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To evaluate the efficacy of Rasnadi Taila Nasya and Dashamoola Kvatha in patients of Vataja Shirahshoola: An Open Label Double Arm Randomized Clinical Trial

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Abstract

The 21st century has seen a significant rise in stress-related disorders, with headaches being one of the most common complaints, especially in conditions like Vataja Shirahshoola. This study aimed to evaluate the comparative efficacy of Rasnadi Taila Nasya and Dashamoola Taila Nasya in the treatment of primary symptoms of Vataja Shirahshoola, including bitemporal headache, occipital pain, and associated symptoms like disturbed sleep, giddiness, and difficulty concentrating. Thirty patients aged 15 to 50 years were randomly assigned to two groups: Group A (Rasnadi Taila Nasya + Dashamoola Kvatha) and Group B (Dashamoola Taila Nasya + Dashamoola Kvatha). After 30 days of treatment, Group A showed a better overall improvement (58.97%) compared to Group B (52.05%), with significant relief in symptoms like headache (43.67% in Group A vs. 48.78% in Group B), disturbed sleep (64.66% in Group A vs. 53.75% in Group B), and difficulty concentrating (70.55% in Group A vs. 47% in Group B). The study concludes that Rasnadi Taila Nasya combined with Dashamoola Kvatha is more effective in providing symptom relief in Vataja Shirahshoola than the Dashamoola Taila Nasya treatment.

Keywords: Vataja Shirahshoola, Rasnadi Taila, Dashamoola Taila, Nasya therapy, Ayurvedic treatment, headache, concentration, disturbed sleep, clinical trial

Introduction

The man of 21st century is breathing under various adversities, stresses, strains and anxiety. Furthermore, after the Covid pandemic, people are experiencing more psychological stress. Headache has troubled mankind from dawn of civilization. Headache is generally categorized as primary or secondary. A headache is considered primary when a disease or other medical condition does not cause it. Tension headache is the most common primary headache and accounts for 69% of all headaches (J. Olesen *et al*, 2005) [1]. Neuro-vascular headaches are the second most common primary headaches, which includes migraines and cluster headaches. Secondary headaches are caused by other medical conditions, such as sinusitis, neck injuries or abnormalities and stroke, which account for 2% of all headaches (Davidson's Principles and Practice of Medicine (22nd edition). Ayurveda has a variety of natural medication for the treatment of various types of *Shirorogas*.

As per Ayurvedic texts, diseases are deep seated at the level of different *dhatus*. Hence, the procedure *Nasya karma* is indicated to uproot the deep-seated disease. Perfect balance of oxygen levels in the body can be attained with *Nasya karma* thereby also clearing all the morbid doshas. (*Nasa Hi Sirso Dwaram*, A Comparative Scientific study (April 2018).

Objective

To evaluate the comparative efficacy of *Rasnadi Taila Nasya* and *Dashamoola Taila Nasya* on the primary symptoms of *Vataja Shirahshoola* i.e. Bitemporal headache, pain in occipital and frontal region, and associated symptoms like lack of concentration, pain in ears, giddiness, disturbed sleep, excessive headache at night etc.

Materials and Methods

Study Design

An Open Label Double Arm Randomized Clinical Trial

Selection of the patient: 30 Patients in the age group of 15 to 50 years were selected irrespective of their sex, religion, profession etc. from the O.P.D and I.P.D of Dept. of Shalakya Tantra, and randomly divided into two groups by a computer-generated random number table. The written consent of all the patients was taken before commencing the clinical study.

Ethical Clearance: This study was started after obtaining Ethical clearance from the Institutional Ethics Committee. The study has been registered in Clinical Trial Registry India (CTRI) portal. CTRI Registration Number of this study is CTRI/2020/04/024487.

Diagnostic Criteria: Patients presenting with the signs and symptoms of *Vataja Shirahshoola* as per Ayurvedic texts were included in the study. The diagnosis of the disease was done on the basis of clinical manifestations i.e. headache which is bilateral in nature, mostly located in temporal, frontal, occipital and frontal-occipital region, headache increasing by evening, along with other signs and symptoms as mentioned in the texts.

Inclusion Criteria: Patients having age between 15 to 50 years who are clinically diagnosed patients of *Vataja*

Name of Drug	Mode of administration	Dose	Duration
<i>Rasnadi Taila</i>	Nasal drops	8 drops in each nostril	Two sittings of 7 days each with an interval of 1 week.
<i>Dashamoola Kvatha</i>	Oral	20ml twice daily	30 days

Group B

Name of Drug	Mode of administration	Dose	Duration
<i>Dashamoola Taila</i>	Nasal drops	8 drops in each nostril	Two sittings of 7 days each with an interval of 1 week.
<i>Dashamoola Kvatha</i>	Oral	20 ml twice daily	30 days

Routine eye examination of all the patients was done. Visual acuity and intraocular pressure were also measured for all the patients to exclude any ocular pathology.

Shirahshoola were selected for the study. The disease was diagnosed on the basis of clinical manifestations as described in the Ayurvedic classics i.e. presence of 2 or more of the following symptoms:

- *Shankhanistoda* (~Bitemporal headache)
- *Ghatasambheda* (~Pain in occipital region)
- *Bhrumadhyha Evam Lalatapanam* (~Pain and burning in frontal region)
- *Shrotranishkasanvat Pida* (~Excruciating pain in ears)
- *Akshinishkasanvat Pida* (~Excruciating pain in eyes)
- *Shiroghurnanam* (~Heaviness in head)
- *Sandhimokshanavat Pida* (~Pain in joints)
- Lack of concentration
- Disturbed sleep

Patients having age below 15 years and above 50 years, pregnant and lactating women, patients suffering from major systemic diseases, patients having headache due to refractive error and increased intraocular pressure, or secondary headache due to other pathological conditions e.g. tumors, injury etc. were excluded from the study. *Nasya ayogya* patients as per classical texts were also excluded from the study.

Grouping and Posology: The study was conducted in two groups.

Group A

Name of Drug	Mode of administration	Dose	Duration
<i>Rasnadi Taila</i>	Nasal drops	8 drops in each nostril	Two sittings of 7 days each with an interval of 1 week.
<i>Dashamoola Kvatha</i>	Oral	20ml twice daily	30 days

Investigations: Routine hematological and urine analysis were carried out before treatment to rule out any infection/systemic disease.

Pathya-Apathya (Do's and Don'ts)

Table 1: Pathya for *Vataja Shiroroga* (Bhaisajyaratnawali, Govind Das Sen)

<i>Kriya</i>	<i>Swedana</i> (~sudation), <i>Nasya</i> (~nasal drops), <i>Dhumapana</i> (~administration of medicated fumes through mouth and nose), <i>Virechana</i> (~purgation), <i>Lepa</i> (~application of medicated paste on forehead), <i>Vamana</i> (~vomiting), <i>Langhana</i> (~fasting), <i>Shirobasti</i> (~holding medicated oils on head by using a special device for this purpose), <i>Raktamokshana</i> (~bloodletting), <i>AgniKarma</i> (~application of heat, cautery) on the frontal and supraorbital region, <i>Upanaha</i> (~poultice).
<i>Diet</i>	Consuming old <i>Ghrita</i> (~ghee), <i>Yusha</i> (~soup), <i>Dugdha</i> (~milk)
<i>Vegetables</i>	<i>Patola</i> , <i>Shigru</i> , <i>Vastuka</i> , <i>Karvellaka</i>
<i>Fruits</i>	<i>Amalaki</i> , <i>Dadima</i> , <i>Matulunga</i> (~Lemon), <i>Draksha</i> (~Grapes), <i>Coconut</i>
<i>Liquid diet</i>	Milk, Oil, <i>Coconut water</i> , <i>Takra</i> (~Churned curd)
<i>Medicines</i>	<i>Pathya</i> (~ <i>Triphala</i>), <i>Kushta</i> , <i>Bhringaraja</i> , <i>Kumari</i> , <i>Musta</i> , <i>Ushira</i>

Apathya

Table 2: Apathya for *Vataja Shiroroga* (Bhaisajyaratnawali, Govind Das Sen)

<i>Vegadharana</i>	Holding the natural urges of Sneezing, Yawning, Micturition, Sleep, Lacrimation and Stool excretion leads to headaches.
<i>Unwholesome diet</i>	Consuming uncooked food, impure water, curd, lassi, cold drinks, <i>Kapha</i> aggravating diet.
<i>Apathya Vihara</i>	<i>Dantadhanvanam</i> (~not cleaning the teeth), <i>Diwaswapana</i> (~Day sleeping)

Duration of the Study

The duration of the study was 30 days for oral medication, and two sittings of *nasya*, each for 7 days, with a gap of 1 week in between.

Drug Preparation

Rasnadi Taila and *Dashamoola Taila* were prepared in the pharmacy of the institute by following the classical procedure for making *Siddha Sneha Kalpana* as told by Acharya Sharangdhara. *Dashamoola Kwatha churna* was procured from the college pharmacy.

Criteria for assessment

It was based on relief found in the signs and symptoms of *Vataja Shirahshoola*. For this purpose, main signs and symptoms were given a suitable score (0 to 4) according to their severity before and after treatment.

Appropriate statistical tests were applied for Statistical analysis of the data.

Observations

In the present study, 32 patients were registered irrespective of their sex, religion etc. 15 patients in Group A, and 15 patients in Group B have completed the treatment.

It was found that maximum number of patients i.e. 26.66% belonged to age-group of 21-25 years and 41-45 years, while 13.33% patients were registered in age-group 15-20 years and 31-35 years, 10% patients were registered in age-group 26-30 years, and 6.66% patients were registered in age-group 36- 40 years. Remaining 3.33% patients were registered in the age-group of 46- 50 years.

In this study, maximum numbers of patients i.e. 76.67% were Females. It is evident from the data that maximum i.e. 86.66% of patients were Hindus followed by 13.33% of Muslim. Further, 60% of the patients were married, followed by 40% unmarried.

Maximum number of the patients i.e. 73.33% belonged to urban areas followed by 26.66% belonged to rural areas. On considering the nature of occupation, it was found that maximum i.e. 36.66% patients were students, while 30% were engaged in household works, 23.33% of the patients were in service and 6.66% and 3.33% each of the patients were businessmen & laborers.

Amongst 30 patients, maximum i.e. 50% were having education of Graduate level while 20% were educated to the Postgraduate level, 16.7% of the patients were educated up to higher- secondary and 6.7% of the patients were educated up to primary level. Further, 6.7% of the patients were uneducated.

The data shows that out of 30 patients, 40% patients had daily headache, while 20% suffered from headache more than 3 times per week & twice in a week, and 10% suffered from headache once in a week & thrice in a week.

Data shows that maximum i.e. 70% patients have reported headache in evening/night, 23.33% had reported headache in the afternoon, and 3.33% had headache during morning time. However, 23.33% had a headache which was not having any relation to time of the day.

Data shows that maximum i.e. 43.33% patients had reported headache lasting for 3-4 hrs, while 23.33% had reported 24 hrs. (day-night), 10.00% patients had reported headaches of duration less than 1 hour & between 1-2 hrs. However, the remaining 6.67% had reported headache of duration 2-3 hours.

In this study maximum i.e. 43.33% patients reported chronicity of >6 months, 26.67% patients reported chronicity for 1-2 years, and 20% patients reported chronicity of 3-5 years, while the remaining 10% reported chronicity of more than 5 years.

Further, maximum i.e. 60% patients were vegetarian (~*Niramish*) while 40% were having mixed types of diet. Majority of the patients in this study i.e. 76.7% had disturbed sleep, 16.7% of the patients had sound sleep and 6.7% of the patients had reported excessive sleep.

Maximum i.e. 46.67% patients in the study reported irregular bowel habit, 36.67% patients reported constipation, and remaining 16.67% patients reported regular motion habit.

Maximum 73.33% of patients were observed to be addicted to tea, 6.67% each patients were addicted to coffee, smoking, tobacco chewing and alcohol.

Maximum i.e. 26.66% patients had reported *Vegadharana* (~holding of natural urges) as a *Nidana* (~causative factor) while 20% of patients had loud speaking, 16.66% had reported *Ratrijagarana* (~night awakening) and *Diwaswapa* (~day sleep), 10.00% of patients found having *Adhikavyavaya*, 6.67% reported *Rodana* (~excessive weeping) *Nidana* (~causative factor) & 3.33% remaining reported *Dhuli-Dhuma-Dhupasevana Nidana*.

Maximum i.e. 26.67% patients had *Chinta* (~stress), 26.67% patients had *Krodha* (~anger), 23.33% patients had *Bhaya* (~fear), 16.67% patients had *Shoka* (~grief), and remaining 6.67% patients were found *Vishada* (~gloom) as a *Nidana* (~causative factor).

Maximum i.e. 76.67% of patients showed that *Bandhana* (~tying the forehead with cloth) relieves the pain, 60% had relief through Sleep. Head- massage gave relief in 46.67% of patients, 30% of patients were medicine dependents, in 20% of cases *Snighdha-Ushna Ahara* (~unctuous and warm food) gave relief and by using *Snehana-Swedana* (~oleation and sudation therapies), 23.33% of patients got good relief.

Maximum i.e. 70% of cases showed tendency to increase the headache due to emotional stress while 66.67% cases had *Anupashaya* (~aggravating factor) by journey. Furthermore, 40% of patients got headaches from consuming cold food. In 36.67% cases, physical stress was the aggravating factor, and, in 23.33% cases *Aatap* (~sunlight) was the aggravating factor. However, exercise was one of the aggravating factors in 20% of patients.

63.33% of patients had *Vata-Pitta Prakriti*, 26.67% patients had *Vata-Kapha Prakriti*, and, remaining 10% had *Pitta-Kapha Prakriti*. Maximum i.e. 70% of the patients were of *Rajasika Prakriti* followed by 30% of *Tamasika Prakriti*.

The data suggests that maximum i.e. 73.33% patients were of *Madhyama Sara*, 13.33% each of the patients were of *Pravara Sara* and *Avara Sara*.

In this series maximum i.e. 73.33% Patients were of *Madhyama Samhanana* followed by 20% of *Avara* and 6.67% of *Pravara Samhanana*.

Out of the 30 patients of *Vatika Shirahshoola*, maximum i.e. 60% were found having *Madhyam Satva*, 30% with the *Avara Satva* and the remaining 10% were found having the *Pravara Satva*.

Maximum 63.33% patients were reported *Madhya Abhyavaharan Shakti*, and 26.67% patients had reported *Avara Abhyavaharan Shakti* and remaining 10% patients were having *Pravara Abhyavaharan Shakti*.

In this series maximum i.e. 60% of patients were having *Madhya Jarana Shakti* and 26.67% had *Avara Jarana Shakti* and remaining 13.33% patients were having *Pravara Jarana shakti*.

In this study majority of the patients i.e. 46.67% were having the *Avara Vyayama Shakti*, while 40% patients were having *Madhyam Vyayama Shakti* and 13.33% having *Pravara Shakti*.

In this study equal no. of patients i.e. 50.00% each were of *Madhyam vaya* and *Proudha Vaya* (~old age).

Results

On the basis of different components of grading in both the groups (0-4), the following results of the therapy were recorded:

In group A i.e. on *Nasya* with *Rasnadi Taila* and oral administration of *Dashamoola Kvatha*, 43.67% relief was seen in *Tivraruja* (~intense pain), 83.95% relief was seen in *nishi-cha-atimatram* (~excessive pain at night), 49.71% relief was seen in stiffness of neck and shoulder, 70.55% relief in difficulty in concentrating, 64.66% relief in disturbed sleep, 43.13% relief in photophobia and 57.17% relief was seen in giddiness.

In group B i.e. on *Nasya* with *Dashamoola taila* and oral administration of *Dashamoola Kvatha*, 48.78% relief was seen in *Tivraruja* (~intense pain), 56.28% relief was seen in *nishi-cha-atimatram* (~excessive pain at night), 52.09% relief was seen in stiffness of neck and shoulder, 47% relief in difficulty in concentrating, 53.75% relief in disturbed sleep, 48.33% relief in photophobia and 58.12% relief was seen in giddiness.

However, it was seen that *Rasnadi Taila Nasya* along with oral administration of *Dashamoola Kvatha* i.e. Group A showed better results i.e. 58.97% improvement, as compared to 52.05% improvement in Group B i.e. *Dashamoola Taila Nasya* with oral administration of *Dashamoola Kvatha*.

Comparative effect of therapy

In Group A

(*Rasnadi Taila Nasya* along with oral administration of *Dashamoola Kvatha*)

No patient showed complete remission, 20% patients showed marked improvement, 26.7% patients showed moderate improvement and 53.4% showed mild improvement. None of the patients showed unchanged results.

In Group B

(*Dashamoola Taila Nasya* along with oral administration of *Dashamoola Kvatha*)

7% patients showed complete remission, 13.4% patients showed marked improvement, 40% patients showed moderate improvement and 46.7% showed mild improvement. None of the patients showed unchanged results.

Discussion

Headache is a universal human experience. It can arise as a symptom of a number of different conditions of the head and neck. In *Ayurveda*, headache has been considered as a unique entity, and described by various *Acharyas*. Among 11 types of *Shirorogas*, *Vatika Shirahshoola* is found to be the most common clinical condition seen in general practice.

The 21st century is full of optimism, desires, quench of success and competition. People continuously run to achieve various goals and thus life is becoming full of tensions. Advancement of modernization, development of industrial phase, business competitions, excessive use of internet, increase in unemployment, stress at work etc. are factors which are major contributors in increasing *Bhaya-Shoka-Trasa* etc. in humans, due to which *Vatika Shirahshoola* caused by psychological factors is most frequently observed in the current times.

In *Ayurvedic* classics, the body is divided into six parts. *viz.* head, two upper extremities, trunk and two lower extremities. Amongst these six parts head or “*Shirah*”(Head) is the most important part of the body, as all the vital psychosomatic functions are regulated by *Shirah* [i]. It is also mentioned in classics that *Manas* - the *Ubbhayatmak Indriya* and all five *Gyanendriyas* are situated in *Shirah* [ii]. On the other hand while defining “*Svastha*”, *Prasanna Atmendriya Manah* is said to be the most important characteristic for a healthy human being which clarifies importance of *Shirah* [iii]. Therefore, any functional or pathological abnormality affecting *Shirah* is a huge problem for humans.

Vatika Shirahshoola is one among the diseases of *Urdhvanga*, and for *Urdhvajatrugata Vikaras*, *Nasya* is the treatment of choice as mentioned in *Ayurvedic* literature [iv].

Probable mode of action of *Rasnadi Taila Nasya*

Rasnadi taila contains *Rasna*, *laghupanchamoola*, *tila taila* and *Godugdha*. The drugs used in *Rasnadi taila* are having *ushna virya*, which pacify both *vata* and *kapha dosha*. It has *ashupaka* properties, through which it acts quickly at minute channels. The drug *Rasna* (*Pluchea lanceolata* C.B. Clarke), due to its *tikta rasa*, *katu vipaka*, and *ushna virya*, pacifies *vata dosha*, resulting in reduction of *toda*, *shula* and other related symptoms. *Laghupanchamoola* is *sothahara*, *shoolahara* and *vedanashamaka*. It has *vata kapha shamaka* properties. *Taila* is also *Vatahara param* (mainly pacifies *vata dosha*).

Probable mode of action of *Dashamoola Taila Nasya*

Drugs of *Dashamoola* have *Ushna Virya*, *Katu* and *Tikta Rasa*, which have *Deepana - Pachana Karma*, which causes *amapachana* and thus corrects metabolic processes and ultimately balances the *Agni*. The drugs of *Dashamoola* having *Kashaya Rasa* and *Ruksha Guna* support the function of these *Rasas* (*Katu - Tikta*) due to *Shoshana Karma* i.e, it helps in better absorption at cellular level by enhancing the function of digestion and metabolism. Further, *Ushna Virya* has *Deepana - Pachana*, *Virechana* and *Vilayana* property, which softens and liquefies the morbid *doshas* which are ultimately expelled due to *Virechana Karma*. Also, *Snigdha Guna*, *Madhura Vipaka* and *Madhura Rasa* have the property *Srushtavinamutra*, which enhances the process of softening and liquefaction. *Laghu Guna* and *Tikshna* have *Sroto-shodhaka* property, which helps in expelling the morbid *doshas*. The *Deepana - Pachana*, *Chedana - Bhedana Karma* of *Lavana Rasa* enhances the *Shodhana* process. *Guru Guna* is *Balya* and *Truptikara*. It strengthens the efficacy of *dhatu* by providing proper nourishment. It prevents/restricts or counteracts the excess *Shodhana Karma*.

Due to *Sara Guna* and *Sukshma Guna* the *Nasya Dravya* can reach to each and every *dhatus*.

Krishna Tila Taila has *Kaphapitta Prakopaka* action due to its *Madhura Rasa* and *Ushna Virya*. But by the *Samsakara* with drugs, it acts as *Tridosha Shamaka*. It is also *Balya* and *Vrishya* due to *Snigdha Guna*.

Probable Mode of Action of Dashamoola Kwatha

Dashamoola is one of the most commonly practiced polyherbal Ayurvedic preparation of roots of ten specific plants; viz. *Brihatpanchamoola*, containing five tree species i.e. *Bilwa* (*Aegle marmelos*), *Gambhari* (*Gmelina arborea*), *Patala* (*Stereospermum sauveolens*), *Agnimantha* (*Premna mucronata*), *Syonaka* (*Oroxylum indicum* Vent.) and *Laghupanchamoola* i.e. *Salaparni* (*Desmodium Gangeticum*), *Prisnapani* (*Uraria picta*), *Brhati* (*Solanum indicum*), *Kantakari* (*Solanum surretense*), *Gokshura* (*Tribulus terrestris*). Although, these roots individually possess various beneficial activities, but together they have a balancing action on *Kapha*, *Pitta* and *Vata* doshas, and useful especially for *Vata vyadhi* [v]. *Dashamoola* mainly acts on *Vata Dosha* and reduces its aggravation. *Dashamoola Kwatha* has antioxidant potential as well as potential for the treatment of inflammatory disorders [vi].

Recent investigations have also shown that the antioxidant properties of plants could be correlated with oxidative stress defense in different human diseases [vii]. In support of these results, roots of some plants from *Dashamoola* have been shown to individually possess anti-inflammatory and anti-oxidant potential i.e. In-vivo anti-inflammatory activity of aqueous extract of root bark of *A. marmelos* using the Carrageenan induced paw edema and Cotton pellet induced granuloma models [viii]. Review of various classics has revealed that *Dashamoola* as *Kwatha* (decoction) form is mentioned in various conditions like *Hikka*, *Tridoshaja-Jwara*, *Ama*, *Vataj stanya dushti* etc. Author of *Nighantaratnakar* has also indicated *Dashamoola Kwatha* for various like *Tandra*, *Shwasa*, *Kasa*, *Jwara*, *Shotha*, *Anaha*, *Vataj hikka*, *Pinasa*, *Parshwashoola*, *Shirashoola*, *Aruchi*, *Apantantrak* and *Agnimandya*[ix]. *Dashamoola* is *Ushna veerya* and possesses other properties also which act on *Vata dosha*.

Discussion on the Effect of Therapies

A. Comparison of effect of therapies

Out of 30 patients of this study, 15 patients (Group-A) completed their treatment with *Rasnadi Taila Nasya* and *Dashamoola Kvatha* and 15 patients (Group-B) completed their treatment with *Dashamoola Taila Nasya* and *Dashamoola Kvatha*. The effect of therapies of these two Groups on various parameters are as follows:

Tivraruja (~Intense headache)

Group-A showed 43.67% relief and Group-B showed 48.78% relief in this symptom, which was statistically highly significant ($p < 0.0003$).

Therefore, the effect of Group-B was better than Group-A.

Nishichatimatram (~Pain aggravated at night)

Group-A showed 83.95% improvement and Group-B showed 56.28% improvement in this symptom.

Stiffness of neck and shoulder

Group-A exhibited 49.71% improvement in this symptom and Group-B provided 52.09% improvement.

Difficulty in concentrating

Group-A provided 70.55% decrease in this symptom while Group-B provided 47.00% improvement.

Disturbed sleep

Group-A provided 64.66% relief in this symptom, while Group-B has shown 53.75% relief which was statistically highly significant.

Associated complains

- Photophobia:** Group-A provided 43.13% relief in photophobia while Group-B provided 48.33%.
- Giddiness:** Group-A provided 57.17% relief in giddiness, while Group-B provided 58.12% relief.

Overall effect

The overall effect of therapies showed that in Group A i.e. *Rasnadi Taila Nasya* and *Dashamoola Kvatha*, no patient showed complete remission, 3 patients i.e. 20% showed marked improvement, 4 patients i.e. 26.7% showed moderate improvement and 8 patients i.e. 53.4% showed mild improvement. However, none of the patients found unchanged result.

Whereas in Group B i.e. *Dashamoola Taila Nasya* and *Dashamoola Kvatha*, complete remission was seen in 1 patient i.e. 7%, marked improvement was seen in 2 patients i.e. 13.4%, moderate improvement was noticed in 6 patients i.e. 40%, mild improvement was seen in 7 patients i.e. 46.7% and none of the patients showed unchanged results.

Comparison of the therapies shows that *Dashamoola Taila Nasya & Dashamoola Kvatha* (Group B) gave results with 52.05% average improvement. Whereas, *Rasnadi Taila Nasya* and *Dashamoola Kvatha* (Group A), could give 58.97% average improvement on signs and symptoms of *Vatika Shirahshoola*.

Conclusion

In this study, it can be concluded that better relief was observed in chief complaints & associated complaints of *Vatika Shirahshoola* by *Rasnadi Taila Nasya* and *Dashamoola Kvatha*. However, the results obtained in *Dashamoola Taila Nasya with Dashamoola Kvatha* group are also encouraging.

The various postures performed during the procedure of *Nasya Karma* play an important role in its effect. The act of lying down in head lowered position, fomentation and massage on the head etc. may have an impact on the neurovascular junction and drug absorption. The stimulation of olfactory nerve may also affect neuro-endocrinal and neuro-psychological levels.

Drugs having *Vatahara* properties like *Dashmoola*, *Rasna*, *Tila Taila*, *Godugdha* and *Madhura Gana Dravyas* are having a specific role in the management of *Vataj Shirahshoola*.

In Group-A: Total 15 patients of *Vatika Shirahshoola* were treated with *Rasnadi Taila Nasya* and *Dashamoola Kvatha*, it was found that this therapy provided highly significant relief in *Nishichatimatram* 83.95%, *Difficulty in concentrating* 70.55%, *Disturbed sleep* 64.66%, *Giddiness* 57.17% and *Stiffness of neck & shoulder* 49.71%. Insignificant relief 43.67% in *Tivraruja* and *Photophobia* 43.13% was observed.

In Group-B: Total 15 patients of *Vatika Shirahshoola* were treated with *Dashamoola Taila Nasya* and *Dashamoola Kvatha*. This therapy provided highly significant relief in Giddiness (58.12%), *Nishichaitimatrām* (56.28%), Stiffness of neck & shoulder (52.09%), Disturbed sleep (53.75%), *Tivraruja* (48.78%). Insignificant relief was observed in Photophobia (48.33%) and Difficulty in concentrating (47%). No adverse effects of the trial drugs were observed during the study and follow up.

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Conflicts of Interest

There are no conflicts of interest.

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