



*Women  
University Press*  
**Jayoti Publication Desk**  
ISBN No. : 978-93-94024-05-2

# **JV AYURVED SANGRAH – SHALAKYA TANTRA PART-III**

*JV'n Dr. Meenakshi*

**JAYOTI VIDYAPEETH WOMEN'S UNIVERSITY, JAIPUR**

UGC Approved Under 2(f) & 12(b) | NAAC Accredited | Recognized by Statutory Councils

Printed by :  
JAYOTI PUBLICATION DESK

Published by :  
*Women University Press*  
Jayoti Vidyapeeth Women's University, Jaipur

**Faculty of Ayurvedic Science**

**Title:** JV AYURVED SANGRAH – SHALAKYA TANTRA PART-III

**Author Name:** Dr. Meenakshi

**Published By:** Women University Press

**Publisher's Address:** Jayoti Vidyapeeth Women's University, Jaipur

Vedant Gyan Valley,

Village-Jharna, Mahala Jobner Link Road, NH-8

Jaipur Ajmer Express Way,

Jaipur-303122, Rajasthan (India)

**Printer's Detail:** Jayoti Publication Desk

**Edition Detail:**

**ISBN:** 978-93-94024-05-2

**Copyright ©** - Jayoti Vidyapeeth Women's University, Jaipur

**JV AYURVED SANGRAH – SHALAKYA TANTRA PART 2**

**AUTHORS : Dr. Meenakshi<sup>1</sup>, Dr. Narendra Singh Shekhawat<sup>2</sup>**

<sup>1</sup>Assistant Professor, Faculty of Ayurvedic Science, Dept. of *Shalakyā Tantra*, Jayoti Vidyapeeth Women's University and Hospital, Jaipur, Rajasthan, [mailmce88@gmail.com](mailto:mailmce88@gmail.com), 9540274040

<sup>2</sup>Assistant Professor, Faculty of Ayurvedic Science, Dept. of *Shalya Tantra*, Jayoti Vidyapeeth Women's University and Hospital, Jaipur, Rajasthan, [dr.naren90@gmail.com](mailto:dr.naren90@gmail.com), 9928297691

**Author for Correspondence: Dr. Meenakshi**, Assistant Professor, Faculty of Ayurvedic Science, Dept. of *Shalakyā Tantra*, Jayoti Vidyapeeth Women's University and Hospital, Jaipur, Rajasthan, [mailmce88@gmail.com](mailto:mailmce88@gmail.com), 9540274040

**CHAPTER : IMPORTANCE AND SUPERIORITY OF SHIRAS.**

- Shiras is known as utthamanga for existing vital organs like prana, indriya , pranavaha strotas, sadyo pranahara marma, pranavata, sadaka pitta, tarpaka sleshma, and it is the seat for all gyanavah and chestavah prayatna.

*PRANAHA PRANBHUTANAM YATRASHIRTA.....*

*.....SHIRAH TAT ABHIDHIYATE. ( CH. SU. 17/3)*

- Charak explains shiras as the sthana of prana.

*SARVENDRIYENASMIN PRANA.....*

*..... RAKSHAYAMADRUTO BHAVET. (AH.H.U.T. 24/59)*

- Vagbhata explains shiras is ashraya of pranavayu, which is responsible for budhii and other function of indriyas.
- Shushruta opines prana is the combination of agni, sama, vayu, panchindriyas and panchmahabhootas.
- Vagbhata explains the importance of shiras as, it is essential because all indriyas are situated in shiras and it should be protected.

- **MARMA IN SHIRA-**

*SAPTOTTAR MARMASHATAM .....*

*.....PRADHANBHUTANI VADANTI TAJGYA. ( CH.CHI. 26/3)*

- Among 107 marmas, 3 marmas are most important. Among this 3 marmas shiras has got much important because it is the moola with bearing shakhas.
- They are vasti, shiras and hridaya.

- **Shiras is the seat for pranvaha strotas, sadaka pitta, alochaka pitta and tarpaka.**
- **Shiras is the controlling center for-**

- 1) Prana
- 2) 3 Shareera dosha
- 3) 3 Mano dosha
- 4) Ekadasha indriya
- 5) Panchamahabhoota

**CHAPTER : SIROROGA INTRODUCTION**

“Pranah pranabrutam yatraashirtah sarveindriyani ch Yatuttam angamanganam shirah tata abhidhiyate ” (ch.su.17/3)

- Living beings suffer from pain in head due to vata,pitta,kapha etc.

The main presenting symptom of Siro Roga is **Headache**.

**Types** – By charaka – (5), By vagbhata – (19), By sushruta – (11)

By sushruta –

“Shirorujyati.....

.....sampravakshyate.” (su.ut.25/3-4)

<b><u>Sushruta</u></b>	<b><u>charaka</u></b>	<b><u>vagbhata</u></b>
1.Vataja 2.Pittaja 3.Kaphaja 4.Raktaja 5.Sannipatika 6.Krimija 7.Kshayaja 8.Suryavarta 9.Anantavata 10.Ardhavabhedaka 11.Shankhak	1.Vataja 2.Pittaja 3.Kaphaja 4.Krimija 5.Sannipatika	<b><u>siroroga</u></b> – (10) 1.Vataja 2.Pittaja 3.Kaphaja 4.Raktaja 5.Sannipatika 6.Krimija 7.Ardhavabhedaka 8.Suryavarta 9.Shankhak 10.shirahkamp  <b><u>Kapalgat</u></b> – (9) 1.Upashirshaka 2.Arunshika 3.Darunaka 4.Indralupta 5.Khalitya 6.Palitya 7.Kapal-pidika 8.Kapal-arbuda 9.Kapal-vidradhi

**Siroroga By vagbhata –**

**Kapalgat roga – (9)**

**1.Upashirshak- (HYDROCEPHALUS)**

Kapalepavanaedushtegarbhasthsyaapijaayte.

Savarnonirujahsofhamvidyadupashirshakam.(a.h.ut.23/21)

In garbha , vitiated vata goes into kapala and produce skin coloured like inflammation.

Treatment –

Nave janamoutaramjaateyojyedupashirshakae.

Vatavyadhikriyampakvaekarmvidradhichauditam.(a.h.ut.24/20)

If the disease is congenital and new, then treatment is like vatvyadhi . If it leads to pakva stage then it should be treated like vidradhi.

**2.Arunshikha – (FURUNCULOSIS OF SCALP)**

Kapalekledabahula.....

.....pitikahsyurarunshika.(a.h.ut.23/22)

Due to kapha, rakta&krimi, small mustard shaped vana form on the scalp. • There is also pus discharge through them.

Treatment:- • Raktamokshana • Siro lepa.

**3.Darunaka – (DANDRUFF)**

Kandukeshha.....

.....darunakamtu tat.(a.h.ut.23/23)

Due to kapha and vata, itching on scalp and falling of hair,loss of senses on scalp and dryness occurs and small Dehiscence of the scalp skin is present.

Treatment – sirovedhan, shodhan karma by vamanvirechan along with nasya.

Shirovasti.

Anti-dandruff shampoo containing zinc pyrithion and anti-fungal shampoo containing ketoconazole.

**4. Indralupta – (ALOPECIA AREATA)**

Romkupanugampittam.....

.....prahuchachatichapre.(a.h.ut23/24)

Alopecia simply means hairloss. Alopecia areata is a type of hair loss when clumps of hair fall out ,resulting in total smooth round hairless patches on the scalp.Also known as rujya and

chach.

Treatment - sirovedhan , lepa of raktak and devdaru, lepa of dhatura leaves rasa, lepa of bhilava rasa

**5. Khalitya – (HAIR FALL)**

Khaliterapijanmaevshantantatratukramat (a.h.ut 23/26)

Khalitrogaocures same as indralupta but gradually decreases the hair .

Hair fall is excessive shedding of hair.

Treatment – In khalita,palita, vali and haritalomaroga – sodhan karma ,nasya karma, head massage and lepa should be done.

**6. Palitya – (PREMATURE GRAYING)**

Shokshramkrodhakrath.....

.....palitamsambhavtyath.(a.h.ut.23/29)

When body heat is containing vitiated doshas by shok, shram and krodha and it pakva(ripe) the hair and makes it white.

Treatment – treatment is same as khalityaroga – vaman ,virechan, nasya karma, abhyang and lepa should be done.

Nasya by niladitaila.

Dugdhdika and kaner are macerated and mixed with milk and applied in the root of hairs.

Eating diet rich in protein,iron,calcium and vit A and B.

**7,8,9 Kapalpidika , Kapalarbuda, Kapalvidradhi –**

Yathadoshodyambryuatpitikaarbudaavidradhin. (a.h.ut.23/22)

Kapalpidika ,arbuda and vidradhi are identified by according to their doshash.

All Sorts Of Tumors, Cysts, Diseases Of The Head.

Treatment –

Aampakveyathayogyamvidradhipitikaarbuda. (a.h.ut.24/20)

Vidradhi,pidika and arbuda are treated according to their aam and pakvaavastha.

## CHAPTER : SHIRO ROGA

### 1. Vataj shiroroga

“Yasyanimmitam shiraso.....  
.....sa sameerain.”(Su.u.ta 25/5)

When a person suddenly suffers from severe form of headache without any obvious causes or due to unknown causes, which aggravates especially during night time and subsides on tightly banding the head or by giving sudation, is said to be suffering from headache caused by aggravation of vata.

Chikitsa-

- Treatment given in vata vyadis.
- Snehana
- Swedana
- Abhyanga
- Parishekha
- Anuvasan basti
- Ghrta and taila paan
- Lepa with shital dravya
- Snaihika dhumpaana

### 2. Pittaja shiroroga

“Yasyoshmanmangrachitam.....  
.....tu pitta prakopaat.”(Su.u.ta 25/6)

When a person has headache in which his head is hot just like burning charcoal, there is severe burning sensation in eyes and nose as if they are filled with smoke/fumes and the pain reduces at night time due to cold, the person is said to be suffering from headache caused by aggravation of pitta.

Chikitsa-

- Nasya with madhur aushadhis and vasa of jangala pashu pakshi.
- Pradeha and parishek with sheetal aushadhis like chandan and milk.
- Anuvasna and aasthapana basti



- Madhur, tikta, kashaya rasa pradhaan aahar

### 3. KAPHAJA SHIROROGA

“Shirogalam.....

.....sa kapha prakopaat.”( Su.u.ta 25/7)

When a person has headache in which his head is anointed or filled with kapha, with a feel of heaviness and stiffness in the head and the head is cold on touch, the face and the region around the eyeballs appears to be swollen, the person is said to be suffering from headache caused by aggravation of kapha.

Chikitsa-

- Nasya with katphal churna
- Vaman with teekshna aushadhi
- Gandusha with teekshna aushadhi
- Svedana
- Achha sarpi paana

### 4. TRIDOSHAJA SHIROROGA

“Shiroabhitaape.....samudbhavanti”( Su.u.ta 25/8)

Symptoms of Vata , Pitta and Kapha are found in mix proportion, is said to be suffering from tridoshaja shiroroga.

Chikitsa-

- Treatment for mitigating Vata , Pitta and kapha dosha.
- Puraan ghrita sevan.

### 5. RAKTAJ SHIROROGA

“Raktaatmakahh.....bhavechha.”( Su.u.ta. 25/8)

When the person have symptoms similar to pittaja shiro roga and tenderness in the head wherein the person feels pain on touching the head, is said to be suffering from raktaj shiro

roga.

Chikitsa-

- Treatment similar to pittaj shiroroga.
- Nasya with sharkara and ghrita.

**अर्धावभेदक —**

- यस्योत्तमाङ्गधेमतीव जन्तोः सम्भेदतोद भ्रमशूलजुष्टम् ।
- पक्षाद् दशाहादथवाप्यकस्मात्तस्याध्देभेदं त्रितायाद् व्यवस्येत् ॥ (सु.उ.त. २५/१५ )
- जिस मनुष्य के उत्तमाङ्ग (सिर) के आधे भाग में अत्यधिक भेद (फोड़ने की सी पीड़ा ) , तोद ( सूचीवेध पीड़ा ) भ्रम और शूल होता है तथा यह लक्षण अकस्मात् पक्ष (15 दिन ) में या दस दिन बाद हो जाते हैं , उसको अर्धावभेदक कहते हैं तथा यह रोग त्रिदोषज है ।
- अर्धतुमूर्ध्नः सोर्धाभेदकः ॥ पक्षात्कुप्यतिमासाव्दास्वयमेव च शाम्यति ।
- अतिवृद्धस्तु नयनश्रवणं वा वीनाशयेत् ॥ (अ.ह.उ.त.२३/८ )
- सिर के आधे भाग में पीड़ा हो उसको अर्धावभेदक कहते हैं । यह पीड़ा पंद्रह दिनों के बाद अथवा महीनो के बाद उत्पन्न होती है और स्वयं ही शांत हो जाती है । यदि यह अत्यन्त बढ़ जाए तो नेत्र और कर्ण को नष्ट कर देती है

**चिकित्सा**

- १. सुययावर्त के समान अर्धावभेदक की चिकित्सा करें ।
- २. नस्य – वचा व पिप्पली चूर्ण से नस्य दें ।
- ३. लेप
- शिरीषबीजापामार्गमूलं नस्यं विडान्वितम् ।
- स्थिरारसो वा , लेपे तु प्रपुन्नाटोआम्लकल्कितः । (अ.ह.उ.त.24/9-10 )
- शिरीष के बीज, अपामार्ग की जड़ और विड लवण इनका नस्य देना चाहिए । शलपर्णी रस का नस्य दें और पनवाड़ (चक्रमर्द ) के बीजों को खट्टी कांजी में पीसकर लेप करना चाहिए ।
- ४. चरक मतानुसार अर्धावभेदक में पुराण घृत का पान करें ।
- ५. निरुह व अनुवासन बस्ति का प्रयोग करें ।
- ६. उपनाह करें ।
- ७. शिरोवस्ति दें ।
- ८. अग्नि कर्म करें ।
- आधुनिक विचार से इसे MIGRANE कह सकते हैं

### सूर्यावर्त

- प्रतिमन्दमन्दमक्षिभ्रुवं रुक् समुपैतिगाढम् च
- विवर्द्धते चांशुमता सहैव सूर्यापवृत्तौ विनिवर्त्तते च द्यद्य
- शीतेन शांति लभते कदाचिदुष्णेन जन्तुः सुखमाप्नुयाच्च द्य
- तं भास्करावर्तमुदाहरन्ति सर्वात्मकं कष्टतमविकारम् च द्य
- सूर्य के उदय के साथ पीड़ा आरम्भ होकर ए धीरे धीरे बढ़ती है और आंख और भ्रू में विशेषकर होती है तथा मध्यान के बाद सूर्य का तेज़ कम होने से पीड़ा भी कम हो जाती है ! इस रोग में कभी शीतल उपचार से शांति प्राप्त होती है और कभी उष्ण उपचार से पीड़ा कम होती है ! यह त्रिदोषज ए अत्यंत कष्टकारी रोग है ! इसे भाष्करावर्त रोग कहते हैं !
- पित्तनुबद्धः शंखाक्षिभ्रूललाटेषु मारुतः! रुजः संस्पन्दा कुर्यादनुसूर्योदयोदयाम् !!
- आमध्याह्नं विवर्धिषण्णुः क्षुद्रुतः सा विशिषत : ! अव्यवस्थितशीतोष्णसुखा शाम्यत्यतः परम् !!
- सूर्यवर्तः सः - ११ , अ.ह.उ.त. 23ध18.19 द्य
- पित्त से युक्त हुई वायु शंख ए नेत्र ए भ्रुकुटी और ललाट में अत्यंत पीड़ा और फड़कन पैदा करती है ! यह शूल सूर्योदय के साथ आरम्भ होकर दोपहर तक बढ़ता है ए भूख लगने पर यह पीड़ा बढ़ती है ! ठण्डे और गरम पदार्थों से शांत हो जाती है!

### चिकित्सा

- सूर्यावर्ते विधातव्यं नस्यकर्मादिभेषजेज् ! भोजनं जांगलमप्रायमं क्षीरात्रविकृतैर्घृतम !!
- इसमें नस्य आदि चिकित्सा करनी चाहिए ! भोजन के लिए जांगल पशु पक्षियों का मांसरस देना चाहिए ! क्षीर
- दूध ) से बने पदार्थों का सेवन करे जैसे खीर ए मलाई व रबड़ी आदि तथा घृतपान करे !
- सिरावेध - नासा के समीप ललाट की सिरा का वेध करे !
- शिरोवस्ती - घृत ए तैल या वसा से शिरोवस्ती धारण करे !
- काय विरेचन - विरेचक घृत का सेवन करे !
- उपनाह - जांगल पशु पक्षियों के मांस को पकाकर उपनाह करे !
- परिषेक - घृत मिश्रित कोष्ण दूध से शिर परिषेक करे !

### रक्तमोक्षण

- सूर्योवरतेऽपि तस्मिस्तुसिरयाऽपहरेदसृक् !!
- सूर्यावर्त में वाग्भट ने रक्तमोक्षण करने का निर्देश दिया है !
- आधुनिक मतानुसार इसे **Acute Frontal Sinusitis** कह सकते हैं

## CHAPTER : HEADACHE

### HEADACHE

- **Headache** is the symptom of pain anywhere in the region of the head or upper neck.

### CLASSIFICATION OF HEADACHE

- Headaches are broadly classified as "**primary**" or "**secondary**".
  - ❖ **Primary headaches** are benign, recurrent headaches not caused by underlying disease or structural problems. While primary headaches may cause significant daily pain and disability, they are not dangerous.
1. Migrane
    - Pain,nausea,and visual changes are of typical classic form.
    - 60-70% unilateral.
    - Attack comes once or twice per month or three to four times in a year.
  2. Tension-type headache
    - Pain is like a band squeezing the head.
    - Bilateral
    - Lasts for 30 minutes to 7 days.
  3. Cluster headache-
    - Pain is in and around the eye.
    - Unilateral
    - Lasts for 15-180 minutes.
  4. Other primary headaches

### TYPES OF MIGRAINE-

1. Classic or neurological migraine- Charecterized by Aura.
2. Common migraine- Without Aura.

### OTHER TYPES OF MIGRAINE-

1. Basilar migraine
2. Ophthalmoplegic migraine
3. Retinal or ocular migraine

4. Post traumatic migraine
5. Abdominal migraine
6. Hemiplagic migraine
7. Complicated migraine
8. Status migranosus
9. Premenstrual/menstrual migraine
10. Footballers migraine

❖ **Secondary headaches** are caused by an underlying disease. Secondary headaches can be harmless or dangerous. Certain "red flags" or warning signs indicate a secondary headache may be dangerous.

- RED FLAGS- **red flags** for identifying a secondary headache:
- Systemic symptoms (fever or weight loss)
- Systemic disease (HIV infection, malignancy)
- Neurologic symptoms or signs
- Onset sudden (thunderclap headache)
- Onset after age 40 years
- Previous headache history (first, worst, or different headache)

**More serious causes of secondary headaches include :**

- Meningitis
- Intracranial hemorrhage
- Subarachnoid hemorrhage
- Ruptured aneurysm, arteriovenous malformation, intraparenchymal hemorrhage
- Brain tumor
- Temporal arteritis
- Acute closed angle glaucoma
- Post-ictal headaches
- Gastrointestinal disorders

## TREATMENT

### 1. PRIMARY HEADACHE-

#### ➤ Migraine-

1. Primary treatment- Mild attack= Acetaminophens, NSAIDS  
Severe attack= Ergot alkaloids ergotamine
2. Prophylactic treatment- Beta –Blockers like Atenolol, Timolol

#### ➤ Tension-type headache-

- NSAIDS, Aspirin, Paracetamol
- Amitriptyline, Duloxetine, Desipramine etc.

#### ➤ Cluster headache-

- Abortive therapy : subcutaneous sumatriptan (injected under the skin) and triptan nasal sprays. High flow oxygen therapy also helps with relief.
- Preventive therapy :
  - Verapamil is recommended as first line treatment.
  - Lithium can also be useful.

### 2. SECONDARY HEADACHE-

It involves treating the underlying cause. For example, a person with meningitis will require antibiotics. A person with a brain tumor may require surgery, chemotherapy or brain radiation.

#### Pain sensitive cranial structures

- Dura Circle of Willis
- Scalp proximal segments of pial arteries
- middle meningeal artery v, ix, x
- Falx cerebri
- ependyma

**Pain insensitive structures**

- Choroid Plexus
- Pial veins
- Brain parenchyma
- Headache classification

**Primary headache**

- Benign
- Recurrent
- No organic disease
  - Tension type (mc)
  - migraine
  - Trigeminal autonomic cephalgias
  - Cluster headache

**Secondary headache**

- malignant
- organic disease
  - Systemic infection (mc)
  - Head injury
  - Vascular disorder
  - Hemorrhage
  - Brain tumor due to increase intracranial pressure "Dangerous headache"

**Other Secondary Headache**

- **Medication overuse headache** may occur in those using excessive painkillers for headaches, paradoxically causing worsening headaches.
- Rarely, a **secondary headache** may be a sign of a serious underlying medical condition such as: brain infection such as encephalitis or an abscess.
- Some of these are not harmful, such as **cervicogenic headache** (pain arising from the neck muscles).

**Trigeminal autonomic Cephalgia**

1. Cluster headache (mc)
2. Paroxysmal hemicrania
3. SUNCT (Short lasting unilateral neuralgic headache with conjunctival congestion and tearing)
4. Hemi crania continua

**TACS: Episodic**

- u/l severe headache (sharp stabbing)
- Restlessness during attack
- Ipsilateral autonomic symptoms
- Episode : 15 mins -3 hours

**TAC-autonomic features**

- Cluster headache, congestion and lacrimation
- Nasal congestion and rhinorrhoea
- Eyelid edema
- Forehead or facial sweating
- Fullness in ear
- Flushing
- Ptosis / meiosis

**Cluster headache**

- Episodic, short lasting,u/L, severe
- Autonomic symptoms
- Restlessness
- Cardinal points
- periorbital
- 15 mins -3hrs,
- 1-8 attacks / day
- 8-10 weeks of symptoms followed by symptom free interval
- Stabbing or boring pain



- Nocturnal pain
- Precipitated by alcohol
- Photophobia
- Young male
- Features
- aka suicide headache
- 20% chronic
- 80% episodic

**Treatment of cluster headache**

Acute attack: 100% oxygen 10L/min for 10-15 mins

or

6mg s/c sumatriptan

**Prophylaxis**

Short term prevention : Steroids

Long term : verapamil or Lithium

**Paroxysmal hemicrania**

- Episodic short lasting u/L headache (Severe)
- Restlessness
- Autonomic symptoms

**Cardinal features**

- M=F, Middle aged
- Stabbing / boring periorbital pain
- 5-20 attacks / day Each attack 2-30 mins (5 min average)
- NO nocturnal preponderance
- Rapid response to Indomethacin
- Periodicity not so striking
- Alcohol trigger : no

**SUNCT**

- conjunctival congestion and tearing
- Female > male
- Increase number of attacks Each attack lasts for seconds Cutaneous trigger - no refractory periods.
- Acute attacks IV Lignocaine
- Prevention : Lamotrigine
- No migrainous features
- Alcohol trigger : yes
- Hemicrania continua
- Ederly females
- Continuous, uL migrainous features
- Autonomic symptoms positive
- Responsive to indomethacin
- IOC - MRI

**Trigeminal neuralgia**

- Paroxysms of intense, brief, shock like superficial pain along the distribution of trigeminal nerve
- Few seconds to minutes
- Female > male
- 50-60yrs

**Nature:**

- v2 / v3 (mc)
- Usually ophthalmic division not involved Objective neurological signs absent

**Cutaneous trigger**

Brief refractory period

**u/L (mostly)**

Compressive

Superior cerebellar artery

**Can be B/L also**

Demyelination

Multiple sclerosis

**Diagnosis** - 3D MRI

**Doc** - Carbamazepin

**Other treatment:** Lamotrigine

s / c botax for Refractory period

microvascular decompression

- HLA B- 1502 in carbamazepine causes SJS (Steven Johnson Syndrome)
- Eagle's syndrome
  - Enlarged stybid process
  - Glossopharyngeal neuralgia

## CHAPTER : SECONDARY HEADACHE

### Definition-

**Secondary headaches** are headaches that are due to an underlying medical condition, such as a neck injury or a sinus infection. Rarely, a secondary headache may be a sign of a serious underlying medical condition such as: brain infection such as encephalitis or an abscess. brain tumor, hydrocephalus.

### Signs and Symptoms -

- a new or different type of headache in someone over 50 years old
- headache that wakes you from sleep
- headache that worsens when changing posture, with exertion, or with a Valsalva maneuver, such as coughing and straining
- headache associated with chewing food

These symptoms warrant further investigation by a specialist. Other secondary headache symptoms may require immediate attention. These red flag symptoms include:

- associated seizure or epilepsy
- headache that occurs with a head injury
- vomiting without nausea
- headache that develops within seconds, known as a "thunderclap headache"
- "worst ever" headache
- inability to move a limb
- slurred speech
- mental confusion
- visual loss or visual abnormalities

- neck stiffness
- fever
- headaches in people with HIV, cancer or risk factors for thrombosis, also known as a blood clot.

### **Causes of Secondary Headaches-**

This type of headache is caused by another medical condition. In other words, the headache is a symptom. This can include:

- A medical condition like high blood pressure
- Infections, like a sinus infection
- Injury, like a concussion
- Blood vessel problems -- a bleed from a torn or blocked blood vessel in your brain

### **Types of Secondary Headaches**

**Post-Traumatic Headache:** These usually start 2-3 days after a head injury. You'll feel:

- A dull ache that gets worse from time to time
- Vertigo
- Lightheadedness
- Trouble concentrating
- Memory problems
- Tiring quickly
- Irritability

**Rebound headache:** When you overuse pain drugs to treat a headache for too long, it can cause a headache.

**Thunderclap headache** People often call this the first worst headache of your life. It comes out of nowhere, lasts about 5 minutes, then goes away. Causes of this type of headache include:

- Blood vessel tear, rupture, or blockage.
- Head injury
- Hemorrhagic stroke, which comes from a ruptured blood vessel in your brain

- Ischemic stroke, which comes from a blocked blood vessel, a blood clot, or plaque
- Narrowed blood vessels surrounding the brain
- Inflamed blood vessels
- Blood pressure changes in late pregnancy

### Diagnosis

It can be tricky to tell primary and secondary headaches apart.

- To diagnose you, the doctor will first ask you lots of questions.
- Then they'll check your vital signs. This includes your blood pressure, heart rate, temperature, and weight.
- They'll also look into your eyes.
- Next, they'll do a neurological exam of your head, neck, and nervous system.
- They'll also look to see if your muscles are strong and reflexes are normal.

Your doctor might also do:

- Blood tests: These can check for other conditions
- Imaging tests: They might include:
  - **Sinus X-rays:** To check for congestion
  - **Magnetic resonance imaging (MRI):** To make a picture of the inside of your brain
  - **Computed tomography scan (CT scan):** This also creates an image of your brain.

### When to See a Doctor

- If you have a thunderclap headache. Go to the ER.
- Your headache changes when you go from standing up to lying down, or vice versa.
- You get a headache when you cough, sneeze, or strain.
- It's a new headache, especially if you're over 50 years of age, or you have a health condition like cancer or a blood clotting disorder.
- You have headaches way more often, or they change a lot in other ways.
- Your headache is always in the same place.
- The headache never goes away.

- You have [fever](#), chills, weight loss, or [night sweats](#).

If any of these headache “red flags” are present, your doctor will want to see you.

### **How Are Secondary Headaches Treated?**

The first step is to treat the cause of your headache. That often makes the pain go away. But your doctor may also address it with over-the-counter or prescription drugs.

## CHAPTER : ANATOMY OF EXTERNAL EAR

The ears are paired sensory organs comprising **auditory** system involved in detection of sound and **vestibular** system to maintain the balance of body.

It has 3 parts:

- External ear
- Middle ear
- Inner ear

External ear consists of 3 parts:

- Auricle/ Pinna
- External acoustic canal
- Tympanic membrane

### Auricle/Pinna:

Entire pinna except lobule and outer part of auditory canal are made up of a frame work of single piece of yellow elastic cartilage covered with perichondrium and skin.

The following external structures are present:

1. Helix- It is the folded structure outside the edge of ear
2. Antihelix- It forms a 'Y' shape where the upper parts are:
  - Superior crus
  - Inferior crus
3. Fossa Triangularis- Depression in the fork of the antihelix.
4. Scapha- The depression of groove between the helix and antihelix.
5. **Darwin's Tubercle**- Sometimes present, lying in the ascending part of the helix.
6. Tragus- A prominence of external ear, in front of and partly closing the passage to the organs of hearing.
7. Antitragus- it lies below the tragus
8. Incisura anterior auris or intertragic incisura is the space between tragus and anti tragus.
9. Crus of the helix is just above the helix.
10. Concha is the hollow next to the ear canal.



External Auditory Canal:

- Extends from bottom of concha to tympanic membrane
- 24mm
- Not a single tube
- Outer part extended upwards, backwards and medially.
- Inner part directed downwards, forwards and medially.
- Pinna pulled upwards, backwards and laterally.

Cartilaginous Auditory Canal:

It forms outer 1/3<sup>rd</sup> of the canal- 8 mm

Continuation of cartilage which forms the framework of pinna.

Skin covering the cartilaginous canal is thick and contains appendices like

1. Ceruminous glands- secretes wax.
2. Pilosebaceous glands.
3. Hair is only confined to the outer canal and therefore furuncles are seen only in the outer 1/3<sup>rd</sup> of canal.

Wax:

- Mixture of secretions of a ceruminous and sebaceous gland.
- 2 types- Dry and wet.
- Dry wax- yellowish or grey, dry and white.
- Wet wax- yellowish wax, wet and sticky.
- Contains amino acids, fatty acids, lysozymes and immunoglobins.
- Has a bactericidal activity.
- Migrates outside but may get impacted.

Bony Part:

- Inner 16 mm.
- Skin lining the bony canal is thin and continuous over the tympanic membrane.
- Devoid of skin appendages.

- About 6mm lateral to tympanic membrane, bony meatus presents as narrowing called ISTHMUS.
- Foreign body lodged medial to isthmus, get impacted and are difficult to remove.

Tympanic Membrane/ Ear Drum:

Oval, semi-transparent, pearly, grey trilaminar membrane and separates the middle ear from external ear.

Layers of Tympanic Membrane:

- Outer epithelial layer- continuous with skin lining the meatus.
- Inner mucosal layer- continuous with mucosa of middle ear.
- Middle fibrous layer- encloses the handle of malleus. It has 3 types of fibres, radial, circular and parabolic.

Nerve Supply of External Ear

- Cervical II and III (greater auricular and lesser occipital)
- V cranial nerve
- X cranial nerve
- Fibres from VII cranial nerve
- 

Blood Supply of external ear:

- **Anterior auricular branch** of superficial temporal artery.
- **Posterior auricular branch** of ECA.

Lymphatics:

- preauricular lymph nodes
- postauricular lymph nodes
- superficial cervical lymph nodes
- retropharyngeal lymph nodes

The Middle Ear Cleft:

The middle ear cleft consists of the

- tympanic cavity

- eustachian tube
- mastoid air cell system.

Tympanic cavity:

It lies between external ear and middle ear, shaped like biconcave disc.

It's divided into 3 compartments:

- Epitympanum: above eardrum and contains upper half of malleus and large part of incus.
- Mesotympanum: situated medial to TM.
- Hypotympanum: lying below TM.

Walls of Tympanic Cavity:

Middle ear is shaped like a narrow box with concave sides.

It has 6 walls-

- Membranous wall (lateral wall)- largely by tympanic membrane. Lesser extent by bony outer attic wall i.e., Scutum.
- Tegmental wall (roof)- formed by the thin plate of bone called Tegmen Tympani. It separates tympanic cavity from middle cranial fossa.
- Jugular wall (floor)- it is also a thin plate of bone that separates tympanic cavity from jugular bulb.
- Carotid wall (anterior wall)- from above to down, following openings are present on the anterior wall:
  - Canal for **Chorda tympanic nerve**.
  - Canal for **Tensor tympani muscle**.
  - **Eustachian tube** opening.
- Labyrinthine wall (medial wall)- separates middle ear from inner ear. It presents following structures.
  - **Promontory** is smooth rounded projection formed by the basal turn of cochlea.
  - **Oval window** is post superior to promontory and is closed by footplate of stapes.
  - **Round window** is below and behind promontory, covered by secondary tympanic membrane.
  - **Facial Nerve** runs in bony canal above oval window.

- Mastoid wall (posterior wall)- lies close to mastoid air cells.
  - **Pyramid**- a bony projection below aditus and tendon of stapedius muscle passes through it.
  - **Aditus**- an opening through which attic communicates with mastoid antrum, lies above pyramid.
  - **Facial nerve** runs behind pyramid.

**Communication:**

The middle ear communicates in front with nasopharynx through eustachian tube posteriorly it is connected to mastoid antrum through aditus.

Contents of tympanic cavity-

1. 3 ossicles
2. 2 muscles
3. Ligaments
4. Nerves

Ossicles-

Ossicles are 3 tiny bones which conduct sound from ear drum to oval window.

- Malleus (hammer)- Largest, most lateral, 8 mm length.
- Incus (anvil)- Lies in attic, its long process articulates with head of stapes.
- Stapes (stirrup)- Smallest, 3.5 mm length, footplate is held in oval window by annular ligament.

Muscles-

There are 2 muscles.

- Tensor tympani- it is inserted in the neck of malleus and tenses the membrane.
- Stapedius- it attaches to the neck of stapes and helps to dampen the large sounds thus, preventing noise trauma to the inner ear.

Ligaments:

They keep the ossicles in their place.

Nerves:

Chorda Tympani nerve is the branch of facial nerve.

Tympanic plexus lies in the promontory.

### **Eustachian Tube**

- It connects tympanic cavity with nasopharynx.
- It is approximately 37.5 mm in adults.
- Its anterior 2/3<sup>rd</sup> is cartilaginous and posterior 1/3<sup>rd</sup> is bony.
- In infants, tube is shorter, wider, more horizontal and opens at lower level.

### Mastoid Air Cell System:

It consists of 3 parts:

- **Antrum:** it is the large air containing space in the upper part of mastoid communicates with attic through aditus.
- **Aditus:** It is an opening through which attic communicates with the antrum.
- **Mastoid Air Cells:** The mastoid consists of cortex of bones with honeycomb of air cells.

### Blood Supply:

- Middle meningeal artery, a branch of Maxillary artery.
- Ascending pharyngeal artery.
- Stylomastoid branch of posterior auricular artery.

### Lymphatic Drainage:

Lymphatics pass to- **preauricular** and **retropharyngeal** lymph nodes.

### Nerve Supply:

The nerve supply is derived from tympanic plexus which lies above promontory. The plexus is formed by-

1. The Tympanic Nerve, branch of the glossopharyngeal nerve.

The superior and inferior caricotympanic nerve arises from the sympathetic plexus around the internal carotid artery.

## CHAPTER :ANATOMY OF MIDDLE EAR

The middle ear consist of –

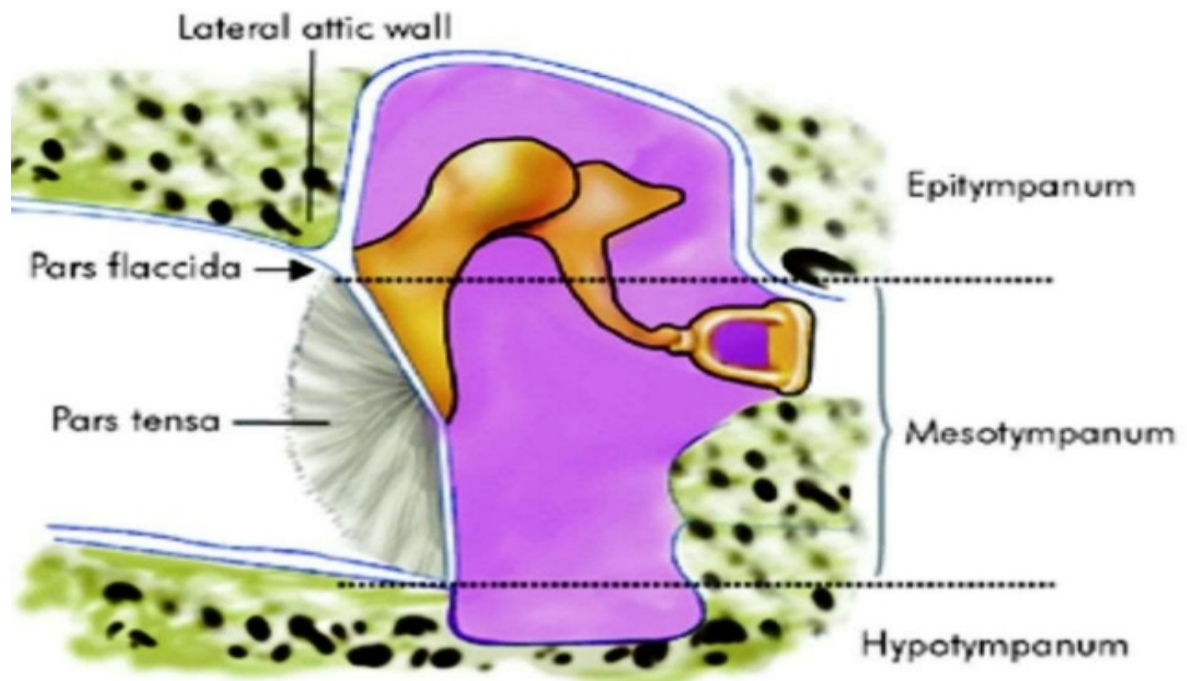
- Ty mpanic cavity
- Eustachian tube and
- Mastoid air cell system

### TYMPANIC CAVITY

It lies b/w ext. ear & middle ear and is shaped like biconcave disc.

Divided into 3 compartments :

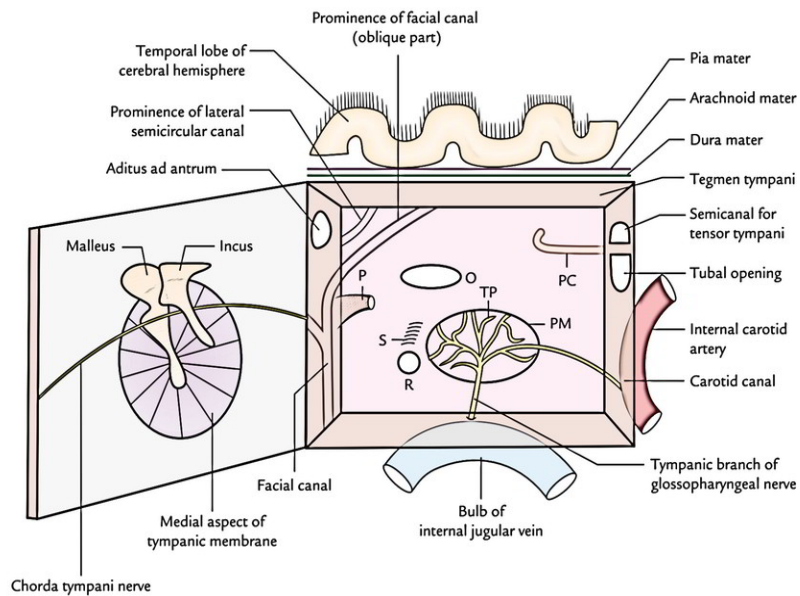
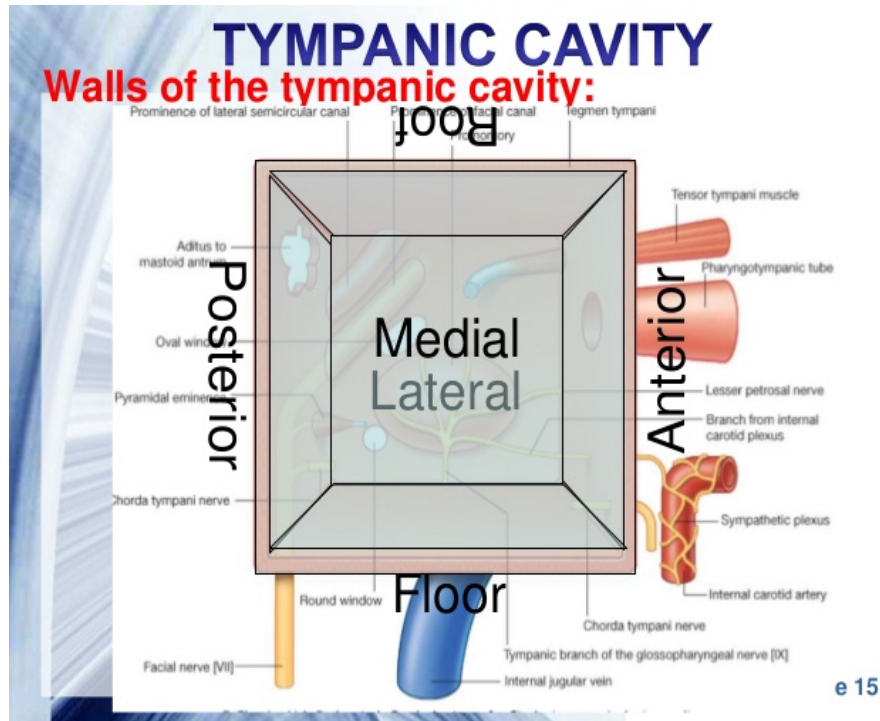
1. **Epitympanum** – above eardrum & contains upper ½ of malleus & large part of incus
2. **Mesotympanum** – situated medial to TM
3. **Hypotympanum** – lying below TM



**Walls of the tympanic cavity-**

- Middle ear is shaped like a narrow box with concave sides
- It has 6 walls, which include;
  1. Membranous wall ( lateral wall)
  2. Tegmental wall (roof)

3. Jugular wall (floor)
4. Carotid wall (anterior wall)
5. Labyrinthine wall (medial wall)
6. Mastoid wall (posterior wall)



#### **LATERAL/MEMBRANOUS WALL**

- Largely by TM
- Lesser extent by bony outer attic wall (SCUTUM)

#### **ROOF/TEGMENTAL WALL**

- Formed by thin plate of bone called TEGMEN TYMPANI.
- It separates tympanic cavity from middle cranial fossa.

#### **FLOOR/JUGULAR WALL**

- It is also a thin plate of bone that separates tympanic cavity from jugular bulb.

#### **ANTERIOR/CAROTID WALL**

- From above downwards, the following openings are present on the anterior wall :
  - a. Canal for chorda tympanic nerve
  - b. Canal for tensor tympani muscle
  - c. Eustachian tube opening

#### **MEDIAL/LABYRINTHINE WALL**

- Separates middle ear from inner ear. Presents following structures :
  - a. **Promontory** is smooth rounded projection formed by the basal turn of cochlea.
  - b. **Oval window** is postero-superior to promontory and is closed by footplate of stapes.
  - c. **Round window** is below and behind promontory, which is covered by secondary TM
  - d. **Facial N.** runs in bony canal above oval window.

#### **POSTERIOR/MASTOID WALL**

- Lies close to mastoid air cells. It presents :
  - a. **Pyramid** : A bony projection below aditus and tendon of stapedius muscle passes through it.
  - b. **Aditus** : An opening through which attic communicates with mastoid antrum, lies above pyramid.
  - c. **Facial N.** runs behind pyramid.



## COMMUNICATION

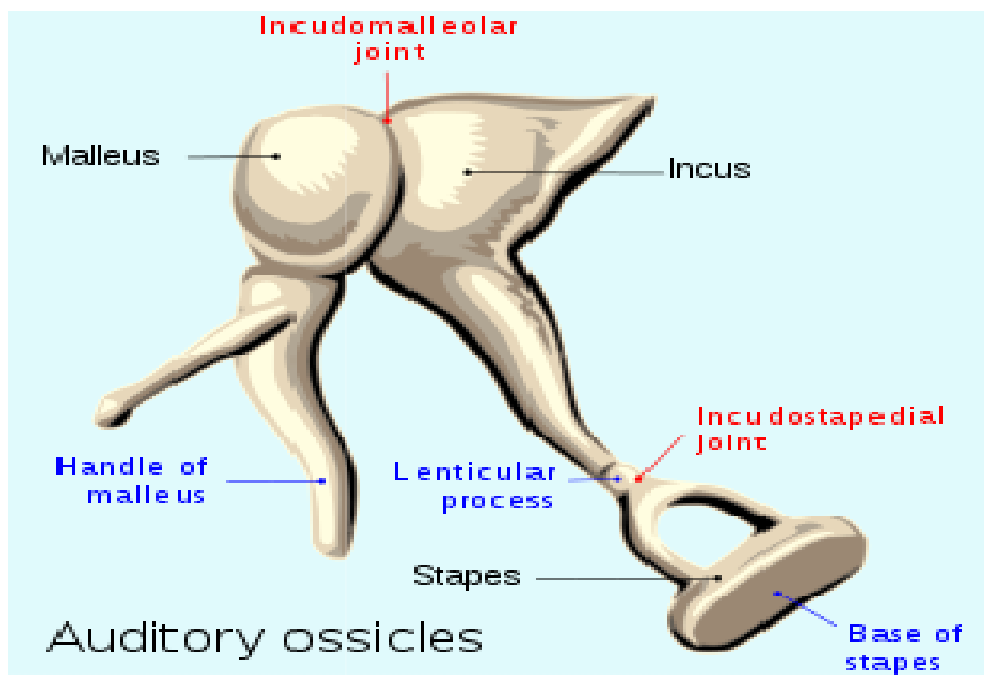
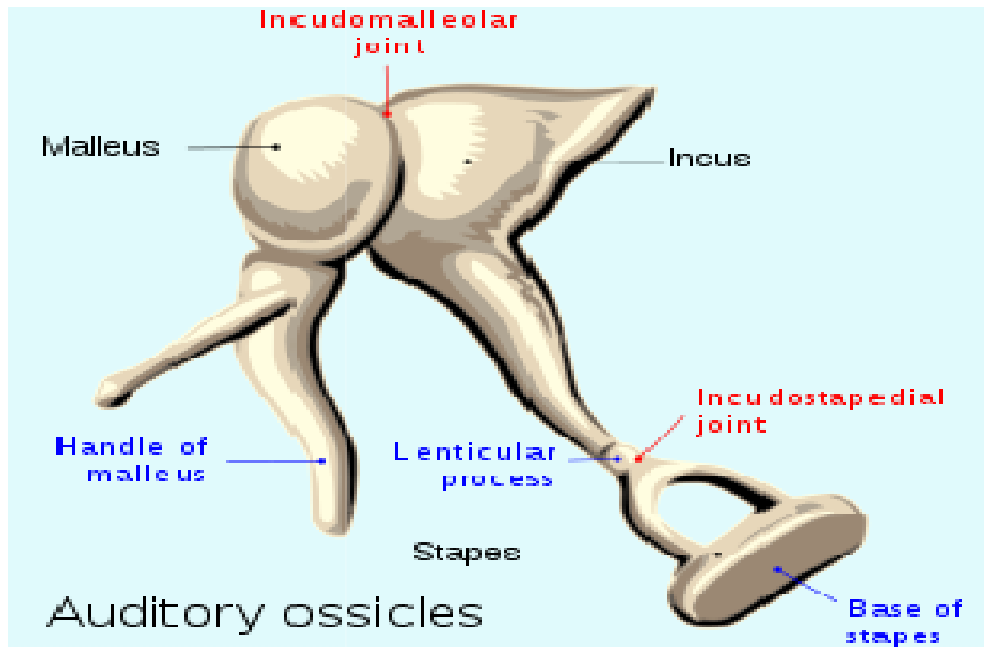
- The middle ear communicates in the front with nasopharynx through eustachian tube and posteriorly, it is connected to mastoid antrum through aditus.
- Contents :

Tympanic cavity contain following structures :

- a. 3 ossicles
- b. 2 muscles
- c. Ligaments
- d. Nerves

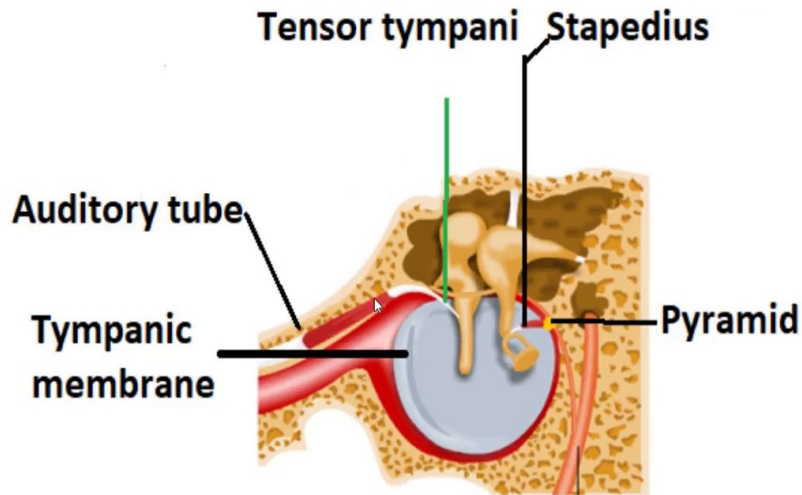
### a. Ossicles

- Ossicles are 3 tiny bones , which conduct sound from eardrum to oval window :
- Malleus (hammer) – Largest
  - Most lateral
  - 8mm length
- Incus (anvil) – lies in attic
  - Its long process articulates with head of stapes
- Stapes (stirrup) – Smallest
  - 3.5mm length
  - Footplate is held in oval window by annular ligament



**b. Muscles**

- There are 2 muscles :
  - (i) Tensor tympani : It is inserted in the neck of malleus and tenses the membrane.
  - (ii) Stapedius : It attaches to neck of stapes and helps to dampen the large sounds thus preventing noise trauma to the inner ear.

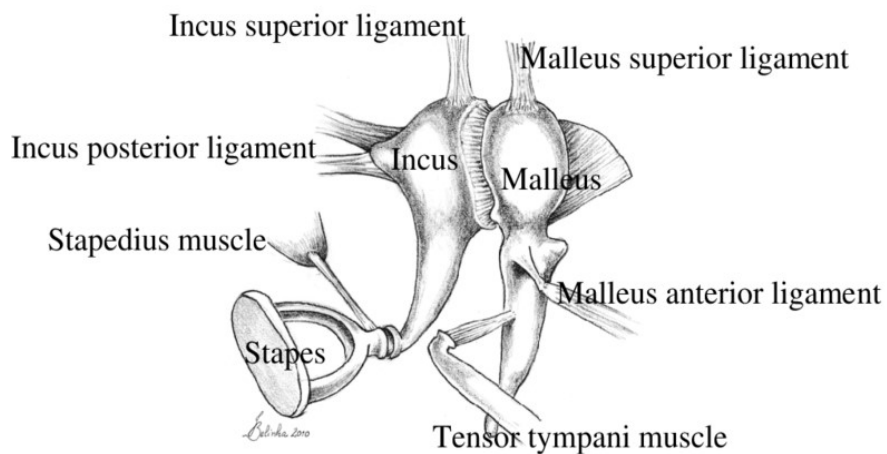


**c. Ligaments**

- They keep the ossicles in their place.

**d Nerves**

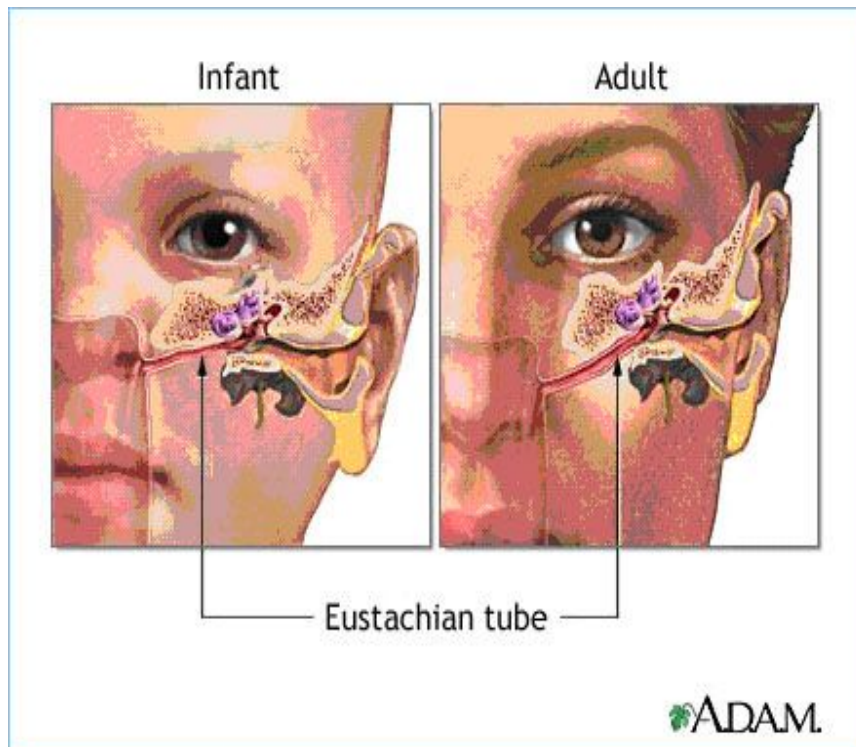
- Chorda tympani N. is a branch of facial N.
- Tympanic plexus lies in promontory



**EUSTACHIAN TUBE**

- It connects tympanic cavity with nasopharynx.
- It is approx. 37.5mm long in adults
- Its ant. 2/3<sup>rd</sup> is cartilaginous and posterior 1/3<sup>rd</sup> is bony.

- In infants, tube is shorter, wider, more horizontal and opens at lower level.



### MASTOID AIR CELL SYSTEM

It consists of 3 parts :

1. **Antrum** : It is the large air-containing space in the upper part of mastoid and communicates with attic through aditus.
2. **Aditus** : It is an opening through which attic communicates with the antrum.
3. **Mastoid air cells** : The mastoid consists of cortex of bones with honeycomb of air cells.



### BLOOD SUPPLY

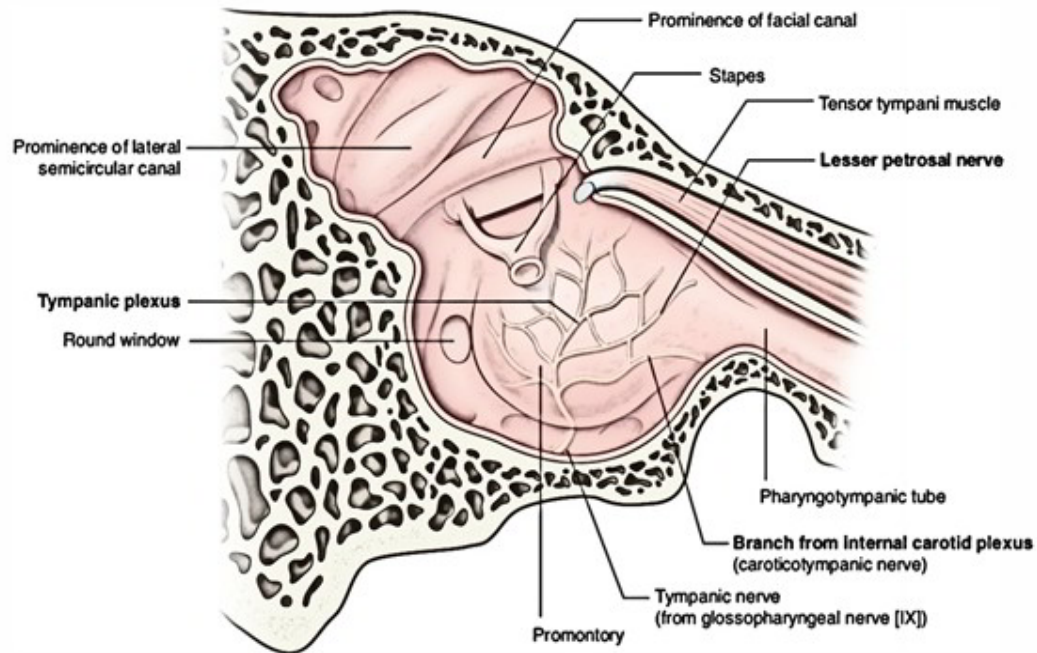
- Middle meningeal artery, a branch of Maxillary artery
- Ascending pharyngeal artery
- Stylomastoid branch of posterior auricular artery

### LYMPHATIC DRAINAGE

- Lymphatics pass to :
- **preauricular** and **retropharyngeal** lymph nodes.

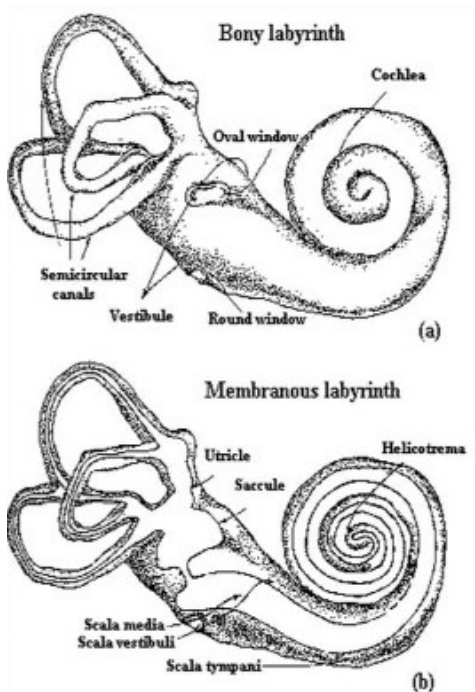
### NERVE SUPPLY

- The nerve supply is derived from **tympanic plexus** which lies over promontory. The plexus is formed by :
  1. The **tympanic N.**, branch of the glossopharyngeal Nerve.
  2. The superior and inferior **caricotympanic nerves** arises from the sympathetic plexus around the internal carotid artery.



## CHAPTER : ANATOMY OF INTERNAL EAR

- Internal ear or labyrinth is an important organ of hearing and balance.
- The inner ear is called as “LABYRINTH” from the complexity of it’s shape.
- It consists of two parts:
  1. The Osseous Labyrinth: A series of cavities within the petrous part of the temporal bone.
  2. The Membranous Labyrinth: A series of communicating membranous sacs & ducts, contained within the bony cavities.



### INNER EAR FLUIDS

1. Membranous Labyrinth = **Endolymph**
2. Space between membranous & bony labyrinth = **Perilymph**

### BONY LABYRINTH

It consists of 3 parts:

1. Cochlea : anteriorly
2. Vestibule : middle
3. Semicircular canals : posteriorly

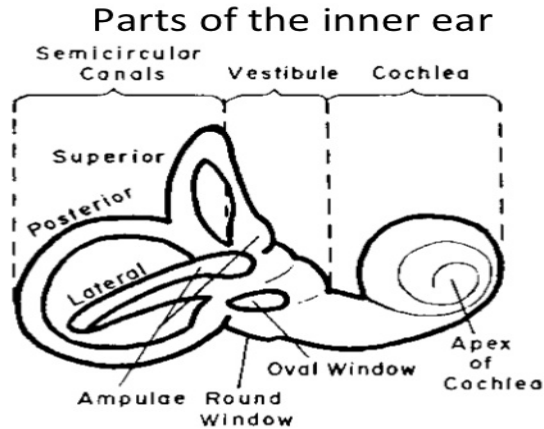


Figure 2.11 The osseous (bony) labyrinth.

From Gelfand (1998)

## 1. COCHLEA:

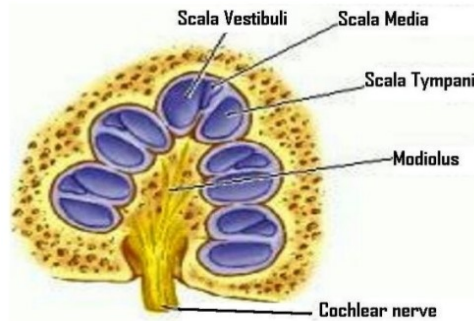
A spiral shaped fluid filled structure.

Coiled tube making 2.5 to 2.75 turns around central pyramid of bone = **Modiolus**



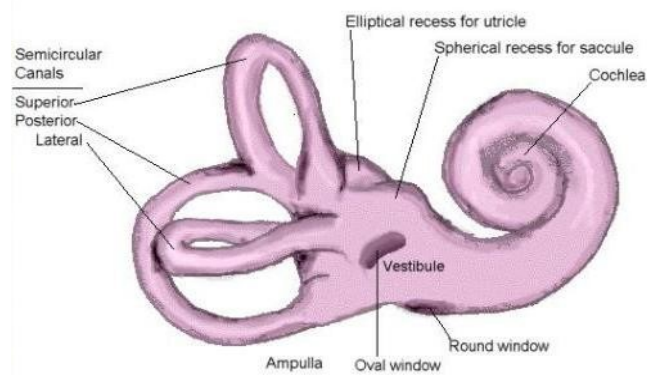
Bony spiral lamina divides the bony cochlea into 3 compartments:

- a. Scala vestibuli – closed by stapes footplate, contains perilymph
- b. Scala tympani – closed by sec. TM, contains perilymph
- c. Scala media or membranous cochlea – contains endolymph



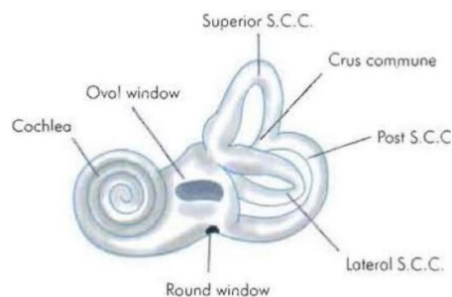
## 2. VESTIBULE:

It is the central chamber of the labyrinth. In its lateral wall lies the oval window.



## 3. SEMICIRCULAR CANALS (SCC):

- 3 in numbers:
  - a. Lateral (horizontal)
  - b. Superior
  - c. Posterior
- Lies at right angle to each other.
- Each canal has an ampullated and non- ampullated end.
- Non-ampullated end of PSSC & SSCC unite to form a common channel =  
“CRUS COMMUNE





## MEMBRANOUS LABYRINTH

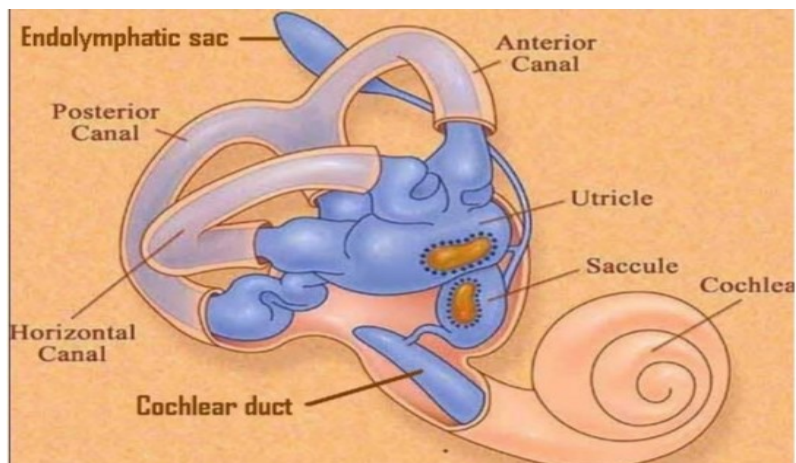
Series of communicating sacs and ducts.

Filled with endolymph.

Within walls epithelium, specialized to form sensory receptors of cochlear and vestibular labyrinth.

It consists of:

1. Cochlear duct
2. Utricle & Saccule
3. Semicircular ducts
4. Endolymphatic duct and sac



### 1. COCHLEAR DUCT (MEMBRANOUS COCHLEA):

- Blind coiled tube
- Triangular on cross-section
- Consists of 3 walls: - (a) Basilar Membrane

(b) Reissner's Membrane (Roof of cochlear duct)

(c) Stria Vascularis

### 2. UTRICLE & SACCULE:

- The **utricle** lies in the posterior side of bony vestibule.
- It receives the 5 openings of 3 SCC.
- It is also connected to the saccule through Utriculosaccular duct.
- The sensory epithelium of the utricle is called **Macula** and is concerned with linear acceleration and deceleration.

- The **saccul**e also lies in the bony vestibule, anterior to the utricle and opposite the stapes footplate.

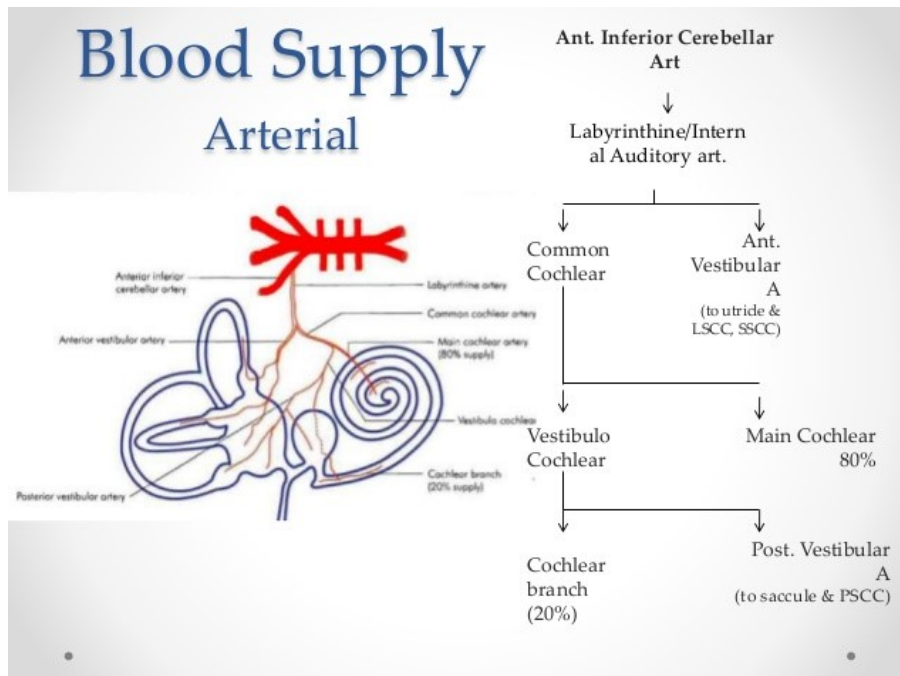
## 2. SEMICIRCULAR DUCTS:

- 3 in numbers.
- Ampullated & non-ampullated end.
- Ampullated end of each duct contains neuroepithelium: “crista ampularis” concerned with balance i.e. Angular Acceleration.

## 3. ENDOLYMPHATIC DUCT AND SAC:

- Formed by the union of 2 ducts, one each from the saccul and utricle.
- **Endolymphatic duct** passes through the vestibular aqueduct- terminal part dilated to form **endolymphatic sac**.
- Endolymphatic sac lies between the layers of dura.

## BLOOD SUPPLY



## VENOUS DRAINAGE

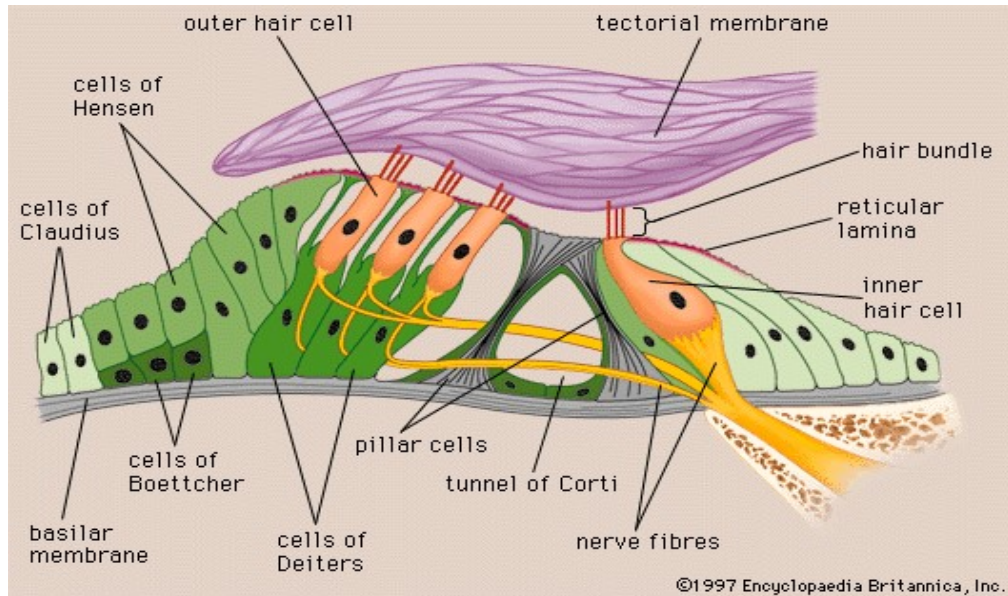
- 3 veins: (a) Internal auditory vein  
(b) Vein of cochlear aqueduct  
(c) Veins from the vestibular aqueduct

## NERVE SUPPLY

- 8<sup>th</sup> Cranial Nerve

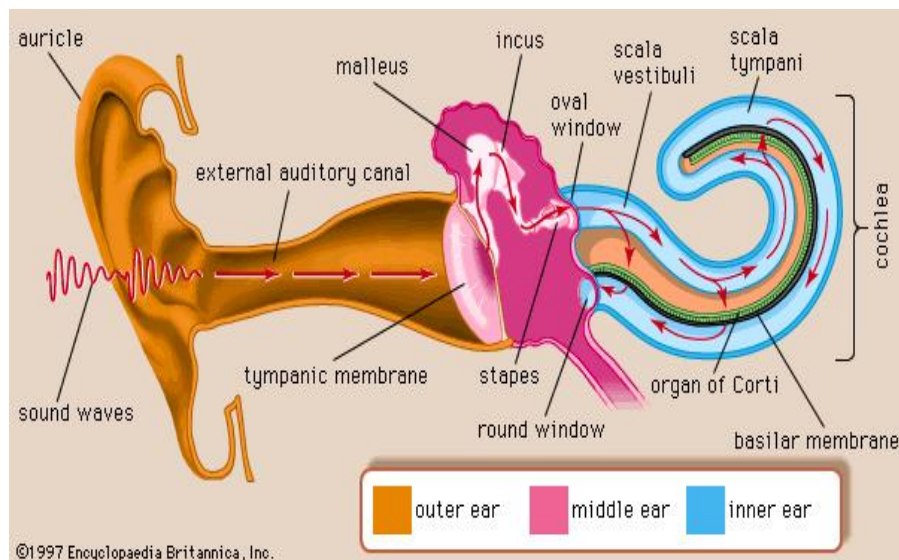
## CHAPTER : PHYSIOLOGY OF HEARING

### Organ of Corti

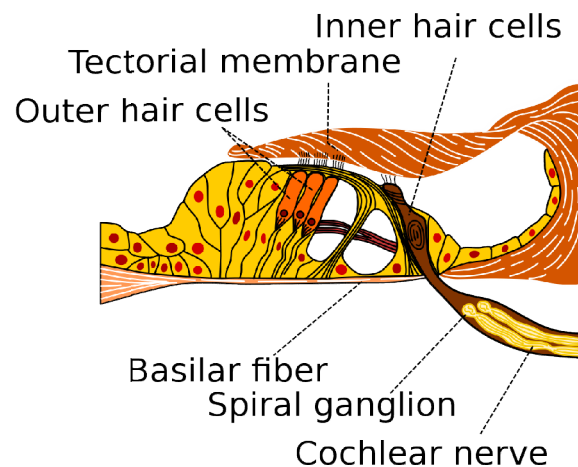
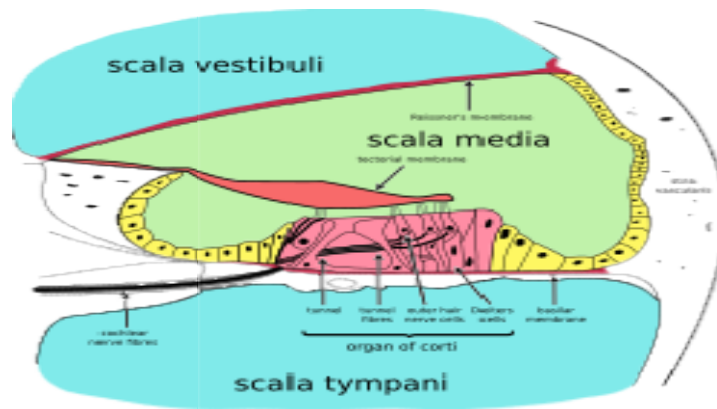


### HEARING

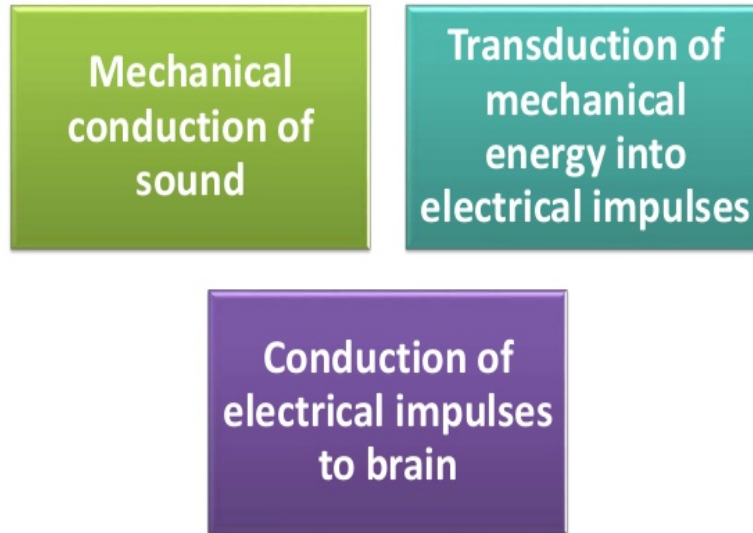
- The **Pinna** directs the sound waves into the **external auditory canal**.
- These sound waves strike the **TM** and vibrate it back and forth.
- The central area of eardrum contacts the **Malleus** hence causes its vibration as well. The vibration passes from the Malleus to the **Incus** and then to the **stapes**.



- The stapes moves the membrane of the **oval window**. This vibration of the oval window, owing to the smaller surface area is twenty times more vigorous than the vibration of the eardrum.
- The oval window vibration sets up fluid thrill in the perilymph of the cochlear **scala vestibuli** and then to the **scala tympani**.
- The scala tympani pushes **round window** outwards into the **middle ear**.
- All these movements cause pressure waves in the **endolymph** inside cochlear duct.
- The pressure fluctuations of the endolymph thrills the **basilar membrane** slightly which in turn, moves the hair cells of the organ of corti against **tectorial membrane**.
- The hair cells act as **transducers** and convert the mechanical energy into electric impulses which travel along the **cochlear nerve** to the **auditory cortex** of temporal lobe.



Mechanism of hearing can be broadly classified into :



### 1. Conduction of Sound

IMPEDENCE- It is defined as resistance offered by a medium for transmission of sound.

IMPEDENCE MATCHING-

- A person inside water can not hear sound produced out of it.
- As 99.9% sound get reflected from surface of water due to impidence.

SO THE QUESTION IS- if we found sound is reflected when transferred from air to water then how do we hear clearly through the labyrinthine fluids?

- Nature has compensated for this loss of energy by having the middle ear in between which converts sound of **greater amplitude but lesser force to that of lesser amplitude and greater force.**
- This function of the middle ear is called **impedence matching mechanism or transformer action.**

#### TRANSFORMER ACTION

It is accomplished by:

1. Hydraulic action of tympanic membrane.
2. Lever action of the ossicles.
3. Curved membrane effect.

### HYDRAULIC ACTION OF TYMPANIC MEMBRANE

- Total effective area of tympanic membrane  $45\text{mm}^2$
- Area of stapes footplate is  $3.2\text{mm}^2$
- Effective areal ratio is 14.1
- Thus by focusing sound pressure from large area of tympanic membrane to small area of oval window the effectiveness of energy transfer between air to fluid of cochlea is increased.

### LEVER ACTION OF OSSICLES

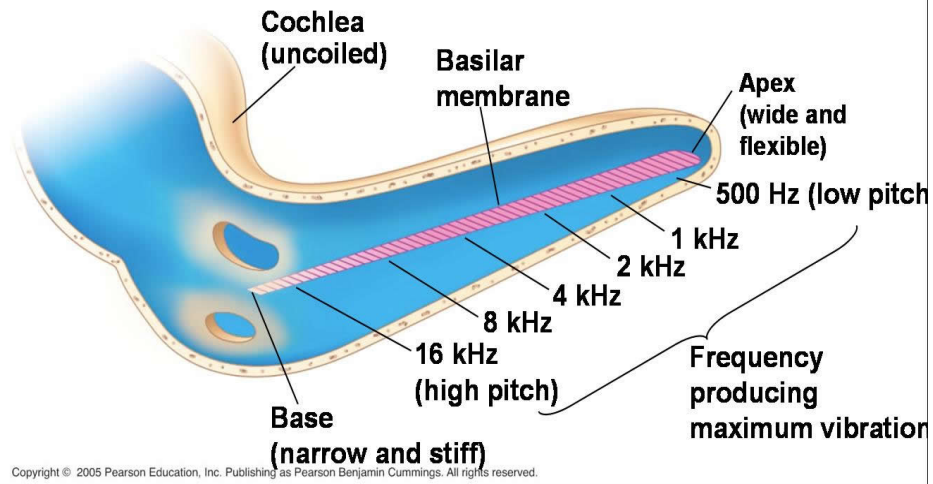
- Handle of malleus is 1.3 times longer than long process of incus.
- Overall this produces a lever action that converts low pressure with long lever action at malleus handle to high pressure with a short lever action at tip of long process of incus.

### CURVED MEMBRANE EFFECT

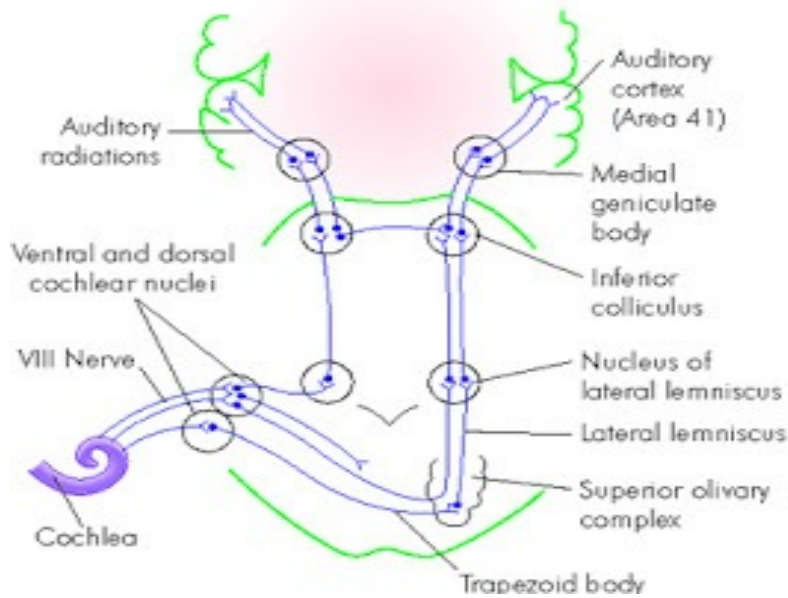
- Eustachian tube equilibrates the air pressure in the middle ear with that of atmospheric pressure, thus **permitting tympanic membrane to stay in its most neutral position.**
- Movement of tympanic membrane is more at periphery than at centre where Malleus is attached.

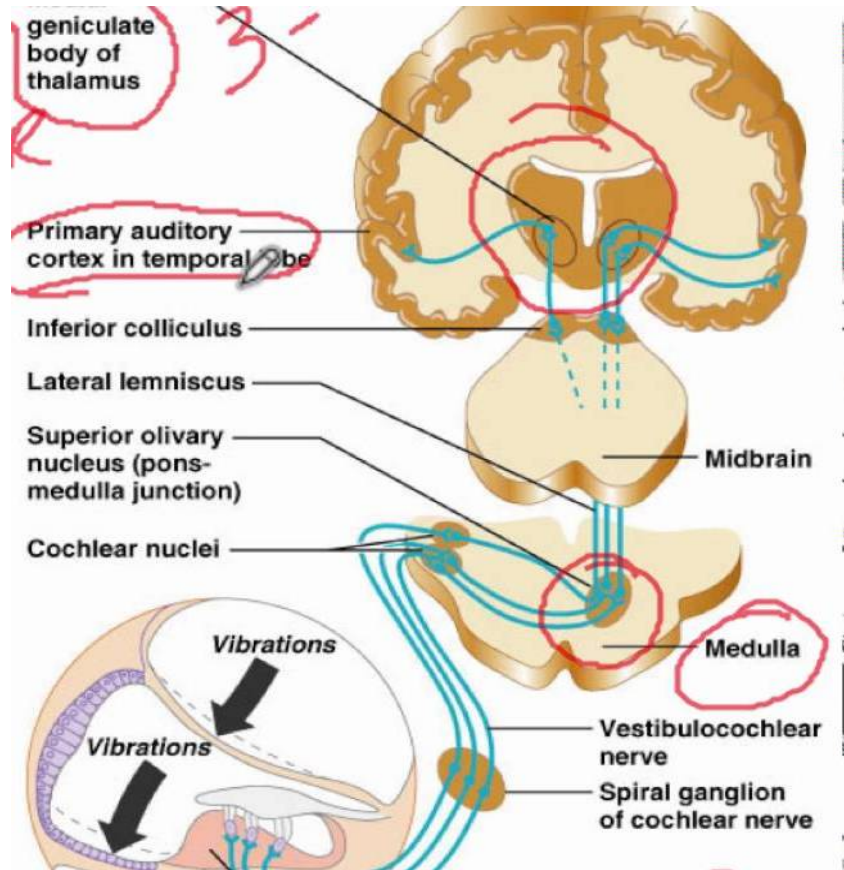
### 2. Transduction of Mechanical Energy into Electrical Impulses

- Movements of the stapes footplate, transmitted to the cochlear fluids, move the basilar membrane, setting up the shearing force between the tectorial membrane and the hair cells.
- The distortion of the hair cells gives rise to cochlear microphonics which trigger the nerve impulses.
- Different frequencies of sound waves cause specific regions of the **basilar membrane** to vibrate more.
- The membrane near the **basal turn of cochlea**, closer to oval window is narrower and stiffer and moves with **high frequency sounds.**
- Near the **apex**, the membrane is wider and more flexible, more responsive to **low frequency sounds.**



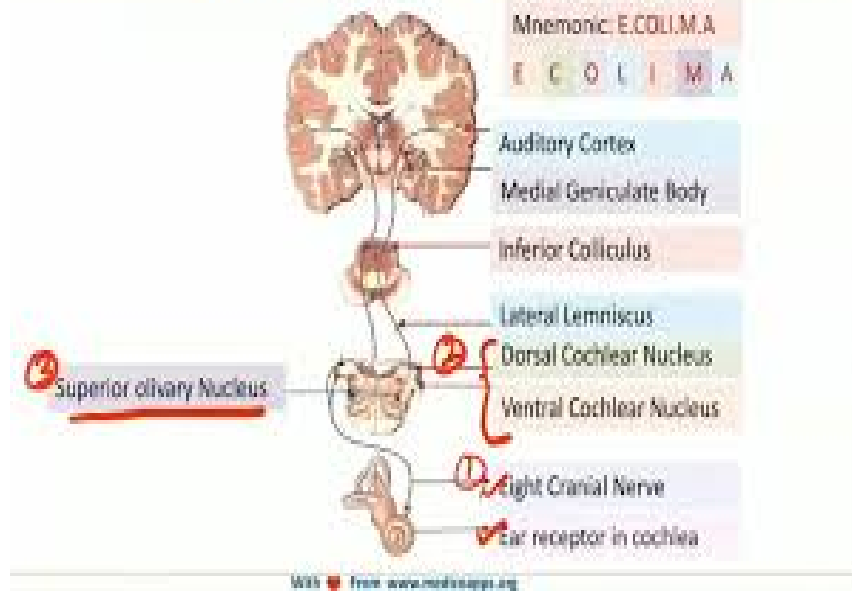
### 3. Neural Pathway





### Ascending Auditory Pathway

Medico





## CHAPTER : EAR DISEASES

Number of ear disease according to different acharyas :-

### According to charak – 4 types

1. Vatik
2. Patik
3. Shileshmik
4. Snnipatik

### According to sushrut – 28 types

- 1.karnshula
2. karanparnad
- 3.karankshaved
- 4.badhiray
- 5.karansarav
- 6.putikarn
- 7.karmikarn
- 8.karnkandu
- 9.karnvarch
- 10.karnpratimah
- 11.karnpak
- 12 -13 karanvidhrdhi –  
2 types 1. Nij 2. Aagantuk
- 14-17 karnshof –  
4 types 1.vataj 2. Pitaj 3. Kaphaj 4. Tridhoshaj
- 18-21 karnarsh –  
4 types -1.vataj 2. Pitaj 3.kaphaj 4.tridhoshaj
- 22-28 karnarbudh –  
7 types -1. Vataj 2.pitaj 3.kaphaj 4.raktaj 5.tridhoshaj 6.masaj 7.medoj

**According to vagbhat -25 types**

1. Karnshula –

5 types – 1 vataj 2.pitaj 3.kaphaj 4. Raktaj 5. Tridoshaj

2. Karnnad

3. Badhiray

4. Putikrank

5. Karmikarnak

6. Karnkandu

7. Karnpratimah

8. Karnvidhrdhi

9. Karnkandu

10. Karnshoph

11. Karnarsh

12. Karnarbudh

13. Karnshuskali –

3types – 1 . vidarika 2. Kuchikarnak 3.karnpiplika

14. Karnpali –

7 types – 1 palishosh

2 paripot

3 tanrika

4 uthpath

5 unamat

6 durvardhan

7 parilehi

**Samanay hetu and samprapti –**

*Avashyay jal krida karnkandu .....* |

*.....ashthvishtirita || [ sh . u.ta .20/1-2 ]*

Here the major factors (hetu) of karnarogas are-

- Avashyaya

- Jalakreeda
- Karnkandu
- Mithya yogena shastrasya
- Abhighata
- Shirshnan

**Samprapti-**

NIDAN SEVAN-----> VATADI DOSHA VITIATION THE SHABDAVAHA STROTAS-  
-----> Karna roga, karna shola, karna nada, badhirya, karna strav.

**CHIKITSHA ( TREATMENT) –**

*Samany karnrogeshu ghirtpan .....*|

*.....bramcharyakathnam || ( shu.u.ta.21/3)*

So here acharya has mentioned the samanya chikitsa of these karnarogas as ghritapana, rasayana, avyayama, ashirasnana and brahmcharya.

- 1) ghritapana- Best drug to reduce vata dosha .
- 2) Rasayana- Mainly help to reducing vata prakopa lakshana.
- 3) Avyayama- vyayama should be avoided.
- 4) Ashirasnana- Shira snana should be avoided.
- 5) Brahmcharya- helps for vata dosha shaman



Contact Us:

University Campus Address:

## Jayoti Vidyapeeth Women's University

Vadaant Gyan Valley, Village-Jharna, Mahala Jobner Link Road,  
Jaipur Ajmer Express Way, NH-8, Jaipur- 303122, Rajasthan (INDIA)

(Only Speed Post is Received at University Campus Address, No. any Courier Facility is available at Campus Address)

Pages : 49  
Book Price : ₹ 150/-



Year & Month of Publication- 29/07/2022