



## CRITICAL REVIEW ON THE CONCEPT OF NASAPANA

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### ABSTRACT:

**Introduction:** *Nasapana* is one of the unique, but lesser practiced procedures in Ayurveda which involves the administration of a larger dose of medicine through nasal route. *Nasapana* bears close similarity with *Nasya* with respect to procedure, indication and mode of action. Although *Brihatrayees* have no mention of this procedure, later authors give importance to *Nasapana* in diseases like *Apabahuka*, *Vishwachi*, *Pakshaghta*, *Ardita*. Initial explanation of *Nasapana* can be found in *Vatavyadhi Adhikara* of *Chakradatta* where he mentions the use of *Kashaya* prepared out of *Masha*, *Bala*, *Rasna* etc to be taken nasally in conditions of *Vishwachi* and *Apabahuka*.

**Aims:** The current article is aimed at attaining a better understanding of the procedure of *Nasapana* concerning method of administration, dosage and drugs. **Methods:** Various ayurvedic texts, journal article and research papers were reviewed to gather information on the procedure, indications, mode of action, etc. **Conclusion:** As there is no clear explanation of the exact procedure of *Nasapana*, different practitioners use different methods, as a result, there is varied opinion on the procedure. The commonly practiced method is using a *Neti* pot where the medication is instilled into the nostril and the patient is advised to swallow the content. In the present study, an attempt is made to compile all the available literature and the clinical trials done on the topic for a better understanding of the procedure.

**Keywords:** *Nasapana*, *Nasya*, *Avabahuka*

## INTRODUCTION:

*Nasa* is one among the *Pancha Jnanendriya* and is considered the *Dwara* of *Shiras*. Acharya Vagbhata explains the *Shareera* as *Urdhwa Mula, Adha Shaka*<sup>[1]</sup>. Thus, the drug administered through *Nasa* nourishes the *Uttamanga*, thereby acting on the entire *Kaya*. *Aushadi* administered through the *Nasa*, *Brumhana* or *Shirovirechana*. *Nasapana* is a special procedure which can be understood as a modification of *Nasya* where the *Aushadi* is instilled into the nostril to be swallowed and it is mainly practiced in *Vatavyadhi*, specifically *Urdhwajatrugata Vyadhi*. Unlike *Nasya*, in *Nasapana* the *Kashaya*, *Churna* or *Sneha* can be used individually or in combination. References of the same can be found in Chakradatta, Bhavaprakasha, Vangasena and Bhaishajya Ratnavali.

## DEFINITION:

*Nasapana* is defined as intake of medicine through *Nasamarga*.

*Nasapana* is composed of two words- "*Nasa*" and "*Pana*"

- *Nasa*- *Nasa Nasikayam*- refers to nose
- *Paana*- *Pibenaartha*- for intake

So, *Nasapana* can be considered as intake of medicines through the nasal route.

Hemachandra explains *Pana* as "*Piyathe Yasmaditi; Jataradhara Nishwasah*"

*Pana* in therapeutics means *Abhyantra Pana*.

Administration of medicated *Kashaya* through

not only helps in pacifying the disorders of the *Urdwajatru*, but also in diseases like *Kampa Vata* etc. *Nasya* and *Nasapana* are the two procedures in Ayurveda that involves instillation of medicines through the nasal route. *Nasya* is practised with *Snehadravya*, *Kashaya Dravya* and *Churnas* for *Snehan* the nose and advising the patient to swallow it is called *Nasapana*. Chakradatta the discoverer of *Nasapana*, gives the explanation as *Pibennasyam* which has to be understood as ingesting through the nose <sup>[2]</sup>. He used the word *Nasyanipito* where the word *Nipito* means *Pana*.

## OBJECTIVES:

- To compile all available data on the concept of *Nasapana*
- Understand the various clinical applications of the process
- Understand the possible mode of action.

## METHODOLOGY:

- Various classical texts were referred for details on the indications and drugs used for the procedure.
- Articles published in different journals were also used as source of review.
- Research articles carried out in different institutions were also reviewed.

## Review of literature:

1. Chakradatta in the *Vatavyadhi Adhyaya* explains the term “*Nasanipeete*”. He says *Kwatha* made of *Masha, Bala, Rasna Ashwaganda*, etc taken through the *Nasamarga* along with *Lavana* and *Hingu* relieves *Pakshaghata, Ardita, Karnanaada, Manyasthamba* and *Karnaruja* [3].
2. Further in the context of *Trishna Chikitsa*, he advises nasal administration of *Kwatha* of *Gosthani (Draksha), Ikshurasa, Ksheera*, etc. Here he uses the term “*Niyatam Nasyataha Paana*” [4].
3. Vangasena mentions *Nasapana* in *Vatavyadhi Chikitsa* in the context of *Pakshaghata* and *Ardita*. He mentions that *Kashaya* made of *Atmagupta, Masha, Bala*, etc when taken nasally (*Pibennasarandrena*) does *Aashu Vyapohana* of *Pakshaghata, Shiroroga* and *Netraroga* [5].
4. Vangasena gives a similar explanation as that of Chakradatta while explaining *Kashaya Yoga* for *Pakshaghata* [6].
5. In *Ardita Chikitsa*, Vangasena explains *Teekshna Nasya Paana* for *Shirorechana* and *Pitta Harana* [7].
6. In the *Chikitsa* of *Apabahuka* and *Vishwachi*, one can find reference of *Nasapana* with *Dashamula-Balamasha Kwatha* mixed with *Taila* and *Ajya* in *Bhaishajya Ratnavali* [8].
7. In addition, the concept of *Ushapana* can be found in *Bhavaprakasha* [9].

**Indications:**

Scattered references of indications can be found in various texts

- *Avabahuka, Vishwachi, Bahu Shosha.*
- *Manyastambha.*
- *Shirogata Vata*
- *Pakshaghata*
- *Kampa*
- *Ardita*
- *Anidra*
- *Trishna*

**Contraindication:**

Contraindication of *Nasya* can be considered for *Nasapana* due to its similarity in indication, procedure and mode of action.

**Table no.1: contraindications of *Nasapana***

Contraindication	Possible reason
1. <i>Sneha Peeta</i>	Excessive <i>Srava</i> from <i>Mukha,Nasa</i>
2. <i>Kshatha</i>	May not have the tolerance
3. <i>Pratishyaya</i>	Aggravation of the condition
4. <i>Hikka, Murcha</i>	Impaired swallow reflex, may lead to aspiration

5. <i>Baala</i>	May not understand the instructions
6. <i>Shodhitha</i>	Person will already to fatigued
7. <i>Mandagni</i>	May lead to <i>Ajeerna</i> or <i>Ama</i>

**Procedure:**

*Poorva Karma:*

- *Atura Siddhatha:- Atura Pareeksha*  
*-Bahya Snehana and Swedana*
- Collection of medicine and equipment for the procedure
  - *Sneha Dravya* for abhyanga,
  - *Neti pot/nasal douche/syringe*
  - *Sneha or Kashaya Dravya*
  - *Prakeshapaka Dravya*
- Patient is asked to take light food
  - *Pradhana Karma:*
- The patient is made to sit comfortably on a chair.
- The head of the patient is then slightly elevated and with the help of the left thumb, the tip of patient's nose is raised.
- Simultaneously with the right hand, the medicine is instilled into the nostril at a stretch with constant pressure using the pot or nasal douche.
- The same procedure should be repeated for other nostril.
- During the procedure, patients are asked to swallow or spit the content as per condition
  - *Paschath Karma:*
- *Dhoomapana*

- *Sukhoshna Jala Pana*
- *Laghu Bhojana*
- *Pathya palana* is advised
  - Precaution
- Medicine should be prepared in a clean and hygienic way
- Neti pot/syringe/nasal douche should be sterilised well
- Temperature of the medicine should be appropriate
- The patient should be well counselled about the procedure in advance.

There is often confusion on whether to spit the medication or to swallow. Sushruta explains that *Sneha Nasya* should never be swallowed, but spat out; if done otherwise, may lead to *Kaphotklesha* and diseases like *Kasa* and *Chardi* <sup>[10]</sup>. Dalhana clarifies that *Sneha Nasya* can be ingested by the following <sup>[11]</sup>:

- Individuals with *Mamsa* and *Bala Kshaya*.
- Individuals afflicted with *Vata*, especially in *Jatrurdwa Pradesha*
- Individuals who are habituated to *Sneha*
- Individuals with *Sudeepta Agni*.

*Nasapana* in such individuals does nourishment and rejuvenation of *Dhatus*.

Based on this principle, one can choose to spit or swallow the *Dravya* of *Nasapana*. In northern states of India, the medication is spat out whereas in southern parts, both methods are followed.

**Dose:**

- Chakradatta mentions dose as same as *Kashaya Matra* for *Pana*, i.e. *1pala*

- Nasa-Jala-Pana Matra- 3 Prasriti* as per Bhava Prakasha
- Sharangadhara mentions *Kashaya Siddha Nasya Matra* as 3 *Karsha*.

**Different formulations used for *nasapana*:**

**Table no 2: formulations used for *Nasapana* and their contents**

FORMULATION	INGRIDIENTS	INDICATION
<i>Mashabaladi Kashaya</i>	<i>Masha, Bala, Kapikachhu, Katruna, Rasna, Ashwagandha, Eranda</i> added with <i>Hingu</i> and <i>Saindhava</i>	<i>Pakshaghata, Kampa, Manyasthamba, Karnanada, Ardita</i>
<i>Dashamuladi Kwatha</i>	<i>Dashamoola, Bala, Masha</i> , with <i>Taila</i> and <i>Ghritam</i>	<i>Avabahuka</i> and <i>Vishwachi</i>
<i>Mashadi Kwatha</i>	<i>Atmagupta, Balamoola, Vatari</i> , with <i>Hingu</i> and <i>Saindhava</i>	<i>Pakshaghata</i>
<i>Baladi Kwatha</i>	<i>Bala Moola Kashaya</i> and <i>Saindhava</i>	<i>Bahusheershagata Vata, Manyasthamba.</i>
<i>Balamoola Kwatha</i> <i>Paribhadra Kwatha</i> <i>Atmagupta Swarasa</i> <i>Mamsa Rasa</i>		Taken for 1 month makes the affected arm as strong as <i>Vajra</i>
<i>Jalapana</i>		<i>Rasayana</i> , promotes vision and alleviates wrinkles and greying of hair, <i>Pinasa, Kasa, Swarabheda, Shotha</i>

**Mode of action:**

It can be understood by the following concepts:

1. Absorption via nasal mucosa
  2. Absorption via the gut.
1. Absorption via nasal mucosa
    - Nasal mucosa has large surface area, porous endothelial membrane, high total blood flow, and the drugs administered have the benefit of the avoidance of first-pass metabolism, and ready accessibility.
    - The olfactory and respiratory portion of the nose is highly vascular and the permeability of drugs from this region is said to be very good. Further, the olfactory region is also reported as a potential site for nose-brain transport of drugs
    - Many nerve endings which are arranged in the peripheral surface of mucous membranes that is, olfactory, trigeminal, etc. will be stimulated by *Nasapana Dravya* and impulses are transferred through the central nervous system.
    - This results in better circulation and nourishment of the organs.
    - Drugs are cleared rapidly from the nasal cavity after intranasal administration, resulting in rapid systemic drug absorption
    - Many drugs absorbed through the rich blood supply of the nasal mucosa enter the systemic circulation more rapidly than those administered orally.
  2. Absorption via gut
    - Absorption of the drug in the gut occurs through passive diffusion, facilitated passive diffusion, active transport and pinocytosis.
    - The cell membrane of mucosa of the gut is lipid in nature, thus absorption of lipid soluble components occurs by passive diffusion.
    - The drugs which have irritant properties, when comes in contact with GI mucosa, leads to a change in the cellular environment. This includes increased cellular permeability leading to exchange of components which can aid in the elimination of toxins and absorption of the medicine.
    - Major absorption however takes place in the intestines because of the large surface area.
    - The lipid soluble drugs are absorbed by passive diffusion through the cell membrane, the hydrophilic drugs through pores and gap junctions, and the larger components through transport molecules.
    - After the *Dravya* is administered into the gut, absorption is accomplished with the help of enterocytes.
    - The end products are absorbed mainly in the intestines through the villi. Each villus is connected to the circulatory and lymphatic systems.

- Absorbed drugs enter directly into the circulatory system and fat-soluble into the lymphatic system by the absorptive cells of villi, which then go to the liver via the portal vein for metabolism.

#### Studies done on nasapana:

1. Observational study on standard operating procedure of *Nasapana* by Pankaj Rathore et al<sup>[12]</sup>

In this study, 50 patients were taken and *Mashabaladi Kwatha* for *Nasapana* was given for 7-14 days. It was concluded that by using proper SOP(standard operative procedure) of *Nasapana*, patient with age of 16-62 years of either sex, *Mashabaladi Kwatha* with dose of 50ml-300ml (tolerable according to patient) in increasing dose till the maximum for 7 or 14 days was effective and with no side effect.

2. Clinical evaluation of *Apabahuka* through *Nasya* and *Nasapana* by Dr.Shilpa et al<sup>[13]</sup>

This study was conducted on 30 patients diagnosed with *Apabahuka* divided in 2 groups. *Nasya karma* was done in 1 group with *Laghu Masha Taila* for 14 days on alternate days. In 2<sup>nd</sup> group *Nasapana* (30-40ml) was carried out with *Prasarini Ksheera Kashaya* for 14 days on alternate days. Result of *Nasapana* was highly

significant in relieving the symptoms of *Apabahuka*. It helps in relieving symptoms like *Shola* and *Stambha* and hence improve the functional ability.

3. Management of *Apabahuka* with *Nasya* and *Nasapana* by Dr Praveen Kumar et al<sup>[14]</sup>

30 patients of *Apabahuka* were given *Nasya* (*Marsha Nasya*) with *Mahamasha Taila* and *Nasapana* (25ml for each nostril) with *Dashamoola Bala Masha Kashaya* for 7 days after dividing into 2 groups. It was concluded that both *Nasya* and *Nasapana* are definitely effective in *Apabahuka* but '*Nasapana* was more effective than *Nasya*'.

4. Management of *Pakshaghata* by *Nasapana*-a single case study by Dr Pratik Mungral et al<sup>[15]</sup>

Here *Nasapana* with combination of *Mashabaladi Kwatha* with dose of 50 ml in each nostril, added with *Prakshepa* of *Hingu* and *Saindhava Lavana* was given for 7 days. There was marked improvement in the pain (VAS scale from 2 to 1) and weakness in left side of upper limb and lower limb. Significant improvement in range of movement of joints was also seen.

5. A critical review of *Kaphavruta Vata* in *Manyasthamba* by Unnikrishnan et al<sup>[16]</sup>.

Study was conducted on 40 subjects, diagnosed with *Manyasthamba* and separated into two groups. *Nasya* of *Bringaraja Taila* for 14 days on alternate day were administered in Group A where as in Group B, *Nasapana* was administered with *Mashabaladi Kwatha* for 14 days on alternate days. It was concluded by the study, in *Kapha Avarana* condition and in acute stages of *Manyasthamba*, *Nasapana* is more effective whereas *Nasya* is effective in *Dhatukshaya* condition in *Manyasthamba*.

#### **DISCUSSION:**

**Discussion on indication:** *Nasapana* is indicated predominantly in condition like *Apabahuka* and *Vishwachi*. In addition, *Acharyas* have also mentioned *Ardita*, *Pakshaghata* and *Manyasthamba*. All of these conditions can have *Avarana* or *Dhatukshaya* in the *Samprapti*. *Nasapana* serves well as a *Brumhana* or *Tarpana* line of management than *Shodhana*, thus showing better results in condition of *Dhatu Kshaya* like cervical spondylosis, frozen shoulder, ischemic stroke, or post stroke hemiparesis.

**Discussion on drugs used:** Most of the drugs used for *Nasapana* are *Brumhana*, *Vatashamaka*. But there are references to add *Teekshna Dravya* like *Hingu* and *Saindhava* as *Prakshepaka* which acts as *Vatakapha*

*Shamaka*. Based on the condition of the patient, one can choose *Sneha Dravya*, *Brumhana Kashaya*, or add *Teekshna Prakshepaka*.

**Discussion on the procedure:** The only difference in the procedure of *Nasya* and *Nasapana* is the quantity of the medicine used and the aftermath of instillation of medicine. In *Nasya*, the drug instilled is spat out. In *Nasapana* there is a debate on whether or not to swallow. If *Nasapana* is carried out with *Sneha Dravya* in a condition of *Dhatu Kshaya*, or if the purpose of *Nasapana* is *Tarpana* or *Brumhana*, one can be advised to swallow the medicine. If the purpose of *Nasapana* is should be advised to spit the medicine.

**Discussion on the dose:** *Acharyas* have mentioned various dosage for *Nasapana* and many studies have been done on the same line. But the appropriate dose has to be fixed on the patient's tolerance. As no specification has been explained on the exact dose and procedure of *Nasapana*, one can start with a smaller dosage of 1 *Pala* ( $\frac{1}{2}$  *Pala* in each nostril) and increase gradually.

**Discussion on mode of action:** *Nasapana* is a procedure that is predominantly used in *Jatrurdwa Vikara* like *Ardita*, *Pakshaghata*, *Vishwachi* and *Apabahuka*<sup>[17]</sup>. *Acharya Vagbhata* considers *Shiras* as the *Mula* of the *Shareera* and the site of *Prana Vata* <sup>[18]</sup>. He also mentions *Nasa* as the *Dwara* of *Shira*.

Thus drugs administered through the *Nasamarga* reach the *Shringataka Marma*, clear the *Doshas* in the *Siramukhas* of *Urdwajatru* and expel them. The drugs also exert an action on the neuro-vascular, neuro-endocrine and neuro-psychological systems and thereby nourish them. In this way, one can understand the *Shodhana* as well as *Brumhana* action of *Nasapana*.

- *Shodhana*: Most of the drugs used in the *Nasapana* are either *Kaphavata Shamaka* or *Vata Shamaka*. Some of the drugs are *Teekshna* such as *Hingu*, *Saindhava* and *Eranda Moola*. They produce irritation of the nasal mucosa which increases the nasal secretions as a result of increased circulation, probably generates a chemical impulse which is further transformed into an electrical impulse which is finally converted into a neuronal impulse. This neuronal impulse influences cerebral cortical areas thereby producing a stimulatory effect leading to the evacuation of *Dosha*. Also, the irritant effect of *Nasapana Dravya* increases blood circulation to the brain. So the accumulated morbid *Doshas* are expelled out through small blood vessels. Ultimately the morbid *Dosha* are thrown out along with the nasal discharge, tears and saliva.
- *Brumhana/shamana*: The main drugs used for *Nasapana* are *Kashaya* like

*Dashamoola*, *Balamoola*, and *Mashabaladi Kashaya*. These drugs have *Brumhana* and *Vata shamana* action. Acharya *Chakrapani* specifies to add *Taila* or *Gritha* to this preparation <sup>[19]</sup>. This enhances the absorption of the drug. Also when the *Nasyanipeeta Aushadha* is swallowed, it undergoes metabolism in the GIT and shows *Shamana* effect.

#### CONCLUSION:

- *Nasapana* can be considered an extension of *Nasya*.
- The possible advantage of *Nasapana* over *Nasya* is the larger quantity of drug that can be administered and a longer period of contact which may have an added effect.
- With *Nasapana* one can achieve both *Shodhana* as well as *Shamana* action.
- Based on the previous works done, it can be said that *Nasapana* is beneficial in both *Dhatukshaya* as well as *Avarana* condition.
- *Teekshna Nasapana* done with the addition of *Hingu* etc *Prakshepaka* helps alter the cellular environment and expel the toxins. *Nasapana* with *Brumhana* drugs will nourish the *Dhatus* and overcome *Dhatukshaya*.
- *Nasapana* has been found to be exceptionally effective in cases of *Apabahuka* and *Vishwachi*, carried out

with drugs like *Baladi* and *Mashabaladi Kashaya*.

- Choice of the medicine, dose, additional Prakshepaka, swallowing or spitting of the medicine can be chosen based on the need.

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