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उत्तराखण्ड

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Special Edition On

Panchakarma in ENT Disorders

(कर्ण-नासिका-कण्ठ विकारों में पंचकर्म)







आयुर्तरंगिणी

ई-मैगजीन के पाठकों के लिए

मंत्री, आयुष एवं आयुष शिक्षा का संदेश

मदन कौशिक
(मंत्री, आयुष एवं आयुष शिक्षा, उत्तराखण्ड)

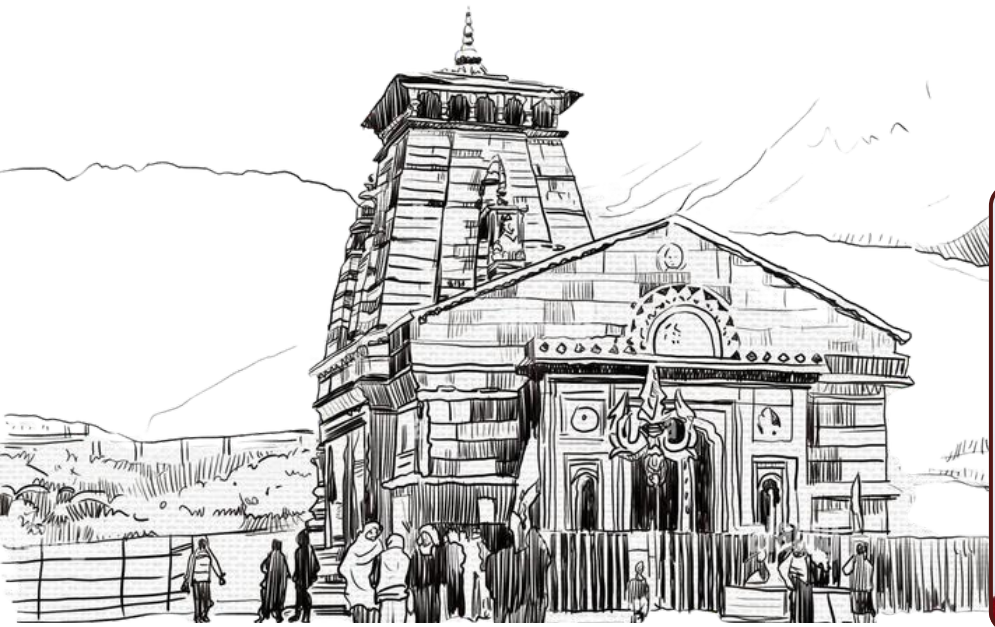
प्रिय पाठकों,

हमारे लिए यह अत्यंत प्रसन्नता का विषय है कि "आयुर्तरंगिणी" ई-मैगजीन के माध्यम से उत्तराखण्ड में आयुष चिकित्सा पद्धतियों, जनस्वास्थ्य से संबंधित महत्वपूर्ण विषयों तथा आयुष विभाग की विभिन्न जनकल्याणकारी गतिविधियों को प्रभावी रूप से जनसामान्य तक पहुँचाया जा रहा है। यह पत्रिका आयुष की वैज्ञानिक, व्यावहारिक एवं जनोपयोगी अवधारणाओं को समाज के समक्ष प्रस्तुत करने का एक सशक्त माध्यम बन रही है।

भारत की प्राचीन चिकित्सा परंपरा में आयुर्वेद का विशेष एवं महत्वपूर्ण स्थान है। आयुर्वेद केवल रोगों के उपचार तक सीमित नहीं है, बल्कि शरीर एवं मन के स्वास्थ्य को बनाए रखने, रोगों की रोकथाम तथा स्वस्थ जीवनशैली को अपनाने पर भी विशेष बल देता है। आयुर्वेद में वर्णित पंचकर्म चिकित्सा शरीर में संचित दोषों के संतुलन एवं शोधन की एक महत्वपूर्ण चिकित्सीय पद्धति है। वर्तमान समय में प्रदूषण, बदलती जीवनशैली, अनियमित दिनचर्या एवं पर्यावरणीय प्रभावों के कारण कर्ण, नासिका एवं कण्ठ से संबंधित विभिन्न विकारों की समस्या बढ़ रही है। ऐसे में पंचकर्म की आयुर्वेदिक अवधारणाएँ विशेष रूप से प्रासंगिक हो जाती हैं।

"आयुर्तरंगिणी" का यह विशेषांक "Panchakarma in ENT Disorders" अर्थात् "कर्ण-नासिका-कण्ठ विकारों में पंचकर्म" विषय पर आधारित है। इसमें पंचकर्म की आयुर्वेदिक अवधारणा, कर्ण-नासिका-कण्ठ विकारों में इसकी उपयोगिता, चिकित्सकीय दृष्टिकोण, विभिन्न प्रक्रियाओं तथा रोगानुसार अपनाई जाने वाली उपचार पद्धतियों को सरल एवं वैज्ञानिक दृष्टिकोण से प्रस्तुत किया गया है। यह विशेषांक आयुर्वेद की पारंपरिक चिकित्सा पद्धतियों को आधुनिक स्वास्थ्य आवश्यकताओं के संदर्भ में समझने तथा जनसामान्य में स्वास्थ्य जागरूकता बढ़ाने की दिशा में एक सराहनीय प्रयास है।

मुझे विश्वास है कि यह विशेषांक विद्यार्थियों, शोधकर्ताओं, चिकित्सकों, स्वास्थ्यकर्मियों तथा आम नागरिकों के लिए समान रूप से उपयोगी एवं ज्ञानवर्धक सिद्ध होगा। मैं इसके प्रकाशन से जुड़े सभी अधिकारियों, विशेषज्ञों, लेखकों एवं सहयोगियों को हार्दिक बधाई एवं शुभकामनाएँ देता हूँ तथा आशा करता हूँ कि "आयुर्तरंगिणी" भविष्य में भी आयुष की वैज्ञानिक एवं समृद्ध चिकित्सा परंपराओं को जनसामान्य तक पहुँचाने, स्वास्थ्य जागरूकता को बढ़ावा देने एवं स्वस्थ समाज के निर्माण में अपनी महत्वपूर्ण भूमिका निभाती रहेगी।





आयुर्तरंगिणी

रंजना राजगुरु (आई0ए0एस)
(सचिव, आयुष एवं आयुष शिक्षा विभाग,
उत्तराखंड शासन)

ई-मैगजीन के पाठकों के लिए

सचिव, आयुष एवं आयुष शिक्षा की कलम से

प्रिय पाठकों,

"आयुर्तरंगिणी" ई-मैगजीन के इस विशेषांक के प्रकाशन पर मुझे अत्यंत प्रसन्नता हो रही है। यह पत्रिका केवल ज्ञान एवं विचारों के आदान-प्रदान का माध्यम नहीं, बल्कि आयुष के सिद्धांतों, वैज्ञानिक दृष्टिकोण एवं जनस्वास्थ्य से जुड़े महत्वपूर्ण विषयों को सरल एवं प्रभावी रूप से समाज तक पहुँचाने का एक सशक्त प्रयास है।

माननीय आयुष एवं आयुष शिक्षा मंत्री जी के कुशल नेतृत्व एवं मार्गदर्शन में राज्य में आयुष सेवाओं को अधिक सुदृढ़, सुलभ एवं जनकेंद्रित बनाने की दिशा में निरंतर कार्य किया जा रहा है। राष्ट्रीय आयुष मिशन के अंतर्गत विभिन्न योजनाओं, जनजागरूकता कार्यक्रमों एवं नवाचारों के माध्यम से गुणवत्तापूर्ण स्वास्थ्य सेवाओं के विस्तार तथा आयुष चिकित्सा पद्धतियों को जनसामान्य तक पहुँचाने के लिए निरंतर प्रयास किए जा रहे हैं।

"आयुर्तरंगिणी" का यह विशेषांक "Panchakarma in ENT Disorders" अर्थात् "कर्ण-नासिका-कण्ठ विकारों में पंचकर्म" विषय पर आधारित है। वर्तमान समय में वायु प्रदूषण, बदलती जीवनशैली, अनियमित दिनचर्या, पर्यावरणीय प्रभावों तथा विभिन्न संक्रमणों के कारण कर्ण, नासिका एवं कण्ठ से संबंधित स्वास्थ्य समस्याएँ निरंतर सामने आ रही हैं। ऐसे परिदृश्य में आयुर्वेद की समग्र एवं निवारक अवधारणाएँ तथा पंचकर्म चिकित्सा इन विकारों के प्रबंधन एवं स्वास्थ्य संरक्षण की दिशा में महत्वपूर्ण भूमिका प्रस्तुत करती हैं।

इस विशेषांक में कर्ण-नासिका-कण्ठ विकारों की आयुर्वेदिक अवधारणा, उनके कारण, निदान एवं प्रबंधन के साथ-साथ पंचकर्म चिकित्सा की उपयोगिता पर विशेष रूप से प्रकाश डाला गया है। पंचकर्म की विभिन्न प्रक्रियाओं, रोगानुसार उनके चिकित्सकीय महत्व तथा आयुर्वेद के शोधन एवं संतुलन संबंधी सिद्धांतों को सरल एवं वैज्ञानिक दृष्टिकोण से प्रस्तुत किया गया है। साथ ही आधुनिक स्वास्थ्य आवश्यकताओं के संदर्भ में पंचकर्म की प्रासंगिकता एवं चिकित्सकीय उपयोगिता को भी रेखांकित किया गया है, जिससे पाठकों को कर्ण, नासिका एवं कण्ठ स्वास्थ्य के संरक्षण तथा आयुर्वेदिक चिकित्सा दृष्टिकोण की व्यवहारिक जानकारी प्राप्त होगी।

मुझे विश्वास है कि यह विशेषांक विद्यार्थियों, चिकित्सकों, शोधकर्ताओं, स्वास्थ्यकर्मियों एवं सामान्य जनमानस के लिए समान रूप से उपयोगी एवं ज्ञानवर्धक सिद्ध होगा। मैं सभी पाठकों से अपेक्षा करता हूँ कि वे इस ज्ञानवर्धक प्रयास से जुड़ें तथा आयुष की समृद्ध चिकित्सा परंपरा, पंचकर्म की उपयोगिता एवं स्वस्थ जीवनशैली के संदेश को जन-जन तक पहुँचाने में अपना महत्वपूर्ण योगदान प्रदान करें।





आयुर्तरंगिणी

डॉ. विजय कुमार जोगदण्डे (आई0ए0एस)
(अपर सचिव, आयुष एवं आयुष शिक्षा विभाग,
उत्तराखंड शासन)

ई-मैगजीन के पाठकों के लिए

अपर सचिव, आयुष एवं आयुष शिक्षा की कलम से

प्रिय पाठकों,

आयुर्तरंगिणी" के इस विशेषांक को आपके समक्ष प्रस्तुत करते हुए मुझे अत्यंत हर्ष का अनुभव हो रहा है। यह प्रयास आयुष चिकित्सा के विविध आयामों, स्वास्थ्य संबंधी उपयोगी जानकारियों तथा जनस्वास्थ्य से जुड़े महत्वपूर्ण विषयों को एक मंच पर प्रस्तुत करने का एक सार्थक माध्यम है।

मैं इस अवसर पर माननीय आयुष एवं आयुष शिक्षा मंत्री जी के दूरदर्शी नेतृत्व एवं सतत प्रेरणा तथा सचिव महोदया, आयुष एवं आयुष शिक्षा विभाग के मार्गदर्शन एवं सहयोग के प्रति हार्दिक आभार व्यक्त करता हूँ, जिनके निरंतर समर्थन से आयुष सेवाओं के विस्तार, जनजागरूकता एवं जनकल्याण से जुड़े अनेक महत्वपूर्ण प्रयास निरंतर संचालित किए जा रहे हैं।

इस विशेषांक का विषय "Panchakarma in ENT Disorders" अर्थात् "कर्ण-नासिका-कण्ठ विकारों में पंचकर्म" वर्तमान समय की स्वास्थ्य आवश्यकताओं के अनुरूप अत्यंत महत्वपूर्ण एवं प्रासंगिक है। इसके अंतर्गत कर्ण, नासिका एवं कण्ठ विकारों की आयुर्वेदिक अवधारणाओं, रोगोत्पत्ति, निदान, निवारण एवं प्रबंधन के साथ-साथ पंचकर्म चिकित्सा की विभिन्न प्रक्रियाओं, चिकित्सकीय उपयोगिता, रोगानुसार उपचार तथा स्वास्थ्य संरक्षण में इसकी भूमिका पर विशेष सामग्री प्रस्तुत की गई है, जो आयुर्वेद के शोधन एवं संतुलन संबंधी सिद्धांतों को सरल एवं वैज्ञानिक रूप में स्पष्ट करती है।

मुझे विश्वास है कि यह विशेषांक चिकित्सकों, विद्यार्थियों, शोधकर्ताओं, स्वास्थ्यकर्मियों तथा सामान्य जनमानस सभी के लिए समान रूप से लाभकारी एवं ज्ञानवर्धक सिद्ध होगा। मैं सभी पाठकों से आग्रह करता हूँ कि वे इस विशेषांक का अध्ययन करें तथा आयुर्वेद के सिद्धांतों, पंचकर्म की उपयोगिता एवं स्वस्थ जीवनशैली से संबंधित ज्ञान को अपने दैनिक जीवन में अपनाकर स्वास्थ्य संरक्षण एवं स्वस्थ समाज के निर्माण में सहभागी बनें।

इस प्रकाशन से जुड़े सभी अधिकारियों, विशेषज्ञों, लेखकों एवं सहयोगियों को हार्दिक शुभकामनाएँ एवं बधाई।

23 सितंबर 2026

11वाँ आयुर्वेद दिवस

स्वस्थ भविष्य के लिए आयुर्वेद













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स्वस्थ भविष्य के लिए आयुर्वेद













आयुर्तरंगिणी

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September , 2026

(विशेषांक)

“कर्ण - नासिका - कण्ठ विकारों में पंचकर्म”

(Panchakarma in ENT Disorders)





Panchakarma in Pratishyaya

(An Ayurvedic perspective Of Panchakarma in Allergic Rhinitis)

Dr UMESH BHARTI,
MEDICAL OFFICER IN CHARGE
A.A.M. OKHLANJA
CHAMPAWAT

Definition of Pratishyaya

Pratishyaya is a disease of the nasal passages caused by the vitiation and aggravation of one or more Doshas–Vata, Pitta, Kapha, or Rakta. These aggravated Doshas accumulate in the region of the head and nose, affecting the nasal channels and producing symptoms such as nasal discharge, nasal obstruction, sneezing, heaviness of the head, headache, and impairment of smell.

In Ayurveda, Pratishyaya is considered an important Urdhvajatrugata Roga (disease affecting the region above the clavicle). Depending upon the predominance of Doshas, it may present as Vataja, Pittaja, Kaphaja, Sannipataja, or Raktaja Pratishyaya.

Pratishyaya can be broadly correlated with conditions such as rhinitis and the common cold, depending on its clinical presentation.

1. **Vamana Karma**

Vamana is mainly indicated in Kaphaja Pratishyaya. It helps in eliminating aggravated Kapha from the body and may reduce excessive nasal discharge, heaviness of the head and nasal congestion.

2. **Nasya Karma**

Nasya is considered the most important Panchakarma therapy in Pratishyaya. Suitable medicated oil or medicine is administered through the nostrils. It helps in clearing the nasal passages and managing symptoms such as nasal blockage, discharge and heaviness of the head.

3. **Swedana Karma**

Mild Swedana or fomentation is useful, particularly in Vata-Kapha predominant Pratishyaya. It helps to reduce stiffness, heaviness and congestion.

4. **Dhoomapana**

Medicated Dhoomapana may be used as an associated Ayurvedic procedure to help clear Kapha and secretions from the nasal and head region. It should be performed under proper medical supervision.

5. **Basti Karma**

Basti may be considered in chronic or recurrent Pratishyaya, especially when Vata Dosha is significantly involved. It helps in managing systemic Vata imbalance.

How effective is it?

From an Ayurvedic perspective, Panchakarma aims to remove or balance the aggravated Doshas and may be particularly useful in recurrent or chronic Pratishyaya.

In short Nasya is considered the most relevant Panchakarma procedure for Pratishyaya. Other procedures are selected according to the patient's Dosha predominance, symptoms, chronicity, and overall condition.

Panchakarma should be performed only after proper examination and under the supervision of a qualified Ayurvedic physician.

PANCHAKARMA IN TUNDIKERI
"TONSILITIS AND PANCHAKARMA"

Dr SUMAN KANAUJIYA
MEDICAL OFFICER IN CHARGE
RAJKKIYA AYURVEDIC CHIKITSALAYA
NAGAR CHAMPAWAT

An Ayurvedic perspective

Tundikeri is an Ayurvedic disease affecting the throat region and is described under Kantha Roga. Based on its symptoms and clinical presentation, it is commonly correlated with tonsillitis in modern times .

It is characterized by swelling in the throat, particularly around the tonsillar region, along with pain and difficulty in swallowing. According to Ayurveda, Tundikeri mainly occurs due to the vitiation of Kapha and Rakta Dosha.

Common Features

- Swelling of the tonsillar region
- Sore throat and pain
- Difficulty or pain while swallowing
- Throat irritation
- Excessive salivation
- Fever may be present in acute cases





In simple terms, Tundikeri can be understood as an inflammatory condition of the throat and tonsils that causes swelling, pain, and difficulty in swallowing.

1.Vamana Karma

Vamana may be considered in selected Kapha predominant and chronic cases. It aims to eliminate aggravated Kapha from the body. Proper patient selection is essential.

2.Nasya Karma

Nasya may be used in selected conditions affecting the region above the clavicle (Urdhvajatrugata Roga). Appropriate Nasya therapy may help manage associated nasal and throat symptoms.

3.Dhoomapana

Medicated Dhoomapana may be considered in selected chronic Kapha-related throat disorders under proper Ayurvedic supervision.

4.Gandusha and Kavala

These are important local therapeutic procedures in the management of throat and oral disorders.

- Gandusha: Holding medicated liquid in the mouth.
- Kavala: Gargling with medicated liquids.
- They may help reduce throat discomfort and maintain oral hygiene.

5.Local Swedana

Mild local fomentation may be useful in selected Vata-Kapha predominant conditions to relieve discomfort and stiffness.

In Tundikeri, treatment should be individualized according to the Dosha predominance and whether the condition is acute or chronic. Gandusha, Kavala, and appropriate local therapies are particularly relevant for throat symptoms, while systemic Panchakarma such as Vamana or Nasya may be considered in suitable chronic cases.

Panchakarma should be performed only under the supervision of qualified Ayurvedic physician.

The Pivotal Role of Panchakarma in the Management of ENT Disorders:

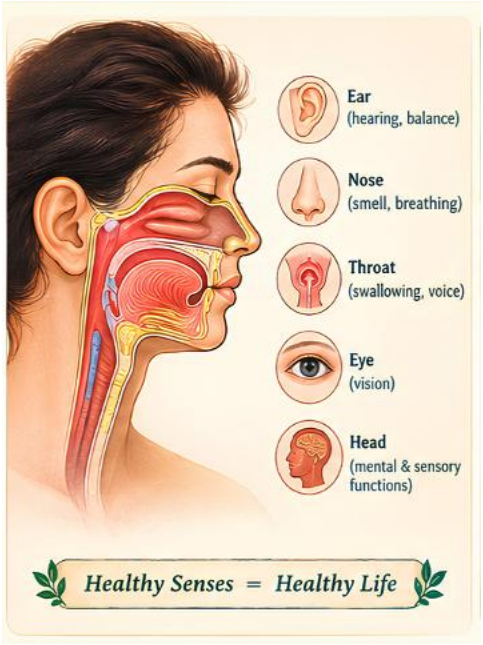
A Classical Perspective

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In the traditional system of Ayurveda, the management of Ear, Nose, Throat, Eye, and Head disorders falls under a highly specialized branch known as Shalakya Tantra (also referred to as Urdhwanga Chikitsa). According to classical Ayurvedic texts, conditions affecting the region above the clavicle (collarbone) are termed Urdhwajatrugata Vikara.
The human head is considered the Uttamanga (the supreme organ) as it houses all the vital sensory organs (Indriyas) and the vital life force (Prana). Because ENT disorders often stem from deep-rooted imbalances of the Tridoshas (Vata, Pitta, Kapha) manifesting in the upper channels (Srotas), symptomatic topical treatments are frequently insufficient. Here, Panchakarma—the fivefold classical detoxification therapy—plays an indispensable role by eradicating morbid Doshas from their roots, reversing pathogenesis (Samprapti), and restoring optimal sensory function.

1. Understanding ENT Pathology in Classical Texts

According to Acharya Sushruta (the father of surgery and an authority on Shalakya Tantra via the Uttara Tantra), the upper body is the natural seat of Kapha Dosha (specifically Tarpaka and Bodhaka Kapha) and Vata Dosha (specifically Prana and Udana Vayu).
When a person consumes incompatible diets or follows an improper lifestyle, the vitiated Doshas accumulate in the systemic circulation and lodge in the Khavaigunya (weak spaces) of the ear, nose, or throat.
Vata dominance leads to degenerative and functional losses (e.g., hearing loss, tinnitus, vocal cord paralysis).
Pitta dominance leads to inflammatory and suppurative conditions (e.g., acute otitis media, pharyngitis, epistaxis). Kapha dominance causes obstructions, growths, and chronic secretions (e.g., chronic sinusitis, nasal polyps, tonsillitis).
To tackle these, classical texts prescribe the strategic use of Panchakarma.



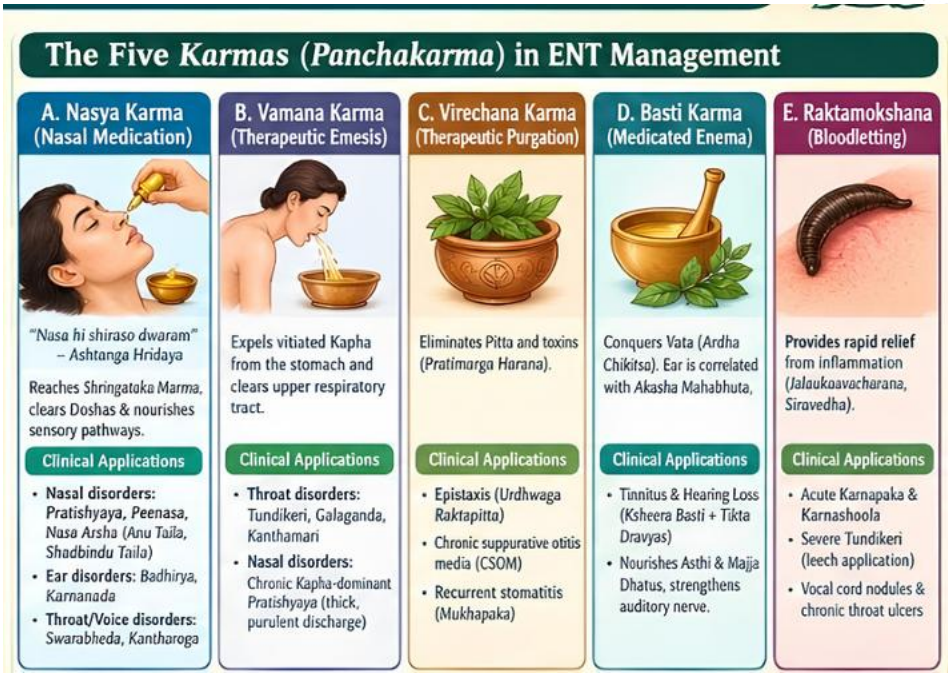
2. The Five Karmas (Panchakarma) in ENT Management

A. Nasya Karma (Nasal Medication): The Gateway to the Head

According to Acharya Vagbhata in the Ashtanga Hridaya (Sutrasthana 20/1):
"Nasa hi shiraso dwaram" – The nose is the direct gateway to the brain and head.
Nasya is the absolute cornerstone of treating Urdhwajatrugata Vikara. Medicaments (oils, ghees, powders, or herbal juices) administered through the nostrils reach the Shringataka Marma—a vital confluence of blood vessels and nerves supplying the nose, eyes, ears, and tongue. From there, it scrapes away morbid Doshas and nourishes the sensory pathways.

Clinical Applications in ENT:

- **Nasal Disorders:** Highly effective in Pratishyaya (allergic rhinitis), Peenasa (chronic sinusitis), and Nasa Arsha (nasal polyps). Anu Taila or Shadbindu Taila are classically indicated.
- **Ear Disorders:** Used for Badhirya (sensorineural hearing loss) and Karnanada (tinnitus) to pacify Vata in the auditory pathways.
- **Throat/Voice Disorders:** Swarabheda (hoarseness of voice) and Kantharoga are treated using soothing lipid-based (Snigdha) Nasya.



B. Vamana Karma (Therapeutic Emesis): The Kapha Eradicator

Because the upper respiratory tract and head are the primary strongholds of Kapha Dosha, Vamana is the most logical and classical intervention to clear severe blockages. By expelling the vitiated Kapha from the stomach (the root seat of Kapha), the therapy systematically drains excess mucus from the ENT region.

Clinical Applications in ENT:

- **Throat Disorders:** Extremely beneficial in Tundikeri (chronic tonsillitis), Galaganda (goiter/neck swelling), and Kanthamari (severe throat infections).
- **Nasal Disorders:** Indicated in severe, chronic, Kapha-dominant Pratishyaya (recurrent colds/sinusitis) where thick, purulent discharge is present.

C. Virechana Karma (Therapeutic Purgation): Managing Pitta and Toxins

While Virechana is primarily a lower-body detoxification process (targeting Pitta), its role in ENT is rooted in the classical principle of Pratimarga Harana (eliminating morbid doshas from the opposite pathway).

Clinical Applications in ENT:

- **Epistaxis:** For Urdhwaga Raktapitta (nasal bleeding), inducing mild purgation diverts the accumulated heat and blood downward, stopping the nasal bleed.
- **Chronic Inflammation:** Useful in chronic suppurative otitis media (CSOM) and recurrent stomatitis (Mukhapaka), where systemic Pitta and Rakta (blood) vitiation are the root causes.

D. Basti Karma (Medicated Enema): Nourishing the Auditory Nerves

Acharya Charaka famously stated that Basti is Ardha Chikitsa (half of all medicinal treatments) because it directly conquers Vata Dosha. The Ear is anatomically correlated with Akasha Mahabhuta (space element) and is the principal seat of Vata.

Clinical Applications in ENT:

Tinnitus and Hearing Loss: In conditions like Karnanada (tinnitus) and Badhirya (deafness), neuro-degeneration is driven by Vata. Administering Ksheera Basti (medicated milk enemas) combined with Tikta Dravyas (bitter herbs) nourishes the Asthi and Majja Dhatus (bones and bone marrow/nervous tissue), thereby strengthening the auditory nerve and reversing Vata damage.

E. Raktamokshana (Bloodletting): Rapid Relief from Inflammation

Acharya Sushruta heavily emphasized Raktamokshana, particularly Jalaukaavacharana (Leech Therapy) and Siravedha (Venesection), for localized, severely inflammatory, and Pitta-Rakta dominant ENT disorders. Leech saliva contains hirudin and anti-inflammatory enzymes that immediately reduce swelling and restore microcirculation.

Clinical Applications in ENT:

- Acute Karnapaka (suppurative ear infections) and Karnashoola (severe earache).
- Severe Tundikeri (tonsillitis) where leeches are applied externally on the neck or jawline.
- Nodules or polyps in the vocal cords and chronic throat ulcers.

The Ayurvedic Perspective



In addition to systemic Panchakarma, classical texts mandate localized therapies (Sthanika Chikitsa) to support the healing of the Ear, Nose, and Throat:

- **Karna Poorana (Ear Filling):** Instilling warm, medicated oils (like Bilva Taila or Nirgundi Taila) into the ear canal. This directly lubricates the tympanic membrane, calms localized Vata, and provides immense relief in earaches, wax impaction, and tinnitus.
- **Kavala and Gandusha (Gargling and Oil Pulling):**Gandusha involves holding medicated liquids (oil, decoctions, or honey) in the mouth without moving it, while Kavala involves active swishing/gargling.
- **Role:** Described thoroughly in the Charaka Samhita Sutrasthana, these are highly potent for Swarabheda (voice disorders), tonsillitis, halitosis, and strengthening the vocal cords.
- **Dhoomapana (Medicated Smoking):** Inhaling the smoke of specific dry herbs (like Turmeric, Vacha, or Guggulu) through the nose and exhaling through the mouth. It melts residual Kapha after Nasya or Vamana, opening up the sinuses and Eustachian tubes.

- **Pratisarana (Local Smearing):** Rubbing medicinal pastes (like Yavakshara or honey mixed with herbs) over the tonsils or inner throat to reduce hypertrophy and inflammation.

4. Conclusion: A Holistic Shift from Suppression to Eradication

Modern medicine primarily manages ENT disorders with antihistamines, antibiotics, nasal decongestants, or surgical interventions. While effective for acute symptomatic relief, these methods often fail to address the high recurrence rate of conditions like allergic rhinitis, chronic sinusitis, or progressive tinnitus.

Classical Ayurvedic texts propose a more sustainable solution. By employing Panchakarma, we are not merely suppressing a runny nose or silencing a ringing ear; we are systematically removing the offending Doshas, resetting the mucosal immunity, and nourishing the sensory organs at a neurological level. Incorporating simple daily practices like Pratimarsha Nasya (2 drops of Anu Taila daily) and Gandusha, as advocated in the classical Dinacharya (daily regimen), acts as a powerful shield against recurrent ENT pathology.

Role of Nasya Karma in Disorders of the Head and Neck:
An Ayurvedic and Contemporary Scientific Perspective

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ABSTRACT
Nasya Karma, the therapeutic administration of medicaments through the nasal route, occupies a distinctive position in Ayurvedic management of *Ūrdhvajatrugata Vikāra*– disorders affecting structures above the clavicle. Classical Ayurvedic texts describe the nose as an important route for therapeutic influence over the head, with Nasya indicated in conditions involving the nose, sinuses, eyes, ears, head, neck and neurological functions. Contemporary biomedical science has increasingly recognized the nasal cavity as a unique site for local, systemic and potentially nose-to-brain drug delivery. The rich vascularity and extensive neural connections of the nasal mucosa, particularly through the olfactory and trigeminal pathways, provide a plausible biological basis for some of the therapeutic concepts associated with Nasya. However, traditional Nasya should not be equated uncritically with modern intranasal pharmacotherapy. This article examines Nasya Karma through an integrated Ayurvedic and modern scientific framework, discussing its indications, possible mechanisms, clinical relevance, safety considerations and future research priorities.
Keywords: Nasya Karma, Ayurveda, Ūrdhvajatrugata Vikāra, intranasal drug delivery, olfactory pathway, trigeminal pathway, head and neck disorders, Panchakarma.

Introduction:
Nasya Karma is traditionally described as a therapeutic procedure in which appropriately selected medications are administered through the nasal route. Ayurveda considers the nose (*Nāsā*) an important gateway for influencing structures of the head and neck and therefore recommends Nasya in a broad spectrum of *Ūrdhvajatrugata Vikāra*. Classical applications include disorders involving the nose and paranasal region, headache, facial disorders, stiffness of the neck, sensory disturbances and selected neurological conditions.

The contemporary relevance of Nasya has increased with advances in intranasal drug-delivery research. The nasal cavity is highly vascularized and possesses direct anatomical relationships with the central nervous system through the olfactory and trigeminal pathways. These characteristics have stimulated investigation into intranasal delivery for neurological and neuropsychiatric disorders.



Ayurvedic Perspective

Ayurveda describes the nose as the principal route for therapeutic action on the head. *Charaka Samhita* and *Sushruta Samhita* discuss Nasya among important therapeutic interventions for disorders of the supraclavicular region. Depending on the therapeutic objective and formulation, Nasya may be employed for *śodhana* (cleansing), *śamana* (pacification) or *bṛṃhaṇa* (nourishing) purposes.

The pharmacological effect is considered dependent on the qualities of the administered substance, dose, processing and patient's *doṣa* and *dūṣya* status. *Sneha*-based Nasya, for example, is traditionally used where *Vāta* predominance, dryness, stiffness or degenerative features are prominent, whereas cleansing preparations may be selected when excessive *Kapha* and accumulated secretions are involved.

From a clinical perspective, Nasya may therefore have relevance in selected presentations of chronic rhinosinusitis-like symptoms, headache syndromes, cervical stiffness, facial pain, certain sensory complaints and other disorders traditionally classified under *śiro-roga*, *pratiśyāya*, *pinasa* and *manyā-stambha*. Importantly, the classical approach emphasizes appropriate patient selection, timing, preparation and post-procedure care rather than simply administering an oil or herbal preparation intranasally.

Possible Mechanisms: Contemporary Interpretation

Modern anatomy provides several potential mechanisms through which intranasally administered substances can exert therapeutic effects. The nasal mucosa has an extensive vascular network, allowing relatively rapid absorption and avoidance of gastrointestinal degradation and hepatic first-pass metabolism. More importantly, the upper nasal cavity contains olfactory epithelium connected anatomically with the olfactory bulb. Intranasal substances may also interact with branches of the trigeminal nerve supplying the nasal mucosa.

The concept of nose-to-brain delivery is particularly relevant. Experimental and pharmaceutical research indicates that substances administered intranasally may reach the central nervous system through olfactory and trigeminal pathways, potentially reducing dependence on passage across the blood-brain barrier. However, the extent and clinical importance of direct transport in humans remain incompletely established.

Another possible mechanism is local mucosal action. Nasal administration can influence mucus characteristics, mucociliary function and local inflammatory processes depending upon the formulation. Systemic absorption may additionally contribute to pharmacological effects. Thus, the effects of Nasya may potentially arise from a combination of local mucosal, systemic, neural and reflex mechanisms rather than from a single pathway.

Relevance in Head and Neck Disorders

Nasya is particularly interested in disorders in which local nasal pathology coexists with headache, facial pressure or upper-airway symptoms. Modern intranasal therapy is already established for several nasal and neurological indications, demonstrating the therapeutic potential of the nasal route. Research on advanced nasal delivery systems has shown that deposition within the superior and posterior nasal cavity can be important for targeting deeper sinonasal and olfactory regions.

For neurological disorders, the potential of intranasal administration is being actively investigated because of its non-invasive nature and theoretical ability to enhance central drug exposure. A recent clinical research protocol investigating Nasya Karma with Anu Taila uses functional MRI alongside cognitive, sleep and psychological parameters to explore possible neurophysiological effects. This represents an important transition from traditional therapeutic claims toward objective mechanistic investigation.

Nevertheless, available evidence should be interpreted cautiously. The biological plausibility of intranasal-to-brain transport does not by itself establish the efficacy of every Ayurvedic Nasya formulation for neurological disease.

Formulation-specific pharmacokinetics, dose, nasal deposition, mucociliary clearance and patient variability substantially influence therapeutic exposure.

Safety and Standardization

Safe clinical practice requires careful assessment of nasal anatomy, mucosal condition, active infection, obstruction, bleeding tendency and other contraindications. Excessive dose, inappropriate formulation or improper technique may produce irritation, coughing, nausea, headache or other adverse effects. Historical clinical observations have also highlighted the importance of standardized patient-selection criteria because complications, although uncommon, can occur.

Future research should therefore focus on standardized formulations, physicochemical characterization, pharmacokinetics, nasal deposition studies, objective neurological outcomes and adequately powered randomized controlled trials. Modern imaging, biomarkers and neurophysiological techniques could provide valuable evidence for understanding how specific Nasya formulations act.

Conclusion

Nasya Karma represents a distinctive convergence between classical Ayurvedic therapeutics and contemporary intranasal drug-delivery science. Ayurveda conceptualizes the nose as an important therapeutic gateway to the head, while modern research demonstrates that the nasal cavity possesses vascular, mucosal, olfactory and trigeminal characteristics capable of supporting local, systemic and potentially central nervous system drug delivery. This convergence provides a scientifically plausible framework for investigating Nasya in selected head and neck disorders. However, mechanistic plausibility must be distinguished from proven clinical efficacy. Rigorous formulation-specific clinical trials, standardized protocols and objective neurophysiological investigations are essential to establish the precise therapeutic role of Nasya in modern integrative medicine.

Therapeutic Role of Virechana in Adhimantha::
A Classical and Contemporary Review

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Abstract

Background: Adhimantha is described among Sarvagata Netraroga and is characterized by severe ocular pain with clinical manifestations varying according to Dosha involvement. Ayurvedic management includes systemic Shodhana and local ocular procedures. Virechana has a prominent place in the management of Pittaja and Raktaja Adhimantha.
Objective: To review the classical basis and available clinical evidence regarding the role of Virechana Karma in Adhimantha.
Materials and Methods: A narrative review was conducted using classical references and published clinical literature available in the supplied sources on Adhimantha, glaucoma and inflammatory ocular disease. Information related to the indication, sequence, drugs and reported outcomes of Virechana was assessed.
Results: Classical literature describes Virechana among the systemic measures used in Adhimantha. In Pittaja Adhimantha, Snehavirechana is described after appropriate Snehana, and Raktaja Adhimantha is managed according to Pittaja principles. Contemporary case reports have incorporated Virechana into multimodal Ayurvedic treatment protocols for glaucoma and recurrent anterior uveitis correlated with Adhimantha. Reported outcomes included reduction in intraocular pressure, ocular pain and redness, along with improvement in visual parameters.
Conclusion: Classical literature provides a rationale for the use of Virechana in selected Pitta- and Rakta-dominant presentations of Adhimantha. Current clinical evidence is limited and does not establish the independent efficacy of Virechana. Controlled clinical studies with standardized ophthalmic outcomes are required.

Keywords: Adhimantha, Virechana, Pittaja Adhimantha, Raktaja Adhimantha, Shodhana, glaucoma.

Introduction

Adhimantha is described by Acharya Sushruta under Sarvagata Akshiroga. Severe ocular pain is its characteristic manifestation, with associated features dependent on the predominant Dosha. The classical classification includes Vataja, Pittaja, Kaphaja and Raktaja Adhimantha. Ayurvedic literature describes Abhishyanda as an important antecedent condition for Adhimantha. Management includes Snehana, Raktamokshana, Virechana, Basti, Nasya, Seka, Aschyotana, Tarpana and other Netra Kriyakalpa.
Clinical manifestations of Adhimantha have been compared with glaucoma in modern ophthalmology. Glaucoma involves progressive optic nerve damage and characteristic visual field loss. The comparison is clinical and should not be interpreted as an exact equivalence between the two disease concepts. The present review focuses on the place of Virechana in Adhimantha, with particular reference to Pittaja and Raktaja presentations.

Materials and Methods

A narrative review was undertaken using the supplied Ayurvedic and clinical publications concerning Adhimantha, glaucoma and inflammatory ocular disease. The review focused on:

- Classical indication of Virechana
- Dosha-based rationale
- Sequence of treatment
- Virechana drugs reported in clinical literature
- Ophthalmic outcomes
- Limitations of current evidence
- Classical Basis of Virechana in Adhimantha

The reviewed literature places Virechana among the systemic treatments of Adhimantha. For Pittaja Adhimantha, the treatment sequence includes Snehapana, followed by Raktamokshana and Snehavirechana. A formulation containing Triphala, Kashmarya, Sharkara and Trivrit is described for Snehavirechana.

Raktaja Adhimantha is managed according to Pittaja Adhimantha principles. The reviewed source describes Snehapana, Raktamokshana, Virechana and Shirovirechana within its management.

This indicates that Virechana has a stronger textual basis in Pitta- and Rakta-dominant presentations than as a routine treatment for every form of Adhimantha.

Contemporary Clinical Evidence

A 2025 case report evaluated a 22-year-old male with primary open-angle glaucoma correlated with Adhimantha. The patient had ocular pain, heaviness, redness and reduced visual acuity. IOP was reported as 41 mmHg in the right eye and 10 mmHg in the left eye.

Treatment included Deepana-Pachana, Virechana, Vata-Kapha Shamana, Pindi and Jalaukacharana, followed by Chakshushya Rasayana. The authors reported improvement in visual acuity, reduction of IOP and resolution of symptoms.

A 2026 case report on recurrent anterior uveitis correlated the condition with Raktaja Adhimantha. The treatment protocol included Deepana-Pachana, Snehapana, Abhyanga, Swedana and Virechana with Trivrit Avaleha, followed by Samsarjana Krama. Jalaukavacharana, Netra Seka and Akshitarpana were subsequently administered.

The report described reduction of anterior chamber signs and symptomatic improvement following treatment, with a later recurrence being milder.

A 2026 report on traumatic glaucomatous optic neuropathy likewise used Virechana as the first phase of an Ayurvedic treatment protocol. The authors associated its use with management of raised IOP, redness and inflammatory manifestations.

Discussion

The available literature supports three main observations.

First, Virechana has a classical basis in Adhimantha, with particular relevance to Pittaja and Raktaja disease. Second, contemporary reports use Virechana as part of a multimodal treatment programme rather than as an isolated intervention. The reported protocols combine systemic Shodhana with internal medicines and local ocular procedures.

Third, reported improvements in IOP, pain, redness and visual parameters provide preliminary clinical observations, but causation cannot be attributed to Virechana alone. The 2010 clinical study on 79 patients with Kaphaja Adhimantha found better results with combined Nayanamrita Lauha and Triphaladi Varti, demonstrating that clinical studies in this field have evaluated multimodal interventions. A future study should assess Virechana with objective ophthalmic parameters such as IOP, best-corrected visual acuity, visual field, optic disc findings and OCT-RNFL measurements. Patient-reported pain, redness and photophobia may serve as secondary outcomes.

Limitations

Current evidence is limited by small sample sizes, case reports and multimodal treatment protocols. The modern conditions compared with Adhimantha are clinically heterogeneous. The independent effect of Virechana has not been established.

Conclusion

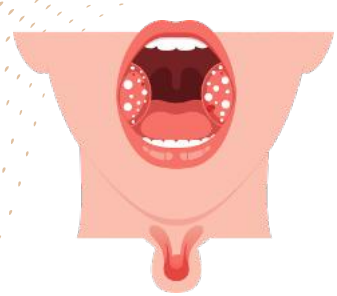
Virechana occupies an established position within the Ayurvedic management of selected forms of Adhimantha, particularly Pittaja and Raktaja Adhimantha. Classical descriptions support its use within a structured Shodhana sequence, and recent case reports provide preliminary observations of improvement in IOP and ocular symptoms.

Current evidence does not permit attribution of these outcomes to Virechana alone. Prospective controlled studies with standardized ophthalmic assessment are required to establish its therapeutic efficacy and clinical role.

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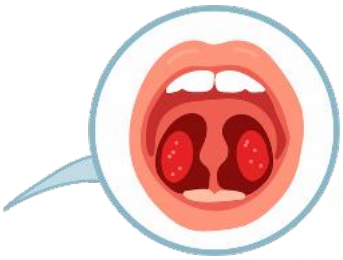
Mridu Virechana in the Management of Tundikeri (Tonsillitis):
An Ayurvedic Perspective



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Abstract
Tonsillitis is an inflammatory condition affecting the tonsils and commonly presents with throat pain, difficulty in swallowing, fever and enlargement of the tonsils. In Ayurveda, tonsillitis is commonly correlated with Tundikeri, a disease described among disorders of the oral cavity and throat. Ayurveda considers Kapha, Pitta and Rakta to have an important role in its development, with impaired digestion and accumulation of Ama described as contributing factors.
Treatment may include Shodhana (purificatory therapy), Shamana (pacifying medicines) and local therapies. Among the Panchakarma procedures, Virechana is associated with elimination of aggravated Pitta through the lower gastrointestinal tract. For Tundikeri, the source discusses Mridu Virechana (mild therapeutic purgation), particularly through the Sramsana type of action. Aragvadha (Cassia fistula) is described as a suitable drug for mild purgation. This article presents the Ayurvedic rationale, possible role and clinical evidence discussed in the source material.
Keywords: Tundikeri, tonsillitis, Mridu Virechana, Virechana, Aragvadha, Ayurveda, Shodhana.

Introduction
Tonsillitis is an inflammatory condition affecting the palatine tonsils. Common symptoms include sore throat, fever, painful swallowing, redness and enlargement of the tonsils. Recurrent tonsillar inflammation can affect daily activities and, in severe cases, may be associated with significant enlargement and airway-related problems.



The supplied article describes Tundikeri as the closest Ayurvedic clinical correlate of tonsillitis. The condition is described under Mukha Roga and Urdhva Jatru Vikara. Sushruta places it among diseases of the palate, whereas Vagbhata describes it among diseases of the throat.

Ayurvedic View of Tundikeri
According to the source, Kapha and Rakta have a major role in the development of Tundikeri, with participation of Pitta and Vata. Improper dietary and lifestyle habits are described as factors that may disturb Jatharagni and lead to the formation of Ama. Foods described in the source include heavy and unctuous foods, curd, milk and sugarcane juice. Poor oral hygiene is described as another local contributing factor.



After development of Ama and Dosha imbalance, the disease is described as localizing in the palate and throat. Kapha is associated with swelling and mucus, Pitta with redness, burning and fever, and Vata with pain. These features are then correlated with the clinical findings of tonsillitis.
Tonsillar enlargement can be assessed using the Brodsky grading system. Grade 0 represents tonsils within the tonsillar fossa, whereas Grade 4 represents tonsils occupying more than 75% of the oropharyngeal space. Pain, dysphagia, burning, halitosis and congestion can be assessed through symptom-based grading.

Role of Virechana

Virechana is one of the five major Panchakarma procedures. In Ayurveda, it is mainly associated with elimination of aggravated Pitta through the lower gastrointestinal tract. The source describes the gastrointestinal tract as an important site for accumulation of disturbed Dosha and Ama. From this Ayurvedic perspective, treatment of a throat disorder can involve correction of systemic factors rather than focusing only on the local lesion.

Sharangadhara describes four forms of purgation: Anulomana, Sramsana, Bhedana and Rechana. Anulomana has a mild bowel-regulating action, Sramsana removes sticky or incompletely processed material, Bhedana produces stronger evacuation and Rechana produces more intense watery purgation. Aragvadha is listed as an example of Sramsana.

For Tundikeri, the source gives preference to Mridu Virechana. Strong purgation is considered unsuitable, particularly in children and patients with low strength. Mild purgation is presented as a gentler approach for conditions associated with Kapha and Pitta.

Aragvadha as a Mridu Virechana Drug

Aragvadha (Cassia fistula) is described as an important drug for mild purgation. Its fruit pulp contains anthraquinone derivatives and other phytochemicals. The source describes its laxative action as occurring after intestinal metabolism of its constituents, producing increased bowel movement and changes in water and electrolyte handling.

Experimental pharmacological literature cited in the source has reported anti-inflammatory activity for constituents of Cassia fistula. These findings provide a possible pharmacological basis for further research into its use in inflammatory conditions. They should not be taken as proof that Aragvadha treats tonsillitis in humans.





Procedure of Mridu Virechana

The source divides the procedure into three stages.

- Purvakarma: The preparatory stage includes Deepana-Pachana, followed by Snehapana where clinically appropriate. External Abhyanga and Swedana are described as part of preparation. The purpose within Ayurvedic practice is to prepare the patient and facilitate movement of the aggravated Dosha towards the gastrointestinal tract.
- Pradhana Karma: The purgative medicine is administered under clinical supervision. The source mentions preparations such as Aragvadha Phalamajja, Trivrit Avaleha and medicated castor oil. Dose and formulation should be selected according to the patient's age, strength, bowel habit, disease status and physician's assessment rather than using a fixed dose from a review article. The degree of Shuddhi is assessed using Vaigiki, Maniki and Antiki criteria.
- Paschat Karma: After purgation, diet is gradually restarted through Samsarjana Krama. The source describes progression from thin rice gruel (Peya) to thicker preparations, followed by light lentil preparations and a normal light diet. The duration is adjusted according to the degree of Shuddhi.

Other Ayurvedic Treatments

The source does not propose Mridu Virechana as an isolated treatment. Internal medicines and local therapies are described as complementary approaches.

A comparative pediatric study cited in the source reported improvement with both Mridweekadi Churna and Yavagrajadi Vati, with greater improvement reported in the Yavagrajadi Vati group. Another clinical study involving 40 children compared Indukanta Yoga and Darvyadi Yoga and reported improvement in both groups, with better outcomes for Indukanta Yoga in several clinical parameters.

Local treatments described include Pratisarana using Tankana Bhasma or Sphatika Bhasma, along with Kavala and Gandusha. A comparative study cited in the source reported better overall results with Tankana Bhasma Pratisarana than with Sphatika Bhasma.

Clinical Evidence

The source presents several case reports describing improvement in patients with acute or recurrent tonsillitis after Ayurvedic treatment. One case involved a 22-year-old woman with severe tonsillar enlargement. Another involved a 34-year-old man with recurrent tonsillitis treated over 35 days. An 11-year-old boy with chronic Tundikeri received a Panchakarma protocol followed by Rasayana therapy.

These reports suggest possible clinical benefit, but case reports cannot establish treatment efficacy on their own. Larger controlled clinical studies are required before firm conclusions can be made about the effectiveness of Mridu Virechana for tonsillitis.

Conclusion

Tundikeri can be clinically correlated with tonsillitis and is described in Ayurveda as a disorder involving mainly Kapha and Pitta, with Rakta, Vata, Agni and Ama contributing to its presentation. The source discusses Mridu Virechana, particularly Sramsana, as a possible systemic intervention in selected cases.

Aragvadha is described as a suitable drug for mild purgation. Its traditional use and reported pharmacological activities provide a basis for further clinical research. The Ayurvedic approach described in the source combines systemic treatment with internal medicines and local therapies.

The available evidence cited in the article consists largely of classical references, case reports and small clinical studies. Larger controlled clinical trials are needed to determine the efficacy and safety of Mridu Virechana for tonsillitis. Severe tonsillar enlargement, airway obstruction, peritonsillar abscess or other serious complications require appropriate ENT assessment and management.

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Therapeutic Dynamics of Panchakarma and Ayurvedic Phytotherapy in Svarabheda (Dysphonia):

An Integrative Laryngological Review

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INTRODUCTION

Human voice production (phonation) is a sophisticated aerodynamic, biomechanical, and neuromuscular phenomenon. The larynx functions not only as an essential protective sphincter of the lower respiratory tract but as a delicate acoustic transducer. Vocal fold vibration relies upon the viscoelastic integrity of the stratified squamous epithelium and the underlying multi-layered lamina propria (comprising superficial, intermediate, and deep elastic layers). Impairment of these structures results in dysphonia, clinically defined by abnormal pitch, loudness, vocal strain, and phonasthenia. Dysphonia carries substantial morbidity, particularly among professional voice users such as teachers, singers, broadcast professionals, and healthcare practitioners, contributing to significant workplace absenteeism and psychological distress.

In classical Ayurveda, vocal dysfunction is categorized as Svarabheda—a condition detailed comprehensively in the foundational treatises of Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya under the broader umbrella of Urdhvajatrugata Roga (disorders above the clavicular notch). Classical laryngology describes vocal articulation (Vak-Pravritti) as an active manifestation of Udana Vayu operating through the laryngeal conduit (Kantha), modulated by Prana Vayu, energized by Vyana Vayu, and lubricated by Bodhaka and Kledaka Kapha. When pathological nidanas compromise these bio-energetic forces, local tissue microchannels (Shabdavaha Srotas) undergo obstruction (Srotorodha) and mucosal distortion (Khavaigunya), resulting in hoarseness, roughness, and vocal fatigue.

Conventional modern interventions typically encompass behavioral voice therapy, antireflux pharmacotherapy (proton pump inhibitors), systemic or inhaled corticosteroids, and microlaryngeal surgical excision for refractory benign mucosal lesions (polyps, nodules, or cysts). However, pharmaceutical approaches are often constrained by adverse effects: antihistamines and anticholinergics cause mucosal desiccation, exacerbating shear injury during phonation; systemic steroids induce mucosal fragility and immunosuppression; and surgery carries an inherent risk of permanent lamina propria scarring and micro-stiffness. Consequently, there is compelling clinical rationale for evaluating the integrative bio-purificatory (Panchakarma) and phytotherapeutic armamentarium of Ayurveda to preserve the mucosal wave and rehabilitate phonatory physiology.

2. TAXONOMY AND CLINICO-PATHOLOGICAL CROSS-MAPPING

Classical texts delineate six definitive subtypes of Svarabheda, differentiated by doshic dominance, tissue depth (Dhatu involvement), and symptomatic profile. A precise cross-mapping between traditional diagnostic criteria and contemporary videostroboscopic and pathophysiological findings is presented in Table 1.



Ayurvedic Classification	Doshic Predominance	Classical Manifestations (Lakshana)	Modern Laryngological Correlate	Primary Pathomechanism
Vataja Svarabheda	Vata (Udana-Vyana) with Ruksha & Chala Gunas	Kshama, Ruksha, Chhina Svara (rough, feeble, broken voice), laryngeal pain during phonation, throat dryness	Muscle tension dysphonia (MTD-Type 1), presbylaryngis (vocal cord atrophy), recurrent laryngeal nerve paresis	Vocal fold bowing, loss of mucosal wave velocity, uncoordinated glottic adduction, vibratory shear friction.
Pittaja Svarabheda	Pitta (Pachaka-Bhrajaka) with Ushna & Tikshna Gunas	Galadaha (burning pharyngolaryngeal pain), Kanthoshma, harsh hoarse voice, bitter taste, mucosal erythema	Acute infectious laryngitis, laryngopharyngeal reflux (LPR / Reflux Laryngitis), contact ulcer/pachydermia	Epithelial micro-ulceration, hyperemic microvascular dilation, enzymatic mucosal breakdown by pepsin/bile.
Kaphaja Svarabheda	Kapha (Bodhaka-Kledaka) with Snigdha & Guru Gunas	Mandra, Ghosa Svara (low-pitched, muffled voice), dense tenacious phlegm adherence, throat-clearing need	Reinke's edema (polypoid corditis), chronic hypertrophic laryngitis, vocal fold polyps, dense mucus bridging	Subepithelial gelatinous fluid accumulation in Reinke's space, increased mass of vocal fold, glottic inertia.
Sannipataja Svarabheda	Tridoshaja (Vata-Pitta-Kapha in combined vitiation)	Sarva Lakshana Samaveta; complete phonatory breakdown, aphonia, fluctuating pitch, continuous vocal strain	Pansinusitis with chronic laryngeal spread, complicated vocal nodules with secondary fibrotic remodeling	Extensive lamina propria fibrogenesis, bilateral epithelial disruption, severe glottic incompetence.
Kshayaja Svarabheda	Dhatukshaya (Rasa, Mamsa, Majja, Ojas depletion)	Ksheena Svara (whispered/inaudible voice), hemoptysis streaks, marked laryngeal emaciation, profound asthenia	Laryngeal tuberculosis, neuromuscular degenerative dysphonia, post-radiation vocal cord necrosis/fibrosis	Advanced muscular and cartilaginous atrophy, microvascular obliterative endarteritis, structural loss.
Medoja Svarabheda	Medas (Adipose Dhatu) with Kapha involvement	Lipoid, oily, deep, muffled voice; marked effort to initiate phonation; persistent mucosal stickiness	Severe polypoid degeneration linked with metabolic dysregulation, myxedema dysphonia (hypothyroidism)	Deposition of glycosaminoglycans and extracellular matrix ground substance in superficial lamina propria.

3. INTEGRATIVE SAMPRAPTI (ETIOPATHOGENESIS)

The pathogenesis of Svarabheda represents a multi-tiered cascade involving systemic metabolic derangement, mechanical microtrauma, and localized microvascular stasis. Classical literature articulates three cardinal trigger categories:

- **Abhigataja / Phonotraumatic Triggers:** Uchhair Bhashana (habitual high-intensity shouting), Ati-Bhashana (prolonged continuous speech without recovery intervals), and Ati-Gayana (singing beyond physiological acoustic register or with dysregulated breath support). These mechanical insults cause continuous collision stress on the medial vibratory margins of the vocal folds.

- **Environmental & Physical Insults:** Inhalation of dust (Raja), toxic fumes (Dhuma), sudden exposure to freezing temperature drafts (Pratavata), and ingestion of chilled liquids (Atisheeta Jala). These factors induce reflex laryngeal vasoconstriction followed by reactive submucosal congestion.
- **Metabolic & Gastrointestinal Drivers:** Aharaja factors inducing Mandagni (hypofunctioning bio-fire) lead to the formation of systemic Ama (unoxidized metabolic residues). Ama mixes with circulating Rasa Dhatu and lodges in the upper gastrointestinal and respiratory mucosa, exacerbating reflux and chronic subglottic inflammatory changes.

Following nidana sevana, aggravated Vata (specifically Udana Vayu) becomes hyper-excited (Prakopa) or obstructed (Avrita) by Pitta or Kapha. The vitiated doshas migrate upward along the Urdhvaga Siras and locate selectively at the Kantha Pradesha and Shabdavaha Dhamanis (the vocal folds, laryngeal intrinsic musculature, and laryngeal innervation pathways). Here, preexisting structural vulnerability (Khavaigunya) leads to Srotorodha (blockage of microcirculation and lymphatic clearance). In modern terms, this process manifests as disruption of the stratified squamous epithelium, extravasation of fluid into the loose extracellular matrix of Reinke's space, and uncoordinated muscular contraction of the thyroarytenoid and cricoarytenoid complexes, producing mucosal wave dampening, glottic chink insufficiency, and symptomatic dysphonia.

4. PANCHAKARMA & LOCALIZED KRIYA KALPA INTERVENTIONS

Ayurvedic therapeutic management is inherently multi-modal, combining systemic purification (Shodhana) with targeted topical procedures (Kriya Kalpas) to clear local exudates, restore mucosal hydration, and normalize vocal biomechanics.

4.1. Nasya Karma (Targeted Intranasal Drug Delivery)

The classical aphorism 'Nasa hi Shiraso Dvaram' underscores the nose as the principal access gateway to the cranial and laryngeal neurovascular plexus. The sensory branches of the glossopharyngeal (CN IX) and vagus (CN X) nerves—including the superior and recurrent laryngeal nerves—share neuro-anatomical autonomic reflex loops within the brainstem and sphenopalatine regions that are stimulated during transnasal administration. Depending on the doshic subset, specific Nasya protocols are deployed:

- Brimhana / Marsha Nasya (Vataja Dysphonia): Utilizes lipid vehicles processed with neuro-muscular tonics such as Ksheerabala 101 Taila, Mahamasha Taila, or Dhanwantaram 101 Taila (6 to 8 drops per nostril). The lipophilic active molecules permeate the nasal-cribriform network, attenuating vocalis muscle atrophy, restoring neuromuscular conduction, and mitigating vocal cord bowing in presbylaryngis and phonasthenia.
- Shodhana Nasya (Kaphaja & Polypoid Dysphonia): Employs penetrating bio-cleansing oils such as Shadbindu Taila or Anu Taila. The chemical constituents (containing Piper nigrum, Zingiber officinale, and rock salts) induce osmotic gradient changes, fluid mobilization, and profuse seromucinous discharge, directly reducing Reinke's subepithelial edema and dissolving vocal cord mucus webs.
- Shamana / Ksheera Nasya (Pittaja & Reflux Laryngitis): Involves lukewarm cow's milk medicated with Yashtimadhu (Glycyrrhiza glabra) or Kalyanaka Ghrita. This formulation coats the friable mucosa, downregulates mucosal pro-inflammatory mediators (TNF-α, IL-6), and alleviates laryngeal burning and contact pachydermia.

4.2. Gandusha and Kavala (Oral Retention & Gargling Therapies)

Gandusha (holding fluid without movement until tearing or nasal discharge occurs) and Kavala (active gargling) establish direct topical contact with the pharynx, piriform sinuses, and superior laryngeal aperture. These therapies modify oropharyngeal fluid dynamics and enhance mucosal barrier defenses:

- **Snigdha Gandusha (Vataja Conditions):** Performed with warm Tila Taila (sesame oil), Yashtimadhu Ghrita, or cow's milk infused with Ashwagandha and Bala. Sesame oil provides high concentrations of sesamin, sesamolin, and vitamin E, forming a protective lipoidal film over the vocal tract, reducing phonatory friction coefficients and improving vocal stamina.
- **Lekhana & Shodhana Kavala (Kaphaja & Hypertrophic States):** Administered with warm Triphala Kashaya, Panchavalkala Kwatha, or rock salt (Saindhava Lavana) with honey. The high tannin content in Triphala acts as a potent astringent, cross-linking mucosal proteins, tightening hyperemic vocal folds, and clearing adherent biofilms.
- **Ropana & Shamana Kavala (Pittaja & Ulcerative Laryngitis):** Utilizes Daruharidra decoction, Yashtimadhu Phanta, or Sariva Kwatha to accelerate re-epithelialization of contact ulcers and neutralize acidic pepsin deposits in reflux laryngitis.

4.3. Pratisarana (Topical Mucosal Rubbing)

Pratisarana involves gentle application of fine micro-powders blended with honey or ghee to the oropharyngeal mucosa. A classical compound consisting of Pippali Churna (Piper longum), Tankana Bhasma (purified borax), and Yashtimadhu Churna mixed in Madhu is applied twice daily. Tankana Bhasma acts as an alkaline local mucolytic agent that hydrolyzes tenacious secretions, while piperine enhances local drug bioavailability and microcirculation.

4.4. Dhoomapana (Medicated Aerosol/Smoke Inhalation)

Medicated smoke therapy acts as a localized vaporized phytotherapeutic delivery system directly impacting the subglottic and glottic regions:

- **Snigdha Dhoomapana:** Utilizes beeswax, clarified butter (Ghrita), Guggulu (Commiphora mukul), and Aguru (Aquilaria agallocha). It vaporizes volatile essential fatty acids and resins that lubricate the arytenoid joints and vocal processes in dry, asthenic Vataja dysphonia.
- **Prayogika & Vairechanika Dhoomapana:** Formulated with Haridra (Curcuma longa), Manahshila, and Yava, yielding aerosolized curcumin and aromatic constituents that mobilize subglottic mucous plugs and reduce laryngeal mucosal edema.

5. CLASSICAL PHYTOTHERAPY & MOLECULAR PHARMACODYNAMICS



Complementing external purificatory regimens, oral phytotherapeutic formulations exert targeted systemic anti-inflammatory, mucolytic, and neuro-modulatory actions.
Table 2 summarizes the validated formulations and their mechanistic contributions.

Classical Formulation	Dosage & Vehicle (Anupana)	Key Bioactive Herbs	Primary Indication	Putative Molecular Pharmacodynamics
Vyoshadi Vati	1–2 tablets (sublingual retention / chushana) 4–6 times/day	Trikatu (Shunthi, Maricha, Pippali), Chavya, Chitraka, Amlavetasa, Talisapatra	Chronic mucosal congestion, vocal fatigue, Kaphaja Svarabheda	Piperine and gingerols downregulate mucin gene expression (MUC5AC), decrease mucus viscosity, and stimulate salivary demulcent secretion.

Classical Formulation	Dosage & Vehicle (Anupana)	Key Bioactive Herbs	Primary Indication	Putative Molecular Pharmacodynamics
Khadiradi Vati	1 tablet held in mouth tid/qid after meals	Khadira (Acacia catechu), Irimeda, Chandana, Padmaka, Jatimukula	Vocal fold nodules, contact ulcers, hyperemic corditis	Catechins and condensed tannins promote local vasoconstriction, reduce capillary permeability, tighten mucosal surfaces, and accelerate fibrovascular healing.
Kalyanaka Ghrita	10–15 ml twice daily on empty stomach with warm water	Triphala, Haridra, Daruharidra, Sariva, Shalaparni, Cow's Ghee	Pittaja Svarabheda, reflux laryngitis, phonation burning	Lipid soluble bioactives inhibit COX-2 and 5-LOX inflammatory cascades; ghee acts as a mucosal barrier protecting laryngeal epithelium against acid-pepsin reflux.
Saraswatarishta	15–20 ml with equal water twice daily post-prandially	Brahmi (Bacopa monnieri), Shatavari, Ashwagandha, Haritaki, Svarna (in special prep)	Vataja dysphonia, phonasthenia, vocal cord tremor, speech anxiety	Bacosides enhance central acetylcholine transmission, improve neuromuscular motor coordination of laryngeal intrinsic musculature, and bolster acoustic endurance.
Kantakari Avaleha	5–10 grams twice daily with lukewarm water or goat milk	Kantakari (Solanum surattense), Guduchi, Chavya, Vasa, Pippali	Post-tussive dysphonia, laryngeal hyperreactivity, bronchial spasm	Solasodine and vasicine exhibit bronchodilator and anti-spasmodic effects on upper airway musculature, reducing collision trauma from chronic throat clearing.

6. COMPARATIVE CLINICAL EVALUATION: INTEGRATIVE VS. CONVENTIONAL

The clinical management of dysphonia requires a delicate balance between rapid symptom suppression and long-term preservation of delicate vocal fold architecture. Table 3 illustrates the comparative paradigm between standard modern pharmacotherapy and the Ayurvedic integrative approach.

Clinical Domain	Conventional Modern Approach	Ayurvedic Integrative Paradigm	Clinical Domain	Conventional Modern Approach
Mucosal Hydration & Wave Velocity	Oral antihistamines and decongestants lead to generalized mucosal drying (xerophonia), increasing tissue viscosity and vibratory shear stress.	Medicated Snehana (oils, ghritas) preserves the layered hydration of the lamina propria, lowering phonation threshold pressure (PTP).	Mucosal Hydration & Wave Velocity	Oral antihistamines and decongestants lead to generalized mucosal drying (xerophonia), increasing tissue viscosity and vibratory shear stress.
Anti-Inflammatory Modulation	Systemic or inhaled corticosteroids provide rapid suppression but risk secondary fungal laryngitis (candidiasis), mucosal thinning, and dysphonia recurrence upon taper.	Phytochemicals in Yashtimadhu, Khadira, and Kalyanaka Ghrita inhibit pro-inflammatory cytokines while supporting natural mucosal re-epithelialization without mucosal atrophy.	Anti-Inflammatory Modulation	Systemic or inhaled corticosteroids provide rapid suppression but risk secondary fungal laryngitis (candidiasis), mucosal thinning, and dysphonia recurrence upon taper.
Management of Reflux-Induced Dysphonia	High-dose PPI therapy neutralizes gastric hydrochloric acid but leaves non-acid pepsin and bile reflux unchecked, with risks of hypochlorhydria and rebound hypersecretion.	Targets systemic Agni Mandya and Ama; formulations like Dadimadi Ghrita and Kamadudha Rasa coat the pharyngeal wall and neutralize enzymatic mucosal damage.	Management of Reflux-Induced Dysphonia	High-dose PPI therapy neutralizes gastric hydrochloric acid but leaves non-acid pepsin and bile reflux unchecked, with risks of hypochlorhydria and rebound hypersecretion.
Neuromuscular Rehabilitation & Voice Fatigue	Limited to behavioral voice therapy and vocal hygiene counseling; pharmacological agents for vocal fold paresis are negligible.	Brimhana Nasya (Ksheerabala 101) and Medhya Rasayanas (Saraswatarishta) improve recurrent laryngeal nerve conduction velocity and delay vocalis muscle fatigue.	Neuromuscular Rehabilitation & Voice Fatigue	Limited to behavioral voice therapy and vocal hygiene counseling; pharmacological agents for vocal fold paresis are negligible.

7. STANDARDIZED CLINICAL PROTOCOL & REHABILITATIVE GUIDELINES

To achieve reproducible clinical outcomes, an integrative stepwise protocol is recommended across three distinct stages:

- **Stage I:** Acute Decongestion & Ama Pachana (Days 1-7): Implement strict vocal rest (Vak-Mouna) or conversational voice conservation. Administer Chitrakadi Vati (2 tablets bid before meals) to clear digestive Ama. Initiate warm salt-water or Triphala decoction Kavala thrice daily. Withhold heavy unctuous Nasya during this initial phase to prevent obstructive retention.
- **Stage II:** Active Bio-Cleansing & Regeneration (Days 8-28): For Kaphaja/inflammatory dysphonia, institute Shadbindu Taila Nasya (4-6 drops per nostril) following facial Mukhabhyanga and Nadi Sweda. For Vataja/asthenic forms, administer Ksheerabala 101 Taila Marsha Nasya. Prescribe Vyoshadi Vati (2 tablets to be dissolved slowly in mouth 4 times daily) and Khadiradi Vati after meals.
- **Stage III:** Vocal Stabilization & Rasayana Maintenance (Days 29-60): Transition to daily Pratimarsha Nasya (2 drops of Anu Taila in each naris upon waking). Administer Saraswatarishta (15 ml bid) alongside Kalyanaka Ghrita (10 ml with warm milk at bedtime). Incorporate classical vocal warm-up exercises and diaphragmatic breath coordination (Pranayama such as Bhramari and Anuloma-Viloma).

8. CONCLUSION AND FUTURE RESEARCH DIRECTIONS

Svarabheda represents an intricate clinical condition at the intersection of aerodynamics, tissue histology, and autonomic neurobiology. The classical Ayurvedic paradigm offers a nuanced classification that closely maps to modern clinical entities, including phonotrauma, Reinke's edema, muscle tension dysphonia, and reflux laryngopharyngitis. By integrating systemic Agni correction, targeted transnasal neurovascular modulation (Nasya Karma), mucosal astringent therapy (Kavala/Gandusha), and multi-target phytocompounds (Vyoshadi and Khadiradi Vati), Ayurveda provides a comprehensive, steroid-sparing therapeutic framework.

To establish widespread global acceptance, prospective multicentric randomized controlled trials employing objective acoustic parameters (jitter, shimmer, harmonic-to-noise ratio), aerodynamic assessments (phonation threshold pressure, maximum phonation time), and high-definition videostroboscopy are warranted. Standardizing these classical interventions provides a compelling avenue for vocal rehabilitation and occupational voice conservation.

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Managing Urdhvajatrugata Vikara:

The Therapeutic Role and Clinical Utility of Shirodhara and Shirobasti

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The concept of Urdhvajatrugata Vikara encompasses diseases affecting the structures situated above the clavicle (Jatru), including the head, eyes, ears, nose, throat, and oral cavity. In Ayurveda, the head (Shira) is designated as the Uttamanga—the primary organ—because it houses the vital Marma points, controls the Indriyas (sensory and motor faculties), and acts as the seat of Prana (life force).

To manage pathologies in this region, Acharyas have emphasized the use of Murdha Taila (application of medicated oil to the head). Among its four classical modalities (Abhyanga, Seka/Dhārā, Pichu, and Basti), Shirodhara and Shirobasti stand out as two of the most potent, targeted therapies for re-establishing doshic equilibrium in the upper body.

Pathophysiological Basis: Urdhvajatrugata Vikara and Murdha Taila

The classical basis for administering oil to the head is rooted in protecting the sensory organs and counteracting Vata and Pitta doshas, which naturally dominate the upper channels when diseased.

"शिरसि सम्भृता येन सर्वेन्द्रियगुणाः पृथक्।
तस्मादुत्तमाङ्गमुच्यते अङ्गानां शिर उच्यते॥"

(Charaka Samhita, Siddhi Sthana, 9/4)

"*Because all sensory faculties and their functions are anchored within the head, it is designated as the Uttamanga (supreme organ) among all bodily limbs.*"

Regular or therapeutic application of medicated olis onto the head sustains the vitality of the sense organs, prevents premature aging of cranial tissues, and calms an agitated nervous system.

"न मूर्ध्नि तैलं प्रयुक्तं शिरःशूलं न खालित्यं न पालित्यं न केशपातः।
बलं शिरःकपालनां स्नेहनेन विशेषतः॥"

(Charaka Samhita, Sutra Sthana, 5/81-82)

"*Application of oil to the head prevents headaches, baldness (Khālitya), graying of hair (Pālitya), and hair fall. It imparts special strength to the skull and cranial structures.*"

1. Shirodhara in Urdhvajatrugata Vikara

Shirodhara involves the continuous, steady pouring of a warm medicated liquid—such as *Taila* (oil), *Takra* (buttermilk), *Ksheera* (milk), or *Kashaya* (decoction)—onto the forehead (*Lalata*) in a specific oscillating rhythm.

Mechanism of Action

- Neurological & Endocrine Regulation: The constant, continuous stream onto the Ajna Chakra and Sthapani Marma stimulates the central nervous system, inducing an alpha-wave dominant brain state. This downregulates sympathetic drive and lowers cortisol levels.
- Vata-Pitta Shamana: Oils like Ksheerabala Taila or Chandhanadi Taila soothe local Sadhaka Pitta and Prana Vata, relieving vascular congestion and neural inflammation in the head.
- Srotoshodhana: Warm Takradhara or Kashayadhara helps clear micro-channel obstructions (Srotorodha) without causing hyper-hydration or aggravation of Kapha.

Indications in Urdhvajatrugata Vikara

- **Shiroroga (Headaches):** Highly effective in *Suryavarta* (sinus/migraine headaches), *Ardhavabhedaka* (hemicrania), and stress-induced tension headaches.
- **Nasa & Akshi Vikara (Nasal & Ocular Disorders):** Calms dryness and irritability associated with chronic allergic rhinitis (*Nasa Parisrava*) and dry eye syndrome (*Shushkakshi*).
- **Nidranasha & Manasa Roga:** Induces deep, restorative sleep and manages psycho-somatic triggers that aggravate head and neck disorders.

Substrate Selection in ENT

- **Tailadhara (Medicated Oils):** Using *Ksheerabala Taila* or *Dhanwantaram Taila* for degenerative, severe Vata disorders like acoustic nerve fatigue or tinnitus.
- **Takradhara (Medicated Buttermilk):** Infused with *Musta* and *Amalaki*; ideal for Pitta-Kapha inflammatory conditions, sinus congestion, and burning sensation in the throat/oral cavity.
- **Ksheeradhara (Medicated Milk):** Brewed with *Bala* or *Yashtimadhu*; ideal for acoustic trauma, neuro-sensory weakness, and stress-induced hoarseness.

2. Shirobasti in Urdhvajatrugata Vikara

Shirobasti is considered the most intensive and potent form of Murdha Taila. In this procedure, a leather cap (Basti Yantra) is sealed around the patient's head using dough made of black gram flour (Masha Curna), and warm medicated oil is poured inside and retained for a specific duration.

"सिरारोमकूपैः प्रविश्य स्नेहो धमनीभिरापूर्य तेजो वहन्तीः।
तर्पयतीन्द्रियाणि शिरःस्थानीयानि च सुतराम्॥"

"*The medicated oil penetrates through the micro-vessels, hair follicles, and channels, thoroughly nourishing the sensory organs and cranial structures situated within the head.*"

Mechanism of Action

- Deep Tissue Nourishment (Tarpana): Prolonged retention allows transdermal absorption of lipid-soluble active ingredients through the scalp, deeply nourishing the cranial nerves, brain parenchyma, and surrounding bony structures.
- Profound Vata Prashamana: The pooling of warm oil directly counters severe Vata degenerative conditions, nerve atrophy, and chronic stiffness.

Indications in Urdhvajatrugata Vikara

- **Karna Roga (Ear Disorders):** Indispensable in *Badhirya* (sensorineural hearing loss), *Karnanada / Karnashveda* (tinnitus), and *Karnashula* (severe ear ache due to *Vata*).
- **Mukha & Shiro Vikara (Facial & Cranial Disorders):** Unmatched efficacy in *Ardita* (Facial Palsy), *Anantavata* (trigeminal neuralgia), and severe forms of *Shirakampa* (head tremors).
- **Netra Vikara (Ocular Pathologies):** Rejuvenates optic nerve pathways in degenerative eye disorders and severe *Vataja Netra Roga*.
- **Khalitya & Palitya:** Deeply feeds hair follicles to arrest rapid degeneration and premature hair loss.

Comparative Clinical Utility

Parameter	Shirodhara	Shirobasti
Primary Action	Soothing, kinetic stream (Dhara); modulates neural firing	Deep pooled immersion (Tarpana); maximum tissue nutrition
Dominant Dosha Target	Pitta-Vata & Psychosomatic involvement	High-grade Vata & Degenerative disorders

Parameter	Shirodhara	Shirobasti
Key Clinical Applications	Migraine, Insomnia, Anxiety, Allergic Rhinitis, Tension Headaches	Facial Palsy (Ardita), Tinnitus (Karnanada), Hearing Loss, Trigeminal Neuralgia
Medium Used	Medicated Oils, Buttermilk (Takra), Decoctions (Kashaya), Milk	Heavy Medicated Oils (Ksheerabala, Mahanarayana, Dhanwantaram)

Strategic Integration in Ayurvedic ENT Protocols

In clinical practice, neither Shirodhara nor Shirobasti is used entirely in isolation. They achieve maximum efficacy when integrated into a comprehensive Shalakya Tantra protocol:

1. Pre-Purification (Purvakarma): Mild face and neck steam (Nadi Sweda) to loosen upper toxins.
2. Nasal Gateway (Nasya): Instillation of Anu Taila to clear paranasal sinuses (Nasa Hi Shiraso Dwaram).
3. Local Instillation (Karna Purana): Filling the ear canal with warm Bilva Taila alongside Shirodhara or Shirobasti for localized ear treatment.
4. Cranial Retention (Shirodhara / Shirobasti): Applied to stabilize the central nervous system, nourish cranial nerves, and prevent disease recurrence.

Conclusion

Shirodhara and **Shirobasti** represent two sophisticated cornerstones of Ayurvedic neuro-therapeutics for managing **Urdhvajatrugata Vikara**. While Shirodhara excels in relaxing hyperactive neural pathways, clearing functional channel blockages, and pacifying *Pitta-Vata* imbalances, Shirobasti offers unrivaled, deep-tissue nourishment (*Brimhana* and *Tarpana*) for structural and degenerative disorders of the head, eyes, ears, and facial nerves.By strategically selecting between the dynamic flow of Shirodhara and the deep retention of Shirobasti—or combining them in phased clinical protocols—Through Ayurveda we can effectively treat complex supraclavicular pathologies at their root, restoring full sensory integrity and neuro-endocrine harmony.

Role of Nasya in Urdhwajatrugata Vikaras

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Abstract

Ayurveda is the science of life focused on the prevention of disease, treatment and management of disorders. The treatment or management of diseases can be done in two ways:

- Shaman & Shodhana.

Panchkarma treatment is basically a bio cleansing regimen intended to eliminate toxic elements from the body and thereby enhance immunity of the body. Panchkarma has multiple dimensional therapeutic effects and has the capacity to expel doshas in larger quantities.

Urdhwajatrugata vikaras are the diseases affecting parts above the clavicle i.e head, nose, ears, eyes, oral cavity, throat. There are 5 types of panchkarma procedures among them one is Nasya. Nasya is primarily recommended for Urdhwajatrugata vikaras, in which doshas are eliminated through the closest route i.e nasa.

NASYA

Ayurveda has mentioned various routes of drug administration, one of them is the nasal route, administration of drugs from the nose is called as Nasya. Which is one of the panchakarma therapies.

औषधं औषध सिद्धं स्नेहोवा नासिकाभ्यां दीयते इति नस्यम्।

(Su.Chi.40/21)

Administration of medicine (drug) or medicated oil through the nose is known as Nasya.

नस्यमिति नासया दीयते इति नस्यम् ॥

Administration of medicine through the nose is known as Nasya.

नासायां प्रणीयमानौषधं नस्यम् । नावनं नस्तः कर्मेति च संज्ञा लभते । ।

(As.San.Su.29)

Synonyms

- Shirovirechan
- Shirovireka
- Murdha virechan
- Navana
- Nasta karma

These synonyms indicate its main function is elimination of morbid doshas from parts above the clavicle. Denotes the site of administration and the measures which are beneficial to the nose.

DRAVYA USED FOR NASYA:

"अपामार्गस्य बीजानि पिप्पलीई मरिचानि च। विड्गस्य शिश्रूणि सर्षपांस् तुंबरुणि च॥
अजाजी च अजगन्धा च पीलून्येलां हरेणुकाम्। पृथ्वीका सुरसा श्वेता कुठेरक फणिझकौ॥
शिरीषबीजं लशुनं हरिद्रे लवणद्वयम् ।
ज्योतिष्मतिं नागरं च दद्यात् शीर्षविरेचने ॥"

(Cha.Su.2/3-5)

Indication:

विशेषतस्तु शिरो दन्त मन्यास्तम्भ गल हनुग्रहः पीनस गलशुण्डिक शालूक शुक्रतिमिर वर्त्मरोग व्यङ्ग उपजिह्विक अर्धावभेदक ग्रीवा स्कन्ध अंसास्य नासिका कर्णाक्षि मूर्धकपाल शिरोरोगा अर्दित अपतन्त्रक अपतानक गलगण्ड दन्तशूलहर्षचल अक्षिराजि अर्बुद स्वरंभेद वाग्ग्रह गद्गद क्रथनादय ऊर्ध्वजत्रुगताश्च वातादिविकाराः परिपक्वाश्च एतेषु शिरोविरेचनं प्रधानतमम् इत्युक्तं ॥

(Cha.Si.2/22)

Contraindications :

अशिरोविरेचनार्हास्तु अजीर्णि भुक्तभक्त पीतस्नेह मद्य तोय पातुकामाः स्नातशिराः स्नातुकामः क्षुत्तृष्णा श्रमात मत्त मुच्छित शस्त्र दण्डहत व्यवाय व्यायाम पानक्लान्त नवज्वर शोकाभितप्त विरिक्त अनुवासित गर्भिणी नवप्रतिश्यायार्ता अनृतौ दुर्दिन चेति ॥

(Cha.Si.2/20)

Mode of action:

Nasa is the doorway to the brain.When medicine is administered through the nasal route, it pervades the channels up to the Sringataka Marma and spreads throughout the interior of the head and brain, it reaches all channels related to urdhwang.

- As mentioned in charak samhita, nasa is the doorway to the shira (head). Drugs administered through nasa enters in the uttamang and eliminate morbid doshas residing there.
- Acharya Sushrata also mentioned Sringataka marma as one of the shira marma(vital points) formed by union of blood vessels that supply to urdhwang i.e eyes, nose, ears.
- Acharya Vagabhatt clarified that drugs administered through the nasa doorway to shira, reaches Sringataka Marma. Acharya gives a simile just as paint brush absorbs colors through its bristles in the same way medicines administered are absorbed and spread throughout the shiras. Indu the commentator of Ashtang sangraha also mentioned that Sringataka marma (shirso antarmadhyam) can be considered as the middle cephalic fossa.

Probable pathway to understand the mode of action of Nasya karma.

- **Level of lymphatic channels including CSF**

Lipid soluble substances-transported across the epithelial membrane

↓

Gain access into lymphoid tissue

↓

Enter brain through the extended Arachnoid sheath from brain to sub mucosal area of nose

- **Level of Neuro Endocrinal & Neuro Vascular Stimulation**

Stimulation of peripheral olfactory nerve

↓

Peripheral olfactory nerve act as Chemoreceptors

↓

Particles get identified by these Chemoreceptors.

↓

Stimuli carried to olfactory bulbs

↓

Stimulation on higher centres- hypothalamus & limbic system

↓

Higher centers are connected to Anterior & Posterior pituitary

↓

Effect on endocrine system & nerve system

Dose of Nasya:

- The dose of nasya is calculated in Bindu pramana.
- The amount of oil that falls when two phalanges of the index finger is dipped into oil and taken out is termed as Bindu.

Pathya - Apathya after Nasya Karma:

- Pathya: Laghu Ahara, Sukhoshna Jala.
- Apathya: Rajo, Dhuma, Sneha, Atopa, Madya, Dravapana, Shirasnana, Atiyana, Krodha, and Dhivaswapana.

Navigating Supra-Clavicular Health: The Therapeutic Dynamics of Shalakya Tantra and the Role of Panchakarma

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In the vast ecosystem of Ayurvedic medicine, the human body is viewed through an intricate, holistic lens. Among its eight specialized branches (Ashtanga Ayurveda), Shalakya Tantra occupies a position of supreme importance. It is dedicated to the diagnosis, prevention, and management of Urdhvajatrugata Roga—the spectrum of clinical conditions affecting the anatomical structures situated above the clavicle (Jatru), including the ears, nose, throat, oral cavity, head, and eyes.

Ayurveda accords paramount respect to the head, referring to it as the Uttamanga (the most vital organ). Just as a tree relies on its roots for survival, the human body relies on the head, which houses all the vital sensory centers (Indriyas) and controls core physiological functions. Understanding the pathological mechanics of Urdhvajatrugata Roga and applying targeted Panchakarma (bio-cleansing) therapies provides a profound, time-tested framework for restoring auditory, olfactory, and upper respiratory health.

1. Ayurvedic Conceptualization of Urdhvajatrugata Roga

To understand the disorders of the head and neck, one must first recognize the physiological significance of the *Uttamanga*. Acharya Charaka emphasizes this foundational concept in the *Charaka Samhita* (*Siddhisthana*, Chapter 9, Shloka 4):

उत्तमाङ्गं शिरः प्राहुरङ्गानां शिर उच्यते। यत्राश्रितानि सर्वाणि इन्द्रियाणि प्राणाश्च॥
(चरकसंहिता, सिद्धिस्थान, अध्याय ९, श्लोक ४)

"*The head is called Uttamanga because it is the supreme organ among all body parts; it is the primary seat where all sensory faculties (Indriyas) and vital life energies (Prana) reside.*"
Because the head is the central hub for sensory input and neurological function, any pathological disruption above the collarbone impacts systemic health.

Pathogenesis (Samprapti)

The upper clavicular zone is natively dominated by **Kapha Dosha** (governing mucous membranes, structural stability, and fluids) and **Vata Dosha** (governing sensory nerve impulses, hearing, and movement)

When poor digestive fire (*Mandagni*) leads to the creation of toxic metabolic byproducts (*Ama*), these toxins combine with aggravated Doshas. They migrate upwards into the delicate, narrow channels (*Srotas*) of the head. This blockage triggers inflammation, structural swelling, or functional decay across the ENT apparatus:

- **Nasa Roga (Nasal/Sinus Pathologies):** Conditions like *Pratishyaya* (rhinitis) and *Dustha Pratishyaya* (chronic sinusitis) stem from Kapha-Vata blockages in the *Pranavaha Srotas*.
- **Karna Roga (Auditory Pathologies):** Pathologies like *Karnanada* (tinnitus) and *Badhirya* (hearing loss) arise when aggravated Vata enters the *Karnavaha Srotas* and dries up functional auditory nerve energy.
- **Kantha & Mukha Roga (Throat & Oral Pathologies):** Conditions like *Tundikeri* (tonsillitis) and *Gala Sundika* (pharyngitis/uvulitis) involve localized Kapha-Pitta inflammation.

2. Strategic Role of Panchakarma in ENT Management

While mild, early-stage symptoms can be palliated with oral herbal formulations (*Shamana Chikitsa*), chronic or deeply seated Urdhvajatrugata disorders require root-cause extraction through **Panchakarma** (*Shodhana Chikitsa*). Panchakarma purges stagnant *Ama*, clears clogged channels, and restores normal *Vata* movement (*Anulomana*).

A. Nasya (Nasal Bio-Purification)

Among the Panchakarma procedures, **Nasya** is considered the direct sovereign therapy for ENT care. Acharya Vagbhata explicitly defines its unique role in the *Ashtanga Hridayam* (*Sutrasthana*, Chapter 20, Shloka 1):

नासा हि शिरसो द्वारं तेन तद्व्याप्य हन्ति तान्।ऊर्ध्वजत्रुगतान् रोगान् नस्यं तद्धि तदौषधम्॥

(अष्टाङ्गहृदयम्, सूत्रस्थान, अध्याय २०, श्लोक १)

"*The nose is the gateway to the head. Medicine administered through the nostrils spreads throughout the cranial cavity and eliminates all disorders of the upper clavicular region.*"

- **Clinical Application:** Medicated oils like *Anu Taila* or *Shadbindu Taila* clear blocked paranasal sinuses, lubricate dried olfactory tissues, and stimulate cranial nerves. It is indispensable for chronic allergic rhinitis, sinusitis, anosmia (loss of smell), and chronic headaches.

B. Karna Purana & Karna Dhupana (Auditory Therapies)

Karna Purana involves filling the ear canal with warm, medicated taila (such as *Bilva Taila* or *Dhanwantaram Taila*).

- **Mechanism & Indications:** Vata is the primary Dosha responsible for auditory function, but it is also prone to causing degenerative conditions like sensory nerve deterioration or dryness. Warm herbal oils pacify localized Vata, nourish the tympanic membrane, and soothe acoustic nerves. It is extensively used to treat *Karnanada* (tinnitus), *Badhirya* (conductive/sensorineural hearing impairment), and severe otalgia. *Karna Dhupana* (fumigation with herbal smoke) is used to dry exudates in otitis media.

C. Vamana (Therapeutic Emesis) & Virechana (Therapeutic Purgation)

- **Vamana:** For conditions dominated by severe, damp *Kapha* accumulation in the upper chest, throat, and head, *Vamana* evacuates excess Kapha directly from its primary seat in the upper GI tract. It relieves heavy sinus congestion, recurrent tonsillitis, and post-nasal drip.
- **Virechana:** Eliminates systemic Pitta and inflammatory toxins, aiding chronic pharyngitis, burning throat sensations, and inflammatory ENT disorders.

D. Shirodhara and Shirobasti

When neuro-sensory or vascular disorders affect the ENT organs, external cranial oil procedures (*Murdha Taila*) provide targeted neuro-vascular stabilization.

I. Shirodhara:

Shirodhara is the continuous, rhythmic pouring of warm medicated liquid across the forehead, specifically targeting the Sthapani Marma and Ajna Chakra.

- **Mechanism & Action:** The continuous thermal and mechanical pressure regulates autonomic tone, enhances cerebral microcirculation, and calms hyper-excitable sensory nerve pathways.

- **ENT Indications:**
  - Tinnitus (Karnanada): Calms hyperactive auditory cortex signals and improves cochlear blood supply.
  - Vertigo (Bhrama): Stabilizes vestibular reflex arcs and inner ear fluid dynamics.
  - Sinus & Vascular Headaches (Shiroshoola): Eases pericranial muscle tension and frontal sinus pressure.
- Substrate Variations: Tailadhara (medicated oils) for severe Vata degeneration; Takradhara (medicated buttermilk) for inflammatory Pitta-Kapha sinusitis; Ksheeradhara (medicated milk) for acoustic trauma and vocal fatigue.

II. Shirobasti :

Shirobasti is a static, intensive procedure where a leather cap is secured around the scalp, sealed with paste (*Masha Pishti*), and filled with warm medicated oil, retaining a column of oil over the head for 30–45 minutes.

- **Mechanism & Action:** Due to extended contact time and deeper absorption, Shirobasti provides deep nourishment (*Tarpana*) to cranial nerves and structural tissues.
- **ENT Indications:**
  - **Sensorineural Hearing Loss (*Badhirya*):** Nourishes the 8th cranial nerve (vestibulocochlear) and cochlear structures to halt neuro-degeneration.
  - **Facial Palsy (*Ardita*):** Rejuvenates damaged motor fibers of the 7th cranial nerve, reversing facial muscle asymmetry and speech impairment.
  - **Anosmia (*Ghrana Nasha*):** Restores olfactory nerve fibers at the cribriform plate following chronic infection or viral loss of smell.

3. Prophylactic Oral Care: Kavala & Gandusha (Daily Regimen - Dincharya)

Beyond acute bio-cleansing, Acharya Charaka describes preventative daily regimens (*Dinacharya*) to maintain oral, laryngeal, and ENT hygiene through **Gandusha** (retaining fluid in the mouth without moving it) and **Kavala** (gargling/swishing fluid).

असञ्चारो मुखे पूर्णः गण्डूषः कवलः पुनःसञ्चारी मुखमात्रायाः तद्विद्धिः परिकीर्तितः॥

(अष्टाङ्गहृदयम्, सूत्रस्थान, अध्याय २२,श्लोक ६)

- **Gandusha:** The oral cavity is filled completely with warm oil or medicated liquid to full capacity so that no movement (*Asancharo*) is possible.
- **Kavala:** The liquid is filled only in a quantity that allows free swirling and movement (*Sanchari*) within the mouth.

Benefits of Daily Sesame Oil Gandusha

Acharya Charaka details the extensive protective benefits of daily oil pulling in the *Charaka Samhita* (*Sutrasthana*, Chapter 5, Shlokas 78–79):

न हन्वोर्ग्रहणं न बलक्षयो न दन्तानां चालो न दन्तहर्षः।
न दन्तरुजा न च स्वरक्षयो न मुखशोषो न चौष्ठयोः स्फुटनम्॥७८॥
दृढमूलाश्च दन्ताः स्युर्न दन्ताः पूयबन्धनान दन्ताः पतन्ति न च कफक्लेदो न चास्यता॥७९॥
तैलं गण्डूषतो नित्यं धार्यं वातजदन्तरुक्।

(चरकसंहिता, सूत्रस्थान, अध्याय ५, श्लोक ७८-७९)

"*By practicing daily sesame oil retention (Gandusha), one prevents jaw pain or lockjaw, loss of strength in jaw muscles, looseness or shifting of teeth, sensitivity to cold/hot foods (Dantaharsha), toothache, voice weakness, dry mouth, and cracked lips. The roots of the teeth become firmly anchored, pyorrhea/pus discharge is prevented, teeth do not fall out, and excessive Kapha/mucus accumulation in the mouth is eliminated.*"

ROLE OF PANCHAKARMA IN URDHVAJATRUGATA ROGA IN CHILDREN:

SPECIAL EMPHASIS ON NASYA AND SHIRO PICHU

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Abstract

Urdhvajatrugata roga comprises disorders affecting the structures situated above the clavicle and includes a broad spectrum of diseases involving the ear, nose, throat, head and neck. Children are particularly susceptible to recurrent upper respiratory tract disorders because of anatomical, immunological and environmental factors. Ayurveda provides a distinctive therapeutic approach through Panchakarma, among which Nasya is considered an important procedure for diseases of the Urdhvajatru region. Shiro Pichu, a simple external oleation procedure applied over the head, may also have a supportive role in selected paediatric conditions. This review discusses the Ayurvedic basis and probable therapeutic role of Nasya and Shiro Pichu in Urdhvajatrugata roga in children, with emphasis on their possible effects on local symptoms, Dosha balance and recurrence of disease. Appropriate selection of procedure according to age, Bala, Prakriti, Dosha and disease condition is essential for safe paediatric practice.

Keywords: Panchakarma, Urdhvajatrugata Roga, Nasya, Shiro Pichu, Children, Kaumarbhritya, ENT Disorders

INTRODUCTION

Urdhvajatrugata roga refers to diseases affecting the region above the Jatru (clavicle). This anatomical area encompasses the Nasa, Karna, Kantha, Shira and related structures, corresponding broadly to the field of ENT and head-and-neck disorders in contemporary medicine. Common paediatric complaints such as recurrent rhinitis, sinus-related symptoms, tonsillar disorders, headache and other upper respiratory manifestations frequently interfere with sleep, appetite, school attendance and quality of life.

Children have unique therapeutic requirements because their Dhatu, Agni and Bala are still developing. Therefore, therapeutic procedures should be selected according to age and strength rather than simply following adult protocols. Ayurveda emphasizes individualized management based on Dosha, Prakriti, Kala, Desha and Rogabala.

PANCHAKARMA IN URDHVAJATRUGATA ROGA

Panchakarma provides a systematic approach for Dosha elimination and Shamana depending upon the clinical condition. Among the five procedures, Nasya has particular importance in disorders involving the region above the clavicle. Classical Ayurvedic texts describe the nose as an important route for administration of medicine to the Shira.

In children, however, Panchakarma procedures require appropriate modification. Strong Shodhana procedures may not be appropriate for every child, whereas selected mild and supportive procedures may be considered under expert supervision.

NASYA IN PAEDIATRIC URDHVAJATRUGATA DISORDERS

Nasya involves administration of an appropriately selected medicated preparation through the nasal route. Classical texts describe its utility in various disorders involving the head and neck. From an Ayurvedic perspective, Nasya may act through Dosha Shamana or Shodhana, depending upon the type of Nasya and the therapeutic objective. It may be particularly useful when Kapha predominance, mucosal congestion, dryness or localized symptoms of the Urdhvajatru region are present. In paediatric practice, Pratimarsha Nasya is of particular practical interest because it uses a smaller quantity of medicine and can be incorporated into a gentle daily or supportive regimen when appropriately indicated.

Potential clinical benefits that may be explored include:

- Reduction of nasal congestion and dryness
- Improvement in nasal comfort and mucosal lubrication
- Supportive management of recurrent rhinitis
- Reduction of local Kapha accumulation
- Improvement in symptoms associated with upper respiratory disorders



The choice of oil or medicated preparation should be individualized. Nasya should not be considered a universal treatment for every paediatric ENT disorder, and acute severe infection, respiratory distress or other contraindications require appropriate contemporary medical assessment.

ROLE OF SHIRO PICHU IN CHILDREN

Shiro Pichu involves placing a cotton or suitable material soaked with medicated oil over the head for a prescribed period. It is primarily a **Bahya Snehana** procedure and is comparatively simple and gentle when appropriately performed.

From the Ayurvedic perspective, Shiro Pichu may provide **Snehana and Vata-Pitta Shamana** effects depending on the medicine selected. In selected children, it may be considered as a supportive procedure in conditions associated with headache, dryness, disturbed sleep or Vata-Pitta predominance.

Its possible therapeutic contribution may include:

- Local soothing and oleation
- Support for relaxation and sleep
- Reduction of dryness and discomfort
- Supportive Vata-Pitta management
- Complementary care in selected Urdhvajatrugata conditions
- Evidence for specific paediatric ENT indications remains limited, and therefore Shiro Pichu should be regarded as an individualized supportive intervention rather than a replacement for indicated medical treatment.







PAEDIATRIC CONSIDERATIONS

- Panchakarma in children requires special attention to **Vaya, Bala, Agni, Prakriti and disease severity**. Procedures should be mild, properly timed and performed by a trained physician. The quantity, duration and frequency of therapy should be adapted to the child's age and tolerance.
- Parents should also be counselled regarding nutrition, adequate sleep, hydration, personal hygiene and avoidance of known environmental triggers. These measures can complement Ayurvedic management and are particularly relevant in recurrent paediatric respiratory disorders.

PROBABLE MODE OF ACTION

The Ayurvedic rationale of Nasya can be understood through its local and systemic therapeutic effects along with the classical concept of medicine reaching the Shira through the nasal route. Contemporary research may further explore mechanisms involving the nasal mucosa, local anti-inflammatory effects, mucociliary function and neurovascular pathways.

Shiro Pichu may exert effects through local oleation, warmth, sensory stimulation and relaxation. However, these proposed mechanisms require further clinical and experimental investigation, particularly in children.

CONCLUSION

Panchakarma has an important conceptual role in the management of Urdhvajatrugata roga. Nasya represents the principal therapeutic procedure for the Urdhvajatru region, while Pratimarsha Nasya and Shiro Pichu may provide gentle, individualized supportive approaches in paediatric practice. Their use should be guided by age, Bala, Prakriti, Dosha and clinical condition. Although the classical rationale is well established, systematic paediatric clinical studies are required to establish their efficacy, safety, standardization and appropriate indications. Integrating classical Ayurvedic principles with contemporary paediatric and ENT assessment may provide a rational framework for further research in this field.

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PANCHAKARMA TREATMENT IN ENT DISORDERS – A CLASSICAL PERSPECTIVE

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Introduction

In Ayurveda, Ear, Nose and Throat disorders are described under Urdhva Jatrugata Rogas - diseases occurring above the clavicle. Acharya Sushruta has dedicated 26 chapters in Uttara Tantra for these disorders, while Acharya Charaka and Vagbhata have explained their treatment through Shodhana Chikitsa.

The root cause of all Urdhva Jatrugata Rogas is vitiated Doshas, especially Kapha and Vata, getting lodged in the Shiras, Nasa, Karna and Kantha Srotas. Acharya Charaka says:

"Sharira doshasamya hetuh, shodhanam sarvada hitam"

Charaka Sutra 16/20 -

"Maintenance of Dosha balance is health, and Shodhana is always beneficial."

For Urdhva Jatrugata Roga, Shodhana in the form of Panchakarma is considered the prime line of treatment.

Concept of Panchakarma in Classical Texts

Panchakarma is not just detoxification. As per Charaka Sutra Sthana Chapter 16, it is Shodhana which removes the Doshas from their root.

Five Main Karmas

1. Vamana - Emesis
2. Virechana - Purgation
3. Basti - Medicated Enema
4. Nasya - Nasal administration
5. Raktamokshana - Bloodletting

For ENT disorders, Acharya Vagbhata in Ashtanga Hridaya Sutra 20/1 states:

"**Nasa hi shiraso dwaram**" **- The nose is the gateway to the head.**

Therefore, Nasya Karma is considered the most important Panchakarma for all ENT and head disorders. Along with Nasya, supporting procedures described under Purvakarma and Paschatkarma play a vital role.

Purva and Pradhana Karma for ENT Disorders

According to classics, direct Shodhana without Poorvakarma is harmful. For ENT, the protocol is:

1. Poorvakarma

- Snehana: Bahya Snehana with Anu Taila, Ksheerabala Taila, Bilva Taila over Shiras, Manya and Karna Pradesha. Abhyantara Snehana with Ghrita.
- Swedana: Nadi Sweda, Patra Pinda Sweda, Upanaha around Manya and Karna to liquefy the stagnant Kapha.

2. Pradhana Karma - Main Procedures Used in ENT

A. Nasya - The Prime Treatment

Acharya Charaka has described 5 types of Nasya - Navana, Avapeedana, Dhmapana, Dhuma and Pratimarsha. For ENT, Navana Nasya with medicated oils and Ghrita is most used. Mode of action as per Ashtanga Hridaya - The drug administered through Nasa reaches Shringataka Marma and spreads to Murdha, Netra, Shrotra, Kantha and removes vitiated Doshas.

B. Karnapurana / Karnadhoopana
Described in Sushruta Uttara Tantra 21. Filling of medicated oil in ear canal. Indicated in Karna Shoola, Badhirya, Karnanada.

C. Shirodhara, Shirobasti, Shiropichu
Vagbhata describes these as Murdhni Taila. They pacify Prana Vata and Tarpaka Kapha, which govern hearing and balance.

D. Kavala and Gandusha
Charaka Sutra 5/58 - For Mukha and Kantha Roga. Holding medicated liquids in mouth.

E. Dhoomapana and Gandoosha
Herbal smoke inhalation for Kapha clearance from Nasa and Kantha Srotas.

F. Vamana and Virechana
Acharya Sushruta advocates Vamana for Kaphaja Mukha, Nasa and Shiro Roga and Virechana for Raktaja and Pittaja disorders of throat and nose.

Result-Oriented Diseases Treatable with Panchakarma - Classical Evidence

1. **NASAGATA ROGA - Nasal Disorders**

- Dushta Pratishyaya / Chronic Sinusitis and Allergic Rhinitis: Described as Kapha-Vataja Pratishyaya. This is the most responsive condition.
- Treatment: Deepana-Pachana, Snehana-Swedana, Vamana for Kapha Nirharana, followed by Pradhamana Nasyawith Vacha, Pippali Churna and Anu Taila Navana Nasya. Charaka Chikitsa 26/105 describes Nasya as best for Pratishyaya.
- Nasa Anaha / Nasal Blockage and Turbinate Hypertrophy: Avapeedana Nasya and Dhoomapana help in opening the channels.
- Kshavathu / Atrophic Rhinitis and Anosmia: Ghrita-based Nasya like Ksheerabala Ghrita Nasya nourishes Shleshmadhara Kala.

2. **KARNAGATA ROGA - Ear Disorders**

- Karna Shoola / Otalgia and Otitis Media: Vataja condition. Sushruta Uttara 21/6 - Karnapurana with Bilva Taila, Dashamoola Taila after Swedana gives immediate relief.
- Karnanada and Karnakshweda / Tinnitus: Described as Vata getting obstructed by Kapha in Shabdavaha Srotas.
- Treatment: Virechana for Vata Anulomana, Anu Taila Nasya + Karnapurana + Shirobasti with Ksheerabala Taila. Result is seen in reduction of tinnitus intensity.
- Badhirya / Sensorineural Hearing Loss - Early Stage: Tarpaka Kapha Kshaya and Vata Vriddhi. Acharya Vagbhata suggests Pratimarsha Nasya daily for one year with Anu Taila to prevent progression and Karnapuranaas Rasayana for Karnendriya.
- Karna Srava / CSOM: Raktamokshana followed by Virechana and Shodhana Nasya to clear Puya.

3. **KANTHAGATA AND MUKHAGATA ROGA - Throat and Oral Disorders**

- Tundikeri / Tonsillitis and Chronic Pharyngitis: Kaphaja disorder. Charaka Chikitsa 26 recommends Vamana as first line, then Kavala Gandusha with Triphala, Yashtimadhu Kwatha, Dhoomapana.
- Swarabheda / Hoarseness of Voice: Due to Vata Kapha Avarana in Kantha. Nasya with Ghrita + Gandusha + Dhooma gives excellent results in professional voice users.
- Mukhapaka / Recurrent Stomatitis: Pittaja condition - Virechana with Trivrit followed by Sheetala Gandusha.

4. **SHIROGATA ROGA Associated with ENT**

- Bhrama / Vertigo associated with inner ear dysfunction: Described as Vataja Shiro Roga. Treatment is Virechana + Shirodhara with Ksheera Bala Taila + Nasya. It stabilizes Prana Vata and improves balance.
- Shirashoola / Chronic Headache due to Sinusitis: Snehana Swedana + Virechana + Anu Taila Nasya.

Why Panchakarma Gives Result-Oriented Outcomes in ENT?

Modern nasal drops reach only up to 2-3 cm. As per Ayurvedic pharmacodynamics, Nasya drug is absorbed through olfactory mucosa, reaches cavernous sinus and directly acts on central regulation of ENT organs.

Charaka says Roga sarve api mande agnau - All ENT diseases have Mandagni. Panchakarma improves Agni, clears Ama and prevents recurrence, which is the main limitation of symptomatic treatment.

Sushruta emphasizes that Urdhva Jatrugata Roga treated with only Shamana without Shodhana will relapse again and again - Tatra shodhanam evagra.

Conclusion

Panchakarma, especially Nasya, Karnapurana, Kavala, Shirodhara and Vamana-Virechana, is not an alternative but the classical first-line treatment for ENT disorders.

TUNDIKERI (TONSILLITIS) IN SCHOOL-GOING CHILDREN:

AN AYURVEDIC AND CONTEMPORARY REVIEW



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Abstract

Tundikeri is an inflammatory condition of the tonsillar region described in Ayurveda under disorders of the Kantha (throat). It is commonly encountered in children and may present with throat pain, difficulty in swallowing, fever and enlargement of the tonsils. In contemporary medicine, tonsillitis refers to inflammation of the palatine tonsils and may be caused by viral or bacterial infections. School-going children are particularly susceptible because of close interpersonal contact, overcrowded classrooms and frequent exposure to respiratory pathogens. Recurrent episodes may affect school attendance, nutrition, sleep and overall quality of life. This review discusses Tundikeri from Ayurvedic and contemporary perspectives, with emphasis on its etiopathogenesis, clinical features, diagnosis, management and prevention in school-going children.

Keywords: Tundikeri, Tonsillitis, Children, Kaumarbhritya, Kantha Roga, School Health

Introduction

Tonsillitis is one of the common causes of sore throat in childhood. The tonsils are lymphoid structures that contribute to local immune defence of the upper respiratory tract. Children attending school are frequently exposed to respiratory infections through close contact with peers. Inadequate hand hygiene, sharing of utensils, coughing and sneezing, and overcrowding can facilitate transmission.

Ayurveda describes *Tundikeri* among diseases affecting the throat region. The clinical presentation of Tundikeri, particularly swelling and pain in the tonsillar area with difficulty in swallowing, shows considerable similarity with tonsillitis described in contemporary medicine.

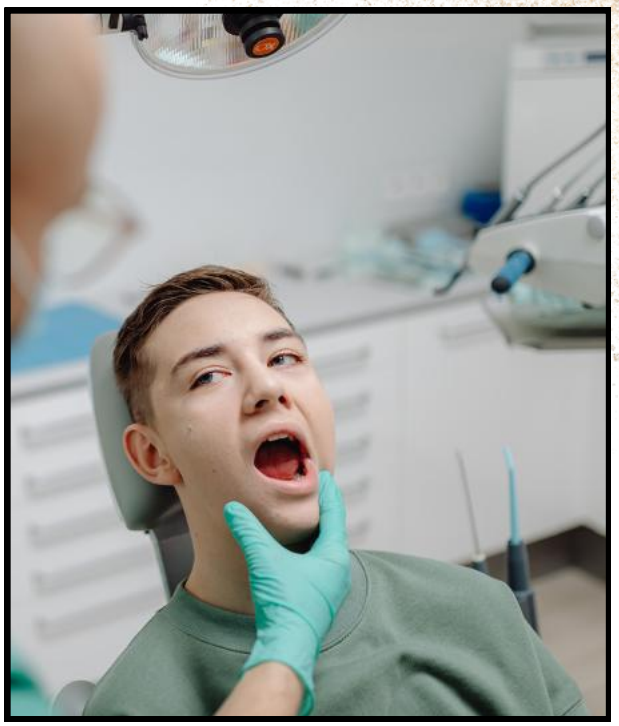
AYURVEDIC PERSPECTIVE OF TUNDIKERI

Tundikeri is described under Kantha Roga. Classical descriptions mention features such as Shotha (swelling), Toda/Shoola (pain), Daha (burning), difficulty in swallowing and inflammatory changes in the throat. The condition is predominantly associated with vitiation of Kapha and Pitta Dosha, with involvement of Rasa and Mamsa Dhatu and local tissues of the Kantha.

Kapha contributes to swelling, heaviness and increased secretions, whereas Pitta may contribute to redness, burning, inflammation and fever. Agnimandya and improper dietary habits may further contribute to susceptibility. In children, repeated exposure to infectious agents and immature immune responses may act as important precipitating factors.



CORRELATION WITH TONSILLITIS



Contemporary tonsillitis is broadly classified as acute or chronic/recurrent tonsillitis. Most acute episodes are viral, while bacterial infections, particularly Group A Streptococcus, are important causes of bacterial tonsillitis.

The common clinical manifestations include:

- Sore throat and throat pain
- Tonsillar enlargement and erythema
- Fever
- Painful swallowing (odynophagia)
- Cervical lymphadenopathy
- Tonsillar exudate in some cases
- Malaise and reduced appetite

In children, associated upper respiratory symptoms such as cough and nasal discharge may also occur, particularly in viral infections.

RISK FACTORS IN SCHOOL-GOING CHILDREN

Several factors increase the risk of tonsillitis among school-going children:

1. Close contact: Frequent interaction with other children facilitates transmission of respiratory infections.
2. Overcrowded classrooms: Increased exposure to respiratory droplets may increase infection risk.
3. Poor hand hygiene: Contaminated hands can facilitate transmission.
4. Shared personal items: Sharing bottles, utensils or food may contribute to spread.
5. Environmental factors: Poor ventilation, dust and seasonal changes may aggravate respiratory symptoms.
6. Recurrent respiratory infections: Repeated upper respiratory tract infections may predispose to recurrent tonsillar inflammation.

DIAGNOSIS

Diagnosis is primarily clinical and includes examination of the throat, tonsils and cervical lymph nodes. The presence of cough, rhinorrhoea and conjunctival symptoms may suggest a viral etiology. When streptococcal infection is suspected, appropriate diagnostic testing such as a rapid antigen detection test or throat culture may be considered according to clinical guidelines.

Persistent or recurrent tonsillar enlargement, obstructive symptoms, significant asymmetry, or complications require appropriate specialist evaluation.

MANAGEMENT

Management depends upon the cause and severity.

1. C**ontemporary Management:** Most viral tonsillitis is self-limiting and is managed with adequate hydration, rest, warm fluids and appropriate symptomatic treatment. Analgesic or antipyretic medication may be used when indicated. Antibiotics are reserved for confirmed or strongly suspected bacterial infections according to appropriate clinical assessment. Children with recurrent severe tonsillitis or complications such as peritonsillar abscess may require specialist management. Tonsillectomy may be considered in selected children with documented recurrent infections or significant obstructive symptoms.

2. **Ayurvedic Management:** Ayurvedic management focuses on Dosha Shamaka, local measures, Agni Deepana and prevention of recurrence**, a**ccording to the individual presentation and age of the child. Measures such as suitable Kavala/Gandusha**,** warm fluids and appropriate dietary regulation may be considered in children who can safely perform them. Diet should be light, warm and easily digestible during acute illness. Excessively cold, heavy, oily and irritant foods may be avoided according to individual tolerance. Ayurvedic medicines should be selected individually by a qualified physician, particularly in children, with appropriate consideration of age, dose and disease severity.

PREVENTION IN SCHOOL-GOING CHILDREN

Prevention is particularly important because children spend substantial time in group settings. Important preventive measures include:

- Regular hand washing with soap and water
- Avoiding sharing of bottles, utensils and personal items
- Covering the mouth and nose while coughing or sneezing
- Maintaining good classroom ventilation
- Adequate sleep and balanced nutrition
- Early identification of symptomatic children
- Appropriate medical evaluation of recurrent or severe throat infections

School health education can play an important role in reducing transmission and improving awareness among children, teachers and parents.

Conclusion

Tundikeri is an important Kantha Roga in the paediatric age group and shows clinical similarity with tonsillitis. School-going children are particularly vulnerable because of frequent close contact and exposure to respiratory infections. An integrated approach involving early recognition, appropriate contemporary diagnosis, individualized Ayurvedic care, nutritional support and preventive school-health practices may help reduce morbidity and recurrence. Proper evaluation is essential in children with severe, recurrent or complicated disease.

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CHEMICAL AND PHARMACOLOGICAL MECHANISM OF NASYA THERAPY IN THE MANAGEMENT OF HEAD AND NECK DISORDERS

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ABSTRACT

Nasya Karma (nasal medication therapy) is a classical Ayurvedic therapeutic procedure in which medicated oils, ghee, herbal juices, powders, or other preparations are administered through the nasal route to manage *Urdhvajatrugata Vyadhi* (disorders affecting the region above the clavicle). It is traditionally used for disorders involving the *Shira* (head), *Nasa* (nose), *Karna* (ear), *Akshi* (eye), *Mukha* (oral cavity), *Kantha* (throat), and *Manya* (neck). From a contemporary perspective, intranasal administration directly interacts with the nasal mucosa and may influence mucociliary clearance, local inflammation, nasal vascular responses, and trigeminal sensory pathways. Thus, *Nasya Karma* (nasal medication therapy) represents an important non-invasive therapeutic approach when appropriately selected according to *Dosha* (functional regulatory factors), *Vyadhi* (disease), *Bala* (patient strength), *Kala* (season/time), and Prakriti (individual constitution).

Keywords: *Nasya*, *Urdhvajatrugata vata*, Inflammation, *Prakriti*

INTRODUCTION



Clinical Scope of Urdhvajatrugata Vyadhi (Head-and-Neck Disorders)

Ayurvedic classical texts describe various *Urdhvajatrugata Vyadhi* (disorders above the clavicle) involving the head, neck, nose, ear, eye, oral cavity, and related structures as *Pratishyaya* (Rhinitis) ,*Shirahshoola* (Headache), *Ardita*(Facial palsy), *Manyastambha* (Neck stiffness), *Karnaroga* (Ear disorders) ,*Shiroroga* (Head disorders), *Nasaroga* (Nasal disorders), *Mukharoga* (Oral and facial disorders)

CLASSICAL NASYA FORMULATIONS AND PHARMACOLOGICAL HIGHLIGHTS

***Nasya* Formulation**	**Important Ingredients**	**Major Therapeutic Action**
Anu Taila	*Shatavari, Devadaru, Yashtimadhu, Bala* and goat milk	*Vata-Kapha Shamana* (pacification), nourishing and protective action
Shadbindu Taila	*Eranda, Shunthi, Pippali*	Useful traditionally in *Kapha-Vata* disorders, nasal congestion and headache
Ksheerabala Taila	*Bala, Ksheera* (milk) and *Tila Taila* (sesame oil)	*Brimhana* (nourishing), *Vata Shamana (Vata* pacification) and neuromuscular support
Bala Taila	Bala processed with Taila	*Vata* disorders and strengthening
Go-Ghrita (Cow's ghee)	Clarified butter from cow's milk	*Snigdha* (unctuous), *Brimhana* (nourishing) and *Vata-Pitta* pacifying action

PROCEDURE OF NASYA KARMA (NASAL MEDICATION THERAPY)

PURVA KARMA (PRE-PROCEDURE)

1. Patient Selection: Assessment of *Prakriti* (individual constitution) ,*Vikriti* (disease-related Dosha imbalance), *Dosha* (functional regulatory factors) ,*Vyadhi* (disease condition) ,*Bala* (patient strength) ,*Kala* (season/time) ,Age and general clinical condition

2. *Abhyanga* (Oil Massage) and *Swedana* (Sudation/Fomentation)

Gentle *Abhyanga* (oil massage) followed by mild *Swedana* (sudation) is traditionally performed over the face and neck to facilitate the movement and liquefaction of aggravated *Doshas* (functional regulatory factors).

3. Positioning

The patient is placed comfortably in the supine position (lying on the back) with appropriate support to the head and neck.

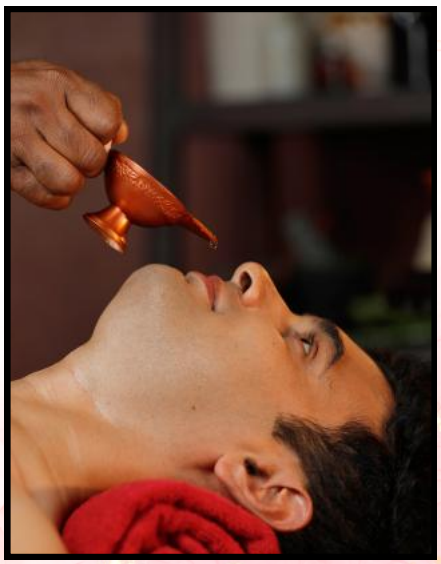
PRADHANA KARMA (MAIN PROCEDURE)

The selected nasal medication—such as medicated oil, ghee, herbal juice or other appropriate preparation is administered into the nostrils in a suitable dose.

Procedure

Patient in supine position

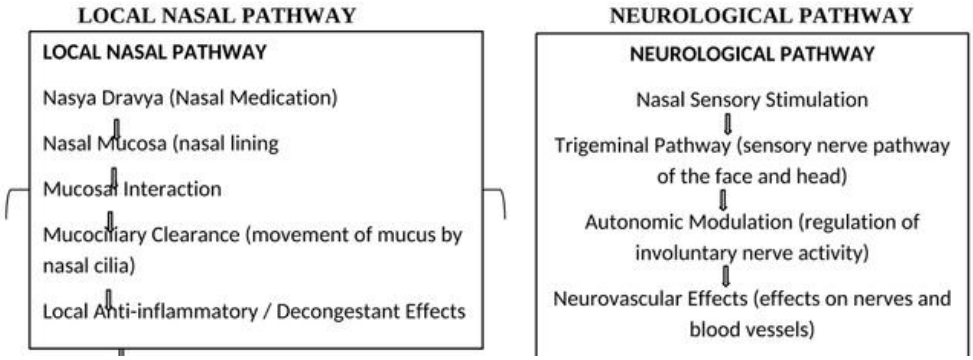
- *Shira* Positioning (appropriate head extension)
- Administration of nasal medication into both nostrils
- Gentle facial/nasal massage
- *Dhoompana and Gandush Dharan*



PASCHAT KARMA (POST-PROCEDURE)

- Nasal secretions should be expelled appropriately without excessive force.
- Exposure to *Dhooma* (smoke), *Raja* (dust), *Atapa* (excessive sunlight/heat), and *Sheeta Vayu* (cold wind) should be avoided immediately after the procedure.
- Appropriate Pathya (wholesome dietary and lifestyle measures) should be advised.

MECHANISM OF ACTION OF NASYA KARMA (NASAL MEDICATION THERAPY)



1. MECHANICAL AND LOCAL PATHWAY

- **Mucociliary Modulation (Regulation of mucus clearance)**

Appropriately formulated intranasal preparations may influence the nasal mucosa and support the movement and clearance of accumulated secretions.

- **Anti-inflammatory Action (Reduction of inflammation)**

Several medicinal plants used in Ayurvedic formulations contain phytoconstituents with experimentally demonstrated anti-inflammatory (inflammation-reducing) and antioxidant (oxidative-stress-reducing) properties.

- **Decongestant Action (Reduction of nasal blockage)**

Selected *Tikshna Dravya* (penetrating medicinal substances) and *Ushna Dravya* (warming medicinal substances) are traditionally considered useful for reducing *Kapha* (mucus/secretory functional principle) and *Nasa Avarodha* (nasal obstruction).

2. NEUROPHARMACOLOGICAL PATHWAY

- **Trigeminal Stimulation (Stimulation of the facial sensory nerve pathway)**

The nasal mucosa has rich sensory innervation through branches of the Trigeminal Nerve (fifth cranial nerve). Intranasal stimulation can therefore interact with trigeminal and autonomic pathways involved in nasal and craniofacial physiology.

- **Neurovascular Modulation (Regulation of nerve–blood vessel interactions)**

Changes in nasal sensory input and autonomic activity may influence vascular and sensory mechanisms associated with selected headache and craniofacial conditions.

- **Nose-to-Brain Pathway (Potential intranasal neural delivery route)**

Contemporary research has investigated the intranasal route as a potential pathway for delivering selected molecules toward the central nervous system through olfactory (smell-related) and trigeminal (facial sensory nerve-related) pathways.

BIOCHEMICAL AND PHARMACOLOGICAL TARGETS

Therapeutic Target	Effect of *Nasya Karma* (Nasal Therapy)	Clinical Relevance
Nasal Mucosa	Mucosal modulation	*Pratishyaya* (Rhinitis) and nasal symptoms
Inflammatory Mediators	Anti-inflammatory activity	Inflammatory conditions
Oxidative Stress (cellular oxidative damage)	Antioxidant activity	Tissue protection
Mucociliary Clearance	Support of mucus movement	Nasal congestion and secretion

Therapeutic Target	Effect of *Nasya Karma* (Nasal Therapy)	Clinical Relevance
Trigeminal Pathway	Sensory/neurovascular modulation	Headache and craniofacial symptoms
Autonomic Pathways	Modulation of vascular tone and secretion	Nasal obstruction
Olfactory Pathway	Potential intranasal drug-delivery route	Neurological research

CLINICAL AND FUNCTIONAL EFFICACY

Published Ayurvedic clinical studies and contemporary intranasal-delivery research have investigated Nasya Karma (nasal medication therapy) in selected head-and-neck disorders. The strength of evidence varies according to the formulation, indication, study design and clinical outcome.
Reported clinical outcomes include:

- Reduction in Nasal obstruction and Nasal discharge in selected rhinitis-related conditions.
- Reduction in Shirahshoola (headache) intensity in some clinical settings.
- Improvement in Manyastambha (neck stiffness) and local discomfort in selected Vata-dominant conditions.
- Improvement in selected Urdhvajatrugata Lakshana (head-and-neck symptoms).
- Potential supportive role in Ardita (facial palsy) rehabilitation when used as part of an appropriate comprehensive treatment plan.

SAFETY AND CLINICAL CONSIDERATIONS

Nasya Karma (nasal medication therapy) should be performed after appropriate patient assessment.
Particular caution is required in:

- *Nasa Rakta Srava* (active nasal bleeding)
- Significant acute nasal inflammation or mucosal injury
- Severe respiratory distress
- Immediately after meals
- Patients unable to cooperate with the procedure
- Conditions in which intranasal administration is contraindicated.

CONCLUSION

Nasya Karma (nasal medication therapy) is an important Ayurvedic therapeutic procedure for *Urdhvajatrugata Vyadhi* (disorders above the clavicle/head-and-neck disorders). Its traditional therapeutic principles include *Dosha Shamana* (pacification of Doshas), *Shirovirechana* (cleansing/elimination therapy for the head), *Brimhana* (nourishing action), *Lekhana* (scraping/reducing action), and *Indriya Prasadana* (support of sensory functions).
From a contemporary perspective, its possible mechanisms include local mucosal effects, mucociliary clearance, anti-inflammatory activity, antioxidant activity, trigeminal stimulation, autonomic modulation, and potential intranasal neuropharmacological pathways.

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Kavala and Gandusha in Oral, Pharyngeal and ENT Health:

An Ayurvedic and Scientific Perspective

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Abstract

Kavala and Gandusha are classical Ayurvedic oral-care procedures described under Dinacharya and Mukha Swasthya. Gandusha involves retaining a larger quantity of liquid in the mouth, whereas Kavala involves holding and actively moving a smaller quantity. Traditionally, both are used to maintain the health of the teeth, gums, tongue, oral mucosa and throat. Contemporary science provides plausible mechanisms including mechanical cleansing, salivary stimulation, mucosal lubrication, modulation of the oral microbial environment and possible anti-inflammatory effects. They may serve as supportive measures in oral hygiene, gingival inflammation, halitosis, oral dryness and minor pharyngeal discomfort, but should not replace established dental or ENT treatment.

Keywords: Kavala, Gandusha, Ayurveda, oral health, gingivitis, halitosis, pharynx, ENT, oil pulling, oral microbiome

1. Introduction

The oral cavity is a complex microbial and mucosal environment and an important interface with the respiratory and gastrointestinal tracts. Poor oral hygiene and microbial biofilm may contribute to gingivitis, periodontal disease, dental caries and halitosis. Ayurveda emphasizes preventive care through Dinacharya, and Kavala and Gandusha are important traditional practices for maintaining Mukha and Kantha health.



2. Classical Ayurvedic Concept

In Gandusha, the mouth is substantially filled with a selected liquid and the preparation is retained without active movement. In Kavala, a smaller quantity is held and moved within the mouth before being expelled. Their classical description occurs in Charaka Saṃhitā, Sūtrasthāna 5 (Mātrāśitīya Adhyāya) and Aṣṭāṅga Hṛdaya, Sūtrasthāna 2 (Dinacaryā Adhyāya). The medium may be selected according to Doṣa, season and clinical requirements.

3. Scientific Basis of Action

- **Mechanical cleansing:** Active movement during Kavala can help dislodge superficial food debris and material from the teeth, tongue and oral mucosa. It is an adjunct and does not replace brushing or interdental cleaning.
- **Oral microbial modulation:** Rinsing may reduce freely suspended microorganisms and debris. Some traditionally used medicinal substances contain phytochemicals with antimicrobial activity, although effects vary with preparation and concentration.

- **Anti-inflammatory effects:** Several medicinal plants used in oral care have demonstrated anti-inflammatory activity experimentally. Triphala, for example, has been investigated for effects on oral microorganisms, plaque and gingival inflammation.
- **Mucosal lubrication and salivation:** Oil-based Gandusha can temporarily lubricate oral tissues, while holding and moving liquid may stimulate salivary secretion. Increased saliva supports lubrication, buffering and natural oral clearance.
- **Halitosis:** Improved oral cleansing and reduction of food debris may temporarily reduce odour-producing substrates. Persistent halitosis requires assessment for dental, periodontal, ENT or systemic causes.

4. Role in Pharyngeal and ENT Health

Because the oral cavity is continuous with the oropharynx, appropriate rinsing or gargling can provide local cleansing, hydration and temporary soothing of minor throat irritation. It may also assist superficial cleansing of oral or tonsillar debris. However, recurrent tonsillitis, severe pharyngitis, persistent hoarseness, swallowing difficulty or other significant ENT symptoms require appropriate clinical evaluation.

5. Disease-Wise Supportive Applications

Condition	Possible role of Kavala/Gandusha	Important consideration
Gingivitis	Supportive plaque and oral-hygiene measure	Dental cleaning and plaque control remain essential
Halitosis	May improve oral cleanliness and temporary odour	Persistent halitosis needs evaluation
Oral dryness	Lubrication and salivary stimulation	Underlying cause should be identified
Minor oral irritation	May provide soothing effect	Persistent ulcers require examination
Mild throat irritation	Local cleansing and soothing	Fever or severe symptoms require medical assessment
Tonsillar debris	May assist superficial cleansing	Recurrent tonsillitis requires ENT evaluation
Oral mucosal discomfort	Possible lubrication and symptomatic relief	Cause-specific treatment may be required
Dental plaque	May provide adjunctive cleansing	Tooth brushing/interdental cleaning remain primary

6. Commonly Used Ayurvedic Preparations and Possible Scientific Correlates

Tila Taila (sesame oil) provides lubrication and contains bioactive lipid components. Triphala has been investigated for antimicrobial and antioxidant properties relevant to oral health.

Yaṣṭimadhu (licorice) has traditionally been used for mucosal soothing and has demonstrated antimicrobial and anti-inflammatory activity in experimental research. Honey has antimicrobial properties, but its sugar content warrants caution in individuals at risk of dental caries.

7. Integrative Pathophysiological Model

Kavala/Gandusha → local contact and mechanical movement → removal of superficial debris → improved oral cleanliness → possible reduction/modulation of microbial burden → reduced local inflammatory stimulus → improved gingival and mucosal environment → better oral comfort and freshness.

8. Safety and Limitations

The preparation should be clean, appropriate for oral use and not excessively hot. The liquid should generally be expelled rather than swallowed when used as an oral rinse. Individuals with swallowing or aspiration problems should seek professional advice. Evidence for specific disease treatment remains variable, with differences in preparations, protocols and study quality. Therefore, laboratory antimicrobial findings or small clinical studies should not be interpreted as proof of cure.

Conclusion

Kavala and Gandusha are valuable traditional Ayurvedic approaches to oral and Mukha-Kantha care. Their possible modern mechanisms include mechanical cleansing, salivary stimulation, mucosal lubrication and modulation of the local microbial and inflammatory environment. They may complement oral hygiene and provide supportive symptomatic benefit in selected oral and pharyngeal conditions. However, they should not be considered universal cures or substitutes for evidence-based dental and ENT management. Standardized clinical trials are needed to establish the efficacy of specific Ayurvedic preparations and protocols.



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