

## Short Review



### Standard operating procedure of *Hanupichu*- A Narrative mini review

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#### ABSTRACT:

**Background:** *Hanu Sandhi* is considered as a major joint in head area. It is considered a *Bahuchala sandhi* and is more prone for *Vataja disorders*. For *Hanusandhigata Roga* the local therapies described are *Hanu Basti* and *Hanu Pichu*. *Hanu Pichu* is an ayurvedic treatment procedure where a sterile cotton pad dipped in medicated oil is placed on *Hanu Sandhi*. Despite its traditional relevance in managing conditions such as *Hanu Graha*, Temporomandibular joint (TMJ) dysfunction, myofascial pain, and local inflammatory states, standardized guidance on its method, indications, and procedural safety remains unclear. A structured narrative mini review was planned to consolidate the available classical knowledge and standardize the operating procedure guidelines. **Objective:** The goal is to combine classical references with clinical studies to outline a Standard Operating Procedure (SOP) for the practice of *Hanu Pichu*, and highlight its therapeutic rationale, procedural steps, and mode of action. **Methods:** A narrative literature review of *Bṛihatrayi* and *Laghutrayi* were screened for descriptions related to *Pichu* and *Hanu-roga* and Secondary data were collected from peer-reviewed journals, clinical case reports, and institutional SOPs available were collected. **Conclusion:** *Hanu basti* and *Hanu Pichu* are the therapies effective for TMJ disorders; However, *Hanu Pichu* is a safe, cost-effective, and minimally invasive *Ayurvedic* intervention for TMJ-related disorders when performed according to standardized guidelines. Hence *Hanu Pichu* can be a choice of practical and preferable treatment option in routine clinical practice. This structured narrative review provides a consolidated SOP guideline that highlights its therapeutic rationale, procedural steps, and mode of action.

**KEYWORDS:** *Hanu Pichu*, *Hanu Sandhi*, *Hanu sandhigata vata*, *Narrative review*, SOP, Temporomandibular Joint.

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## 1. INTRODUCTION:

Temporomandibular joint (TMJ) disorders are mainly presented in the form of orofacial pain, limited jaw movement, and reduced quality of life. While conventional treatments such as analgesics, muscle relaxants, physiotherapy, and behavioral interventions are commonly used, yet many patients still suffer from persistent or recurring symptoms. Ayurveda offers alternative therapeutic approaches for TMJ and related musculoskeletal conditions; among these, *Hanu Pichu* is a classical localized therapy that focuses on the *Hanu sandhi* (temporomandibular joint) and its surrounding tissues. The process in which medicated sterile cotton pad is dipped in medicated oil and kept over *Hanu sandhi* is termed as *Hanu Pichu*. *Hanu* is a derivative term from 'Han' [1] meaning that which breaks down the hard materials. The Anatomical correlation of Hanu can be Temporomandibular Joint. The TMJ is prone for Disorders like arthralgia, disk displacement with and without reduction, with intermittent locking, and with limited opening, degenerative joint disease (DJD), osteoarthritis, osteoarthrosis, subluxation etc. The prevalence rate of TMJ Disorders is around 31% for adults and 11% for adolescents. [2] As TMJ disorders are more prone for *Vataja* diseases, it's important to take action for both preventing and treating them by nourishing *Hanu sandhi* through methods like *Hanu basti* and *Hanu Pichu*. In *Ayurveda*, as per *Acharya Sushruta*, the treatment modalities which are explained for *Sandhigata vata* are *Snehana* (oleation), *Upanaha* (poultice), *Agnikarma* (cautery), *Bandhana* (bandaging) and *Unmardana* (deep pressure massage in upward

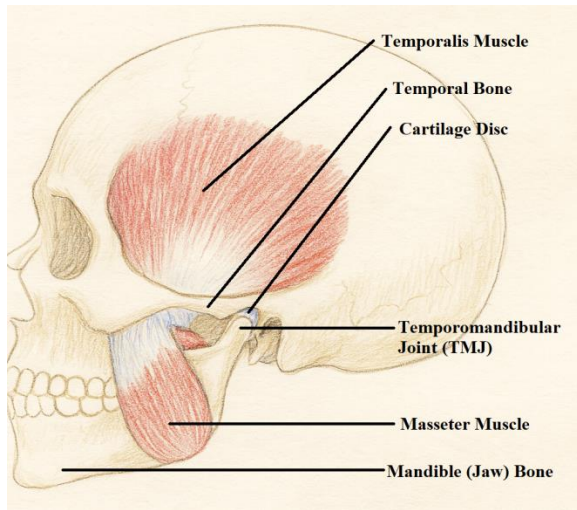
direction). [3] Same way *Acharya Vagbhata* has also explained *Abhyanga*, *Mardana*, *Swedana*, *Upanaha*, *Bandhana* and *Agnikarma* for the treatment of *Sandhigata roga*. [4] Therefore, the therapeutic approaches known as *Hanu Basti* and *Hanu Pichu* are considered effective methods for the treatment of *Hanu Sandhigata Vata*. *Hanu Pichu* is a special and distinctive therapeutic treatment that has developed from the traditional *Shiro Pichu* method, similar to how *Hanu Basti* came from *Shiro Basti*. [5] Both come under *Bahir parimarjana chikitsa*, despite its long tradition, procedural details and practical implementation, *Hanu Pichu* vary significantly across practitioners and institutions. This variability can affect therapeutic consistency, safety, and reproducibility. Therefore, there is a need to consolidate classical textual guidance and modern clinical experience into a unified, standard operating procedure (SOP) for *Hanu Pichu*. A structured narrative mini-review helps to reduce procedural variation, ensures higher therapeutic results, and strengthens the scope for future clinical research and provides a framework to guide therapy for TMJ and related disorders.

## 2. AIMS AND OBJECTIVES:

- To understand the preventive and therapeutic applications of *Hanu Pichu* in TMJ-related conditions.
- To understand the mode of action of *Hanu Pichu*
- To formulate a standard operating guidelines for its safe and consistent clinical application.

### Temporomandibular Joint Anatomy

Articular Surface is formed by anterior tubercle & anterior part of mandibular fossa which are covered with fibrocartilage. The fibrous capsule, temporomandibular ligament, sphenomandibular ligament and stylomandibular ligament are the ligaments associated with TMJ. Pterygoid, digastric, geniohyoid, mylohyoid and masseter are the key muscles associated with the movement of TMJ. [6]



**Figure no. 1: Anatomy of TMJ**

### **Medicated Oils Commonly Used for Hanu Pichu**

- *Shuddha Bala Taila* – *Vata* pacifying; useful in pain, stiffness, and neuromuscular conditions.
- *Ksheerabala Taila* – *Vata* pacifying formulation indicated in degenerative and chronic *Vata* disorders.
- *Bala Ashwagandhadi Taila* – nourishing and *Vata* pacifying; supports strengthening of local musculature and reduces fatigue.
- *Bala Guduchyadi Taila* – Effective in *Vatavyadhi* having *Rakta* association conditions; soothing in inflammatory or congestive presentations.
- *Lakshadi Taila* - *Tridosha-shamaka*

- *Arnaladi Taila* – Indicated in burning sensation and acute pain; subsides burning and pain.
- *Pinda Taila* – Classical *pain-relieving* oil beneficial in inflammatory pain, tenderness, and localized burning.

### **Procedure of Hanu Pichu**

*Hanu Pichu* procedure can be divided under 3 parts viz.,

1. *Poorva karma*
2. *Pradhana karma*
3. *Paschat karma*

#### **Poorva Karma-**

It involves preoperative measures like patient examination, collection of required materials, and patient preparation.

#### **a) Atura Pariksha (Patient Examination)**

The patient is assessed by using *Dashavidha Pariksha* and *Vyadhi Bala* and *Deha Bala* were assessed by using *Pratyaksha*, *Anumana* and *Aptopadesha siddhantas*. Then, the TMJ joint is examined for TMJ movement, tenderness, clicking, and mouth opening. Maximum tender region is noted to keep the pichu. It is also examined for any scar marks & open wounds over joint region. Pain score and vital parameter are assessed and screened for skin sensitivity.

#### **b) Sambhara Sangraha (Required Materials)**

The commonly required items are cotton pads (Length-7cm, Breadth 4cm, Thickness – 1.5cm-2cm)-quantity sufficient (Q.S), *Aushadha Dravya* (Medicated oils)-Q.S, bowls and vessels for oil heating, water, heating apparatus like gas stoves, table, Gloves, towel, and tissue wipes.

#### **c) Atura Siddhata (Patient preparation)**

Patient is advised to lie on massage table in Lateral position (Right or Left according to affected joint).

**Pradhana Karma:** This includes

**a) Hanu Pichu Dharana (Keeping of Hanu Pichu)**

The oil is heated indirectly by keeping the bowl in column of hot water. Then *pichu* is dipped in *Sukhoshna* oil and carefully placed over *Hanu sandhi* after checking the tolerance of the patient. The heat of the medicine should be maintained enough to be tolerated by the patient. Over the maximum tender area *Pichu* is placed and retained until the temperature of the oil reduces.

**b) Maintenance of consistent temperature of medicine**

The initial *pichu* was replaced with the another *pichu* of same size with hot oil whenever the temperature of the oil reduces. In the meantime, the oil from the initial *Pichu* is drained & kept for heating and this process is alternatively continued to maintain the uniformity of temperature.

**c) Removal of Dravya and Pichu**

After the advised time of around 30 minutes *Pichu* is removed.

**d) Samyak Lakshana (Signs of ideal Hanu Pichu)**

As specific *Samyak Lakshanas* of *Hanu Pichu* are not explained in the classical texts, and the procedure itself is understood as a localized modification of *Bahya Karma*, the signs of *Ayoga*, *Atiyoga*, and *Samyak Yoga* explained for *Swedana* and *Snehana* in the classics may be used here to assess the efficacy of *Hanu pichu* procedure. Among *Samyak Sveda Lakshana Sheetoparama* (pacification of cold), *Stambhanigraha* (reduction in stiffness), *Gauravanigraha* (reduction of heaviness) and *Vyadhihani* (cure of disease) can be

considered for assessment. In case of *Samyak Snigdha Lakshanas Snigdha Gatratva* (oiliness of body parts) and *Mrudu Gatratva* (softening of body parts) can be taken for assessment.

**e) Duration**

For *Vataja* predominant disorders the procedure should be done for ten thousand *Matra Kala*. Hence the procedure is performed approximately for 45 min each day for 7 days.

**Pashchat Karma**

Once the *Pichu* and the oil are removed, a gentle massage is performed on the *Hanu-Sandhi* area for about five minutes.

Duration – Generally *Hanu Pichu* will be performed for 7 days.

**Precautions**

- Temperature should not exceed 37 to 39<sup>0</sup> C, because it may lead to burns, boils etc.
- If the ears are not plugged properly, warm oil may seep into the ear canal during the procedure, which can result in irritation or vertigo.
- Position of the patient should be maintained properly, to avoid pain at neck and shoulder area.
- Advise the patient to avoid cold air, cold water application, or hard chewing for at least 1 hour after therapy.

**Complications**

Localized Skin Reactions like Redness, itching, or mild irritation may occur due to sensitivity

Burns are the complications in case of hot oil application

**Duration**

7 days. Such 2-3 courses may be required depending on the severity of the disease.

**Indication**

Osteoarthritis of TMJ joint, Osteoporosis, chronic pain of the TMJ joint, Arthrosis of TMJ joint, *Hanu Graha* (TMJ dysfunction), Myofascial pain and stiffness, Restricted mouth opening, Muscle spasm or tenderness around TMJ, Post-traumatic or post-inflammatory stiffness etc.

**Contraindication**

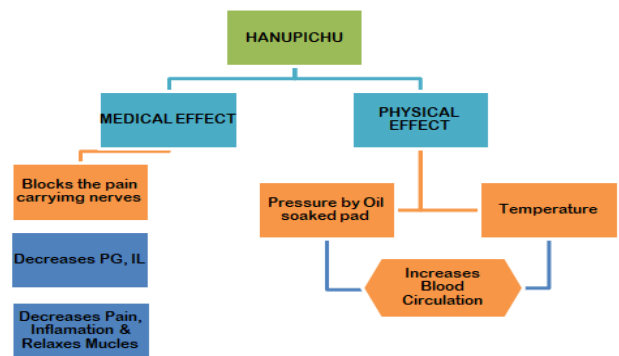
*Hanu Pichu* is contraindicated in conditions like skin sensitivity, an open wound over TMJ joint, Dislocation, loss of sensation.

**Mode of Action of *Hanu Pichu*:**

1. **Localized Heat and Vasodilation:** Thermomechanical effects—increased local perfusion and muscle relaxation: The warmth of the oil and retained pad increases the local tissue temperature, producing vasodilation that increases microcirculation, promotes removal of inflammatory mediators, and relaxes the masticatory muscles—thereby decreasing pain and improving the mobility of TMJ joint. [7]
2. **Dermal drug delivery system-** Medicated oils used in *Hanu Pichu* contain herbal lipophilic that may penetrate the stratum corneum to reach superficial tissues. Lipid vehicles and heat enhance percutaneous absorption, allowing phytochemicals with anti-inflammatory, analgesic, or neuromodulator activity to act locally. [8]
3. **Improved Lubrication of TMJ:** *Hanu Pichu* helps in lubricating the TMJ and joint lubrication assists in smooth movement and reduces friction. This

lubricating effect helps in increased flexibility, reduces the stiffness, and enhances the range of motion in the TMJ.

4. **Balancing *Vata Dosh*:** The *Sneha* having oily, heavy, warm, viscus, liquid and soft properties pacify the aggravated *Vata Dosh*, and nourishes the joint, ligament, muscles, and cartilage; thus, breaking the *Dosha-Dooshya Sammurchana* addressing the root cause of pain and discomfort in TMJ disorders.



**Figure 2: Flowchart of Mode of action of *Hanupichu***

**3. DISCUSSION:**

When *Vata* vitiates at *Hanu Sandhi region*, it is named as *Hanu Sandhigata Vata*. According to different *Acharyas Sandhigata Vata* is presented with *Vatapurna Driti Sparsha, Prasarana Akunchana Vedana (painful joint movements), Shotha (swelling) and Atopa (crepitations)*. Patients with symptomatic Temporomandibular joint Osteoarthritis experience pain at the affected condyle, limitation of mandibular opening, crepitus, and a feeling of stiffness after a period of inactivity. So TMJ Osteoarthritis can be correlated to the *Hanu Sandhigata Vata* due to the similarities in the symptoms of both. It is estimated that around 60 to 70 percent of the general population has at least one symptom of Temporomandibular

Osteoarthritis, yet only around one out of every four individuals who show these signs are actually aware of them or reported having any symptoms. In modern medicine it is usually managed by NSAIDS, intra-articular steroid injections and condylectomy. There is no absolute cure through this management and have some complications and limitations. So, it becomes a need to tackle this condition with Ayurvedic protocol. In *Ayurveda*, *Hanu Basti* and *Hanu Pichu* are the specific treatment methods used in the management of *Hanu Sandhigata Vata*. These approaches have been developed from the traditional procedures known as *Shiro basti* and *Shiro pichu*, respectively. *Hanu basti* is a modified treatment approach which can be effectively advised in *Hanu sandhigata vata*. But *Hanu basti* involves high prescribed strength of *masha pishti* (black gram dough), Changing of oil using small spoon, sticking of *Masha* paste on the skin, leaking of oil from *masha palli*, burns due to continuous pressure over the sensitive skin. Due to such complexity, complications, time and resource consuming procedure many practitioners step back in the practice of *Hanu basti*. *Hanu Pichu*, is placing of warm medicated oil-soaked cotton swabs on TMJ joint. It is a simple day to day process that the patient can do by themselves. It does not necessitate the use of any special equipment or medications, still it is effective in reliving symptoms of *Hanu sandhigata vata*. *Hanu Pichu* stands out for its simplicity, minimal equipment requirement, and ease of administration. This makes it a practical and accessible therapeutic choice for OPD and IPD patients, and also under strict instruction and training it can be prescribed

as home-based therapy. One significant achievement of this study is the formulation of a Standard Operating Procedure (SOP), addressing the existing gap in procedural uniformity. By establishing a standardized approach, this SOP ensures that results can be reliably reproduced, reduces differences in how different practitioners perform the treatment, and makes it easier to incorporate this method into existing Panchakarma clinics. While the initial results are promising, it is important to conduct more extensive clinical trials that use clear and measurable outcomes.

#### **Limitations:**

- As classical texts do not describe *Hanu Pichu* directly, the adequacy of the treatment depends on relies on assessment criteria's of *Snehana* and *Swedana*.
- Variations in oil selection, temperature control, and practitioner skill can create procedural inconsistencies without strict SOP adherence.

#### **4. CONCLUSION**

*Hanu Sandhigata Vyadhi*, which corresponds closely to temporomandibular joint (TMJ) disorders in contemporary medicine, poses a significant clinical challenge due to its functional limitations and persistent pain. Conventional treatments—including analgesics, splints, and surgical options—often offer only temporary relief and may not fully target the root cause. In this context, *Ayurvedic* interventions provide a holistic and mechanism-oriented approach to management. Among these, *Hanu Basti* and *Hanu Pichu* are traditionally recommended for TMJ dysfunction; however, *Hanu Pichu* stands out for its simplicity, minimal equipment requirement, and ease of administration. This makes it a

practical and accessible therapeutic choice for OPD and IPD patients, and also under strict instruction and training it can be prescribed as home-based therapy. The development of a structured SOP strengthens its clinical applicability, promotes uniformity in practice, and supports future research. Overall, Hanu Pichu can serve as a safe and valuable adjunct in both acute and chronic TMJ presentations when performed with appropriate precautions.

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#### REFERENCES:

1. Raja Radha kantadeva, Shabhakalpadrum, volume 5, chowkamba Sanskrit series office, Varanasi, 2000;503
2. Valesan LF, Da-Cas CD, Réus JC, Denardin ACS, Garanhan RR, Bonotto D, Januzzi E, de Souza BDM. Prevalence of temporomandibular joint disorders: a systematic review and meta-analysis. Clin Oral Investig. 2021 Feb;25(2):441-453. doi: 10.1007/s00784-020-03710-w. Epub 2021 Jan 6. PMID: 33409693. <https://pubmed.ncbi.nlm.nih.gov/33409693/>
3. Yadavji Trikamji (editor). Sushruta Samhita, Chikitsa Sthana, chapter 4, verse no. 8. Reprint edition, Varanasi; Chaukhamba Prakashan;2013;420
4. Shivprasad sharma (editor). Shashilekha tika of Ashtanga Sangraha, Chikitsa sthana, chapter 23, verse no.11. 3<sup>rd</sup> Reprint edition. Varanasi; Chaukhamba Surabharathi Prakashan;2012;56
5. Veerayya R. Hiremath, B. Srinivasa Prasad, Vasant Patil. Hanu Basti - An Innovative Procedure in Hanu Sandhigata Roga. International Journal of Ayurveda and Pharma Research. 2018;6(2):17-21. [https://www.researchgate.net/publication/324222873\\_HANU\\_BASTI-AN\\_INNOVATIVE\\_PROCEDURE\\_IN\\_HANU\\_SANDHIGATA\\_ROGA](https://www.researchgate.net/publication/324222873_HANU_BASTI-AN_INNOVATIVE_PROCEDURE_IN_HANU_SANDHIGATA_ROGA)
6. Chaurasia BD. Human Anatomy. Vol. 3. 5th ed. New Delhi: CBS Publishers & Distributors Pvt. Ltd.; 2010;154–156.
7. Bakó E, Fehérvári P, Garami A, Dembrovsky F, Gunther EE, Hegyi P, Csopor D, Böszörményi A. Efficacy of Topical Essential Oils in Musculoskeletal Disorders: Systematic Review and Meta-Analysis of Randomized Controlled Trials. Pharmaceuticals (Basel). 2023 Jan 19;16(2):144. doi: <https://pubmed.ncbi.nlm.nih.gov/37259296/>
8. The Journal of Applied Research in Clinical and Experimental Therapeutics, Wade hull,MS, ZARS Heat-Enhanced Transdermal Drug Delivery: A Survey Paper. <https://jarcet.com/articles/Vol2Iss1/Hull.htm>