care (as sneha nasya).
Vaca-Marica-Pippalī cūrṇa (ultra-fine)	Pradhāmana (kapha-ucchedana)	Thick, tenacious nasal mucus, dullness/heaviness—short supervised courses.
Ādhraka (ginger) svarasa + madhu	Avapīdana , decongestant	Acute pināsa/sinus block, anosmia onset (if pitta not aggravated).
Jyotiṣmatī taila (in classical lists)	Penetrating, kapha-vāta acting	Selected neural-cephalic indications; cautious dose.

Note: Always individualize by **doṣa, bala, agni, rutu**; begin with **mṛdu** agents where doubt exists.

7. Nasya Karmukata (Mode of action)

Classical view

- The **nose is the gateway of the head**; medicaments reach **Śṛṅgāṭaka marma** (vascular-neural nexus) and distribute to **netra-karṇa-kaṇṭha-śīras** pathways, performing **doṣa-utkleśa (liquefaction)**, **śodhana, śamana** as indicated.

Modern correlation (for viva):

- Trans-nasal absorption** across respiratory and olfactory mucosa enables **rapid local and systemic** delivery; **olfactory/trigeminal pathways** give a route towards CNS/parasympathetic modulation; improved **mucociliary clearance** + altered **nitric oxide** dynamics and **sinonasal drainage** explain relief in congestion, smell, headache and sleep quality.

8. Indications & Contraindications

8.1 Indications (choose type appropriately)

- Pināsa-Pratiśyaya** (rhinitis/sinusitis), **Ardhāvabhedaka** (migraine pattern), **Śīrashūla/śirogaurava**, **Manyāstambha** (cervical spasm), **Ārdita** (facial palsy), **Pakṣāghāta** rehabilitation, **Apabahuka** (adhesive capsulitis), **Kāsa-Śvāsa** with nasal block, **Anosmia/hyposmia**, **Akṣi-karṇa-danta** adjunct care, **Hārītā** (voice fatigue), **Indriya-prasadana** care.

8.2 Contraindications / avoid temporarily

- Immediately after meals, after alcohol or heavy sneha intake**, during **acute jvara**, **uru-śūla** (severe chest pain), **recent vamana/virechana**, **pregnancy** (therapy-dose), **active epistaxis**, **children/elderly with debility** (prefer **pratimarśa** only), **severe uncontrolled hypertension**, **acute rhinosinusitis with high fever**. (Compiled from classical instructions and reviews.)

9. Principles of Practice in Selected Disorders

General sequencing: Ensure **nirāma** state. Use **rūkṣa svedana/udgharṣaṇa** first in sticky kapha; begin with **mṛdu Avapīḍana/Pradhāmana** to clear; then **Śamana/Bṛmhaṇa** oils as the field becomes light and receptive.

a) Pakṣāghāta (Hemiplegia)

- **Phenotype:** Vāta-pradhāna with channel obstruction; often **dryness, stiffness, facial asymmetry**.
- **Plan:** In stable, **nirāma** stage—**Snehana-Svedana** to head-neck → **Snehana Nasya** (e.g., **Kṣīrabala 101, Anu taila**) in **Pratimarśa** daily; upgrade to **Marśa** in supervised sittings if tolerated. Combine with **abhyanga, nadi-sveda, basti** (vāta-śamana) and physiotherapy for synergy.

b) Apabahuka (Frozen shoulder/adhesive capsulitis)

- **Phenotype:** Vāta-kapha with **āvaraṇa** around **āmśa sandhi**; neck-shoulder linkage aggravates.
- **Plan:** Clear kapha → **Avapīḍana/Pradhāmana** short course; then **Snehana Nasya** (Anu/Śadbindu small doses) to relax cervico-scapular muscles; pair with **local snehana-sveda, gentle ROM drills**.

c) Manyāstambha (Cervical spondylosis/neck spasm)

- **Phenotype:** Vāta-rūkṣa-stabdhā, often **kapha-saṅga** mornings.
- **Plan:** Morning **rūkṣa sveda; Pratimarśa Anu taila** daily; **Marśa** sittings twice weekly with **Kṣīrabala/Anu** for fortnight; add **grīvā-abhyanga, mṛdu traction & isometrics**.

d) Ārdita (Facial palsy)

- **Phenotype:** Vāta derangement of facial pathways; drooling, lagophthalmos.
- **Plan:** Early **Snehana-Svedana** to face; **Śamana/Snehana Nasya** (Kṣīrabala/Anu taila) in small **Marśa** doses on alternate days; avoid strong **Pradhāmana** initially. Add **mukhābhyanga**, facial exercises, protect eye (tears/ointment).

10. Procedure of Sāgni vs Niragni Nasya (quick mapping)

- **Sāgni** (heated/oil-based): **Navana/Snehana (taila/ghṛta)** warmed to body-temperature; best for **vāta-rūkṣa** fields, neural nourishment.
- **Niragni** (non-heated/fresh juice/powder): **Avapīḍana/Pradhāmana**; best for **kapha-saṅga** decongestion and head-cleansing.

Choose **order:** Niragni (clear) → Sāgni (nourish) when both are needed.

11. Practical Safety & Troubleshooting

- **Burning/irritation:** dilute, reduce dose, prefer **ghṛta-based**; post-gargle with milk-warm water.
- **Nausea/cough:** slow instillation, smaller aliquots; ensure patient breathes via mouth; pause and soothe.
- **Headache after Nasya:** indicates kapha not cleared or overdose—add **mṛdu sveda**, next time use **rūkṣa** type first.
- **Excess drowsiness:** reduce dose; prefer morning schedule.



12. Quick-reference Tables

12.1 Types of Nasya and core use

Type	Vehicle	Primary action	Choose when...
Pratimarśa	2 drops/nostril sneha	Daily micro-care	Prevention, dryness, voice users, elderly/children
Marśa	8–16 drops tailored	Therapeutic snehana/śamana	Vāta-dominant cephalic disorders
Pradhāmana	Fine powders	Kapha-ucchedana (rechana)	Tenacious mucus, heaviness, dullness
Avapīḍana	Fresh juice/decoction	Decongestant, anti-inflammatory	Acute rhinitis/sinus block
Navana	Taila/ghṛta mixes	Bṛmhaṇa + śamana	Post-clearance nourishment

12.2 Indications vs suggested type (guide only)

Indication	Start with	Then
Acute pināsa/sinus block	Avapīḍana	Pratimarśa/Marśa sneha
Śirogaurava/kapha heaviness	Pradhāmana	Śamana (Anu/Śadbindu)
Vāta-dryness headaches	Pratimarśa/Marśa sneha	—
Manyāstambha/Apabahuka	Pratimarśa daily	Marśa sittings
Ārdita/Pakṣāghāta (stable)	Snehana Nasya	Continue + physiotherapy

13. A second classical anchor to quote (drug group)

Caraka's **Śirovirecana** herb verses already quoted above (Sū. 2/3–6) serve as your **formulary gateway** for powder, oil and juice selections within Nasya planning.

Assessment

Long Essay (Answer any 1, 10 marks)

1. Define **Nasya Karma** and justify it with the śloka “**Nāsā hi śirasō dvāram...**”. Classify Nasya types and describe **Pūrva-Pradhāna-Pāścāt** steps with **dose logic** (Pratimarśa vs Marśa).
2. Write an account of **Śirovirechana Gaṇa** (with Sanskrit reference) and prepare two **evidence-based protocols**: (i) Kapha-dominant sinusitis, (ii) Vāta-dominant Manyāstambha.
3. Explain **Nasya Karmukata**: classical pathway to **Śṛṅgātaka** and modern neuro-nasal correlations. Add formulation choices for **Ārdita** and **Pakṣāghāta**.

Short Answers (Any 5, 5×5 = 25 marks)

1. Enumerate **five types** of Nasya and give one clinical cue for each.
2. Write the **Pūrva-karma** steps and their purpose before Nasya.
3. List **six indications** and **six contraindications** of Nasya.
4. Differentiate **Pratimarśa** and **Marśa** Nasya (dose, frequency, utility).
5. Mention any **five drugs** from **Śirovirechana Gaṇa** with one indication each.
6. Outline Nasya planning in **Apabahuka**.
7. Common **complications** during Nasya and their immediate management.
8. Give two examples each of **Snehana**, **Rechana**, and **Avapīḍana** Nasya dravya.

MCQs (10 × 1 = 10 marks)

1. “Nāsā hi śirasō dvāram...” occurs in:
a) Su. Sū. 40 b) **A.H. Sū. 20** c) A.H. Utt. 20 d) C.S. Sū. 4
2. **Śirovirechana** herbs are listed in Caraka in the chapter:
a) **Apāmārga Taṇḍuliya (Sū. 2)** b) Virecanakalpa c) Kalpasthāna d) Siddhisthāna
3. **Pratimarśa** Nasya dose is generally:
a) 10–12 drops/nostril b) **2 drops/nostril** c) 1 teaspoon/nostril d) Insufflation powder
4. **Pradhāmana** Nasya is best chosen when:
a) Vāta-dryness predominates b) **Kapha-sāṅga with heaviness** c) Pitta-rakta bleeding d) Pregnancy
5. A classic **snehana** oil widely used for Nasya prevention is:
a) Tiktaka ghṛta b) **Anu taila** c) Erandataila d) Mahātiktaka ghṛta
6. **Avapīḍana** Nasya uses:
a) Powders b) **Fresh expressed juice/decoction** c) Fomentation d) Cupping
7. Contraindicated time for Nasya is:
a) Early morning empty stomach b) **Just after meals or alcohol** c) Post-bath after 2 hrs d) After gargling
8. In **Manyāstambha**, the sustained home regimen is:
a) Daily pradhāmana b) **Pratimarśa snehana** + neck exercises c) Only Avapīḍana d) Immediate virechana
9. **Śadbindu taila** is preferably used in:
a) Profound pitta bleeding b) **Kapha-dominant chronic rhinitis** c) Acute high fever d) Pregnancy
10. First choice in **Pakṣāghāta (stable stage)** to nourish cephalic channels:
a) Strong pradhāmana b) **Snehana nasya (Kṣīrabala/Anu)** c) Only Avapīḍana d) Vamana

Answer key: 1-b, 2-a, 3-b, 4-b, 5-b, 6-b, 7-b, 8-b, 9-b, 10-b.

60-Second Revision

- **Definition:** Nasal instillation to treat **ūrdhvajatru** disorders; “Nāsā hi śirasō dvāram...” is the core rationale.
- **Drug base:** **Śirovirechana Gaṇa** (Caraka Sū. 2/3–6) gives your canonical list—ideal for **Pradhāmana**, **Avapīḍana**, and even **taila siddhi** choices.
- **Types:** **Pratimarśa (2 drops daily)**, **Marśa (therapy-dose)**, **Pradhāmana (powder)**, **Avapīḍana (juice)**, **Navana/Snehana (oils/ghṛta)**.
- **Sequencing tip:** **Clear (niragni)** first if kapha-heavy → **Nourish (sāgni)** later.
- **Indications:** sinusitis/rhinitis, migraine pattern, cervical spasm, facial palsy, hemiplegia rehab, voice care.
- **Don'ts:** right after food/alcohol, in acute high fever/bleeding, pregnancy (therapy-dose), immediately post-vamana/virechana.