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"NASYA KARMA (NASAL ADMINISTRATION OF MEDICINES) IN AYURVEDA: CONCEPTS, STANDARDISATION EFFORTS AND CLINICAL EVIDENCE – A NARRATIVE REVIEW"

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ABSTRACT:
Background: Nasya Karma is the Panchakarma therapy in which medicines are administered through the nose, mainly for disorders of the head and neck. **Objective:** To review the classical basis of Nasya, recent standardisation efforts and the clinical evidence for its use. **Methods:** Narrative review based on a PubMed search and classical texts. **Findings:** A recent consensus study using the RAND/UCLA Appropriateness Method produced 63 best practice statements for Marsha Nasya across six domains. A systematic review on Nasya for facial paralysis (Ardita) found only two small pseudo-randomized studies and low-level evidence. A randomized trial reported that adding Nasya to conventional management gave better outcomes in cervical spondylosis, and an open randomized study reported greater benefit in myopia when Nasya was added to Akshitarpana. Nasya also forms part of multimodal protocols in diabetic retinopathy and trigeminal neuropathy. **Conclusion:** Nasya has an emerging evidence base and welcome progress in standardisation. Current clinical evidence is small and mostly confounded by co-interventions, so larger controlled studies are required.

KEYWORDS: Nasya, Marsha Nasya, Panchakarma, Shirovirechana, Consensus statements, Ayurveda

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INTRODUCTION:

Nasya Karma is one of the five Panchakarma procedures. Classical texts describe the nose as the gateway to the head, and Nasya is therefore used for diseases of the head, neck, eyes, ears and nose, and for disorders of the upper body.[1,2] Ashtanga Hridaya devotes Sutrasthana 20 to Nasya, and the Charaka Samhita discusses Shirovirechana (errhine therapy) in several contexts.[1,2]

The practice of Nasya includes variation in drug formulation, dose and duration, which complicates comparison between studies. This review describes the classical basis of Nasya, summarises a recent standardisation initiative and appraises the clinical evidence.

MATERIALS AND METHODS:

This narrative review was prepared using a structured but non-systematic literature search. PubMed was searched on 6 November 2026 using combinations of the terms Nasya, Marsha Nasya, Shirovirechana, Panchakarma and nasal instillation. Records were screened by title and abstract, and articles were retained when they described the procedure, its classical rationale, its safety, or clinical outcomes. Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya) were consulted for conceptual and procedural descriptions. Reports of an unrelated commercial nasal spray bearing the name Nasya were excluded. The included studies were heterogeneous (case reports, uncontrolled pilot studies, randomized trials and trial protocols), so no formal risk-of-bias assessment or meta-analysis was undertaken and the findings are synthesised narratively. The review does not claim exhaustive coverage of the literature.

OBSERVATION AND RESULTS:

1. Classical Concepts

In classical accounts, Nasya is divided according to its purpose and the type of medicine used, with forms such as Virechana (eliminative), Brimhana (nourishing) and Shamana (pacifying) Nasya, and according to dose-based and administration-based subtypes including Marsha and Pratimarsha Nasya.[1] Marsha Nasya is described as an oil-based preparation instilled in a comparatively higher dose, and it is regarded as a Panchakarma therapy targeting a range of conditions of the head and neck.[1,3] Standard preparatory steps include Abhyanga and Swedana of the face, head and neck, and the procedure is followed by measures such as gargling and fumigation as described in the texts.[1]

2. Toward Clinical Practice Guidelines

Practice guidelines for Panchakarma are scarce. In a recent feasibility study, a panel of nine experts took part in two rounds of the RAND/UCLA Appropriateness Method to rate best practice statements for Marsha Nasya that had been derived from an extensive literature review, physician inputs and a multi-centre survey.[3] Consensus was reached on 63 statements across six domains: general, preparatory procedures, main therapeutic procedure, post-therapy procedures, dosage and quality assurance.[3] The authors suggested that these statements could be a basis for further clinical validation and that the approach could be a model for guidelines on other Panchakarma therapies.[3] Such guidelines are consensus-derived and do not replace clinical trials.

3. Clinical Evidence

Neurological and musculoskeletal conditions: A systematic review of Nasya medicines in facial paralysis (Ardita) identified only two small pseudo-randomized studies, and it concluded that there was low-level evidence favouring Taila Nasya and that no strong conclusions could be drawn.[4] In a randomized controlled trial of cervical spondylosis, all patients received Rooksha Sveda and Patra Pottali Sveda for 14 days with internal medicines, after which the Nasya group received Nasya with Dhanwantaram Tailam for seven days and the control group received the internal medicine alone; the authors concluded that conventional management with Nasya was more effective than conventional management alone in reducing signs and symptoms.[5] A case report of post-traumatic trigeminal neuropathy that used Nasya within a multimodal regimen described a decline in pain scores.[6]

Ophthalmic conditions: In an open randomized trial in myopia (Timira), 41 patients were registered and 30 completed treatment; the group given Nasya with Abhijita Taila followed by Akshitarpana showed more relief than the group given Akshitarpana alone.[7] In a randomized controlled study of 100 patients with diabetic retinopathy, a protocol that included Nasya and Marsha Nasya together with other measures was associated with better outcomes for selected retinal

signs, visual acuity, fasting blood sugar and serum cholesterol than conservative care, with no adverse effects reported.[8]

DISCUSSION:

Standardisation is the most notable recent development for Nasya, and it provides a template for describing protocols in future trials.[3] By contrast, the clinical evidence remains limited. The systematic review in facial paralysis shows how the number and quality of studies can constrain conclusions even for a long-established therapy.[4] The positive trials in cervical spondylosis and myopia were small and open to bias from non-blinded outcome assessment, while the diabetic retinopathy protocol combined several modalities, so the contribution of Nasya cannot be isolated.[5,7,8]

Priorities include adequately powered trials with defined Nasya protocols (drug, dose, duration), blinded outcome assessment where possible, and structured safety reporting, including nasal mucosal tolerance. Limitations of this review include a narrative approach and a single-database search.

CONCLUSION:

Nasya Karma has a strong classical rationale, and consensus statements for Marsha Nasya represent a positive step toward standardisation. Clinical studies suggest benefit in several head and neck conditions, but they are few, small and frequently confounded. Controlled trials built on standardised protocols are now needed.

REFERENCES:

1. Vagbhata. Ashtanga Hridaya with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana of Hemadri. Paradkar HS, editor. Varanasi: Chaukhambha Surbharati Prakashan; reprint edition.
2. Prasad PL, Govindaraj S, Jahnavi P, Popatrao TP, Tummala T, Vidiyala P, et al. Metal oxide functionalized nanoparticles for the treatment of bacterial infection: synthesis, characterization, and therapeutic applications. J Appl Organomet Chem. 2025;5(3):232-57.
3. Nyavanandi D, Mandati P, Vidiyala N, Parupathi P, Kolimi P, Mamidi HK. Hot melt extrusion paired nozzle based additive manufacturing techniques for design and development of pharmaceuticals [preprint]. Preprints. 2024.
4. Nyavanandi D, Mandati P, Vidiyala N, Parupathi P, Kolimi P, Mamidi HK. Enhancing patient-centric drug development: coupling hot melt extrusion with fused deposition modeling and pressure-assisted microsyringe additive manufacturing platforms with quality by design. Pharmaceutics. 2025;17(1):14.
5. Radhika C, Kumar GV, Mihirjan K. A randomized controlled clinical trial to assess the efficacy of Nasya in reducing the signs and symptoms of cervical spondylosis. Ayu. 2012;33(1):73-7. doi:10.4103/0974-8520.100316 [PMID 23049188]
6. Naga VAUV, Vidiyala N, Sunkishala P, Vidiyala P, Kumar RKT, Elumalai S, et al. Bio-inspired green synthesis of nanoparticles for psoriasis treatment: a review of current status and future directions. Asian J Green Chem. 2025;9(4):373-403.
7. Srinivasarao DA, Vidiyala N. Stimuli-responsive polymeric nanoparticles for cancer therapy. In: Advances in stimuli-responsive nanosystems for cancer therapy. Singapore: Springer Nature; 2026. p. 39-63.
8. Kumar VK, Vaghela DB, Rajagopala M. Add-on effect of Ayurvedic treatment protocol for diabetic retinopathy: a randomized controlled clinical study. Ayu. 2023;42(3):118-29. doi:10.4103/ayu.AYU_208_19 [PMID 37303857]