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## THE MANAGEMENT OF MENOPAUSAL SYNDROME WITH SHIRODHARA AND SHAMAN YOGA - A PILOT STUDY

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### ABSTRACT

The present clinical trial was conducted to evaluate the efficacy of Shirodhara and Shaman Yoga in the management of menopausal syndrome, along with the assessment of vatic and Paittik symptoms. It was randomized open clinical trial. Total 10 patients were registered in the study and completed the course of therapy. Specialized rating scales like Menopause Rating Scale (MRS) and Menopause Specific Quality of Life (MENQOL) questionnaires were adopted for diagnostic as well as assessment criteria. The effects were examined based on MRS and MENQOL. Results were analyzed statistically using 't' test. The effects were examined on the chief complaints as well as the associated complaints.Patients undergoing therapy had better relief of the disturbances of Manasa Bhavas and psychic symptoms of menopause also showed encouraging results in management the associated somatic symptoms. Hence, we conclude that it can be used as an alternative therapy to HRT.

KEY WORDS: menopausal syndrome, Rajonivrutti, Shaman yoga, Shirodhara.

## INTRODUCTION

The propagation of the species is a basic aim of nature. In the multiplication of the human race 'woman has a pivotal role to play.' In the fashioning of a woman's bodily structure nature has proved its great capacity and efficiency in a very astonishing manner.

The phase of 'menarche' and 'menopause' have important influences on the physical, psychological, social, and emotional aspects of a woman. The menopause is a natural phenomenon and one of the life's important milestones. As both menarche and menopause are related to post-birth changes, both should be tackled with the same caution and care; however, sometimes increasing age and diminishing qualities from life make the menopausal condition more difficult to handle in the lack of proper understanding, sound medical advice, and good social support. Not every woman passes through a torrid time during this phase but every female surely knows about the negative changes associated with the onset of the menopause. This period is usually associated with unavoidable manifestation of aging process in women.<sup>[1]</sup> Most women experience near complete loss of production of estrogen by their mid-fifties.<sup>[2]</sup> Hot flushes, sweating, changes in mood and libido are some of the important outcomes affecting the quality of life (QoL) during climacterium in women. QoL covers physical, functional, emotional, social, and cognitive variables up to 85% of menopausal women.<sup>[3]</sup> The period of menopause is a time of tremendous changes in lifestyle. These changes may cause loss of equilibrium and discipline in her day-to-day life.

Though, Rajonivritti as a diseased condition is not described separately in the classical Ayurveda texts, Rajonivritti Kala is mentioned by almost all Acharyas without any controversy. According to Sushruta<sup>[4]</sup> and various other references too<sup>[5-7]</sup> 50 years is mentioned as the age of Rajonivritti, when the body is fully in grip of senility.<sup>[8]</sup>

There has been extensive research on menopause in the West, but in India only a few research institutes have recognized the potential of research on this subject. Being a common and distressing problem, it needs

							1.17		
S. Estrodiol	103.64	61.46	42.18	36.51↓	34.92	15.61	2.70	10	< 0.05

## Table 6: Total Effect Of Therapy In Group A.

Effect of therapy	No. of patients	%
Unchanged - 🗆 25% relief	0	0
Mild Improvement -26-50% relief	6	60
Moderate improvement -51-75%	4	40
Markedly improved -76-99% relief	0	0
Complete cure -100% relief	0	0

### CONCLUSION

Shirodhara and Shaman Yoga combined is better in various psychological disturbances mainly include headache, irritability, depression, mood swings, sleep disturbances, etc., So, it can be concluded that in women with mild to moderate symptoms of menopausal syndrome, a Shaman Yoga gives better result in both somatic as well as psychological complaints. No any adverse effect was noted during the study. Therefore it could be a safe alternative therapy of HRT. It is found to be an effective therapy in psychological and somatic problems related with menopausal syndrome.

### REFERENCES

- 1. Mashiloane CD, Bagratee J, Moodley J. Awareness of and attitude toward menopause and hormone replacement therapy in an African community. Int J Gynaecol Obstet, 2002; 76: 91-3.
- Cobin RH, Futterweit W, Ginzburg SB, et al. for the AACE Menopause Guidelines Revision Task Force: American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of menopause. Endocr Pract., 2006; 12(3): 317.
- Blumel JE, Castelo-Branco C, Binfa L, Gramegna G, Tacla X, Aracena B, et al. Quality of life after the menopause: A population study. Maturitas, 2000; 34: 17-23.
- Sushruta, Sushruta Samhita, Sutra Sthana, Shonitvarnaniya Adhyaya 14/6, Ambika Dutta Shastri, 'Ayurveda-Tattva-Samdipika' Vyakhya, Reprinted 2nd ed. Chaukhamba Samskrit Samsthan, Varanasi, 2006; p. 48.
- 5. Ibidem, Sushruta Samhita, Sharira Sthana, Garbhavkranti Sharira, 3/9, p. 21.
- Vagbhatta, Asthanga Hridaya, Sharira Sthana, 1/7, Commentary by Kaviraj Atridev Gupta, Reprinted. Chaukhamba Surbharti Prakashan, Varanasi, 2007; p. 170.
- Vagbhatta, Ashtanga Samgraha, Sharira Sthana 1/11, Commentary by Kaviraja Atrideva Gupta, Reprinted. Chaukhamba Krishnadas Acedemy, Varanasi:, 2005.
- Bhavamishra, Bhavaprakasha, Purva Khanda 3/1, Pandit Shree B. S. Mishra, 9th ed. Chaukhamba Samskrit Samsthana, Varanasi, 2005; p. 204.
- 9. Schneider, HPG; Heinemann, LAJ; Rosemeier, HP; Potthoff, P; Behre, HM. The Menopause Rating

Scale (MRS): Reliability of scores of menopausal complaints. Climacteric. 2000; 3: 59-64.

 Hilditch JR, Lewis JE. Menopause-specific Quality of Life Questionnaire (MENQOL). Available from: www.proqolid.org/instruments/menopause\_ specific\_quality\_of\_life\_questionnaire menqol. [Last updated 2012 Jul].



**Original Article** 

## Effects of shirodhara in generalized anxiety disorder

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#### ABSTRACT

Anxiety is a common clinical presentation. Primary anxiety poses a significant problem in its management. Many among the current treatment options of anxiety are habit forming causing significant withdrawal symptoms. There are dose dependent responses often associated with drug adversities. Day time sedation is an undesired effect of many drugs used for anxiety management limiting its usage. Ayurveda recommends a bio- physical procedure to manage anxiety. *Shirodhara*, a dripping procedure is utilized as a front line therapy for anxiety in Ayurveda. Seeing the limitations of conventional biomedical management of anxiety requiring an improvement upon the existing protocols of managements, and also seeing the use of *shirodhara* for anxiety management in ayurvedic clinics, a pragmatic study to evaluate the effect of *shirodhara* in generalized anxiety disorder was done. This was a pragmatic study consisting of *shirodhara* with *ksheer bala* oil as an intervention upon generalized anxiety disorder patients. The study was conducted upon 13 patients and observations were done for six weeks. The responses observed through the changes in Hamilton Anxiety Scale were evaluated using paired t test to observe the pre-post significance.

Keywords anxiety, generalised anxiety, shirodhara, ksheer bala oil

## **INTRODUCTION**

Anxiety is understood as the state of apprehension or uneasiness arising due to the anticipation of insecurity or assault. It is pathological when it is unreasonable, exaggerated, recurrent and causing a significant psycho-physiological distress. Generalized anxiety disorder (GAD), a common variant of anxiety disorders, has 2 - 5% prevalence in general population (Baxter et al., 2013). With an increasing population and subsequently increasing socio-economic stress, incidence of anxiety is also increasing. Anxiety affects the personal performance causing a significant dip in the quality of the social - interpersonal relationship. Eventually, a patient of anxiety disorder fails to contribute optimally to the personal or societal needs. The result is a significant personal and societal direct and indirect loss.

Anxiety is a pervasive phenomenon continuing for a significant period. Current stake of therapy for anxiety disorder depends upon antidepressant drugs and Cognitive behavioral therapy (CBT). Dependency and requirement of prolonged treatment sessions are biggest limitations of the existing therapeutic options for Anxiety. Withdrawal is also a challenge once these drugs are instituted.

Ayurveda for its pro-health principles, utilizing the natural resources and healthy life measures, is emerging as a user friendly, economical, viable, and dependable treatment

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societal involves gentle pouring of a medicated liquid upon the forehead. It is traditionally used to treat variety of conditions related to cognition, sleep and anxiety. Although, existing scientific evidence regarding the therapeutic effectiveness of *shirodhara* in various traditional indications is supportive to the claims made in this regard (Vinjamury et al., 2014; Nakanekar et al., 2015; Sriranjni, 2009), the strong evidences are still lacking for its use in specific clinical conditions. It is in this purview, a pragmatic

reference of Ayurveda.

Generalised Anxiety disorder was carried out. Besides *shirodhara*, anxiety is dealt in Ayurveda with *satvavajaya* (ayurvedic psychotherapy) and a few *samsamana* (palliative) measures including the use of few herbs like Jatamansi (Nordostychus jatamansi), Brahmi (Bacopa monnieri), Ashwagandha (Withania sominfera) and Vacha (Acorus calamus). Various *ghrita* (clarified butter) preparations are also prescribed in various psychiatric conditions described in Ayurveda. Other traditional systems practiced in the world also have their own theories and approach towards anxiety. In

study to observe the effect of shirodhara in patients of

alternative for many physical and mental illnesses. Samshamana (palliation) and Samshodhana (elimination)

constitute the two major modes of Ayurveda interventions in a disease (Rastogi, 2012). *Panchkarma* is a comprehensive

Samshodhana strategy from Ayurveda, aiming at elimination of disease causing agents by various specialized means and

methods. There are many allied bio-physical procedures also

within the purview of Panchkarma as a help in treating various

ailments. Shirodhara( oil dripping on fore head), Shirovasti (oil bath of scalp), Netravasti (oil bath of eye), Januvasti (oil bath

of knee) are example of such procedures having their specific

method of application and indication as per the classical

Shirodhara (Shiro means head and dhara means flow)

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In conclusion, Shirodhara invited considerable attention among scientific community in recent past. The major concern of this interest is its usefulness in various neurocognitive disorders without any internal drug intake. Shirodhara is used routinely in ayurvedic clinics for conditions like insomnia, headache, migraine, anxiety and stress. Impacts of various mediums used in shirodhara are reported and maximum stress reducing effects are observed through oil as a medium. Effects of shirodhara are found to be equated with meditative state and a reduction in catecholamine and an increased serotonin reuptake is proposed as one mechanism of its action (Dhuri et al., 2013; Uebaba et al., 2005). Shirodhara can be a good addition to existing anxiety management protocol with reduced dependency and reduced adversity but with added efficacy of the integrated protocol. More robust and long term follow up studies are however required to reach to this conclusion.

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## **CONFLICT OF INTEREST**

The authors declare that there is no conflict of interest.

### REFERENCES

Baxter AJ, Scott KM, Vos T, Whiteford HA. Global prevalence of anxiety disorders: a systematic review and meta-regression. Psychol Med. 2013;43:897-910.

Dhalwal K, Deshpande YS, Purohit AP, Kadam SS Evaluation of the Antioxidant Activity of Sida cordifolia. Pharmaceutical Biology. 2005;43:754-761.

Dhuri KD, Bodhe PV, Vaidya AB. Shirodhara: A psychophysiological profile in healthy volunteers. J Ayurveda Integr Med. 2013;4:40-44.

Dove R. Anxiety: the epidemic sweeping through Generation Y. Available at: http://www.telegraph.co.uk/women/health/ anxiety-the epidemic-sweeping-through-generation-y/ (accessed on 1<sup>st</sup> October 2016).

Hamilton M. The assessment of anxiety states by rating. Br J Med Psychol. 1959;32:50-55.

Lahorkar P, Ramitha K, Bansal V, Anantha Narayana DB. A comparative evaluation of medicated oils prepared using ayurvedic and modified processes. Indian J Pharm Sci. 2009;71:656-662.

Nakanekar A, Bhople S, Gulhane H, Rathod S, Gulhane J, Bonde P. An ayurvedic approach in the management of Guillain-Barre syndrome: A case study. Anc Sci Life. 2015;35:52-57.

Otto M. Teaching Slides: CBT for Anxiety and Depressive Disorders. Available at: http://www.adaa.org/resources-professionals/teaching-slides (accessed on 1<sup>st</sup> October 2016).

Rastogi S. Toward evidence - based Ayurveda: extrapolating

the challenges in current decade. In Evidence based practice in complementary and alternative medicine. Chiappelli F, Ramchandani MH, Singh RH ed. (Heidelberg, Germany: Springer-Verlag GmbH), 2011.

Tokinobu A, Yorifuji T, Tsuda T, Doi H. Effects of Ayurvedic Oil-Dripping Treatment with Sesame Oil vs. with Warm Water on Sleep: A Randomized Single-Blinded Crossover Pilot Study. J Altern Complement Med. 2016;22:52-58.

Tubaki BR, Verma A, Sasidharan A, Sulekha S, Satyprabha TN, Sudhakar D, Chandrashekhar CR, Lavekar GS, Kutty BM, Manasamrita Vataka and shirodhara treatments preserves slow wave sleep and promote sleep continuity in patients with generalized anxity disorder and co morbid generalized social phobia. Current Science. 2016;3:283-292.

Uebaba K, Xu FH, Ogawa H, Tatsuse T, Wang BH, Hisajima T, Venkatraman S. Psychoneuroimmunologic effects of Ayurvedic oil-dripping treatment. J Altern Complement Med. 2008;14:1189-1198.

Uebaba K, Xu FH, Tagawa M, Asakura R, Itou T, Tatsuse T, Taguchi Y, Ogawa H, Shimabayashi M, Hisajima T. Using a healing robot for the scientific study of shirodhara. Altered states of consciousness and decreased anxiety through Indian dripping oil treatments. IEEE Eng Med Biol Mag. 200;24:69-78.

Vinjamury SP, Vinjamury M, der Martirosian C, Miller J. Ayurvedic therapy (shirodhara) for insomnia: a case series. Glob Adv Health Med. 2014;3:75-80.

W.H.O. Economic burden of disease. Available at: http://www.who.int/choice/economicburden/en/ (accessed on  $1^{st}$  October 2016).

Xu F, Uebaba K, Ogawa H, Tatsuse T, Wang BH, Hisajima T, Venkatraman S. Pharmaco-physio-psychologic effect of Ayurvedic oil-dripping treatment using an essential oil from Lavendula angustifolia.J Altern Complement Med. 2008;14:947-956.

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## THERAPEUTIC EFFICACY OF SHIRODHARA IN PSYCHOSOMATIC DISOSRDES

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## ABSTRACT

*Shirodhara* is a form of Ayurveda therapy that involves gently pouring liquids over the forehead and can be one of the steps involved in *Panchakarma*. The name comes from the Sanskrit words *shiro* (head) and *dhara* (flow). Psychosomatic disorders may affect almost any part of the body, though they are usually found in systems not under voluntary control. Emotional stress is assumed to aggravate existing illnesses, and there is some evidence that it may precipitate illnesses not usually considered to be psychosomatic (e.g., HTN, diabetes. Psoriasis, IBS).*Shirodhara* facilitates to counterbalance the *Manasika* and *shareerikadoshas* which occurs simultaneously and this is potentiated by Psychoneuroimmunology (PNI) mechanism, hence the effect may be seen instantly.

Keywords: Shirodhara, Panchakarma, Psychosomatic disorders.

## **INTRODUCTION**

*Shirodhara* is a procedure in which certain liquids like oil, butter milk, etc. are poured over the forehead & scalp from a distance of 4 *Angula* for a period of 30 to 60 minutes for 7 to 21 days as per requirement. The etymology of *Shirodhara* is from *shira* = head and *dhara* = a steady flow. This procedure induces a relaxed state of awareness, which results in a dynamic psycho-somatic balance. A total feeling of wellness, mental clarity, and comprehension is experienced in this process. It is quite recently that Japanese investigators have initiated state-of-the art studies on *Shirodhara* for its effects on psychoneuroimmunology.[1]Psychosomatic disorders resulting from stress may include hypertension, respiratory ailments, gastrointestinal disturbances, migraine and tension headaches, pelvic pain, impotence, frigidity, dermatitis, ulcers and so on. *Shirodhara* is a well-established *upakarma* procedure for centuries. It is widely practiced in India and also in *Panchakar*-

How to cite this URL: Dr. Vaidehi V.Raole : Therapeutic Efficacy Of Shirodhara In Psychosomatic Disosrdes. International Ayurvedic medical Journal {online} 2016 {cited 2016 July} Available from: http://www.iamj.in/posts/images/upload/3149\_3152.pdf macentres abroad. Besides its therapeutic usage and its shamana karma, its general relaxing and calming effects are wellknown and worth exploring with modern tools. However, there have been very few studies of Shirodhara in volunteers employing markers of psychosomatic relaxation [2] in some studies Shirodhara treatment showed a reduction in their anxiety levels as per the mood assessment scores. It changes in vital signs, EEG, ECG, salivary cortisol, and urinary catecholamines as putative correlates of stress [3]. The changes in the EEG records confirmed the subjective relaxant effect scored by the V.A.S. for stress relief. For example, the nature of the EEG waves changed more to alfa, and even theta waves. However, the EEG changes, the baseline values of salivary cortisol and urinary catecholamines were not significantly affected by Shirodhara in the fractional samples. There is a need to conduct the programme of several sessions of Shirodhara in a group of patients with anxiety neurosis to evaluate the effects on salivary cortisol and urinary catecholamines.

## Effect of *Shirodhara*on body and *Mana*(Mind):

*Dhara*is not only used in psychic diseases but also used in psychosomatic diseases like IBS (Irritable Bowel Syndrome), Psoriasis, EHT, etc. Continuous pouring of *dhara*on fore-head for a specific period has Tranquilizing effect & regulates rhythm *Mana &Prana Vayu* it also induces Sleep. In *Dhara* therapy, prolonged and intermittent stimulation by the dripping oil may provide afferent inputs to the cerebral cortex, leading to a tranquilizing effect.

## 1. Effect on Marmas

*Marmas*are the *Pranas*may be correlated with vital energy of body on stimulation they activate immune system. **2.** *SthapaniMarma*: Just below this area inside the skull lies the venous reservoir of the brain the superior Sagittal and Cavernous Venous Sinuses.

**3.** *ShankhaMarma*: It corresponds to temporal bone of the skull underneath which lies the temporal lobe of cortex arterial branches and at the base is also some of the important structures of the brain.

**4.** *UtkshepaMarma*: Intracranial cavity and venous sinuses the wall of which are made of coverings of the brain lie in this region

5. AdhipatiMarma: This location is well known as the anterior fontanelle on the vertical groove of the frontal bone. Underneath this point, there is saggital sinus of the brain and also the sulcus between two hemispheres of the cortex. Shirodharastimulates these Marmasand improves circulation; liquid used for Shirodhara is always luke warm which causes vasodilatation of all the channels and Thereby improving their circulation which in turn improves the blood circulation of brain. This improves the higher intellectual functions also. So an improvement in psychic symptoms is achieved. Improvement in circulation to hypothalamus also improves the function of Autonomic Nervous System as its stimulation during stress causes many physiological disturbances.

## 6. Effect on Chakras

*Shirodhara*may stimulate *Acharya Chakra* thereby improving the functions of mind which is vitiated in Stress as it is the place of subtle mind. Structures like Pituitary gland, pineal body, subcortic structures of mid brain are related with mental functions like anger, grief, pain, fear, memory and other higher intellectual functions. *Shirodhara*acts at this level correcting their functions.

7. Effect on Autonomic Nervous System

*Shirodhara* may also have Alpha Adrenergic blocking effect and can thus block certain actions of adrenaline and nor adrenaline. It may also act on the adrenergic neuron probably produce their effects by modifying the synthesis storage and uptake mechanisms of nor-adrenaline.

## 8. Effect on Endocrine system

The effect of *Shirodhara* on hormone secretion can also be postulated considering the effect on hypothalamus as hypothalamus is the main controller of endocrine secretions. The hypothalamic Neurons which secrete the regulatory hormones are themselves under the control of specialized Monoaminergic, neurotransmitter neurons which arise in the mid brain. These latter release Dopamine, nor-adrenaline and Serotonin. In turn, these mid brain nuclei are under the control of visceral brain and are responsive to stress and emotional disturbances.

## Regulation of emotional and behavioural patterns

Together with the limbic system with the hypothalamus regulates the feeling of rage, aggression, pain and pleasure and behavioural patterns of sexual arousal ultimately it can be postulated that Shirodhara may be having some effect on hypothalamus resulting in decrease of most of the psychic and somatic disorders like psoriasis. Psychoneuro Immunology Researchers have conducted two human clinical trials on the psychoneuroimmunologic effects of Shirodhara. In the first study a group of healthy females were randomly assigned to receive a Shirodhara treatment (with plain sesame oil) or remain in a supine position (control group), while being monitored for numerous physiologic, biochemical, immunologic and psychometric parameters. The second study had a similar design, with the addition of a third group that received Shirodhara with a medicated ses-

ame oil containing essential oil of lavender. Both the treatments resulted in decreased anxiety and promoted ASC (altered state of consciousness). After the plain sesame oil treatment there was a significant decrease in plasma noradrenaline and urinary serotonin excretion vs. the control group. A correlation with natural killer cell (NK cell) activity and anxiolytic effect within the Shirodhara group was also observed [4]. The ultimate aim of the Shirodhara therapy is to restore the equilibrium of Sharira and Manasikadoshas through the psycho-somatic axis, which in turn facilitates'manoprasannatah' or tranquillity of mind, a positive sign of healthy state of the body. Researchers have recently investigated the effect of Shirodharain psycho-physiological profile of healthy volunteers [5] and also in patients of generalized anxiety disorder [6] and found that the promising results in both the cases. In simple words Ayurveda treats the body through the medium of mind or manas. Modern drugs promote relaxation by blocking awareness of a stressful event, or by diminishing the importance one attaches to it. Under the influence of drug, one is not actively thinking about the problem for the time being. On the other hand the Ayurvedic approach makes one to realize the situation and adopt suitably to solve the stress problems in a refreshing way forever [7].

## CONCLUSIONS

*Shirodhara* is deeply relaxing and induces a relaxant state; these effects are mediated by the brain wave coherence, alfa waves, and a down regulation of the sympathetic outflow. *Shirodhara*helps to heal the body at the root level of disease, by calming imbalances in our mind and disturbances in our emotions it leaves you feeling in a heavenly state. The centre of the forehead, which was evolution wise related to the third eye, is connected atavistically to the pineal gland. This spot is known as *Agnya Chakra* in the yoga tradition. Focusing on *agnyachakra* with closed eyes during meditation leads to psychosomatic harmony. As the oil drips on the agnya chakra, it is proposed that the meditationlike effect is a consequence of stillness of mind leading to adaptive response to the basal stress.*Shirodhara*facilitates to counterbalance the *Manasika* and *shareerikadoshas* which occurs simultaneously and this is potentiated by Psychoneuroimmunology (PNI) mechanism and shows good results in psychosomatic disorders.

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## REFERENCES

- Psychoneuroimmunologic effects of Ayurvedic oil-dripping treatment. Uebaba K, Xu FH,Ogawa H, Tatsuse T, Wang BH, Hisajima T, Venkatraman S J Altern Complement Med. 2008 Dec; 14(10):1189-98.
- Singh AK, Chandola HM, Ravishankar B. Clinical Study on Psychic Traits in Stress Induced Chronic Insomnia and its Management with MamsyadiGhrita & Dashamula KwathaShirodhara. Ayu. 2008;29:9–18.
- 3. Dhuri, Kalpana D., Prashant V. Bodhe, and Ashok B. Vaidya. "Shirodhara: A psycho-physiological profile in healthy volunteers." *Journal of Ayurveda and integrative medicine* 4.1 (2013): 40.
- Uebaba K, Xu FH, Ogawa H, Tatsuse T, Wang BH, Hisajima T, Venkatraman S. Psychoneuroimmunologic effects of Ayurvedic oil-dripping treatment. J Altern Complement Med. 2008 Dec;14(10):1189-98.

- Dhuri KD, Bodhe PV, Vaidya AB. Shirodhara : A psycho-physiological profile in healthy volunteers. J Ayurveda Integr Med 2013;4:40-4
- Tubaki BR, Chandrashekar CR, Sudhakar D, Prabha TN, Lavekar GS, Kutty BM. Clinical efficacy of ManasamitraVataka (an Ayurveda medication) on generalized anxiety disorder with comorbid generalized social phobia: A randomized controlled study. J Altern Complement Med 2012;18:612-21.
- Sharma OP & SathyaN.Dornala . Essentials of Panchakarma (2011). Jagdish Sanskrit Pustakalay, Jaipur. pp.128-138

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## ORIGINAL RESEARCH ARTICLE

CLINICAL EVALUATION OF JATAMANSI SIDDHA TAILA SHIRODHARA ON ANXIETY-NEUROSIS ANUP JAIN<sup>1</sup> SURENDRA VEDPATHAK<sup>2</sup> ASHOK KUMAR SINGH<sup>3</sup> ARUN GUPTA<sup>4</sup> UMESH SAPRA<sup>5</sup>

## Abstract

**Context:** Prevalence of Anxiety Neurosis in modern era is increasing due to high levels of stress at work and personal fronts. In the recent studies it has been found that Anxiety patients form 30% of total psychiatric patients and about 5% of total population suffers from it. The present study was undertaken to assess the efficacy of *Shirodhara Chikitsa*, as it acts on *Manovaha Srotasa*. **Aims and Objectives:** To assess the effect of *Jatamansi Siddha Taila Shirodhara* on Anxiety neurosis by clinical trials. To find out the efficacy, dose, any side effects of *Shirodhara*. **Settings and Design**: Randomized single blind control group study design was adopted. **Materials and Methods:** Total 60 patients of Anxiety Neurosis were selected and divided into two groups of 30 patients each and given *Shirodhara by Jatamansi siddha taila* and *TilaTaila*. Patie. ts . ere evaluated with Hai Iton's Aāi etā Rating scale. **Statistical Analysis Used**: By using paired-t test and unpaired-t test, reduction in Anxiety level was measured. **Results**: By giving *Shirodhara* with *JatamansiSiddhaTaila* for 14 days, we get promising results 73.33% in Anxiety Neurosis and no relapses were seen in a follow up of 6 months. No significant results were found in group given Shirodhara with TilaTaila and also relapse was seen. No serious adverse effects were found. Total 73.33% symptoms of Anxiety Neurosis patients were relieved. **Conclusions:** *Shirodhara* by *JatamansiSiddhaTaila*, proved to be good treatment modality in the view of long term relief of Anxiety Neurosis as it acts by strengthening *Manovaha srotasa* and not just by suppressing vitiated *Dosha*.

Key Words: Anxiety Neurosis, Jatamansi Siddha Taila, Shirodhara, Tila Taila

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*Guna* in it which helps in restoring the strength of Mana, especially the Dhruti part. Jatamansi has been described as Balakantida (improves Bala i.e. strength and Kanti) which highlights its actions on Udana Vayu<sup>[15]</sup> (which is associated with Bala and Varna). Thus, Taila Dhara with Jatamansi Siddha Taila balances the Vataprakopa - especially Prana and Udana, restores the strength of Mana thereby taking care of Sthanavaigunya and improves the quality of Rasa and Majja Dhatu due to its Snigdha Guna. Therefore, it cures most of the stages of Samprapti of this condition and hence one can safely say that it helps in the Samprapti-bhanga process here. Nardostachyn and Jatamansone; the acting principles of Nardostachys Jatamansi (Jatamansi) may be acting as Antidepresant and Anxiolytic in patients suffering from Anxiety Neurosis.

In the group treated with *Tila Taila Shirodhara*, we see the initial effects of *Taila Dhara* which causes *Vata-Shamana* especially that of *Prana Vayu* because it is *Snigdha*, *Ushna* and *Vatashamana* in nature, but as it is not having the *medhya guna* of *Jatmansi Siddha Taila* the *Sthanavaigunya* is not treated hence the relapse is seen.

Adverse Reactions: During the treatment it was noted that if the *Shirodhara* was given for more than 30 minutes with *Jatamansi siddha taila*, patients complained of going blank, i.e.

they were not able to think for a few minutes. So it is suggested that *Jatamansi Siddha Taila Shirodhara* should not be given for more than 30 minutes. No other side effects were noted.

## CONCLUSION:

- Shirodhara by Jatamansi Siddha Taila is effective in Anxiety Neurosis in comparison to Tila Taila Shirodhara.
- Shamana Chikitsa by using Jatamansi Siddha Taila Shirodhara is proven to be a good treatment modality in the view of long term relief of Anxiety Neurosis
- No serious adverse effects were noted.
- Total 73.33% relief was observed after giving Jatamansi Siddha Taila Shirodhara in patients suffering from Anxiety Neurosis. No patient was seen as having complete relief in the Group treated with Tila Taila Shirodhara.

#### **REFERENCES:**

- Panditrao, D.V, Nayar, S, Arya, M.S. (editors). Sahasrayoga; Chapter 13 Dharakalpadhyaya, verse no. 2; Delhi: CCRAS; 1990, 518.
- Chunekar, K. C. (editor). Bhavaprakasha Nighantu. Karpooradi Varga; verse no. 89; Varanasi: Chaukhamba Bharti Academy; 2002; 240.
- Shastri, P. (editor) Sharangadhara Samhita with Dipika and Gudhartha dipika commentaries. Madhyakhanda Chapter 9 Snehakalpana adhyaya, verse no. 1-6; Varanasi: Chaukhamba Surbharti Prakashan; 2006; 212.

- Tripathi, B. (editor) Charaka Samhita with Charaka Chandrika. Sutrasthana; Chapter 27 Annapanavidhi adhyaya; verse no. 30;Varanasi: Chaukhamba Surbharti Prakashan; 2001; 505
- Bouleward, W, Arlington. Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR. (4th ed.). America: American Psychiatric Association; 2000.
- Arlington, Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association. (5th ed.) American Psychiatric Association; 2013. p. 189–195
- Hamilton, M. The assessment of anxiety states by rating. British Journal of Medical Psychology. 1959;32(1): 50-55.
- Maier W, Buller R, Philipp M, Heuser I. The Hamilton Anxiety Scale: reliability, validity and sensitivity to change in anxiety and depressive disorders. Affect Disord 1988;14(1):61–68.
- Borkovec, T, Costello E. Efficacy of applied relaxation and cognitive behavioral therapy in the treatment of generalized anxiety disorder. Clinic Consult Psychology 1993; 61(4):611–619
- Tripathi, B. (editor) Charaka Samhita with Charaka Chandrika; Sutrasthana; Chapter 22 Langhanabrahaniya adhyaya; verse no. 10; Varanasi: Chaukhamba Surbharti Prakashan; 2001; 412

- Tripathi, B. (editor) Charaka Samhita with Charaka Chandrika; Sutrasthana; Chapter 22 Langhanabrahaniya adhyaya; verse no. 11; Varanasi: Chaukhamba Surbharti Prakashan; 2001; 412
- Vaidya, L. (editor) Ashtanga Hridyam with Sarvanga sudari vyakhya; Sutrasthana, Chapter 13 Doshopkramniya adhyaya; verse no. 1; Delhi: Motilal Banarasi Das; 1999; 109
- Tripathi, B. (editor) Charaka Samhita with Charaka Chandrika. *Sutrasthana*, Chapter 12 Vatakalakaliya adhyaya; verse no. 8; Varanasi: Chaukhamba Surbharti Prakashan; 2001; 254-255
- Vaidya, L. (editor) Ashtanga Hridyam with Sarvanga sudari vyakhya; Sutrasthana Chapter 12 Doshbhediya adhyaya; verse no. 4; Delhi: Motilal Banarasi Das; 1999; 97
- Vaidya, L. (editor) Ashtanga Hridyam with Sarvanga sudari vyakhya; Sutrasthana Chapter 12 Doshbhediya adhyaya; verse no. 5; Delhi: Motilal Banarasi Das; 1999; 97

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**Review Article** 

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### A CONCEPTUAL STUDY ON SHIRODHARA PROCEDURE

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#### ABSTRACT

Pouring of medicated Kwatha (Decoction) or oil on forehead is known as Shirodhara. Shirodhara is also a type of Bahya Snehana (external oleation therapy) as mentioned in Ayurveda. Shirodhara is mainly indicated in neurological and psychosomatic disorders. Today's modern life style is full of stress and thus interfering the individual daily function. In current era the problems like insomnia, headache, facial paralysis, scalp psoriasis, hair fall etc. are the most common and challenging conditions. But till now effective management for these complaints are still lacking. Hence it is the need of time to find out the safe and effective treatment modalities for these diseases. Thus an effort is made to rule out the efficacy of Shirodhara in different psychological disorder. The apparent mode of action of this procedure is not understood. Ayurveda mainly highlighted the outcomes of the procedure rather than its action. So a review of Samhita, Chikitsa Grantha, Nighantus and Ayurveda text with regard to Shirodhara was conducted. Indication and Contraindication and therapeutic efficacy of Shirodhara were noted during the study.

Keywords: Shirodhara, Murdha Taila, Panchakarma, Dharapatra

#### **INTRODUCTION**

There are various form of Shirodhara such as Tailadhara Takradhara, Ksheeradhara, Jaladhara and Kvathadhara. Classically this procedure is not described under the Panchakarma, but it incorporated under Snehana karma. Murdhatailam has been described in the Ayurveda which is of four type's viz. Shiroabhyanga, Shirosheka, Shiropichu, Shirobasti. These are superior in their succeeding order [1]. It is one of Bahya Snehana (external oleation therapy) procedure in which Snehan is applied in head or it is a procedure wherein involves gently pouring liquids over of the forehead and has been indicated for psychosomatic disorders and neurological disorders etc. These disorders are not only the diseased condition but also affect the quality of life and cause anxiety, depression and work ability is decreased. In Ayurveda human body is compared to an inverted tree where the head is the main part of the body and other organ are its branches [2]. So the head controls every system, hence application of medicine in the form of Shirodhara, on the head can cure many disease of different parts of the body. Classically Shirodhara is advised for many diseases like Headache, Daha (burning sensation), Paka (Abscess), Vrana (Wound), Arunsika (Boils) etc. It also indicated in Ardhavbhedak (Migraine) [3], Suryavarta (Type of headache) [4]. Application of oil does not follow any form of massage. By the employment of this procedure one can achieve all the benefits in dermatological condition of scalp as well as psychological disorders. It can be performed in painful conditions or ulcerations of the scalp also. References regarding Shirodhara were collected from various textbook, published research papers, previous work done and compilation was done. Concept of Shirodhara and procedure was studied in detail.

**Definition-** Shirodhara term comes from the Sanskrit words, Shiro-means Head and *Dhara*-means Flow. Shirodhara is a form of Ayurveda therapy that involves gently pouring warm liquids over the forehead. It is the process in which medicated oil, milk, Kwatha is poured in a continuous stream of drip on the forehead in a specific manner and height [5].

Procedure- The Shirodhara procedure is divided in to 3 parts [6];

- 1. Purva Karma
- 2. Pradhana Karma
- 3. Paschata Karma

#### Purva Karma

Materials required- Shirodhara patra, Shirodhara stand, Shirodhara table, Gauze, cotton earplug, Vessels, Soft towels, Suitable oil/milk/any liquid.

Preparation of the patient- The patient is thoroughly examined whether he is fit with for procedure. Patient should be advised to pass stool and urine. Then pulse, temperature and blood pressure of the patients should be recorded. Patient is advised to lie down in supine position and Dhara Patra should be fixed 4 Angula above the forehead. The eye and ear should be covered with cotton to prevent the entry of liquid into eyes.

Selection of Sneha- According to Dharakalpa, Sneha is taken according to the condition of Dosha [7]-

Vata Dosha- Tila Taila

Pitta Dosha- Ghrita

Kapha Dosha- Tila Taila

Rakta Dosha- Ghrita

Vata + Pitta + Rakta- Ghrita and Taila in equal par portion Vata + Kapha + Rakta- ½ part Ghrita and 1 part Tila Taila

#### Pradhana Karma

Shirodhara room should be cleaned well, ventilated and very quiet. Shirodhara is done in the morning time on empty stomach after massage. Any type of liquid (Taila, Milk, Kvatha, water) should be kept in Dharapatra. Dhara should be poured continuously on forehead neither very fast nor very slow. The liquid of shirodhara should not be too hot or too cold. The stream of Dhara liquid should not be too thick or thin. When the liquid starts pouring then the vessel is moved in the pendulum manner starting from one lateral side to the other lateral side. The liquid is collected in another vessel kept and is used to refill the Dharapatra before it becomes empty. Shirodhara process is done for at least  $\frac{1}{2}$  an hour in the morning up to  $\frac{14}{21}$  days. Temperature of liquid for Shirodhara should be above to the body temperature.

**Period for changing the liquid**-When milk and water is used in Shirodhara, it should be changed every day. When Dhanyamla is used, it can be used up to 3 days. The oil also should be changed every 3<sup>rd</sup> day, but it can be reused, so in the first 3 days, half of the oil should be used, for next 3 days the other half of the oil should be used and on the 7<sup>th</sup> day all the first and second half both are mixed together, then it should be discarded.

#### Paschata Karma

After the Shirodhara process is completed; the head of the patient should be wiped out and dried. This is followed by a short duration of rest and massage of the body including head with oil and then a lukewarm bath. The patient is advised to have a Pathya Ahara (light diet).

**Indications-** Stress and psychosomatic disorders such as IBS (Irritable Bowel Syndrome), Neurological disorders (Headache, Epilepsy etc.), Psychiatric disorders (Psychosis, Neurosis, Insomnia etc.), Convulsive disorders and also in Psoriasis, Eczema, Hypertension etc. Shirodhara is also used in patient Vata Vyadhi, Facial palsy, Loss of memory.

**Contraindication-** In Kaphaja Vikara, Shirodhara further increase Kaphaja, this makes the diseases difficult to cure.

#### DISCUSSION

Clinically the efficacy of Shirodhara is proved; still it is a difficult task to understand the mode of action of this procedure. Shirodhara is effective in following ways.

A/c to Ayurveda- In a living being, the head is the substratum of all the sense faculties, or Indriyas (sense organs), it is also known as Uttamanga [8]. Because of this, Shirodhara gives strength to the Prana and Indriyas, which are mostly vitiated in case of psychological disorders. Indriyas are in close contact with the mind, so when Indriyas stay healthy the mind automatically stays healthy. Shirodhara thus keeps the body and mind healthy. Imbalance of Prana, Udana and Vyana Vayu, Sadhaka Pitta and Tarpak Kapha can produce stress and tension. Shirodhara reestablishes the functional integrity between these subtypes of Dosha through its mechanical effect [9].

**Therapeutic effect of medicament-** As per the principle of drug absorption, absorption of the substances through the skin depends on a number of factors, the most important of which are concentration duration of contact, solubility of medication, and physical condition of the skin and part of the body exposed. In Shirodhara oil form is used which has good dense concentration with longer duration of contact. Also the skin over the scalp is thin as compared to other part of body and absorption is faster and more from the scalp. (As per the principle of drug absorption maximum absorption is in the scalp region and comparatively oil is better absorbing then water [10].)

Dermal absorption [11]- The skin is relatively permeable to fat soluble substances and relatively impermeable to water soluble substances. Essential oil molecules are so minute that when they are applied to the skin; they are able to pass through the stratum corneum (the outer layer of the epidermis). From here the oil molecule passes through dermis, into the capillaries and into the bloodstream. Absorption also occurs through the hair follicles and sweat ducts. There are many factors that affect absorption of an oil molecule. Both rate of circulation and the warmth of the skin increase blood flow to the surface, therefore increasing the skin's ability to absorb the oil. Circulation and warmth can be increased by massage

**Procedural effect of the Shirodhara process**- Each substance at a certain altitude possesses potential energy, and that energy becomes kinetic energy when it falls down from a certain altitude under 'Law of Energy Conservation'. This law means that energy can neither be created nor destroyed; rather, it can only be transformed or transferred from one form to another [12].

Potential energy depends on the mass and height of the substance. If height remains constant then potential energy depends on mass of substance or mass energy, more mass of a substance will be the energy the substance possesses. When anything pours on the forehead from a certain height due to the change in the form of energy it generates momentum, it can cause voltage changes and stimulate the generation of nerve impulses or accentuate the conduction of nerve impulses. The magnitude of momentum is the factor that determines the voltage difference between the generation and conduction of the nerve impulse if its magnitude is small; the energy is absorbed by the skull. According to modern physiology continuous electrical activity in the brain that generates electromagnetic waves and that is recorded by the Encephalogram (EEG).

Effect of temperature in Shirodhara procedure- The continuous flow of warm liquid on the forehead for such a long period will cause mild vasodilatation. Shirodhara improves the circulation in these areas and help in regularization the blood supply of the brain. Vibration along with temperature may activate the function of thalamus and the basal forebrain which then brings the amount of serotonin and catecholamine to the normal stage.

Effect of constant pressure in Shirodhara procedure- Constant pressure and vibration produced in the Shirodhara procedure, amplified by the hollow sinus present in the frontal bone. The vibration is transmitted inward through the fluid media of cerebrospinal fluid (CSF). Pressure also affects impulse conduction. If prolonged pressure is applied to a nerve, impulse conduction is interrupted, and part of the body relaxes in Shirodhara's procedure. Due to the tricking of medicated liquid over the forehead, prolonged and continuous pressure causes tranquility of mind and reduces stress by modulating nerve stimulation. When nerve ending of autonomic nervous system is stimulated, they produce chemical substances like Acetylcholine which exists in the tissues in the inactive form and is activated by a nerve impulse vibration produced due to continuous pouring of liquid over the forehead which may stimulate nerve ending and in turn Acetylcholine cause fall of blood pressure leading to decreased activity of central nervous system resulting in tranquility of mind. During the process of patient concentrations of Dhara Drvya (Medicated oil or any type of liquid), this is falling on his forehead, which increases the intensity of brain waves and decreases the brain cortisone and adrenaline level. This factor is also work as an anti-stress effect of Shirodhara.

**On the basis on Marma**- Some Marma (Vital spot) are located in forehead and head region as mentioned in Ayurveda classics. Mainly Sthapni, Utshepa, Avarta, Shankha and Apanga Marma are situated in this region [13]. According to Acharya Bhela Bhrumadhya (Between both eyebrows) is the site of Chitta (Mana). It is also place of Sthapni Marma [14] Most of the Marma of head region are Agni and Vayu Pradhana Mahabhoota [15]. The site of Sthapni Marma and the site of pituitary and pineal gland exist at the same level. The function of pituitary gland is controlled by hormones. It is the master of the gland. It has the capacity to maintain all the endocrine system of human body [16]. Mental stress and irritability were the causative factors were endocrine system gets imbalance of its normal function [17]. Due to the stimulation of Sthapni Marma and indirect stimulation of pituitary gland brings changes in psycho-somatic level. Hence Shirodhara therapy helps in reliving the mental stress by regulating the normal function of this gland.

#### CONCLUSION

Shirodhara is an important therapeutic measure in Ayurveda system of medicine, which has got worldwide popularity because of its simple administration and effectiveness in several disorders and life style diseases. It is a purifying and rejuvenating therapy which eliminates toxins and mental exhaustion as well as relives stress and any ill effects on the central nervous system. On the basis of above description, it is clear that Shirodhara has both the therapeutic effect of medicament and procedural effect. These can be understood from the aspect of Ayurveda, mechanical and Marma science. Shirodhara can be used for treatment of scalp, hair and psychological disorders.

#### REFERENCES

- Vagabhata, Ashtanga Hridayam, Vidyotini Hindi commentary Sutrasthana, 22/24 Chaukhamba Prakashana, Varanasi, Edition; Reprint, 2009 page no.182
- Charak smhita, Vidyotini Hindi commentary vol.1,Sutrasthana, 17/3 Chaukhamba Bharati Akadmi; Varanasi By Dr. Gorakha Natha Chaturvedi & Pt. Kashinatha Shashtri, page no.332
- Ashtanga Hrdayam of Vagabhata, Vidyotini Hindi commentary Uttarsthana, 24/9 Chaukhamba Prakashana, Varanasi, Edition; Reprint, 2009 page no.730
- Shushrut samhita Chaukhamba Sanskrit Sansthana, Edition: Reprint, 2014 volume 2, Chaukhamba publication Hindi commentary Uttarsthana, 24/12 page no-110
- Principles and Practice of Panchakarma Dr. Vasant C.Ptil, Chaukhamba Publication; Edition; Reprint 2016, chapter 8, page no.162

- Principles and Practice of Panchakarma Dr. Vasant C.Ptil, Chaukhamba Publication; Edition; Reprint 2016, Chapter 8, page no.162
- 7. Dharakalpa (Prachina Kerliya Panchakarma Chikitsa Vighyana) Dr.S. Sharma Comm. Dr. H. L. Sharma, chapter 1 sloka no.8 page
- Charak smhita, Vidyotini Hindi commentary vol.1, Sutrasthana, 17/3 page no.332
- Patel D.V., Chandola H.M., Baghel M.S. & Joshi J.R. (2009), Evaluation of the role of Mansika bhava in the etiopathogenesis of Madhumeha (NIDDM) and its management by polyherbal antidiabetic Formulation with and without Medhya Rasayana-Ph.D. thesis, I.P.G.T.& R.A., G.A.U.
- Available from; http://www.thedermreview.com/waterbased-moisturizer-vs-oil-based-moisturizer
- https://healingscents.net/blogs/learn/18685875-howessential-oils-enter-the-body
- 12. http://www.iamj.in/panchkarma\_setup/images/upload/shirod hara.pdf
- Shushrut samhita, Chaukhamba Sanskrit Sansthana, Edition: Reprint, 2014 volume 1. Chaukhamba publication Hindi commentary Sharira sthana,5/28, page no.61
- Shushrut samhita Dalhana comm. Ayurved Tatva Sandipika, edited K. S. Shastri. Sharir Sthana 5/28 page 56. Varansi; Chaukhamba Surbharati Prakashana.
- Shushrut samhita, Chaukhamba Sanskrit Sansthana, Edition: Reprint, 2014 volume 1. Chaukhamba publication Hindi commentary Sharira sthana,6/17, page no.70
- 16. Guyton, hall pituitary hormone and their control by hypothalamus. 11<sup>th</sup> edition Textbook of Medical physiology. Noida, Elsevier. Reprint 2008.p.919-20
- Anthony S. Fauci, Eugene Brauwald Dennis L. Kasper, Stephen L. Hauser, Dan disorders. Harrison's principles of internal medicine. 2<sup>nd</sup> volume 17<sup>th</sup> edition New Delhi, McGraw-Hill companies. P.2710.

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# SOUVENIR & ABSTRACT BOOK

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on Natural Solution for Health Challenges



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## Salutary Benefits of Cissus quadrangularis Linn (Heeressa)

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Cissus quadrangularis (Family: Vitaceae; Sinhala name: Heeressa) is a perennial plant of the grape family, commonly known as Devil's Backbone. It is a climber with thick, quadrangular, jointed, green, fleshy stem and grows widely in Northern Province of Sri Lanka. The stem and leaves of the plant are used externally and internally to treat various ailments. It has been used as a medicinal plant since ancient days but the majority of the physicians are not familiar with its internal uses. The Present study was undertaken to assimilate the traditional knowledge. Details and facts on therapeutic usage of C. quadrangularis were gathered from traditional books, Ayurveda and the traditional Physicians and through web search. It is used singly or in various formulations together with different medicaments. According to Ayurveda, C.quadrangularis has the properties of Madhura and Kashaya Rasa. Laghu and Ruksha Guna. Amla Vipaka and Ushna Virya, Further it also has Kaphavatashamaka, Pittavardhaka, Deepana, Pachana, Anulomana, Krimighna, Raktashodhaka, Raktastambhana, Vishapaharana, Vrishya and Rasayana properties. In Sri Lankan traditional medicine, this is widely used in orthopedic treatment, especially in healing of fractures. C. quadrangularis is also used in osteoarthritis, wounds, bleeding, cracked heels, malnutrition, malabsorption, diarrhoea, indigestion, gastritis, heamorrhoids, anemia, oedema, hepatitis, ascites, cough, whooping-cough, bronchial asthma, earache, toothache and fever. Its antibacterial, antifungal, anthelmintic, antioxidant, analgesic, anticancer, gastroprotective, antiosteoporotic and osteoblastogenetic effects have been proven scientifically. C. quadrangularis is used in Sri Lankan traditional exorcise rituals (Shanthikarma and Thovil); ceremonies conducted to appease "Planetary Gods" and demons, and to treat psychological disorders.

Keywords: Cissus quadrangularis, Heeressa, Properties, Uses

## A Review on the effect of *Shirodhara* on Fatigue after Stroke with special reference to *Pakshaghata*

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Stroke is a leading cause of disability in the world. It is caused by sudden interruption of blood supply to the brain and Hemiplegia is one of the outcomes. According to Ayurvedic concepts, *Pakshaghata* occurs mainly due to vitiation of *Vata Dosha* and it may be associated with *Kapha* or *Pitta Dosha*. Based on clinical signs and symptoms, *Pakshaghata* can be correlated with Hemiplegia. In addition to motor and sensory impairments, fatigue after a stroke is a common but neglected issue. Fatigue is defined as a feeling of lack of energy, weariness, and aversion to effort. It is more associated with physical disability, sleep disturbances and anxiety. *Shirodhara* plays an important role on *Pakshaghata*, since there is *Vikruti* in the *Mastishka* and *Marma Sthana*. It is performed by continuous pouring of a warm liquid on *Shirsha* within a specified time. *Shirodhara* is effective on *Pakshaghata* and its complications as it pacifies vitiated *Doshas*. Scientific studies reveal that *Shirodhara* is an effective healing technique that stimulates cerebral circulation, cerebral functions, state of consciousness, and control of high blood pressure. Further, it alleviates anxiety and insomnia. The probable effects of neurophysiological mechanism of *Shirodhara* on the psycho-physiological changes may be related to the limbic system as well as to the cerebral cortex. This helps to calm down and tranquilize the state of mind, reduce stress and insomnia. In view of these actions it can be emphasized that *Shirodhara* helps to alleviate fatigue after stroke and improve the quality of life.

Keywords: Fatigue after stroke, Pakshaghata, Shirodhara



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## **Review Article**

## AN EVIDENCE-BASED REVIEW ON SHIRODHARA: A UNIQUE PANCHAKARMA THERAPY

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Panchkarma, Shirodhara, Parisheka, Prasechana, Droni, Dhara table, Murdhataila, Insomnia, Anxiety neurosis.

## ABSTRACT

*Shirodhara* is a procedure consisting of continuous pouring of a stream of medicated oil, milk, buttermilk, etc. on the forehead of the patient from a specific height for a specified period. Acharya Vagbhatta has described four types of Murdha Tail i.e., Abhyanga, Parishek, Pichu, and Shirobasti, which is successively more beneficial than the previous one. Shirodhara or Shiroparishechan is one of them. Indication of Shirodhara was found in our ancient textbooks in various diseases like Ardhavabhedaka, Suryavarta, Ardita, Pakshaghata, Hanugraha, Akshishula, Nidranasha, Shirogata Vata and Shirahkampa.

In the modern era, it is a very widely used *Panchakarma* therapy and in this review article, an evidence-based approach is used to define the type, procedure, indication contraindication, mode of action, complications and management and evidence of efficacy etc. of *Shirodhara*. Based on evidence *Shirodhara* has been found effective in various disorders like Insomnia, Psoriasis, ADHD in children, *Shirah Shoola*, essential hypertension, cerebral ischemic stroke and premature ejaculation when accompanied with other treatment modalities. *Shirodhara* was found effective on subjective as well as scientific parameters or modern biochemical markers parameters in various studies.

## INTRODUCTION

The pouring of a liquid on the forehead or scalp is known as the *Shirodhara*. It is an ancient *Panchkarma* procedure and it is a well-established Ayurvedic therapy, it can be done by different medicaments like *Taila*, *Takra*, *Kshira*, *Kwatha*, etc. if we use medicated tail or ghee it would be called as *TailaDhara*. This *Taila Dhara* is included in the varieties of *Murdha Taila*, which are *Abhyanga*, *Seka*, *Pichu* and *Basti*. They are told '*Uttarottar Gunaprada*'. So, *Shirodhara* is a type of *Murdhataila* where suitable medicated oil is poured on the forehead and then allowed to flow over the scalp from a specific height.

## **MATERIALS AND METHODS**

## Synonyms of Dhara

It means a continuous flow of liquid from the hole of the pot.



Dhara		Seka	Parisheka		
1	Avasheka	Sechana - Sinchana	Prasechana		

## Indications

Indication of *Shirodhara* was found in our ancient textbooks in various diseases like *Shiroroga*, *Anidra*, *Chittaudvega*, *Manoavasad*, *Unmad*, *Twakroga*, *Vepathu* and *Manasroga* like *Apasmar* etc.

*Shirodhara* is advisable in conditions like migraine, facial paralysis, paralysis, stiffness of the jaw, ocular pain, anxiety neurosis, insomnia, neuropsychological and psychosomatic disorders.

Nowadays, it is widely used for stress, psychosomatic disorders, and various types of neurological disorders such as epilepsy, chronic headache, and various kinds of mental disorders such as insomnia, psychosis and eczema and psoriasis, etc.

## Contraindications

Kaphaja Vikaras- Shirodhara further increases Kapha, which makes the disease difficult to cure. It is also contraindicated in those who have just undergone Sudhikarma; (purification through Panchkarma) and those who are suffering from Ajeerna/indigestion.

## Method of Pouring of a Liquid (Shiro-Dhara)

The procedure of *Shiro Dhara* may be divided into 3 parts

disease, Residual Schizophrenia, anxiety disorder, depressive illness, parkinson's diseases, psycho somatic disorders (like- IBS, peptic ulcer syndrome, ulcerative colitis), fibromyalgia syndrome, skin disorders, and generalized cerebral atrophy.<sup>[7]</sup>

## **RESULTS AND DISCUSSION**

*Shirodhara* is a very effective therapy and in this section, we have discussed the results of various studies with their evidence

## Clinical research work on *Shirodhara* and their outcomes

- 1. *Shirodhara* showed significant improvement in serum biomarkers of stress. It provided significant relief in the grading of the POMS Score also.<sup>[8]</sup>
- 2. *Shirodhara* with *Brahmi* oil is very effective in moderate to severe insomnia.<sup>[9]</sup>
- 3. It is evidence that *Shirodhara*, can produce a very significant reduction in the respiratory rate, mean diastolic blood pressure, and heart rate and also an increase in the alpha rhythm and decrease in beta activity (confirmed by EEG).<sup>[10]</sup>
- 4. *Shirodhara* is found effective in the management of a condition like pediatric attention deficit hyperactivity disorder, cerebellar ataxia, essential hypertension, psychological symptoms of menopause, premature ejaculation, generalized anxiety disorder and insomnia, this procedure has a demonstrable anxiolytic effect evidenced by the decrease in Plasma noradrenaline and urinary serotonin excretion.<sup>[11]</sup>
- 5. *Dhara* therapy, specifically, *Takradhara* has shown a significant role in relieving stress-induced disorders.<sup>[12]</sup>
- 6. In a study, *Shirodhara* was found very effective in alleviating the symptoms of ADHD.<sup>[13]</sup>
- 7. *Shirodhara* is very effective in the management of Vatik*a Shirah Shoola* w.s.r. to tension headache<sup>[14]</sup>
- 8. In a clinical study *Shirodhara* is found effective in the management of attention-deficit/ hyperactivity disorder (AD/HD) affected children.<sup>[15]</sup>
- 9. It is evidence that *Shirodhara* is very effective in essential hypertension even compared to *Sarpagandha Vati*.<sup>[16]</sup>
- 10. In a study *Shirodhara* is found very effective in the management of *Anidra* (insomnia) and developing the feeling of well-being in the patient without having any side/toxic effects.<sup>[17]</sup>
- 11. *Shirodhara* was found effective in psyco-somatic management of *Shukraavrita Vata* (premature ejaculation) like intra-vaginal ejaculatory latency time, voluntary control over ejaculation, patient satisfaction, performance anxiety, and the number of penile thrusts etc.<sup>[18]</sup>

- 12. *Shirodhara* found very effective in *Pakshaghat* with special reference to cerebral ischemic stroke and this procedure produced significant results in gradation score of MPG and power of upper limb and lower limb in *Pakshaghat*.<sup>[19]</sup>
- 13. In a clinical study, it was found that *Shirodhara* was very effective in the management of stress-induced insomnia (*Anidra*).<sup>[20]</sup>
- 14. In a study, *Ksheerdhara* found effective in reducing systolic and diastolic blood pressure and also alleviating the symptoms of essential.<sup>[21]</sup>

## CONCLUSION

Shirodhara is a type of Murdha Tail and it is widely used in Panchkarma therapy. Synonyms of Shirodhara are Dhara, Parisek, Paricsechan. It is indicated in chronic headache, insomnia, senile disease, dementia. motor neuron Residual Schizophrenia, anxiety disorder, depressive illness, Parkinson's disease, psycho somatic disorders (like-IBS, peptic ulcer syndrome, ulcerative colitis), fibromvalgia syndrome, disorders. skin and generalized cerebral atrophy.

In this article, we have discussed fourteen studies conducted by various field experts in a scientific manner all over India. On review of various studies it is found to be very effective in insomnia, psoriasis, ADHD in children, *Shirah Shoola*, Essential hypertension, cerebral ischemic stroke and premature ejaculation when accompanied with other treatment modalities.

If we used this therapy under the guidance of an expert in indicated disorders with other medication it can very useful in alleviating different diseases as shown by various studies.

## Conflict of Interest- None

## REFERENCES

- 1. Dr. D.V. Panditrav et al translator, shaharsyogam, Hindi-Sanskrit anuvad, CCRAS publication 1990, New Delhi, Chapter Dharakalpa 13/15, page-519-20
- Dr. D.V. Panditrav et al translator, Shaharsyogam, hindi-Sanskrit anuvad, CCRAS publication 1990, New Delhi, Chapter Dharakalpa 13/15, page- 523
- Prof. R.H.Singh, Pancakarma Therapy, Chowkhamba Sanskrit Series office, Varanasi, revised second edition, 2002, Chapter 12, page no.378
- 4. Dr. D.V. Panditrav et.al translator, Shaharsyogam, hindi-Sanskrit anuvad, CCRAS publication 1990, New Delhi, Chapter Dharakalpa 13/15, page-523-524
- 5. Dr. D.V. Panditrav et al translator, Shaharsyogam, hindi-Sanskrit anuvad, CCRAS publication 1990, New Delhi, Chapter Dharakalpa 13/15, page-522

- 6. Dr. D.V. Panditrav et al translator, shaharsyogam, hindi-Sanskrit anuvad, CCRAS publication 1990, New Delhi, Chapter Dharakalpa 13/15, page-523
- Prof.R.H.Singh, Pancakarma Therapy, Chowkhamba Sanskrit Series office, Varanasi, revised second edition, 2002, Chapter 12, page no.376
- 8. Ujata Rajan, Manoj K. Shamkuwar, Ankur Kumar Tanwar, Impact of Shirodhara on biological markers of stress: A case study, Journal of Ayurveda and Integrative Medicine, Volume 12, Issue 1, 2021, Pages 178-181.
- Vinjamury SP, Vinjamury M, der Martirosian C, Miller J. Ayurvedic therapy (shirodhara) for insomnia: a case series. Glob Adv Health Med. 2014 Jan; 3(1): 75-80. doi: 10.7453/gahmj. 2012.086. PMID: 24753997; PMCID: PMC3921608
- Dhuri KD, Bodhe PV, Vaidya AB. Shirodhara: A psycho-physiological profile in healthy volunteers. J Ayurveda Integr Med. 2013 Jan; 4(1): 40-4. doi: 10.4103/0975-9476.109550. PMID: 23741161; PMCID: PMC3667433
- 11. Haramohan Moharana, Arun Kumar Mahapatraet. all, Therapeutic efficacy and mechanism of action of Ayurvedic Shirodhara: an evidence based review, world journal of Ayurveda Science, e-ISSN 2456-0227 WJAS Volume II Issue 1 Jan 2017
- 12. Dr. Jawahar Rahangdale, Dr.Sumit Madankar, & Dr. Deepali Kohale. (2019). Systemic review on Shirodhara and mode of action of Takradhara in Psoriasis. Journal of Ayurveda and Integrated Medical Sciences, 4(06), 175-180. Retrieved from https://www.jaims.in/jaims/article/view/782
- Dr. Nisha K. Ojha & Dr. Abhimanyu Kumar et all, clinical study of the role of an ayurvedic compound (manasniyamak yoga) and shirodhara in the management of ADHD in children, Journal of Ayurveda, year: 2007, volume: 1, issue: 1, page: 39-47
- 14. Dr. Sushanta Kumar Sahoo & Prof. Ajay Kumar Sharma, comparative study on role of shirodhara

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& jatamamsi in the management of vatikashirahshoola w.s.r. to tension head ache, Journal of Ayurveda, Year: 2009, Volume: 3, Issue: 1, page: 8-21

- 15. Dr.Harishkumar Singhal & prof. abhimanyu kumar, clinical study of an Ayurvedic compound & shirodhara in the management of attentiondeficit/ hyperactivity disorder (AD/HD) affected children, Journal of Ayurveda, Year: 2010 Volume: 4, Issue: 3, Page: 27-36
- 16. Kundu C, Shukla V D, Santwani M A, Bhatt N N. The role of psychic factors in pathogenesis of essential hypertension and its management by Shirodhara and Sarpagandha Vati. AYU 2010; 31: 436-41
- 17. Dr. Ajaykumar sahu & Prof Ajaykumar sharma, a clinical study on anidra and its management with shirodhara and mansyadikwatha, Journal of Ayurveda, Year: 2009, Volume: 3, issue: 4, page: 4-15
- Basil cardozo, Abthakar and Kpskandhan, a clinical study on psyco-somatic management of Shukraavritavata (premature ejaculation) with rasayana yoga and shirodhara, Journal- AYU, Year: 2006, Volume: 27, Issue: 4, Page: 94-98
- 19. Prerna R. Masatkar. Clinical effect of shirodhara in pakshaghat with special reference to cerebral ischemic stroke. Int. J. Res. Ayurveda Pharm. 2018; 9(4): 17-20 http://dx.doi.org/10.7897/2277-4343.094101
- 20. Bina Vansh & HM Chandola, clinical study on psychic traits in stress induced insomnia (anidra) and it's management with Tagaradikwatha & Mahishidugdha shirodhara, Journal - AYU | Year: 2006 | Volume: 29 | Issue: 3 | Page: 133-139
- 21. Dr. Deshmukh Rohini & Dr. Kute Arun et al, clinical evaluation of the efficacy of vachadi compound (kalpita yoga) and shirodhara by ksheera in the management of raktagatavata w.s.r. to hypertension, International Ayurvedic Medical Journal, Year: 2013, Volume: 1, Issue: 1, Page: 1-7

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## Shirodhara in the management of chittodvegajanya anindra (insomnia due to generalized anxiety disorder)

## Dr. Nirmal Bhusal, Dr. Surya Prakash and Dr. Gopesh Mangal

#### Abstract

*Chittodvega* is considered as a *Mano Vikar* and has been mentioned as a causative factor of *Unmada Roga. Chittodvega* can be correlated with Generalized Anxiety Disorder. In *Chittodvega Kama, Krodha, Lobha, Moha, Irshya, Mana, Mada, Shoka, Bhaya* are found. A 19 year female patient with the history of *Anindra, Krodha, Shoka, Bhaya, Daurbalyata* since one year came National Institute of Ayurveda Jaipur, for treatment. The patient was *Vata Pitta Prakriti* with no history of any other systemic diseases. She was treated with *Shirodhara* with *Dashamula Kshira Kwatha, Pratimarsha Nasya* with *Ksheerabala Taila* and certain *Ayurveda* internal medicines (*Saraswatrishta, Ashwagandharishta, Brahma Rasayana, Avipattikar Churna*) for 14 days. *Shirodhara* although being a procedure of choice in Insomnia but marked relief in other *Lakshanas* of *Chitodvega* were observed after the completion of treatment. She had good sleep and she gained weight and was very happy with *Ayurveda* management. After follow up also the same status was maintained. *Medhya* drugs have the property of reducing anxiety and promote mental health. *Shirodhara* has good effect in the mental ailment by soothing the mind. *Ayurveda* management can be a treatment of choice in Anxiety Disorders.

Keywords: Chittodvega, Shirodhara, Ayurveda, Anxiety Disorders

#### Introduction

*Chittodvega* is considered as a *Mano Vikar* and has been mentioned as a causative factor of *Unmada Roga*<sup>[1]</sup>. There is no separate description of *Chittodvega* but the factors which vitiate *Raja* and *Tama* can be considered as the *Nidana* of *Chittodvega*. In *Chittodvega Kama, Krodha, Lobha, Moha, Irshya, Mana, Mada, Shoka, Bhaya* are found. Patients with generalized anxiety disorder have persistent, excessive and /or unrealistic worry associated with muscle tension, impaired concentration, autonomic arousal, and feeling on edge or restless and insomnia <sup>[2]</sup>. Anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive and behavioral components <sup>[3]</sup>. *Chittodvega* can be correlated with Anxiety Disorders. According to *Sabdakalpa Druma Nindra* is the state where mind and intellects are at rest. Due to lack of sleep symptoms like *Jrumbha, Angamarda, Tandra, Shiroroga, Akshigaurav* <sup>[4]</sup> and *Apakti, Jadyata, Vataja Roga* and *Glani* <sup>[5]</sup> are present. Modern medical treatments of Anxiety disorders require long term use of sedative, hypnotic and anxiolytic drugs which may lead to side effects. In *Chittodvega* there is vitiation between *Vata* and *Pitta* along with *Raja* and *Tama* so *Medhya* drugs, *Shirodhara* and *Nasya* procedure were selected in the case of *Chittodvegajanya Anindra*.

#### **Case report**

A female patient aged 19 years came to the *Panchkarma* OPD at National Institute of *Ayurveda* Jaipur, India with complaint of *Chittodvega* (anxiety), *Anindra* (insomnia), *Krodha* (anger), *Shoka* (sorrowness), *Bhaya* (fear), *Daurbalyata* (weakness) since one year. The patient was unable to get sleep since 1 year back after she observed some short of family dispute of her parents. The family dispute was sort tempered anger between parents only. Since then she couldn't get proper sleep and the symptoms of *Krodha*, *Bhaya*, *Daurbalyata* increased. She was finding difficulty in initation of sleep and also disturbed and broken sleep at night. Patient consulted different doctors but didn't get satisfactory relief.

Sadhaka Pitta and Tarpaka Kapha. The Shirodhara helps the patient to concentrate, which eventually leads to stability in the functions of mind. Prakriti of the Patient being Vata Pitta Pradhana and considering the involvement of Tridosha Dusti in this case Dashamula Kshira Kwatha was selected. Dashamula being Vata Kaphagna and Kshira being Pitta Shamaka Dashamula Kshira Kwatha was taken. Temperature of the Dravya Dhara was taken Shukoshana depending on the Dosha status to avoid Ama Dosha in the Srotas.

#### Conclusion

There was significant improvement in the case of *Chittodvegajanya Anindra*. *Chittodvegajanya Anindra* (Insomnia Due To Anxiety Disorder) though is difficult to manage, but *Shirodhara* with *Dashamula Kshira Kwatha*, *Pratimarsha Nasya* with *Ksheerabala Taila and Ayurveda* internal medicines can be good option for better management.

#### References

- 1. Vaidya Jadavji Trikamji Acharya, Charaka Samhita, (Nidanasthana 7/4), Reprint, Varanasi, Chaukambha Prakashan, 2013.
- Editor Dan L. Longo *et al.* Harrison's Principles of Internal Medicine 18<sup>th</sup> Edition, Mc Graw Hill Medical, 3531, II.
- Seligman Walker EF, Rosenhan DL. Abnormal psychology. 4th Edition. New York: WW Norton & Company Inc. 2001.
- Vaidya Jadavji Trikamji Acharya, Charaka Samhita, (Sutrasthana 7/23), Reprint, Varanasi, Chaukambha Prakashan, 2013.
- Bhisagacharya Pt. Hari Sadashiv Shastri Paradakara, Astangh Hridyam (Sutrasthana 7/ 64), Reprint, Varanasi, Chaukambha Surbharati Prakashan, 2010.
- Bhisagacharya Pt. Hari Sadashiv Shastri Paradakara, Astangh Hridyam (Chikitsasthana Vatarakta/ 22), Reprint, Varanasi, Chaukambha Surbharati Prakashan, 2010.
- Shastri R. Bhaisajyaratnavali of Shri Govinda Das, (Rasayanaadhikara, Verse), Reprint, Varanasi, Chaukhamba Prakashan, 2015, 178-184.
- Shastri R. Bhaisajyaratnavali of Shri Govinda Das, (Murchaadhikara, Verse no - 13-17), Reprint, Varanasi, Chaukhamba Prakashan, 2015.
- 9. Bhisagacharya Pt. Hari Sadashiv Shastri Paradakara, Astangh Hridyam (uttarsthana 39/ 15-20), Reprint, Varanasi, Chaukambha Surbharati Prakashan, 2010.
- Shastri R. Bhaisajyaratnavali of Shri Govinda Das, (Avipattikarrogadhikara, Verse no - 24-25), Reprint, Varanasi, Chaukhamba Prakashan, 2015.
- Vaidya Jadavji Trikamji Acharya, Charaka Samhita, (Sutrasthana 12/8), Reprint, Varanasi, Chaukambha Prakashan, 2013.
- Vaidya Jadavji Trikamji Acharya, Charaka Samhita. (Sutrasthana 12/8), Reprint, Varanasi, Chaukambha Prakashan, 2013.
- Vaidya Jadavji Trikamji Acharya, Charaka Samhita. (Vimanasthana 6/8), Reprint, Varanasi, Chaukambha Prakashan, 2013.
- Kaviraaj Ambikadutta Shastri, Susruta Samhita. (Sharira Sthana, Chapter 4/36), Varanasi, Chaukambha Sanskrit series publication, 2009, 1.

- Vaidya Jadavji Trikamji Acharya, Charaka Samhita. (Sharirasthana 7/8), Reprint, Varanasi, Chaukambha Prakashan, 2013.
- Katyayan A. Bhel samhita of Maharsi Bhela, (Chiktsasthana 8/2) First Edition, Varanasi, Chaukambha Surbharati Prakashan, 2009.
- 17. Murthy K, Sarangadhara Samhita. Varanasi: Choukhambha Orientalia (Purvakhanda 6/14), 2009.
- Vaidya Jadavji Trikamji Acharya, Charaka Samhita. (Chiktsasthana 1/3-31), Reprint, Varanasi, Chaukambha Prakashan, 2013.
- Vaidya Jadavji Trikamji Acharya, Charaka Samhita. (Chiktsasthana 1/7), Reprint, Varanasi, Chaukambha Prakashan, 2013.

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## Impact of Shirodhara on biological markers of stress: A case study

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#### ABSTRACT

The unforgiving pace and complexity of modern life has greatly challenged our ability to live healthier and fully in the present moment. Industrialization, globalization, and competition in each sector lead to emotional stress and strain in life which is dangerous at the physical and mental levels. As per the classics of Ayurveda, *chinta* (stress) and *atichintan* (overthinking) are the causes of *Rasavaha srotodushti* which lead to many diseases. *Shirodhara* is an important healing technique of Ayurveda that has neuroimmuno-physio-psychological effects on the human body. Several studies have been carried out to evaluate the efficacy of *Shirodhara* in many diseases. A 35-yearold female patient with sleep deprivation, loss of concentration, and irritable mood symptoms was admitted to the hospital. She was assessed on the basis of the Profile Of Mood Score (POMS) questionnaire, Serum Cortisol (Sr. Cortisol), Dehydroepiandrosterone (DHEA). The patient was treated by *Shirodhara* with sesame oil for 14 days continuously. Results were assessed by biomarkers of stress and by POMS score. At the end of *Shiroadhara*, there was significant improvement found in presenting complaints as well as on the POMS Score and Stress biomarkers. During or after the treatment, no adverse events were observed.

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#### 1. Introduction

The human being has to face various challenges in day to day life because of a different kind of occupational, environmental, and social conditions. Such frustration and worry lead to stress which adversely affects our physical, social, mental, and spiritual health too.

In the face of a transforming world, the maintenance of life is critically dependent on keeping our inner environment constant called "homeostasis" and which threatens the homeostasis termed as stress [1]. Prolonged or inadequate response to stressors can impair the growth and development of the human body resulting in endocrine, metabolic, autoimmune, and psychological disorders [2]. Both psychologically and biologically, men and women tend to respond differently to stress [3]. But upon stress, women had greater subjective and behavioral emotional arousal [4], some conditions, such as depression and anxiety, are more prevalent in women [5]. We are dealing not only with physical challenges but

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with emotional stressors too. Financial pressure, the demands of the workplace, hectic schedules – all of these can contribute to increasing our stress levels. All kinds of worries can trigger body flight and fight response. Stress is a profound risk factor for almost all non –communicable diseases, including cardiovascular diseases, cancer, diabetes, neurological disease.

There is a close connection between our body and our mind [6]. Charaka defined *Chinta* (stress)-*atichintan* (overthinking) are the causative factors of the vitiation of *Rasavaha Srotas*-a body channel [7] that may cause many diseases in the human body. *Chinta* aggravates *Vata* [8], the vitiated *Vata* adversely affects the heart and destabilize the *buddhi* and *smriti* [9] According to Ayurveda physiology, *Tridosha* (functional units of the body) regulates the normal physiology of the human body; they maintain or destroy the body by equilibrium or disequilibrium [10].

*Shirodhara* is a unique non-invasive technique of Ayurveda. Its non-invasive approach has been shown good or even better for the treatment of insomnia, anxiety, stress, headache, hypertension [11]. *Shiro* means head and *dhara* means dripping. *Shirodhara* is the procedure in which oil or any liquid dripping on the forehead in a steady stream or flow for 36 min to 1 h 12 min [12]. Total treatment duration in terms of days is not specified in classical texts, based on various practices in India *Shirodhara* is done for 3, 7, 14, or 28 days

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that Total Mood Disturbance (TMD) at the base level was 49 which turned to -21 after the *Shirodhara* therapy. Positive subscales domains VIG (Vigour) and ERA (Esteem related effect) showed a marked increase in score and a decreased level of negative subscales after *Shirodhara*.

The systolic blood pressure (SBP) and diastolic blood pressure (DBP) after *Shirodhara* markedly reduced from mean score of 122.85 mm of Hg–112.14 mm of Hg and 78 mm of Hg–73.85 mm of Hg respectively. Systolic and diastolic Blood pressure both decrease significantly at P-value <0.001 after the *Shirodhara*.

#### 3.1. Effect of Shirodhara on POMS scale (Table 2)

#### 3.1.1. Clinical outcome

Based on the assessment authors opine that there was a satisfactory response and many of the symptoms were reduced after even the 7th day of *Shirodhara*. There was an improvement in many of the domains in the POMS scoring scale. There was a marked improvement in TEN (tension)/ANG(Anger)/FAT(Fatigue)/DEP(Depression)/CON(Confusion) domain, which are negative subscales. All these domains showed a marked decrease in score. Positive subscales domain VIG (Vigour) and ERA (Esteem Related Affect), both showed a marked increase in score after *Shirodhara*.

After the 14th day of *Shirodhara*, the final assessment was done and found that in the domain of mood there was a significant decrease in tension and anxiety. The mental state, mood, and sleep of the patient were better. The level of Sr. Cortisol just after *Shirodhara* was decreased significantly. DHEA level showed a significantly decreased after the *Shirodhara*. No significant impact was observed on the pulse rate of the patient. Overall she felt better and her sleeping pattern got a little better towards the end of the day.

The patient was having *ashraddha* (disinclination for food), *aruchi* (anorexia), *aasyavairasya* (bad taste in the mouth), *hrilas* (nausea), *Gaurav* (heaviness), *tandra* (tandra), *angamard* (boadyache), *agnimandya* (loss od appetite), *akaalvali* (premature wrinkles), *akaalpalitya* (premature greying of hairs), *hritpida* (pain in chest), *shabd-ahsahishnuta* (intolerance for sound), *shosha* (dryness of mouth), *rukshata* (dryness of body) which are the symptoms of *rasvahsroto dusti* out of which all the symptoms except *akaalvali*, *akaalpalitya* were recovered after the course of *Shirodhara* 

#### 4. Discussion

A present case report of a woman who is working and having an adopted child suffering from cerebral palsy (CP) provides an overview of the clinical evidence for Hypothalamic —Pituitary-adreno-cortical (HPA) axis axis and glucocorticoid dysfunction and the impact of *Shirodhara* thereon. According to Ayurveda *Rasvah* 

#### Table 2

Details on	POMS	scoring.
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Scale	0 Day Score	7th Day Score	14th Day Score
TEN	15	09	01
ANG	13	06	01
FAT	05	08	05
DEP	12	08	00
CON	17	06	06
VIG	10	10	12
ERA	13	19	12
Total Mood Disturbance (TMD)	49	08	-21

Impact of Shirodhara on POMS Scale: The patient had stress. Their tension (TEN) /ANG(Anger)/FAT(Fatigue)/DEP(Depression)/CON(Confusion) decreased significantly after the sessions of Shirodhara for 14 days. Positive subscales domain VIG(Vigour) and ERA (Esteem related effect), both showed a marked increase in score after Shirodhara. *shrotodusti* may cause many diseases. The affliction of the channels leads to vitiation of tissue element, vitiation of one lead to other and they vitiate *srotas* and *dhatu* [7]. Hence to prevent the body from the disease, it is necessary to avoid *Srotodushti*. As *chinta* (stress), *atichintan* (overthinking) are the causative factors of *Rasvahasrotodusti* hence treating the stress *Shirodhara*, which is an important healing technique of Ayurveda was intervened.

HPA axis is an important physiological stress pathway. The major part of the stress arbitrates by the Hypothalamic --Pituitaryadrenocortical axis [21]. The secretion of Glucocorticoids affects the HPA limb of the stress system [22]. Activation of HPA responsible for increased secretion of CRH, which stimulates the production of ACTH by the anterior pituitary gland. Further, ACTH acts on adrenal glands to release glucocorticoids [23]. Most GC have their role in stress and they also regulate cardiovascular, metabolic, immune, and behavioral processes [24]. DHEA as well as the cortisol produced in the cortex of the adrenal gland situated at the top of the kidney [25]. Serum levels of cortisol and DHEA both rise in response to physical and acute psychosocial stress [26,27]. In the present case, the level of Sr. Cortisol and DHEA were initially high. After the Shirodhara level of both the biomarkers of stress reduced, these results reflect the action of Shirodhara on HPA axis. Kishor et al. stated that their study provides evidence for the antidepressant and effective neuroendocrine modulatory influence of Ayurvedic intervention along with Shirodhara in patients of Vishada (Major Depressive Disorders). In their study cortisol level was decreased after the therapy [28]. Shirodhara has psycho-neuro-immunological effects such as a decrease in noradrenaline level, exhibiting of sympatholytic effect, activation of peripheral skin circulation, and increase level of natural killer cells [16]. Xu et al. speculated the mechanism in their study that the physiologic effect of Shirodhara by dripping sesame oil on the forehead may induce somatoautonomic reflex through thermo sensors or pressure sensor in the skin or hair follicles via the trigeminal cranial nerve. This procedure produced a relaxed state that results in the maintenance of psycho-physiological balance [29]. The patient's sleep came to normal. A study has been conducted by Akiko et al. to evaluate the effect of sesame oil Shirodhara (SOS) against warm water Shirodhara (WWS) on improving sleep quality and quality of life (QOL). In their study, it was found that SOS is a safe potential therapy to improve sleep quality and QOL in persons with sleep disorders [30]. However, the Shirodhara reduced daytime sleepiness [31].

To use of such biomarkers may help to establish the efficacy of the *Shirodhara* therapy on stress-induced diseases. This case study having encouraging results and it can give hope of ray for treatment strategy for many psychosomatic disorders, It is clear that working woman having adopted a child with a disability triggers the stress, and to overcome such conditions, more research is warranted.

#### 5. Conclusion

*Shirodhara* showed significant improvement in serum biomarkers of stress, which are reduced after *Shirodhara*. It provided significant relief in the grading of the POMS Score on the 07th and 14th day of *Shirodhara*. It showed marked improvement in the positive domain of the POMS score and decreased the negative domain value in the POMS Score. There was a significant reduction in systolic and diastolic blood pressure after *Shirodhara*. It showed appropriate responsiveness to the stress system. This therapy found effective treatment in the management of stress.

#### 5.1. Patient perspective

The patient told a good and regular sleep pattern after 5 days of *Shirodhara*. The patient felt marked improvement in memory. The

patient felt sleepy and a feeling of happiness after the *Shirodhara*, especially.

#### 6. Informed consent

Being a single case study, there is no requirement of an ethical approval committee. Written informed consent from the patient was obtained to publish details of the case.

#### Source(s) of funding

None.

#### **Conflict of interest**

None.

#### Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jaim.2021.01.008.

#### References

- Schneiderman N, Ironson G, Siegel SD. Stress and health: psychological, behavioral, and biological determinants. Annu Rev Clin Psychol 2005;1(1): 607–28.
- [2] Charmandari E, Tsigos C, Chrousos G. Endocrinology of the stress response. Annu Rev Physiol 2005;67(67):259–84.
- [3] Verma R, Balhara YPS, Gupta CS. Gender differences in stress response: role of developmental and biological determinants. Ind Psychiatr J 2011;20(1):4–10.
- [4] Chaplin TM, Hong K, Bergquist K, Sinha R. Gender differences in response to emotional stress: an assessment across subjective, behavioral, and physiological domains and relations to alcohol craving. Alcohol Clin Exp Res 2008;32(7):1242–50.
- [5] Women and mental health. In: Health NIoM. Bethesda, MD: National Institute of Mental Health; 2021. 20892-9663, https://www.nimh.nih.gov/health/ topics/women-and-mental-health/index.shtml.
- [6] Kundu C, Shukla VD, Santwani MA, Bhatt NN. The role of psychic factors in pathogenesis of essential hypertension and its management by Shirodhara and Sarpagandha Vati. Ayu 2010;31(4):436–41.
- [7] Agnivesha. Charaka samhita of agnivesha. In: Tripathi B, editor. Charak samhita. Vimanasthana; Srotovimanadhyaya: chapter 05, verse 13. Varanasi: Chaukhambha Surbharati Prakashan; 2012. p. 699.
- [8] Ibid, Chikitsasthana; Vatavyadhichikisaadhyaya: chapter 28, verse 16. p. 937.
- [9] Tripathi B, editor. Agnivesha. Charaka samhita of agnivesha. Chikitsasthana; Unmadachikisaadhyaya: chapter 09, verse 09. Varanasi: Chaukhambha Surbharati Prakashan; 2012.
- [10] Shreekumar T, editor. Vagbhata. Astanga Hridaya by Vagbhata. 1 ed. Kerala, India: Harishree Hospital, Mannuthy; 2008. p. 29.

- [11] Vinjamury SP, Vinjamury M, der Martirosian C, Miller J. Ayurvedic therapy (shirodhara) for insomnia: a case series. Glob Adv Health Med 2014;3(1): 75–80.
- [12] Anonymous. Dharakalpa. In: Shukla JP, editor. Prayag: Sudha Nidhi Granthavali; 1981. p. 9–10.
- [13] Vasudevan Nampoothiri LM, S.Gopakumar. Panchakarma-problems and solutions & principles and practice of Dhara. Derisanamcope, Tamilnadu, India: Sarada Mahadeva Iyer Ayurvedic Educational and Charitable Trust. 218-219 pp..
- [14] Uebaba K, Xu FH, Tagawa M, Asakura R, Itou T, Tatsuse T, et al. Using a healing robot for the scientific study of shirodhara. Altered states of consciousness and decreased anxiety through Indian dripping oil treatments. IEEE Eng Med Biol Mag 2005;24(2):69–78.
- [15] Xu F, Uebaba K, Ogawa H, Tatsuse T, Wang BH, Hisajima T, et al. Pharmacophysio-psychologic effect of Ayurvedic oil-dripping treatment using an essential oil from Lavendula angustifolia. J Alternative Compl Med 2008;14(8):947–56.
- [16] Uebaba K, Xu FH, Ogawa H, Tatsuse T, Wang BH, Hisajima T, et al. Psychoneuroimmunologic effects of Ayurvedic oil-dripping treatment. J Alternative Compl Med 2008;14(10):1189–98.
- [17] Santwani K, Shukla VD, Santwani MA, Thaker G. An assessment of Manasika Bhavas in menopausal syndrome and its management. Ayu 2010;31(3): 311–8. https://doi.org/10.4103/0974-8520.77156.
- [18] Grove JR, Prapavessis H. Preliminary evidence for the reliability and validity of an abbreviated Profile of Mood States. Int J Sport Psychol 1992;23(2):93–109.
- [19] Agnivesha. Charak Samhita of Agnivesha. In: Tripathi B, editor. Vaatvyadhi Chiktsa Adhyaya Verse, vol. 16. Varanasi: Chaukhamba Surbharati Prakashan; 2009. p. 937. 2009.
- [20] Agnivesha. Charak Samhita of Agnivesha. In: Sutrasthana, Annapanavidhyadhyaya: chapter 27, verse 286-287, vol. 16. Varanasi: Vaatvyadhi Chiktsa Adhyaya Verse; 2009. p. 937. 2009.
- [21] Stephens MA, Wand G. Stress and the HPA axis: role of glucocorticoids in alcohol dependence. Alcohol Res 2012;34(4):468–83.
- [22] O'Connor TM, O'Halloran DJ, Shanahan F. The stress response and the hypothalamic-pituitary-adrenal axis: from molecule to melancholia. QJM 2000;93(6):323–33.
- [23] Wadikar SS. Stress, hypertension and Yoga [English]. Mumbai: Intech Open; 2019. cited 2020.
- [24] Sapolsky RM, Romero LM, Munck AU. How do glucocorticoids influence stress responses? Integrating permissive, suppressive, stimulatory, and preparative actions. Endocr Rev 2000;21(1):55–89.
- [25] Lennartsson A-K. Effects of psychosocial stress on DHEA and DHEA-S levels acute and long-term effects. Gothenburg University of Gothenburg; 2013.
- [26] Kamin HS, Kertes DA. Cortisol and DHEA in development and psychopathology. Horm Behav 2017;89:69–85.
- [27] Lennartsson AK, Kushnir MM, Bergquist J, Jonsdottir IH. DHEA and DHEA-S response to acute psychosocial stress in healthy men and women. Biol Psychol 2012;90(2):143–9.
- [28] Kishore RK, Abhishekh HA, Udupa K, Thirthalli J, Lavekar GS, Gangadhar BN, et al. Evaluation of the influence of ayurvedic formulation (Ayushman-15) on psychopathology, heart rate variability and stress hormonal level in major depression (Vishada). Asian J Psychiatr 2014;12:100–7.
- [29] Dhuri KD, Bodhe PV, Vaidya AB. Shirodhara: a psycho-physiological profile in healthy volunteers. J Ayurveda Integr Med 2013;4(1):40–4.
- [30] Tokinobu A, Yorifuji T, Tsuda T, Doi H. Effects of ayurvedic oil-dripping treatment with sesame oil vs. with warm water on sleep: a randomized singleblinded crossover pilot study. J Alternative Compl Med 2016;22(1):52–8.
- [31] Tubaki BR, Chandrashekar CR, Sudhakar D, Prabha TN, Lavekar GS, Kutty BM. Clinical efficacy of Manasamitra Vataka (an Ayurveda medication) on generalized anxiety disorder with comorbid generalized social phobia: a randomized controlled study. J Alternative Compl Med 2012;18(6):612–21.

## **Original Papers**

## Psychoneuroimmunologic Effects of Ayurvedic Oil-Dripping Treatment

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### Abstract

*Objective:* This study assessed the psychoneuroimmunologic changes achieved by *Shirodhara*, an Ayurvedic treatment, characterized by dripping oil on the forehead, in a randomized, controlled protocol involving a novel approach using a robotic system.

*Methods:* In the first experiment for the determination of the most appropriate conditions of *Shirodhara*, 16 healthy females ( $33 \pm 9$  years old) underwent a 30-minute treatment. In the second study, another 16 healthy females ( $39 \pm 9$  years old) were assigned to either the *Shirodhara* treatment or control supine position for 30 minutes, with monitoring of physiologic, biochemical, immunologic, and psychometric parameters including anxiety and altered states of consciousness (ASC).

**Results:** The subjects receiving *Shirodhara* treatment showed lowered levels of state anxiety and higher levels of ASC than those in the control position. Plasma noradrenaline and urinary serotonin excretion decreased significantly more after *Shirodhara* treatment than in the control. Plasma levels of thyrotropin-releasing hormone, dopamine, and natural killer (NK) cell activity were different between control and *Shirodhara* treatment. The correlation between anxiolysis and the depth of ASC was significant in the *Shirodhara* treatment group (r = 0.52, p < 0.05, N = 16), while in the control no correlation was obtained (r = 0.13, p = 0.64, N = 16). The increase in foot skin temperature after *Shirodhara* showed a significant correlation with anxiolysis and the depth of Trance of ASC (r = 0.58, p < 0.01, r = 0.43, p < 0.01, respectively). NK cell activity after *Shirodhara* treatment showed a significant correlation with anxiolysis and the depth of Trance of ASC (r = 0.33, p < 0.05, r = 0.56, p < 0.01, respectively).

*Conclusions:* These results indicate that *Shirodhara* has anxiolytic and ASC-inducing effects, and it promotes a decrease of noradrenaline and exhibits a sympatholytic effect, resulting in the activation of peripheral foot skin circulation and immunopotentiation.

#### Introduction

**S***hirodhara,* one of the healing techniques of Ayurveda, is characterized by dripping oil on the forehead. Originating in ancient India, Ayurveda is a science of life that uses various oil treatments for the proper balance of bioenergies in the body including oil massage and oil-dripping treatment such as Shirodhara. In Sanskrit, shiro means "head," and dhara

means "dripping." This method was originated from Kerliya *Panchakarma*, and is one of the components of the systematic purification techniques of *Panchakarma*.<sup>1</sup> *Panchakarma* is the most famous purification system in Ayurveda. A.K. Sharma suggested that *Shirodhara* may alleviate headache, mental stress, insomnia, depression, motor neuron diseases, and several kinds of mental disorders, including schizophrenia.<sup>1</sup> Furthermore, he suggested that it may have an anti-analgesic

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#### EFFECTS OF AYURVEDIC OIL-DRIPPING TREATMENT

levels showed a significant difference. (4) *Changes of urinary serotonin*. Urinary serotonin excretion just after and 1 hour after finishing *Shirodhara* was decreased significantly more than in the control condition (p < 0.05, N = 16, paired *t*-test, Fig. 7). (5) *Changes in NK cell activity and PMN/lymph ratio of peripheral blood*. NK cell activity decreased significantly in the control condition (p < 0.05, N = 16, paired *t*-test, Fig. 8, right), while there were no changes in the *Shirodhara* group. However, there was no significant difference by two-way ANOVA. The PMN/lymphocyte ratio maintained the same levels in the control condition, while it decreased significantly on *Shirodhara* treatment (p < 0.05, N = 16, paired *t*-test, Fig. 8, left). These changes were not significantly different by two-way ANOVA.

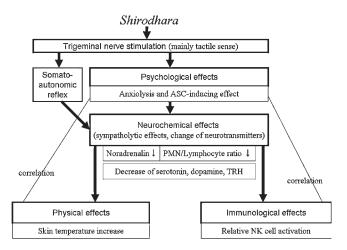
Comparison of the correlation between parameters in Shirodhara and control. (1) Correlation between ASC and anxiolysis. The correlations between ASC scores of all 10 domains and the anxiolytic effect were significantly higher in the Trance experience of Shirodhara, while there was no significant correlation in the control condition (r = 0.52, p < 0.05Spearman's correlation coefficient, Table 4). Regression coefficients of the ASC score (Trance) and anxiolysis were significantly different between control and treatment groups on the assumption that ASC scores are parametric values (p <0.05, ANCOVA, Table 4). (2) Correlation between ASC or anxiolysis and skin temperature. Anxiolysis (% reduction of state anxiety) and the increase of the skin temperature of dorsal aspect of the foot, not hand, were significantly correlated in Shirodhara (r = 0.58-0.60, p < 0.05, N = 16, Pearson's correlation coefficient, Table 5). The correlation between the anxiolytic effect and increase in skin temperature was only significant in the foot skin. However, the regression coefficient between anxiolysis and the foot skin temperature increase was not significantly different (p > 0.05, ANCOVA, Table 4). An increase of the mean skin temperature of the foot in the latter half of Shirodhara, not in the control, was also correlated with the ASC score, especially in the Trance experience (Table 4). The regression coefficients of the ASC score (Trance) and foot skin temperature increase were significantly different (p < 0.01, ANCOVA, Table 4). (3) *Correlation* between ASC or anxiolysis and NK cell activity after Shirodhara. Anxiolysis and ASC, especially Trance experience, were well correlated with NK cell activity after Shirodhara (r = 0.33, 0.56, p < 0.05, Table 4). The regression coefficients between the ASC score (Trance) or anxiolysis and NK cell activity were significantly different (p < 0.05 in both, ANCOVA, Table 4). (4) Correlation between ASC or anxiolysis and catecholamines, TRH, and urinary serotonin. Tables 6a and 6b show the correlation between psychologic parameters and plasma catecholamine or urinary serotonin obtained by Spearman's method. In the control supine condition, not Shirodhara, scores of ASC such as Space and Cosmic Consciousness (C.C) (Table 1) were correlated with the TRH level (r = -0.53, -0.50, p < 0.05, respectively). The ASC score (Time) was correlated with the TRH level and TRH change (r = -0.56, -0.71, p < 0.05, respectively). However, only in the *Shirod*hara treatment was the average score of ASC and score of Speech negatively correlated with the plasma dopamine level and change of plasma dopamine (r = -0.53, -0.70, -0.50, p < 0.05, respectively). Furthermore, the average ASC score, and scores of Speech and Concentration (Conc.) were negatively correlated with the TRH-change ratio (r = -0.83, -0.93, -0.90, p < 0.05, respectively). Scores of ASC for Time and Conc. were also negatively correlated with the TRH level (r = -0.50, -0.52, p < 0.05, respectively). In the control study, anxiolysis was negatively correlated with the plasma noradrenaline level (r = -0.58, p < 0.05, Pearson's correlation coefficient). However, this correlation was not obtained on *Shirodhara* treatment. Plasma adrenaline level and change ratio of plasma adrenaline and noradrenaline were not correlated with any domains of ASC or anxiolysis either in the control or *Shirodhara* treatments.

The regression coefficients between ASC scores or anxiolysis and various parameters were not significantly different (p > 0.1 in all, ANCOVA).

#### **Discussion and Conclusions**

The robotic oil-drip system in this study facilitated a completely reproducible method for *Shirodhara*. The regulated modes of treatment were maintained for all subjects during *Shirodhara*. Differences in effects depending on the oil temperature, oil flow rate, and length of treatment were elucidated with this robotic system. This is the benefit of employing a robotic *Shirodhara* regulator compared to the usual hanging pot with a hole in the bottom, which is unable to provide the same regulated treatment to all subjects. We adopted the most comfortable and safest conditions of *Shirodhara* to study psychoimmunologic effects.

Psychologic changes in this study supported the anxiolytic and ASC-inducing effects of *Shirodhara*. The anxiolytic effect of *Panchakarma* reported by H.M. Sharma must be explained partly by this anxiolytic effect of *Shirodhara*. Anxiolysis induced by *Shirodhara* was positively correlated with NK cell activity after *Shirohara* and elevation of the foot skin temperature. Furthermore, Trance experience induced by *Shi*-



**FIG. 9.** Suspended mechanism of the action of *Shirodhara*induced psychologic effects as well as neural, immunological, and physical changes. An increase of the foot skin temperature and relative elevation of natural killer (NK) cell activity by *Shirodhara* treatment may be related with the autonomic nervous suppression secondarily induced by the psychologic effects of *Shirodhara*. ASC, state of consciousness; PMN, polymorphonuclear neutrophils; TRH, thyrotropin-releasing hormone.

*rodhara* was positively correlated with anxiolysis, NK cell activity, and elevation of the foot skin temperature. These results supported the psychoneuroimmunologic effects of *Shirodhara*.

The biochemical changes showed the significant suppression of noradrenaline not adrenaline, and suppression of urinary serotonin and the decrease of the PMN/lymphocyte ratio only in Shirodhara. These results reflect the sympatholytic effect of *Shirodhara*, especially suppression of the  $\alpha$ -receptor, which works with noradrenaline. Vaitl et al. reported that ASC induced a sympathetic suppression rather than parasympathetic activation.<sup>10</sup> ASC induced by Shirodhara may cause the same sympathetic nervous suppression. Irwin et al. reported that the sympathetic nervous system mediates the suppression of NK cytotoxicity.<sup>13</sup> An increase of the foot skin temperature and relative elevation of NK cell activity by Shirodhara treatment may be related with this sympathetic nervous suppression, secondarily induced by the psychologic effects or somato-autonomic nervous reflex<sup>14</sup> during Shirodhara.13,15 The negative correlation of the TRH change or dopamine with some domains of ASC may also be related to the sympathetic suppression because the autonomic nervous system is linked to the depression of various neurotransmitter secretions such as TRH and dopamines.<sup>16</sup>

In our study, the anxiolysis and the mean skin temperature of the dorsal aspects of the feet, not hands, were correlated (Table 5). Although the same neural linkage between the central nervous system and hand or foot skin has been drawn, innervation by the autonomic nervous system of the hand may not be the same as in the foot. We obtained results whereby pressure stimulation of hands and feet for 15 minutes showed the opposite reaction to heart rate variability.<sup>17</sup> Further research is needed to elucidate hand–foot differences (Fig. 9).

Figure 9 summarizes the psychoneuroimmunologic changes in this study of *Shirodhara*. Warm, plain sesame oil starts the action from the tactile stimulation of the skin innervated by the first branch of the trigeminal nerve. It is possible that the impulses are transmitted to the thalamus through the principal nucleus and forwarded to the cerebral cortex. The impulses from the forehead cause a somato-autonomic reflex,<sup>14</sup> and changes in levels of various neuro-transmitters including, serotonin, TRH, and catecholamine, resulting in sympathetic suppression and physioimmuno-logic changes of peripheral circulation and NK cell activity. It is worth doing further investigation to elucidate the effects of *Shirodhara* or *Panchakarma* of Ayurveda.

#### **Disclosure Statement**

This research did not involve competing financial interests.

#### References

 Sharma AK. The *Panchakarma* Treatment of Ayurveda Including *Keraliya Panchakarma*. Delhi: Sri Satguru Publications, 2002.

- Sharma HM, Nidich SI, Sands D, Smith DE. Improvement in the cardiovascular risk factors through *Panchakarma* purification procedures. J Res Edu Indi Med 1993;12:3–13.
- Uebaba K, Xu F, Ogawa H, et al. Using a Healing Robot for the Scientific Study of *Shirodhara*. IEEE Eng Med Biol Mag 2005;March/April:69–78.
- 4. Uebaba K, Xu FH, Tatsuse T, Hisajima T. Psychological mechanism of Traditional healing technique performed by the healing robot through the life information field. J Int Soc Life Info Sci 2004;22:169–178.
- 5. Bhagwan D. Massage Therapy in Ayurveda. New Delhi: Concept Publishing Company, 1992.
- 6. Devaraj TL. The *Panchakarma* Treatment of Ayurveda. Bangalore: Dhanvantari Oriental Publications, 1980.
- Spielberger CD. Theory and research on anxiety. In: Spielberger CD, editor. Anxiety and Behavior. New York: Academic Press, 1966:24–43.
- 8. Saito T. Researches on Altered State of Consciousness (ASC). Kyoto: Shouraisha, 1981.
- Saito T. Psychological process in the altered state of consciousness and Zen experience. Ritsumaikan Hum Sci Res 2003;5:45–53.
- Vaitl D, Birbaumer N, Gruzelier J, et al. Psychobiology of altered states of consciousness. Psychol Bull 2005;131:98–127.
- Bundzen PV, Korotkov KG, Unesthal LE. Altered states of consciousness: Review of experimental data obtained with a multiple techniques approach. J Altern Complement Med 2002;8:153–165.
- Suzuki S, Toyabe S, Moroda T, et al. Circadian rhythm of leukocytes and lymphocytes subsets and its possible correlation with the function of autonomic nervous system. Clin Exp Immunol 1997;110:500–508.
- Irwin M, Hauger RL, Jones L, et al. Sympathetic nervous system mediates central corticotrophin-releasing factor induced suppression of natural killer cytotoxicity. J Pharmacol Exp Ther 1990;255:101–107.
- Sato A. Neural mechanisms of autonomic responses elicited by somatic sensory stimulation. Neurosci Behav Physiol 1997;27:610–621.
- Fecho K, Maslonek KA, Dykstra LA, Lysle DT. Alterations of immune status induced by the sympathetic nervous system: Immunomodulatory effects of DMPP alone and in combination with morphine. Brain Behav Immun 1993;7: 253–270.
- al-Damluji S. Adrenergic control of the secretion of anterior pituitary hormones. Baillieres Clin Endocrinol Metab 1993;7:355–392.
- Uebaba K, Xu FH, Tagawa M, Asakura R. Differences of circulatory, respiratory and autonomic nervous changes by the pressure stimulation to hand or foot. Eastern Med 2004;20: 1–22.

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## International Journal of Ayurveda and Pharma Research

## **Research Article**

## CLINICAL STUDY ON EFFECT OF DIFFERENT METHODS OF *SHIRODHARA* IN PATIENTS OF INSOMNIA

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## ABSTRACT

**Background:** Insomnia has a great impact on social, occupational and other functioning areas of the individual. The modern medical science is still not having a definitive and effective treatment for this disease. *Shirodhara* is considered as the highly effective treatment for this condition. Most practitioners practising oscillatory method of *Shirodhara*, Some advises to do single point *Shirodhara*. Interestingly there is no research has been done on this topic to find out which method is best and standard. **Aims:** To compare the efficacy of single point drip method *Jaladhara* and Oscillatory drip method *Jaladhara* in *Nidranasha*. **Methods and Materials:** Study was conducted in 30 diagnosed patient of *Nidranasha* with the help of symptoms of *Nidranasha* and Athens insomnia scale. The patients were randomly divided into 2 groups. i.e., Group A and Group B to compare the effect of Single point drip method and oscillatory drip method in Insomnia. **Results:** Group A (Single point drip method *Shirodhara*) provided better relief compared to Group B (Oscillatory drip method *Shirodhara*) clinically in subjective parameters Total sleep duration (48.3%), overall quality of sleep (48.3%) and Statistically provided moderately significant improvement in Functioning (physical and mental) and highly significant improvement in systolic blood pressure. **Conclusion:** Single point drip method *Shirodhara* compared to Oscillatory drip method *Shirodhara* provided better relief clinically and statistically.

**KEYWORDS:** Insomnia, *Nidranasha*, Oscillatory drip, *Panchakarma, Shirodhara*, Single point drip.

## INTRODUCTION

*Panchakarma* becoming the fastest growing specialty discipline of Ayurveda because of its efficacy and long lasting effect. The globalization of *Panchakarma* posed issues related to efficacy, safety and standardization of procedure. There is an urgent need of standardizing the *Panchakarma* procedures in course and assessment. The dosage schedule, exact procedure, medicament, effect and side effects are to be standardized, so that an uniform schedule of practice may be developed to be practiced at all centers.<sup>[1]</sup>

*Shirodhara* is practiced mainly in psychiatric and psychosomatic disorder. In current practice different methods of *Shirodhara* are practised procedure exists. Most practitioners practising oscillatory method of *Shirodhara*, some advises to do head massage during *Shirodhara*. Some advises to do single point *Shirodhara*. Interestingly there is no research has been done on this topic to find out which method is best and standard. Hence, in this study an attempt will be made to compare different methods of *Shirodhara* and finally come to a conclusion, which method is best and standard.

Insomnia is the complaint of inadequate sleep; it can be classified according to the nature of sleep disruption and the duration of the complaint.<sup>[2]</sup> In present era due to stress of day to day life, environmental factors,

JAPR

over using of drugs (like fluoroquinolone, antibiotics, etc), several diseases, life style, diet pattern, human race is now facing many difficulties in maintaining natural sleep pattern.<sup>[3]</sup> Hence, substantial number of people suffer from insomnia, the most common sleep disorder. People with insomnia may have trouble concentrating, remembering or accomplishing daily tasks.<sup>[4]</sup> They also have a relatively high risk of accidents.<sup>[5]</sup> The economic consequences include the costs of increased use of health care services, work absences, and work related injuries.<sup>[6]</sup>

Application of liquid medicines by pouring continuously on any part of the body for a prescribed time is called *Seka* or *Dhara* and on head it is called Siro*Dhara* It is highly beneficial in stress and psychosomatic disorder such as IBS (Irritable Bowel Syndrome), neurological disorder (headache, epilepsy, etc. Psychiatric disorder (psychosis, neurosis insomnia etc.), convulsive disorder and also in psoriasis, eczema, hypertension and alcoholism.<sup>[7]</sup>

The main aim of this study is to evaluate the procedural effect of *Shirodhara* and hence water is selected for this study to exclude the medicinal effect of drug used for *Shirodhara*.

## Vasant Patil et al. Clinical Study on Effect of Different Methods of Shirodhara in Patients of Insomnia

absorbed, producing Tranquilizing effect by reaching the Brain cortex. The chemical constituent of medicated oil may act as a neurotransmitter as deficiency of certain Neurotransmitter can be checked hypothetically if oil percolate in to Brain cortex as explained by Johnson while treating the patient of Angina by nitroglycerine. Shirodhara may also have Alpha Adrenergic blocking effect and can thus block certain actions of adrenaline and nor adrenaline. Shirodhara may also act on the adrenergic neuron probably produce their effects by modifying the svnthesis storage and uptake mechanisms of noradrenaline. The effect of Shirodhara on hormone secretion can also be postulated considering the effect on hypothalamus as hypothalamus is the main controller of endocrine secretions. The hypothalamic Neurons which secrete the regulatory hormones are themselves under the control of specialized monoaminergic, neurotransmitter neurons which arise in the mid brain. These latter release Dopamine, Nor adrenaline and Serotonin. In turn, these mid brain nuclei are under the control of visceral brain and are responsive to stress and emotional disturbances. Together with the limbic system with the hypothalamus regulates the feeling of rage, aggression, pain and pleasure and behavioural patterns of sexual arousal. Ultimately it can be postulated that *Shirodhara* may be having some effect on hypothalamus resulting in decrease of most of the psychic and somatic disorders.<sup>[12]</sup>

## CONCLUSION

Group A (Single point drip method *Shirodhara*) compared to Group B (Oscillatory drip method *Shirodhara*) provided better relief clinically in subjective parameters total sleep duration (48.3%), overall quality of sleep (48.3%) and Statistically provided moderately significant improvement in Functioning (physical and mental) and highly significant improvement in systolic blood pressure.

## REFERENCES

1. Vaidya Vasant Patil. Principles and Practice of Panchakarma. 4<sup>th</sup> edition. Varanasi; Chaukhamba Sanskrit sansthan; 2014.p.1.

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- Harrison, Charles A. Czeisler, John W. Winkelman, Gary S.Richardson, published by McGraw Hill Medical, volume-1, *sleep* disorder, Chapter 27 18<sup>th</sup> edition 2012.
- Prevalence of causes of insomnia in primary care: a cross-sectional study. written by Arroll B, Falloon K, Goodyear-Smith F, Samaranayake C, Warman G: [Internet] 2012 Feb]; 62 (595): [about 99-103]. Available from http://www.ncbi.nlm.nih.gov/ pubmed /22520782
- 4. Billiard M, Bentley A. Is insomnia best categorized as a symptom or a disease? Sleep Medicine 2004; 5 (Supplement 1): S35-40.
- 5. Toward cost effectiveness analysis in the diagnosis and treatment of insomnia. written by Martin S A, Aikens J E, Chervin R D. *sleep* Medicine 2004; 8 : 63-72.
- 6. The morbidity of insomnia uncomplicated by psychiatric disorders. written by Weissman M M, Greenwald S, Niño-Murcia G, et al. General Hospital Psychiatry 1997; 19(4): 245-50.
- Moos Vayaskara. Ayurvedic treatment of Kerala, Vaidya Sarathi press; 3<sup>rd</sup> edition:1983.
- Diagnostic and statistical manual of mental disorders (DSM IV). American Psychiatric Association. Washington, D:1994.
- 9. Vaidya Vasant Patil. Principles and Practice of Panchakarma. 4<sup>th</sup> edition. Varanasi; Chaukhamba Sanskrit sansthan; 2014.p.163-165.
- 10. Athens Insomnia Scale: validation of an instrument based on ICD-10 criteria. J Psychosom Res. written by Soldatos CR, Dikeos DG, Paparrigopoulos TJ. 2000 Jun;48(6):555-60.
- 11. Charaka. Caraka Samhita (Hindhi Transaltion by Rajeshwara Shastri pandit), Vol. II (Sutrasthana Chp.21, Sholaka no-35). Varanasi; Chaukhamba Sanskrit Series; 2003
- 12. Kajaria Divya, Tripathi J.S., Tiwari S.K. Annals of Ayurvedic Medicine, July-Sep. 2013; 2 (3):114-117.

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