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## A Case Report on Role of Shunthi Nasya in the Management of Hikka

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### Abstract

Hiccup occurred due to sudden onset of erratic diaphragmatic and intercostal muscle contraction and immediately followed by laryngeal closure. According to the ancient science, Hikka is considered as *Shighra Pranaharaka* as it is caused by *Vitiated Vata Dosha* which is interfered by the *Kapha* further leading to blockage of channels carrying *Prana*, *Udaka*, and *Anna*, thus producing the sound of hik hik termed as *Hikka*. In the present case a 21-year-old patient was suffering with this pathology from the last 5 years with on and off episode. According to him the escapade continuous for 10 days associated with breathlessness, giddiness, weakness, and darkness before the eyes. Treatment adopted-*Abhyang* and *Swedan* followed by *Nasya* with *Sunthi* and melted *Purana Guda* diluted with water for 15 days. The reflex got reduced in the very first *Nasya* and the continuity of the episode was curtailed. And no further reoccurrence was found.

**Keywords:** *Nasya, hikka, shunthi, hiccup*

### Introduction

*Hikka* disease is explained in context of disease of *Pranavaha Srotas* (respiratory system). *Hikka* is named due to Hik-Hik sound produced during the attack. The *samprapti* (pathology) is given as-*Vitiated Vata* along with *Kapha* blocks the channels carrying *Prana*, *Udaka* and *Anna* thus producing the disease *Hikka* which originates from pitta sthana [1]. So it is mainly *Kapha* and *Vata* dominate and said to emanate at the site of pitta (upper part of stomach) [2]. *Acharya Charak* asked to treat *Hikka* as early as possible because it is *Shighra Pranaharak* [3] *Acharya Charak* describes five types of *Hikka* viz. *Mahahikka*, *Gambhira hikka*, *Vyapeta hikka*, *Kshudrahikka* and *Annajahikka*. *Acharya Vagbhat* replaced *Yamlahikka* in place of *Vyapeta* also called *Prinamvatihikka* [4]. The present case was aimed at the management of *Kshudrahikka* as other condition like *Mahahikka*, *Gambhira hikka* and *Vyapeta hikka* are difficult to treat. According to *Brihutrasi* the line of treatment for *Hikka* emphasizes on the pacification of *Kapha Dosha* and *Vata Anulomana* for which *Abhyanga* by using *Saindhav* (rock salt) mixed with oil and *Nadi Swedan* (sudation) along with many ayurvedic formulation in form of suppressive drugs are used. *Acharya Vagbhat* has mentioned the use of *Shunthi* and *Purana Guda* for oral administration or as a *Nasya* (nasal drop) for the treatment of *Hikka* [5]. Following the above protocol *Abhyanga* and *Swedan* followed by *Nasya* of *Shunthi* and *Purana Guda* dilute in water was administered for 15 days.

In modern science hiccups can be defined as involuntary and persistent contraction of diaphragm and respiratory muscles following abrupt closure of glottis, they can be classified as temporary which subsides before 48 hours, persistent which remains for 10 days to 1 month and intractable existing for more than 1 month [6]. Hiccups are usually precipitated by the irritation of the diaphragm, most commonly due to gastric distention or inflammation following rapid or excessive eating or drinking [7].

### Patient Information

A male patient of age 21 year having complaints of *Hikka* (recurrent hiccoughs) since 10 days came in OPD at National Institute of Ayurveda hospital, Jaipur. Associated symptoms were constipation (motion passed once in 2-3 days) and abdominal distension.

According to the patient he was suffering with on and off episodes of hiccups for last 5 years. Once the hiccup started, it lasts for 10 days continuously and the next 10 days it remains suppressed and again reoccur in the same format. During the persistent state, he also develops breathlessness, giddiness, weakness and darkness before the eyes.

For the present complaint, patient had taken treatment from different allopathic hospital with drugs like antacids, mild sedative, antiemetic and muscles relaxants but got temporary symptomatic relief and recurrence thereafter.

### History of Past Illness

Patient (an undergraduate student) was operated for appendicitis 5.5 years ago. According to the patient After 6 month of the surgical process there was sudden onset of hiccups. Patient was addicted to tobacco since last 6 years.

### General Examination (Samanya Parikshan)

B.P.-118/82 mmHg

Weight-49 kg

### Dashvidha pariksha

- Prakriti-Vataj
- Vaya-yuva
- Satva-Avar
- Sara-Avar
- Samhanana-Avar
- Aahar Shakti-Madhyam
- Satmya-Madhyam
- Praman-Avar
- Vyayam Shakti-Avar
- Rog prakriti-Vataj

### Previous Investigations

- USG Abdomen-5/2/2021-No significant abnormality detected
- Urine examination-8/2/2021 Normal
- CBC-8/2/21-Normal
- E.S.R.-8/2/21-9mm.

### Therapeutic Intervention

Line of treatment adopted was internal *Snehapana* followed by *Abhaynga Swedan* and *Virechan* followed by *Nasya karma*. *Panchatikta Ghrta* was given in ascending order from starting dose of 30ml in a day. After 5<sup>th</sup> day he developed *Samyaka Snighdha Lakshana* [8]. for the next three days, *Sarwang Abhyanga* and *Swedan* was performed [table no. 1].

**Table 1:** Treatment given

Treatment	Medication	Days
<i>Ghrtpaana</i> (in ascending quantity)	<i>Panchatiktaghrta</i> (30 ml, 50ml,80 ml,80 ml,120ml)	5 days
<i>Sarvang Abhayga-Swedana</i>	<i>Til tail</i>	3 days
<i>Virechana</i>	<i>Trivritta Avelha</i> (35 gm)	1 day (19 Vega)
<i>Sansarjna Karma</i>	Rice water(1day), <i>Yavvagu</i> (2 <sup>nd</sup> day), <i>khichadi</i> (3 <sup>rd</sup> day)	Next 3 days
<i>Nasya</i>	<i>Shunthi</i> + <i>Guda</i> (8 drops in each nostril)	After 15 days, for next 07 days
Oral medication	<i>Shunthi</i> (1gm) + <i>Guda</i> (5gm) with warm water	15 days

### Pathya and Apathya (Wholesome and Unwholesome Diet)

*Laghu Aahar* like *Kichadi*, *Daliya*, green gram, *Mand* (rice water), *Laja*, black resins (*Munnaka*), green vegetable were advised to the patient.

### Timeline, Follow up and Outcome

At the very first *Nasya* administration, patient got relief in the hiccup reflexes and his episodes were also declined, on further treatment and on continuing the *Nasya karma* pt. became asymptomatic and healthy after following the routine for 15 days. At the time of discharge, patient was healthy and

no reoccurrence was found even after a month of observation telephonically after the treatment.

### Discussion

As per the line of treatment given in the classical text, *Snehana* and *swedan* should be administered. The *Snehana* and *Swedana* will liquify the *Kapha Dosha* which further reaches the alimentary canal and expelled out by *Virechan Karma* and thus clarifying all the *Srotas*(*Prana Udana* and *Anna*) which further results in *Vatanulomana* [9]. In present case, the patient was advised for *Snehana* with *Panchatikta Ghrta*, being enriched with *Tikta Dravyas* help in balancing *Pitta Dosha* and *Ghrta* having the essence of *Sheta* and *Snighdha Guna* desired for lubricating the channels for undisrupted flow of *Vata* (*Vatanulomana*) the combination *Panchtikta ghrta* synergically endow anti-inflammatory anti-microbia and hypolipidemic properties to achieve the desired results. In Ayurveda *Shunti* is reported to be useful in treating inflammation and helps in expulsions of *Kapha Dosha* by melting it due its properties of *Katu*, *Ushna*, *Laghu* [10]. It helps in *Pachana* (digestion) and *Kapha Vata-hara* therefore useful in management of *Hikka Shawas Roga*. *Puran Guda* being *Laghu*, *Pathya*, *Ana-abhisyanidi* and *Vatanashaka*, on its combination with *Shunthi*, removes thick slimy mucoid expectorant (*Kapha*) more vigorously [11].

Based on the anatomical and physiological consideration of the human body the nasal cavity is separated from the brain through the bony roof like structure called as ethmoid bone which allows the passage of nerves and blood vessels through the cribriform plate entering into the nasal cavity downwards and upwards into the cranium. In the classics the centre region of the head which lies in the brain is *Shringataka Marma* which is the topmost and centre most vital area of the of the cranium "*Sirsomadhya*" from where the Paranasal sinuses, meningeal vessels and the nerves emerges and spread all over [12]. Acharya vagbhatta says that "*Nasa Hi Sirso Dwarum*" [13] according to him the medicated oils or *Swaras* (juices) administered in form of drops as *Nasya Dravya* reaches to *Shringataka Marma*, where it spreads in the entire brain (*Murdha*) through the cannular pathway situated at the topmost region of the body in the brain. It reacts with the excess slimy and sticky mucoid accumulation in form of *kapha dosha* obstructing the channels or *Strotras*, thus liquefying the *Kapha* along with the expulsion of morbid *Doshas* leading them towards the alimentary canal and thus clean the *Srotas* and further evacuating it by *Virechan karma*. The medicines given are absorbed through the plasma membrane of nasal mucosa [14] and for the absorption through the capillaries and latter flow in the larger vessels, it is necessary to follow the *Abhynga* procedure as it allows the vessels to dilate for the proper flow of blood along with *Swedan* which not only helps in further dilation but, also helps to ablate the solidified *Kapha Dosha*, which creates the obstruction and thus hamper the flow of *Vata Dosha*. Since the main cause of *Hikka* disease is due to vitiation of *Vata Kapha Dosha* leading to accumulation of *Ama* with further causing *Stroto avrodh* combination of the two *Sunthi* which has property of *Vatanulomana Kapha samaka Deepana*, *Pachana*, *Ampachana*, *Shwasa Kasahara* and *Tridosahara* and *Purana Guda* helps in *Kapha Chhedana* thus the two can break the *Samprapti* of disease. *Nasya karma* is explained as main treatment line for *Vata-Kapha Pradhan Urdhava Jatrugata* diseases like *Shwasa Hikka*.

## Conclusion

*Hikka* disease can easily be treated by *Ayurvedic* drugs and its principles without any complications. Therefore, it can be concluded that the *Ayurvedic* treatment is quite effective and safe in *Hikka* disease based on the classical treatment protocols mentioned by acharyas. The study though require more cases for its exploration and effectiveness hence, this can be the topic for research for its further evaluation and reconsideration.

## Declaration of Patient

Authors certify that they have obtained patient consent form, where the patient/caregiver has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/ caregiver understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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