

A Comparative Clinical Study on the Effect of *Parinatakeriksbeeradi Taila Nasya* and *Karpasasthyadi Taila Nasya* in *Avabahuka*

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Abstract : *Avabahuka*, a *Bahushirshagata Roga* is a condition which hampers the day to day activities of the people and which will also cause interference in job by the disease is equally true both in people with sedentary office work as well as heavy field work. *Acharyas* told that, *Nasya Karma* as one among the main treatments specially meant for *Avabahuka*, as it is an *Urdwajatrugata Vikara*. A comparative clinical study on *Nasya* with *Parinatakeriksbeeradi Taila* and *Karpasasthyadi Taila* had been taken to assess the effect of *Nasya Karma* and the drug in managing *Avabahuka*. The comparative effect in managing the same disease is also assessed. Here, in this study, clinical trial between two groups was made and the results obtained in both the individual groups were compared. The sample size for the present study was 30 patients suffering from *Avabahuka* as per the selection criteria. Patients were randomly distributed to both the groups of equal size.

Group-A: 15 patients received *Nasya* with *Parinatakeriksbeeradi Taila*.

Group -B: 15 patients received *Nasya* with *Karpasasthyadi Taila*.

In Group A, out of 15 patients, 12 had got marked improvement (76-100%) while in Group B, out of 15 patients, 3 had got marked. Group A had got good results while comparing with Group B. That means, *Nasya* with *Parinatakeriksbeeradi Taila* had got good effect than *Nasya* with *Karpasasthyadi Taila* in *Avabahuka* for present study..

Keywords: *Nasya*, *Avabahuka*, *Parinatakeriksbeeradi Taila*, *Karpasasthyadi Taila*

I. INTRODUCTION

Ayurveda, the science of life is the oldest form of healthcare in the world; it is an intricate medical system that originated in India thousands of years ago. This precious science is a rich store house of time tested and effective recipes for the treatment of several obstinate and otherwise incurable diseases. Moreover, its application will help to strengthen the immune system in the body and helps in the preservation of positive health by keeping the individual's body, mind and soul in perfect equilibrium with nature. The most powerful weapon in this age old science to combat against the diseases is the five immensely potential therapies together called *Panchakarmas*. The entire world population is focusing on a medicine which can make them feel better without side effects; the cure is permanent and most essentially the natural way of healing. It helps the individuals in the society to lead a disease free old age without any physical or mental disability and also it not only accomplishes the above functions but also it heals, nourishes, cleanses and preserves the body tissues. Among the five therapies, *Nasya* is the treatment that is specifically indicated to subside morbid *Dosas* from *Jatru* and *Urdhwa Jatru Sthanas*.

In God's creation, the evolution of man is considered as supreme. Hands for human beings are gift of God which is vitally very important to perform a wide variety of functions like eating, dressing, personal hygiene, work etc. In classics also, importance to hands is given as "*Hastameva Pradhanatamam Yantra*". The *Amsa Sandhi* is notorious for undergoing stiffness as almost all the works are done with hands. Any difficulty in the *Amsa Sandhi* will cause gross restriction in all the day to day activities of human. Most of the shoulder pathologies will be incorporated under the broad heading called as *Avabahuka*. In *Ayurvedic* classics, *Avabahuka* has specific line of management..

Avabāhuka is one among the *Vāta Vyādhi* which hampers the day to day activities of an individual. On analyzing etio-pathology, it may be interpreted that the disease *Avabāhuka* manifests due to the *Dhātukṣaya* as well as *Mārga Āvaraṇa*. In classical text books, it is mentioned that due to excess *Vātala Āhāra Vihāra*, vitiated *Vāta* located in *Amsamūla* causes *Sirāḥ Saṅkōca* resulting in *Bāhupraspanditahara*. Due to this pathological process patient may suffer from agonising pain and discomfort. According to some scholars, it is a *Vata Kapha Pradhana Vyadhi*. *Avabahuka* affecting the *Amsa Moola* exhibits the symptoms in *Bahu*. Now a days, in day to day clinical practice, fastening the relief from *Avabahuka* is a burning issue. So, to find out the causative factors and to give the quick relief from this to an individual is the need of time.

Nasya, one among the *Panchashodhanakarmas* is the one which is mainly indicated for *Urdhwajatrugata Vikaras*. According to classics, *Chikitsa* of *Avabahuka* which is an *Urdhwajatrugata Vikara* includes *Nasya*, *Uttarabhaktika*, *Snehanana*, *Nasaapana*, *Shamanaushadhi* *Prayoga* etc.

Considering these facts, an attempt is made to study the disease *Avabahuka* in detail and to counter act the disease process by adopting suitable therapies. In the present study, *Nasya* is selected because this procedure is more effective in different *Vyaadyavasthas* of *Avabahuka*. *Avabahuka* is included among the indications of *Bruhmana Nasya*. In *Nasya Phalasruti*, it is mentioned that the skin, shoulders, neck, face, chest become well developed. So here *Nasya* helps in developing strength of muscles in shoulder region.

In *Tailayoga Adhikara* of *Sahasrayoga* there is a direct reference in the *Phalashruti* of *Parinatha keriksbeeradi Taila* and *Karpasasthyadi Taila*¹ that these are indicated in *Avabahuka*. The ingredients of *Parinatha Keriksbeeradi Taila*² are having *Vatahara*, *Shulahara* and *Brimhana* properties. *Karpasasthyadi Taila* is commonly used for *Nasya* in *Avabahuka* by virtue of its *Vata Kaphahara* and *Brimhana* nature. *Karpasasthyadi Taila* is used in clinical practice as *Nasya* medication in *Avabahuka*. Hence in this study an effort is made

to compare for the better result between *Parinatha Keriksbeeradi Taila Nasya* and *Karpasasthyadi Taila Nasya* in the management of *Avabahuka*.”

Here, in this study, 30 patients of *Avabahuka* was selected and divided into 2 groups of 15 patients each and *Nasya* was done with *Parinatha Keriksbeeradi Taila* and *Karpasasthyadi Taila* respectively, in a dose of 8 *Bindhu*³ in each nostril for 7days and follow up was done after 14 days with a total study duration of 21 days.

II. OBJECTIVES:-

- ❖ To study the *Nasya* in detail.
- ❖ To compare the better result between *Parinatha Keriksbeeradi Taila Nasya* and *Karpasasthyadi Taila Nasya* in the management of *Avabahuka*.

III. MATERIALS AND METHODS:-

(1) Study Design:

A comparative clinical study.

(2) Sample size:

Minimum 30 patients who fulfil the diagnostic and inclusion criteria of either sex will be selected for the comparative study. They will be randomly assigned into two equal groups A and B.

GROUP A: 15 patients were given *Nasya* with *Parinatha Keriksbeeradi Taila* for 7 days.

GROUP B: 15 patients were given *Nasya* with *Karpasasthyadi Taila* for 7 days.

(3) Selection Criteria:

(A) Inclusion Criteria:

- Patients above 20 and below 70 yrs of age.
- Patients of clinical features of *Avabahuka*.
- Patients of both genders who are *Nasya Yogya*⁴ according to *Ayurveda* classics.

(B) Exclusion Criteria:

- Patients below 20 and above 70 yrs of age.
- Patients who are *Nasya Ayogya*⁵ according to *Ayurveda* classics.
- Patients with the history of fracture and dislocation of affected shoulder.

(C) Diagnostic Criteria:

Diagnosis will be established by clinical examination of *Avabahuka* as per our classics.

- *Amsa Sandhi Shula*.
- *Bahupraspandanahara*.

(D) Preparation of medicine:

Taila was prepared according to *Mrudu Taila Paaka Vidhi* mentioned in Classics⁶.

(E) Procedure:

30 patients of *Avabahuka* was selected and divided into 2 groups of 15 patients each. *Nasya* done with *Parinatha Keriksbeeradi Taila* and *Karpasasthyadi Taila* respectively, in a dose of 8 *Bindhu* in each nostril for 7days.

a) Purva Karma – *Abhyanga* will be done over *Urdwajadru Pradesha* with respective *Taila*, followed by *Mridu Sweda*.

b) Pradhana Karma –

- Patient is made to lie on his back extending his arms and legs.
- The legs slightly raised and head slightly lowered.
- Respective *Taila* is made warm in warm water and is taken in *Gokarna* and instilled in each nostril alternatively, keeping the other closed.

c) Paschat Karma – *Dhumapana* and *Kavala* with *Sukhoshna Saindhava Jala* will be given to the patient.

(F) Study Duration and Follow Up:-

Group A - *Parinatha Keriksbeeradi Taila Nasya*

<i>Nasya</i>	- 7 days
Follow up	- 14 days
Total study duration	- 21 days

Group B - *Karpasasthyadi Taila Nasya*

<i>Nasya</i>	- 7 days
Follow up	- 14 days
Total study duration	- 21 days

(G) Observation Period:-

Patients will be assessed clinically on the –

- 1) 1st day before treatment.
- 2) 7th day after treatment.
- 3) 21st day for the last assessment.

(H) Assessment Criteria:

Assessment of the condition will be based on the remission in signs and symptoms of the disease.

- ❖ Subjective Parameter:
 - a) *Amsa Sandhi Shoola*-Shoulder pain.
- ❖ Objective Parameter:
 - b) *Bahupraspandithahara*-Range of motion:-
 - a) *Unnamana* (Abduction.)
 - b) *Avannamana* (Adduction.)
 - c) *Akunchana* (Flexion.)
 - d) *Prasarana* (Extension.)
 - e) *Tiryak Gamana* (Circumduction.)

Methods Of Assessment Of Clinical Response:-**Subjective Criteria:****Shoola:**

This was evaluated by subjective parameters mainly based on critical observation and by giving grading as follows.

1.	No pain(pain absent)	0
2.	<i>Avara</i> - Mild pain (pain on excessive work involving joint movement. But get relieved by rest. Normal routine will not be hampered.	1
3.	<i>Madhyama</i> - Moderate pain (pain on little work with joint involvement. Normal routine activities will be slightly hampered)	2
4.	<i>Pravara</i> - Severe pain (pain on little work with joint involvement. Normal routine activities will be severely hampered. Pain with disturbing sleep.	3

Objective Criteria:

It can be considered as restricted movement of shoulder joint. This can be observed in *Unnamana*, *Avannamana*, *Akunchana*, *Prasarana* and *Tiryakgamana* of shoulder joint. The degree of movement was considered for assessment criteria.

Abduction (*Unnamana*):-

160°-180°	0
80°-160°	1
10° - 80°	2
Cannot abduct	3

Adduction (*Avannamana*):-

20° - 30°	0
10° - 20°	1
0° - 10°	2
Cannot adduct	3

Flexion (*Akunchana*):-

160°-180°	0
80°-160°	1
10° - 80°	2
Cannot flex	3

Extension (Prasarana):-

40 ⁰ - 60 ⁰	0
20 ⁰ - 40 ⁰	1
0 ⁰ - 20 ⁰	2
Cannot extend	3

Circumduction (Triyakgamana):-

Normal	0
Pain on Circumduction	1
Circumduction not possible due to stiffness	2

Overall Assessment of Clinical Response:-

Clinical improvement of patients was made based on improvement in the clinical findings and reduction in the severity of the symptoms of the disease, grading for the clinical improvement for individual variables.

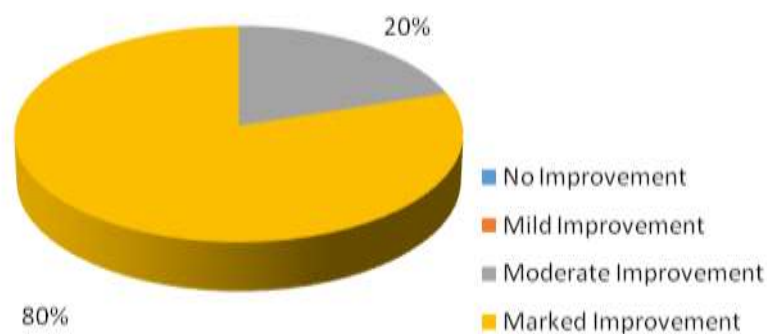
- *Shaman* – 100% relief in signs and symptoms considered.
- *Prayika Shaman* - 61 - 99% relief in signs and symptoms were considered.
- *Amshika Shaman* – 31-60% relief in signs and symptoms were considered.
- *Kinchit Shaman* – 1-30% reduction in signs and symptoms.
- *Guna Alabha* – no reduction in signs and symptoms.

IV. OBSERVATIONS AND RESULTS:-**Statistical analysis:**

Data were collected from sample before, after and post follow up treatment. After that it is statistically analyzed by using students “t” test in consultation with Bio-statistician.

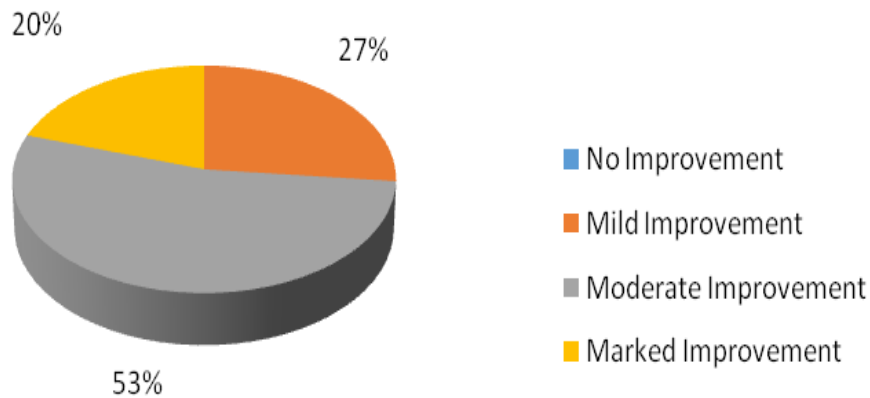
Assessment Of Total Effect of Therapy:-**A) Overall effect of *Parinatakeri Ksheeradi Taila Nasya* in Group-A:-****Result on Group A**

EFFECT OF TREATMENT IN GROUP – A		
Class	Grading	No of patients
0-25%	No Improvement	0
26% -50%	Mild Improvement	0
51% - 75%	Moderate Improvement	3
76% - 100%	Marked Improvement	12

Overall Effect of GROUP A

B) Overall Effects of Karpasasthyadi Taila Nasya in Group-B:-**Result on Group-B**

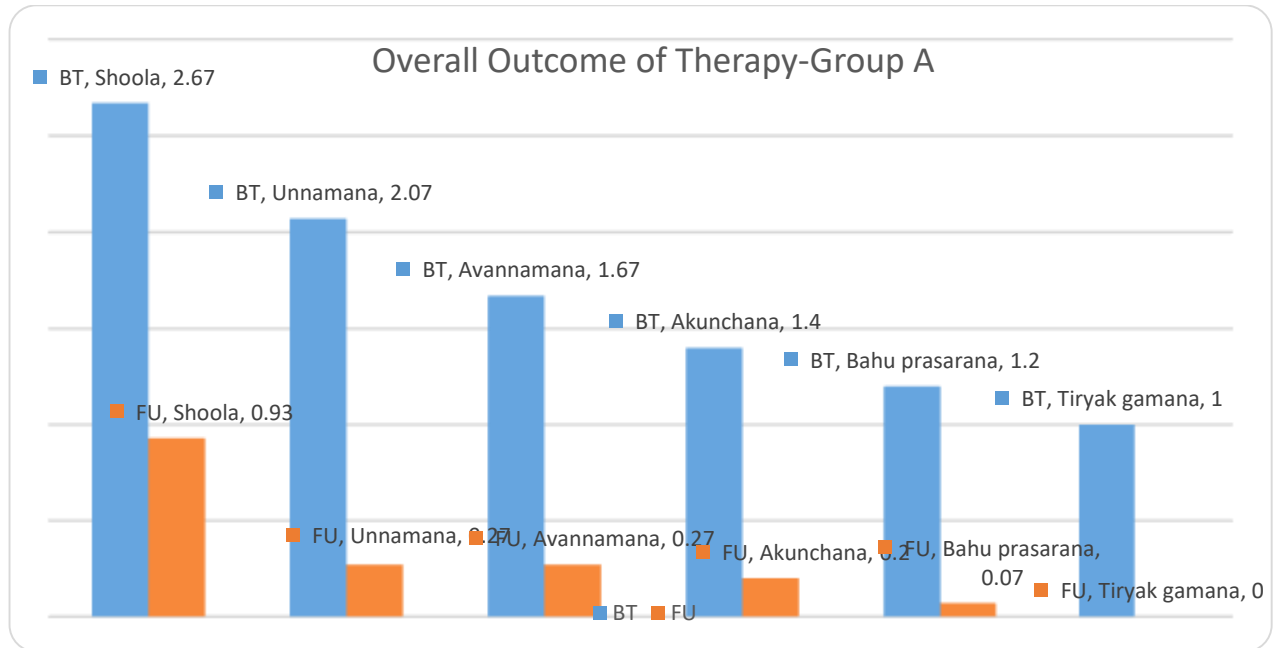
EFFECT OF TREATMENT IN GROUP - B		
Class	Grading	No of patients
0-25%	No Improvement	0
26% -50%	Mild Improvement	4
51% - 75%	Moderate Improvement	8
76% - 100%	Marked Improvement	3

GROUP B**Overall Effect of Therapy on Group A:-**

Among the overall symptoms of Group A, *Shoola*, showed a highly statistically significant reduction from start of treatment, till follow up ($p < 0.01$). *Unnamana* and *Avannamana* of the *Sandhi* also showed high statistical significance at the follow up visit ($p < 0.01$). There was a highly statistically significant improvement in *Akunchana* and *Prasarana* of *Bahu*, at the follow up visit. *Tiryak Gamana* of the *Sandhi* also showed a highly significant improvement from start of treatment to follow up ($p < 0.01$). Among the outcome variables, *Shoola* showed the highest improvement, with a *t* value of 10.03.

Overall Outcome of Therapy -Group A

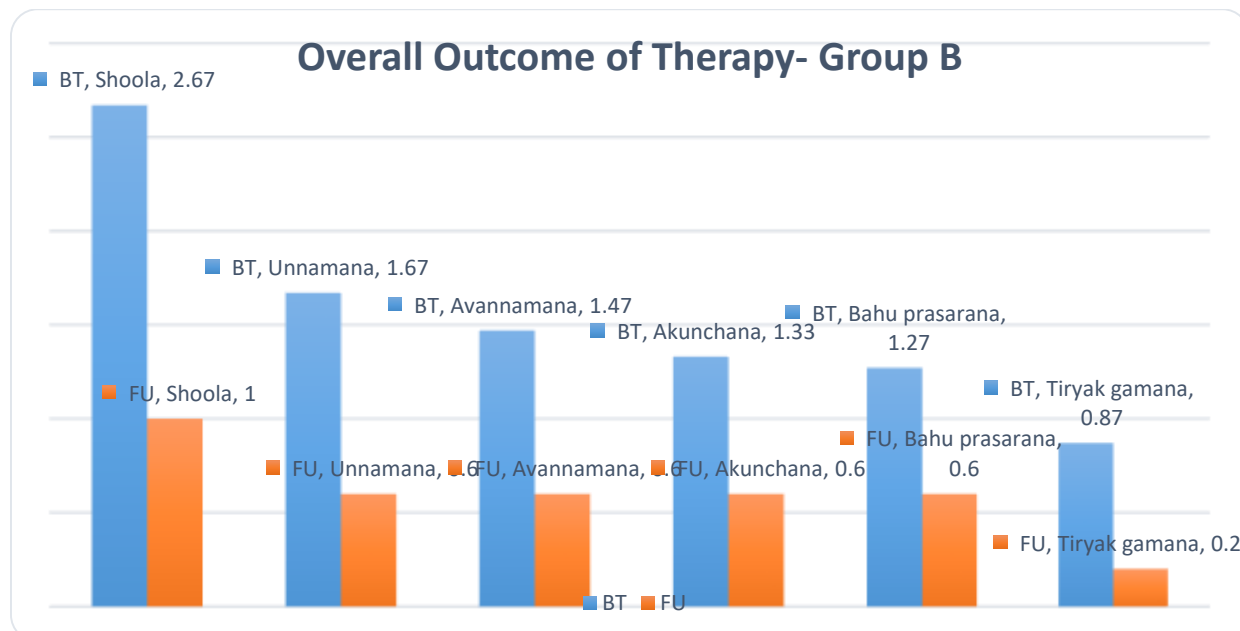
SYMPTOM	BT	FU	Net Mean	S.D (±)	S.E (±)	t value	p value	Remarks
Shoola	2.67	0.93	1.73	0.594	0.153	10.03	<0.001	HS
Unnamana	2.07	0.27	1.80	0.775	0.200	8.30	<0.001	HS
Avannamana	1.67	0.27	1.40	0.632	0.163	8.10	<0.001	HS
Akunchana	1.40	0.20	1.20	0.775	0.200	5.50	<0.001	HS
Bahu prasarana	1.20	0.07	1.13	0.352	0.091	9.00	<0.001	HS
Tiryak gamana	1.00	0.00	1.00	0.535	0.138	7.25	<0.001	HS

Overall outcome of therapy of Group A:-**Overall Effect of therapy on Group B:**

Among the overall symptoms of Group B, *Shoola*, showed a highly statistically significant reduction from start of treatment, till follow up ($p < 0.01$). *Unnamana* and *Avannamana* of the *Sandhi* also showed high statistical significance at the follow up visit ($p < 0.01$). There was a highly statistically significant improvement in *Akunchana* and *Prasarana* of *Bahu*, at the follow up visit. *Tiryak Gamana* of the *Sandhi* also showed a highly significant improvement from start of treatment to follow up ($p < 0.01$). Among the outcome variables, *Shoola* showed the highest improvement, with a *t* value of 8.92.

Overall Outcome of Therapy-Group B

SYMPTOM	BT	FU	Net Mean	S.D (±)	S.E (±)	t value	p value	Remarks
Shoola	2.67	1.00	1.67	0.617	0.159	8.92	<0.001	HS
Unnamana	1.67	0.60	1.07	0.594	0.153	4.00	<0.001	HS
Avannamana	1.47	0.60	0.87	0.834	0.215	3.21	<0.001	HS
Akunchana	1.33	0.60	0.73	0.704	0.182	2.95	<0.001	HS
Bahu prasarana	1.27	0.60	0.67	0.617	0.159	2.98	<0.001	HS
Tiryak gamana	0.87	0.20	0.67	0.617	0.159	3.39	<0.001	HS

Overall outcome of Therapy of Group B:

Comparative results of Group-A and Group-B on assessment parameters:-

Characteristics							Unpaired 't' test (Group A vs. Group B)				Remarks
Signs and Symptoms	Group A			Group B							
	Mean	SD	SE	Mean	SD	SE	SD	SE	T	p	
SHOOLA	0.93	0.594	0.153	1.00	0.617	0.159	0.02	0.221	0.317	0.754	SNS*
UNNAMANA							0.181	0.252	1.308	0.201	SNS*
	0.27	0.775	0.200	0.60	0.594	0.153					
AVANNAMANA							0.200	0.270	1.221	0.232	SNS*
	0.27	0.632	0.163	0.60	0.834	0.215					
AKUNCHANA	0.20	0.775	0.200	0.60	0.704	0.182	0.071	0.270	1.479	0.150	SNS*
PRASARANA	0.07	0.352	0.091	0.60	0.617	0.159	0.265	0.183	2.889	0.007	HS**
TIRYAK GAMANA	0.00	0.535	0.138	0.20	0.617	0.159	0.265	0.211	0.949	0.351	SNS*

*SNS= Statistically Not significant ** HS=Highly Significant

A posttest analysis was done using unpaired t test, on mean follow up values of each symptoms between groups. The assessment showed no statistically significant difference between the groups in all symptoms ($p > 0.05$) except *Bahu Prasara*. *Bahu Prasara* showed a highly statistically significant difference between the group with the higher improvement shown in group A ($p < 0.01$).

The follow up outcome of the symptom *Shoola* was comparatively similar in both the Groups though the Group A mean was lower one. In the case of *Unnamana* and *Avannamana* also, the Group A outcome mean was comparatively lesser than that of Group B indicating a better relief of symptoms in Group A though the difference was not statistically significant ($p > 0.05$). The symptoms of *Akunchana* showed higher improvement with relatively less mean outcome compared to Group B. This difference was also not statistically significant ($p > 0.05$). In *Bahu Prasara*, Group A showed an extremely significant improvement in comparison to Group B and this difference was highly statistically significant ($p < 0.01$). In *Tiryak Gamana*, Group A showed a complete reduction in symptoms as evidence by the mean of 0.00. But, this symptom was not statistically superior to Group B outcome which was also rather high improvement. Hence, the comparative analysis was not statistically significant ($p > 0.05$).

The higher 't' values of the analysis of the symptoms-*Unnamana*, *Avannamana* and *Akunchana* also points to the fact that there was a higher clinical outcome for *Parinatakeriksheeradi Taila Nasya* when compared to *Karpasasthyadi Taila Nasya*.

Comparative Results of Group-A and Group-B on overall mean at FU

Group A	Group B	Mean Difference	S.D (±)	SE (±)	T value	p value	Remarks
0.29	0.60	0.31	0.08	0.107	2.90	<0.007	HS

Comparative results of Group A and Group B on overall mean at follow up

The overall effect of therapy was compared between groups using overall mean of outcomes at follow up visit, with unpaired t test. Group A showed a highly statistically significant improvement in overall symptoms when compared to Group B.

V. DISCUSSION:-

The present work is dealing with the conceptual and clinical study on *Avabahuka* and its management with *Parinatakeriksheeradi Taila* and *Karpasasthyadi Taila*.

Avabahuka has been described as one among the *Vataja Nanatmaja Vyadhi*. The Aggravated *Vata*, which takes *Sthana Samsraya* in *Amsa Moola*, wherein there is already *Shleshaka Kapha Kshaya* causes the *Sirasankochana* (constriction of the *Sira*) locally and produces *Praspanadanahara* (restricted movement) of *Bahu*, manifesting as *Avabahuka*.

There are many clinical conditions described in the medical texts, which involves the shoulder joint, from which the most common condition is Adhesive Capsulitis or Frozen shoulder. Frozen shoulder is a condition that causes restricted active and passive glenohumeral movements in the shoulder joint.

According to the present study, all patients are presented with the symptoms of both *Shoola* and *Bahu Praspanadharatva*. The severity of *Shoola* observed in all the patients were extremely high (2.67) and was the most mitigating symptom. Among the symptoms of *Bahu Praspanadharatva*, *Unnamana* showed the most difficulty (2.07).

Nasya Karma is one among the most important *Panchakarma* therapy indicated in treatment of *Avabahuka*. A comparative study was initiated to understand the difference in effect between the 2 combinations when given as *Nasya* in *Avabahuka*. From the outcome of the study, it can be observed that, both Groups received significant relief from symptoms of *Avabahuka*. This proves the efficacy of *Nasya* in this disease

condition. 8 Bindus of Nasya was given as *Madhyama Matra* was used in the study in both groups. The dose was decided considering the *Teekshna Swabhava* of drugs used. All patients were comfortable with the dose and no *Ayoga* or *Atiyoga* were reported. This reveals that, the selected dose was optimum for the disease.

Comparison of overall assessment of Group A and Group B:-

In this study, the overall result of Group A is 82.79% and overall result of the Group B is 63.78%

Here, the patients of Group A show more improvement when comparing with the Group B. This may be due to the fast action of *Parinatakeriksbeeradi Taila Nasya* in Group A when we compare with *Karpasasthyadi Taila Nasya* in Group B.

Comparison of total effect of two groups had analysed statistically through Paired 't' test. The test revealed that Group A-Nasya with *Parinatakeriksbeeradi Taila* had got highly significant result than Group B-Nasya with *Karpasasthyadi Taila*.

Statistical Conclusion:-

Statistical analysis proved that the Group A is more effective than Group B.

Mode of action of Parinatakeriksbeeradi Taila:-

The ingredients of *Parinathakeriksbeeradi Taila*⁷ are having *Vatahara*, *Shulahara*, *Jeevana*, *Indriyaprasadana* and *Brimhana* properties. As *Avabahuka* is a *Vata* predominant disease, *Vatahara* property of this *Taila* will help to get relief from the *Lakshanas* of *Avabahuka*. It is mainly having single indication that is in *Avabahuka*. The *Ushna Veerya* of the drugs present in this will subside the *Shoola* and *Stabdatha* in *Avabahuka*. The *Madhura Vipaka* of the drugs present in this will do *Bhrumhana* effect. So in the present context of *Avabahuka*, the vitiated *Vata* due to its *Rookshadi Guna* reduces the *Snigdhata* of *Amsa Pradesha*. To subside this *Rookshata* and to strengthen the *Amsa Pradesha*, *Nasya* with *Parinatakeriksbeeradi Taila* is advised.

Nasya acts mainly due to the *Veerya* of the *Oushadha*; which in turn depends on the *Gunas* of the *Oushadha* as well. *Haridra* and *Devadhoopa* is having *Laghu- Rooksha Guna*, *Ushna Veerya* & is *Kapha Vata Shamaka*. *Parinathakeriksbeeradi* is *Vata pittahara* and *Balya*. *Jambeera* has *Laghu*, *Teekshna Guna*, *Ushna Veerya* and *Kapha Vata Shamaka*. Hence, the ingredients of this *Nasya* mainly help to combat the *Prakupita Vata*.

All the ingredients are anti-inflammatory, analgesic and anti-oxidant. Hence, it will help to relieve pain, inflammation and recuperation of the affected area.

Parinatakeriksbeeradi Taila provides nourishment to the nervous system on its nasal administration; it reaches different *Shirogata Indriya* and On the basis of the foregoing observations can state that the procedures, properties & conducts explained for *Parinatakeriksbeeradi Tailam* in *Nasya Karma* are of vital importance in drug absorption & transportation. To conclude, *Nasya Karma* helps in *Avabahuka* by its *Vata shamana* and *Brumhana Karma*.

Mode of Action of Karpasasthyadi Taila:-

Karpasasthyadi Taila comprises mainly

Karpasa, *Masha*, *Kulattha*, *Bala*, *Pippalimoola*, *Sigru*, *Nagara*, etc and *Taila* having the properties like *Snigdha Guna*, *Ushna Veerya* and *Vata Kapha Shamaka* and act as *Vedana Shamaka*, *Shothahara* and *Bhrumhana*. This provides significant effect on symptoms of *Avabahuka*.

Avabahuka is *Vata* predominant disease. *Karpasasthyadi Taila* is having *Vatahara* property. Most of the contents of *Karpasasthyadi Taila* has *Katu Rasa*, this *Katu Rasa* even though aggravates *Vata Vyadhi*, but with the influence of *Snigdha*, *Guru Guna* of *Taila*, *Ushna Guna* and *Veerya* of the ingredients it subsides the aggravated *Vata* in *Avabahuka*. The *Ushna Guna* of the ingredients of *Karpasasthyadi Taila* subsides the *Sheeta Guna* of *Vata* to subside the *Shoola* and *Sthabdatha* in *Avabahuka*.

As *Karpasasthyadi Taila* is having more *Ushna* and *Teekshna* property, which may help in *Vatahara* action which in turn helps in reduction of pain in *Avabahuka*.

Comparative Efficacy of both Tailas:-

Present study shows good results in the *Avabahuka*, a *jatrurdwa vikara*. But in Chronic condition, it is not getting much result. It may be due to the long standing nature of the disease. *Parinatakeriksbeeradi Taila Nasya* and *Karpasasthyadi Taila Nasya* given for the seven days gives good changes in *Avabahuka*. So we can say that both are effective in different stages of *Avabahuka*. This may be due to action of *Nasya* in *Jatrurdwa Pradesha*. If the study has done for more duration of treatment then we can achieve a better result.

Nasya with *Parinatakeriksbeeradi Taila* had got more result compared to *Nasya* with *Karpasasthyadi Taila*. This may be because *Parinatakeriksbeeradi Taila* is processed with more *Vatakaphahara* drugs and the *Taila* is having more *Ushna Veerya*, and *Brihmana* nature compared to *Karpasasthyadi Taila*. This was evidence with the improved clinical outcome of Group A.

VI. CONCLUSION:-

- *Nasya Karma* is considered as very effective and easy procedure adopted in treatment in *Avabahuka*.
- *Parinatakeriksbeeradi Taila* and *Karpasasthyadi Taila* can be practiced safely without any adverse effect.
- The present study shows highly significant results which indicate that therapeutic effects like *Shoolahara* and *Stambhahara*, i.e.; improvement in degree of shoulder joint movement without pain which is achieved to great extent by *Nasya Karma*.
- *Parinatakeriksbeeradi Taila* is more beneficial in the form of *Nasya Karma* in the management of *Avabahuka* due to its *Vatahara* properties.
- *Nasya* with *Parinatakeriksbeeradi Taila* shows more *Shoolahara* and *Stambhahara* property after treatment and follow up when compared to *Karpasasthyadi Taila*.
- In chronic stage also *Nasya* with *Parinatakeriksbeeradi Taila* holds better result as compared to *Karpasasthyadi Taila*.
- Can give both these *Nasya* in OPD level based on the convenience of the patient but strict *Pathyapalana* should be done.
- The medicine and procedure are cheaper and cost effective.
- Overall, the Group A is more effective clinically and statistically than Group B in almost all the parameters.

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