



Case Study

MANAGEMENT OF NASYA VYAPAT WITH NASYA: A CLINICAL EXPERIENCE

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ABSTRACT

Nasya is an important clinical procedure described in Ayurvedic texts for the purification and nourishment of the structures of head and neck with systemic pharmacological effects. Depending on its intended purpose, it is classified into *Sodhana*, *Samana*, and *Brmhana*. *Sodhana Nasya* can be highly effective when performed appropriately, however, complications may arise due to procedural errors, improper dosage, or administration under unsuitable conditions. The case report details a 51-year-old male diagnosed with *Kaphaja Unmada* who developed acute symptoms following *Nasya* with *Anu taila*. No adverse effects were observed during the first two days of the treatment. However, on the third day, immediately after a forceful inhalation during instillation, the patient experienced right sided nasal burning, burning sensation in the temporal and frontal regions, ear blockage, and intense vertex pain, with a Visual Analogue Scale (VAS) score of 9/10. The sudden onset of symptoms suggested overpenetration of the oil and possible irritation of the trigeminal nerve. Initial interventions such as *Nadi Sveda*, *Dhumapana*, and supine rest position failed to provide relief. However, significant improvement was achieved through *Brmhana Nasya* using *Kalyanaka Ghrita* and local application of *Kshirabala taila* over vertex, reducing the VAS score to 3/10. This case underscores the vital importance of strictly adhering to established protocols in *Nasya* therapy. In this instance, the patient's vigorous inhalation, which deviated from the standard procedure, contributed to the onset of complications. Prompt diagnosis, supported by timely and appropriate intervention, played a decisive role in effectively managing and reversing the adverse effects from *Nasya*.

INTRODUCTION

Nasya, as described in Ayurveda texts, is an important clinical procedure for the purification and nourishment of organs above the clavicle, including the head, sinuses, and neck, with systemic therapeutic effects [1]. When *Nasya* is practiced in the prescribed manner and at the appropriate time, it produces wide ranging clinical benefits such as normal functioning of *Cakshu*, *Ghrana*, and *Srotra*, preventing their derangement, weakening, or loss of clarity, also delaying the onset of *Palitya* and *Khalitya* and promoting healthy and abundant growth of hair and beard.[2]

It is primarily classified into *Virechana*, *Brmhana* and *Samana* based on the mode of action.[3] On the basis of dosage, it is classified as *Pratimarsa* and *Marsa*. [4] It is important to strictly follow the standard operative procedure, along with the prescribed diet and regimens, while administering *Marsa Nasya*. This therapy is described as *Asukari* (quick in action), *Gunotkrshata* (highly potent and beneficial), and *Sapada* (prone to complications on improper administration).[5] As it is administered in a higher dose, it demands careful planning and precision.

Although *Marsa Nasya* is beneficial in the management of diverse diseases, it is especially indicated in disorders of *Manovaha Srotas*, as it acts on the *Srngataka Marma* and facilitates the clearance of *Dosha sanghata* through the nasal passages, thereby producing *Srotosodhana*, which was necessary in this case. Any lapse in dosage,

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technique, or selection of an appropriate drug can lead to complications such as irritation, burning sensation, or even neurological symptoms. The Ayurvedic scholars collectively refer to these adverse effects as *Vyapat*. According to *Sushruta*, *Nasya Vyapat* may arise due to two primary reasons, *Doshotklesa* (exacerbation or aggravation of *Dosha*) or *Doshakshaya* (depletion of *Dosha*).^[6] Recognizing the exact nature of the *Vyapat* is essential, as timely identification helps the physician initiate the appropriate treatment regimen at the earliest and prevent further complications. The case highlights how a procedural lapse during *Nasya* can precipitate *Vyapat* and reinforces the clinical importance of strict adherence to classical guidelines for safe and effective practice.

Case Presentation

A 51-year-old male patient was admitted for Ayurvedic management of persistent pain affecting his low back, right knee, and left heel for the past six months. The pain had a gradual onset and slowly progressed in intensity over time. He reported marked morning stiffness in the low back, along with sharp pain in the left heel while taking the first few steps after waking up.

The low back pain worsened with prolonged standing or sitting, while lying down provided only temporary relief. Despite completing a course of internal medications earlier, he experienced minimal improvement in his symptoms. As the discomfort continued to interfere with his daily activities, he sought Ayurvedic treatment for further management.

Despite administering therapies such as *Dhanyamladhara*, *Vaitharana Vasti*, *Churna Pinda Sveda*, *Navadhanya Kizhi*, and *Pizhichil* during the current course of treatment, there was no significant improvement in the patient's condition.

As the response to treatment remained unsatisfactory, a more detailed evaluation was undertaken. On repeated consultations, several psychological stressors became evident, including job-related stress, anxiety about his illness, excessive preoccupation with devotional activities that interfered with daily functioning, and the emergence of suspicious thoughts toward his spouse.

In view of these findings and the lack of clinical improvement, the patient was subsequently referred to the *Manasanthi* clinic for further evaluation. The psychological disturbances and behavioural changes observed during this evaluation pointed to the impairment of higher

mental faculties, such as disturbance of *Buddhi*, *Smrti*, and *Citta* which corresponds with the classical description of *Kapha* vitiation affecting the *Hridaya* and *Manovaha Srotas*. The altered behavioural patterns and cognitive disturbance were interpreted as manifestations of *Moha* and *Mandaceshtita* described in the context of *Kaphaja Unmada*. Based on this correlation between the classical *Lakshana* and the patient's psychological features, the condition was diagnosed as *Kaphaja Unmada*.

Therapeutic intervention and procedural complication

Marsa Nasya was selected as the line of management for *Kaphaja Unmada*, and *Anu taila* was administered for three consecutive days. The procedure was scheduled at 9:00 AM each day. On day 1 and day 2, *Nasya* was uneventful, with a dose of 1ml instilled into each nostril. The patient tolerated the procedure well, and no adverse symptoms were reported.

On day 3, after performing the prescribed *Purvakarma* including *Abhyanga* and *Nadi Sveda*, the dose was increased to 2ml per nostril, as the previous two sessions had been well tolerated. Following instillation of the medicine, the patient performed three forceful inhalations in an attempt to draw the medicine deeper into the nasal passages. Immediately thereafter, he developed a burning sensation inside the right nostril, radiating to the right frontal and temporal regions. This was associated with a sensation of blockage in the right ear and severe pain over the vertex, with a Visual Analogue Scale (VAS) score of 9.

Immediate corrective measures were initiated, including gentle facial massage, *Nadi Sveda*, *Dhumapana* with *Haridradi varthi*, and *Kavala* using *Ushna jala*. The patient was also advised to rest in the supine position. However, these interventions failed to provide significant relief, and the pain persisted.

In view of the ongoing symptoms, *Nasya* was subsequently administered using *Kalyanaka Ghrita* at a dose of 2 drops in each nostril. This resulted in an immediate reduction in pain intensity, with the VAS score decreasing to 6. As the pain persisted at the same level even after 20 minutes, *Thalam* was applied using *Kshirabala Taila*, followed by a second instillation of *Kalyanaka Ghrita* at the same dosage. Thereafter, the VAS score further reduced to 3. Thereafter patient was advised to remain at rest, and the pain completely subsided within 1 hour.

The chronological sequence of events is summarized in Table 1 and Table 2.

Table 1: Nasya procedure - day 1 and day 2

Date	Time	Interventions	Observation
06/04/2025 and 07/04/2025	09.00 AM	<ul style="list-style-type: none"> ❖ Purvakarma <ul style="list-style-type: none"> • Kavala – Ushnajala • Dhumpana -Haridradi Varthi • Abhyanga-Dhanwantharam tailam • Sveda – Nadi sveda ❖ Pradhanakarma <ul style="list-style-type: none"> • Nasya- 1ml Anu taila in each nostril ❖ Paschatkarma <ul style="list-style-type: none"> • Abhyanga -Dhanwantharam tailam • Sveda – Nadi sveda • Dhumpana -Haridradi Varthi <li style="text-align: center;">Kavala – Ushnajala 	No adverse events reported

Table 2: Chronological timeline of adverse event and management (08/04/2025)

Time	Event/Intervention	Observation
09.00 AM	Purvakarma started	Nil
09.15 AM	Nasya - 2ml Anu taila each nostril	Nil
09.15 AM	Patient performed forceful inhalation	Burning sensation (Right nostril, frontal & temporal region) and severe vertex pain (VAS-9)
Without delay	Facial massage and Nadi Sveda	No relief
09.30 AM	Kavala and Dhumpapana	No relief
09.35 AM	Supine rest position	No relief
09.45 AM	Nasya - Kalyanaka Ghrita (2 drops each nostril)	Reduction in burning sensation of right nostril, frontal region and vertex pain (VAS- 6)
09.55 AM	Supine rest position	No further reduction in pain
10.05 AM	Thalam – Kshirabala taila	No further reduction in pain
10.10 AM	Second instillation – Kalyanaka ghritha	VAS – 3
10.15 AM	Advised rest	Pain subsided

DISCUSSION

As the patient did not respond adequately to treatment for low back pain, a mental health evaluation was considered necessary, during which underlying psychological issues became evident, leading to a diagnosis of *Kaphaja Unmada*. This condition is characterized by disturbances in faculties such as *Manas*, *Buddhi*, *Smriti*, *Bhakti*, and *Achara*, resulting in altered thinking, behaviour, and emotional responses due to vitiation of *Dosha* affecting the *Manovaha Srotas*.^[7] In this case, the patient's strong emotional possessiveness toward the spouse, tendency to misunderstand situations, and constant worry about illness can be understood as features of *Buddhi Vibhrama*, likely due to *Kaphavarana* of *Sattva* and *Buddhi*, leading to impaired thinking and judgment. At the same time, the excessive involvement in devotional activities appears to reflect *Bhakti Vibhrama*, where devotion

goes beyond normal limits and becomes a way to cope with emotional insecurity and seek comfort.

In such conditions, *Nasya* serves as a principal therapeutic intervention, especially in disorders affecting higher mental functions. Considering the *Doshic* involvement and the need for *Shiro Shodhana* in this case, *Shodhana Nasya* was selected as the line of management. It helps eliminate aggravated *Dosha* from the *Shiras*, relieve *Kapha*-induced obstruction, and restore clarity of the senses. The drug of choice was *Anu taila*, which is described as *Tridoshaghna* ^[8]. Being a *Taila* based preparation, its effectiveness lies in properties such as *Tikshna*, *Vyavayi*, *Sukshma*, and *Ushna*, which enable deep penetration and systemic action. These properties make it particularly useful in expelling *Kapha* predominant *Doshas*, thereby making it an effective formulation in this condition.

Possible causes of Vyapat

Vyapat in *Nasya* may arise due to *Ayoga* or *Atiyoga*. According to *Sushruta*, *Nasya Vyapat* is of two types, namely *Dosha Utklesha* and *Dosha Kshaya*. Either may occur due to inadequate or excessive administration (*Heena* or *Atimatra*), use of very hot or very cold medicine (*Atisithoshna*), rapid instillation (*Sahasapradhanat*), improper head positioning such as excessive extension or movement (*Atiprivilambita Sirasa, Vichalita*), intake of food immediately before the procedure (*Abhyavahara*), or forceful suction of the drops (*Uchingana*).^[9] It is also well documented in texts that *Nasya* administered to patients who are *Snehapeetha* and *Toyapeeta* may lead to complications.^[10]

In the present case, the clinical features were suggestive of *Atiyoga*, as the patient developed *Sira Arti*, *Shankha Arti*, and *Sravana Vibhrama*, which are described as manifestations of it. *Vyapat* can occur due to multiple factors, including procedural errors and *Apathyacara* on the part of the patient. Therefore, a thorough differential understanding of *Nasya Vyapat* was essential to determine the appropriate line of management. To arrive at the final diagnosis, the possible types of *Vyapat* that could have resulted from the observed *Apathyacara* were carefully evaluated and analysed.

In this case, the patient had consumed *Kalyanaka ghrita* (15ml) in the morning, along with half a glass of warm water. However, if this were the cause, irritation would be expected on both sides. Additionally, complications arising from *Nasya* in *Snehapeetha* and *Toyapeeta* are typically of *Kapha* origin, making it unlikely that these factors are responsible for the current issue.

Irritation to the medicine also could be another possibility in developing the *Vyapat*. *Anu taila*, a *Tridoshaghna* formulation, was administered over the first two days without any adverse reactions, indicating good tolerability. Given its balanced *Doshic* action and the absence of prior irritation, it is unlikely that *Anu taila* acted as a direct irritant in this case. Additionally, the lack of symptoms on the right side further supports the conclusion that the complication is not attributable to the oil itself.

Another plausible cause for the complication is *Atimatra*. According to Ayurvedic principles, *Heena Matra*, *Atiseeta*, *Atyushna*, *Atiprivilambita*, or *Vichalita* can all lead to *Vyapat*.^[11] In the present case, 1ml per nostril was administered during the first two days, and the dose was increased to 2ml

per nostril on the third day. Although this sudden increase could theoretically have predisposed the patient to complications, *Atimatra* is understood to produce excessive *Dosha Sodhana*, potentially resulting in *Dosha Kshaya*. But, the revised dosage standards for *Marsa Nasya*, as reported by Barahate Ganesh et al., indicate 5ml as *Uttama Matra*, 4ml as *Madhyama Matra*, and 3ml as *Heena Matra* per instillation.^[12] The administered dose of 2ml remains below these reference values. Furthermore, the symptoms were confined to the right side of the head rather than presenting bilaterally, which would be more suggestive of true *Atimatra* induced effects. Therefore, the complication is unlikely to be attributable to variation in dosage and is more plausibly related to improper inhalation during the procedure, leading to *Nasya Vyapat* and the observed cluster of symptoms.

In this context, forceful inhalation during administration appears to have precipitated the complication, likely resulting in irritation of the trigeminal nerve. Supporting this possibility, the patient subsequently developed burning in the right forehead corresponding to the ophthalmic branch, burning over the right cheek and nasal region corresponding to the maxillary branch, and right temple pain with a sensation of ear pressure corresponding to the mandibular branch.^[13] Collectively, these manifestations suggest trigeminal nerve involvement secondary to improper inhalation during the procedure.

The excessive *Uchingana* by the patient appears to have precipitated *Dosha Kshaya*. Classical descriptions state that *Atiyoga* may cause pain and burning in the head, eyes, temples, and ears, along with sensory disturbances, aggravated *Vata*, dysfunction of the sense organs, and a sense of emptiness in the head. The patient's presentation was consistent with features such as *Sira Arti*, *Akshi Toda*, *Shankha Arti*, and *Sravana Vibhrama*, supporting the diagnosis of *Nasya Vyapat* secondary to procedural error resulting in *Dosha kshaya*.

Symptoms of *Dosha Kshaya* could be identified here as acute symptoms, including burning and pain, along with the absence of heaviness or *Kapha* related discharge, which indicate a *Vatapitta* predominance. *Vata* may be considered responsible for the pain and the sensation of ear blockage, while *Pitta* likely accounts for the burning sensation. The lack of *Kapha* features such as heaviness of the head or excessive secretions further supports this interpretation.

Management of Vyapat

Sushruta identifies the treatment for *Dosha Kshaya Nasya Vyapat* as *Brmhana Chikitsa*.^[14] In this context, *Brmhana Chikitsa* was adopted to pacify the manifested *Vatapitta dushti*. Accordingly, *Brmhana Nasya*, indicated in *Vatika Sula*, was administered using *Kalyanaka Ghrita*, chosen for its *Brmhana* and *Vatapitta samana* properties, resulting in a favourable clinical response. *Ghrita*, by nature, is *Vatapitta Samana*, and when processed with appropriate herbs, its therapeutic efficacy is further enhanced.

The administration of *Nasya* with *Kalyanaka Ghrita* likely contributed to the alleviation of symptoms associated with trigeminal nerve irritation. Owing to its *Snigdha* and *Brmhana* properties, *Ghrita* provides nourishment and soothing to the affected neural tissues. Its *Sukshma* and *Vyavayi* nature facilitate deeper penetration, possibly enabling action at the level of nerve endings and surrounding tissues. This might have helped to reduce irritation, dryness, and hypersensitivity of the trigeminal pathways, thereby leading to relief in pain and discomfort.

In addition, *Kshirabala taila* was applied over the vertex to provide localized soothing and to support functional balance. Owing to its *Indriyaprasadana*, *Jeevana*, and *Brmhana* qualities, it proved beneficial in calming the mind and promoting a sense of well-being in the patient. Following the intervention, the patient was advised to take adequate rest in the supine position to facilitate the proper action of therapy, refrain from daytime sleep, and adhere to the prescribed *Nasya* diet and regimen to maintain the therapeutic benefits.

CONCLUSION

The case highlights the importance of strict adherence to classical *Nasya* protocols and proper patient instruction to prevent adverse outcomes, as it represents a classical presentation of *Nasya Vyapat* resulting from procedural error. The distinctly right sided manifestation, involving multiple branches of the trigeminal nerve, highlights the vulnerability of cranial structures to deviations in procedure. The absence of *Kapha* expulsion despite administration of an increased dose suggests *Kapha Kshaya*, which subsequently led to *Vatapitta* vitiation and culminated in the complication. A clear differential understanding of *Nasya Vyapat* is essential for determining the appropriate line of management. Prompt clinical assessment, followed by administration of *Brmhana Nasya* along with

vertex application of medicated oil, resulted in notable relief and demonstrates the effectiveness of precise and individualized Ayurvedic intervention.

This observation also opens scope for future studies to systematically evaluate the incidence and patterns of *Nasya Vyapat*, the role of dosage variations, and the influence of *Apathyacara* in precipitating complications. Further clinical studies may help to standardize preventive strategies and refine management protocols for *Panchakarma* procedures, particularly *Nasya*, to enhance safety and therapeutic outcomes.

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