

Combined Effectiveness of *Bhavitanimba Taila Nasya* followed by *Bhringarajadi Lehya* in Premature Graying - A Case Study

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Abstract:

Premature graying is a pathological condition characterised with early graying of hair due to diffuse loss of hair colouring pigment called melanin in hair follicles. In Ayurveda, *Palitam* is considered as a *Shirokapalagata Roga* characterised with *Vivarna Kesha* generally manifest as age advances, but when it occurs in early stages of life it is termed as *Akala Palitam*. It is a *Rasapradoshajavikara*. A 28 year old female patient, complaints of early hair graying since 3 years was advised to administer *Bhavitanimba Taila Nasya* 2ml in each nostril for 7 days followed by oral administration of *Bhringarajadi Lehya* 10gm twice daily after food with 48ml milk as *Anupana* for 60 days and follow up was done on 30th day after completion of intervention. *Bhavitanimba Taila Nasya* is mentioned in Chakradatta *Kshudrarogadhikara* possesses *Tikta, Kashaya Rasa; Laghu, Rooksha Guna; Anushnaseeta Veerya; Katu Vipaka*, thus helps in elimination of vitiated *Pitta-Kapha* from *Shiras*. *Bhringarajadi Lehya*, mentioned in Bhaishajya Ratnavali *Rasayana* chapter possess the properties of *Madhura, Tikta Rasa; Laghu Guna; Anushnaseeta Veerya; Madhura Vipaka*. It has *Tridoshahara, Rasayana* and *Keshya* action. At the end of the treatment, random hair count using graying severity score showed reduction in number of gray hairs and proved effective in premature graying.

Key words: Akala Palitam, Bhavitanimba Taila Nasya, Bhringarajadi Lehya, Premature graying

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Introduction:

Premature graying is the onset of graying in early stages of life due to diffuse loss of melanin in hair follicles. A recent study reported that 6-23% of people develop 50% of gray hair by 50 years of age. [11]. People are more anxious about early manifestation of

graying as it is one of the most perceptible sign of ageing. Hence essentially it urges a panacea. In Ayurveda, premature graying can be correlated with *Akala Palitam* which is a *Shirokapalagataroga* characterised with *Vivarna Kesha*. As there is *Rasadhatudushti*,



Shodhana followed by *Shamana* is the line of management.

Bhavitanimba $Taila^{[2]}$, mentioned in Kshudrarogadhikara of Chakradatta consists of 3 drugs, they are Nimba (Azadirachta indica Linn.), Bhringaraja (Eclipta alba Linn.) and (Pterocarpus marsupium Roxb.). Asana Bhavitanimba Taila Nasya has Shodhana action which helps in elimination of vitiated Pitta and Kapha Doshas. Bhringarajadi Lehya^[3] is mentioned in Bhaishajya Ratnavali Rasayana chapter consists of 4 drugs such as Bhringaraja, Amalaki (Phyllanthus embilicus), Tila (Sesamum indicum Linn.) and Guda (Sacchararum officinarum) which is having Madhura, Tikta Rasa; Laghu Anushnaseeta Veerya; Madhura Vipaka. It is Tridoshahara, Rasayana and Keshya in action. Thus Bhavitanimbataila Nasya followed by Bhringarajadi Lehya can manage Akala Palitam by correcting the Pitta-Kapha Dosha Dushti, Agnidushti, Ama, and Rasadhatu Dushti.

A 28 year old female patient complaints of early hair graying since 3 years. She was treated with *Bhavitanimba Taila Nasya* 2ml (8 *Bindu*) in each nostril for 7 days followed by oral administration of *Bhringarajadi Lehya* 10gm twice daily after food with 48ml milk as *Anupana* for 60 days. The follow up was done on 30th day after completion of intervention. At the end of the treatment, random hair count using graying severity score showed reduction in number of gray hairs.

Case History:

A 28 year old female patient, reported to Kayachikitsa OPD with complaints of early hair graying since 3 years. She noticed graying initially on middle part of head and gradually spread to all other areas. Also noticed considerable increase in number of gray hair after delivery and under emotional stress.

No specific history of past illness & family history was noted by patient. In personal history, patient had mixed diet and prefer spicy and sour tastes with good appetite and regular bowel habit. She had moderate labour and emotional stress. Also had normal sleep pattern and not allergic to anything.

In gynecological and obstetric history, Patient had regular menstrual cycle of 4/28 days. She had one child

Methodology:

Assessment criteria : Objective parameter – Random hair count using Graying severity score. [5]

The entire scalp surface was divided into 5 zones; Frontal region, Vertex, Right and Left temporal region, and Occipital region. Areas showing maximum gray hair in each zones were identified and a 1 cm² area was marked to count the number of gray hairs in it. A score was assigned to each zone according to the percentage of gray hair in it;

- Score 1 (1% 10% gray hair/cm²)
- Score 2 (11% 30% gray hair/cm²)
- Score 3 (>30% grey hair/cm²)

Hair graying was finally calculated by taking sum of the scores at the five representative sites. The objective scores were further graded as;

- Mild (Score 0–5)
- Moderate (Score 6–10)
- Severe (Score 11–15).

Therapeutic intervention:

On day 1, the patient was given *Trivrit Choorna* (20gms according to *Koshta*) with *Triphala Kashaya* 48ml in the morning for *Anulomana*.

Procedure: On 3rd day after attaining *Koshtashudhi*, patient was administerd *Bhavitanimba Taila Nasya* 2ml (8 *Bindu*) in each nostril for 7 days followed by oral administration of *Bhringarajadi Lehya* 10gm twice daily after food with 48ml milk as *Anupana* for 60 days. Patient's follow up was done on 30th day after completion of treatment.



Results:

Graying score; Score 1 graying was noticed in frontal, vertex, right and left temporal and occipital zones before treatment (0th day), after treatment (68th day) and after follow-up (97th day) (Table-1-3).

Hair graying grade; Mild graying was noticed before treatment (0th day), after treatment (68th day) and after follow-up (97th day) (Table-4).

Table-1: Hair count (in 1cm² area):

Five	Gray hairs			Black hairs			Total hairs		
Zones	0 th day	68 th day	97 th day	0 th day	68 th day	97 th day	0 th day	68 th day	97 th day
	(BT)	(AT)	(AF)	(BT)	(AT)	(AF)	(BT)	(AT)	(AF)
Frontal	3	2	2	111	115	110	114	117	112
Vertex	5	3	2	179	178	179	184	181	181
Right temporal	13	7	5	159	162	160	172	169	165
Left temporal	8	6	4	112	115	120	120	119	124
Occipital	4	2	2	131	133	135	135	135	137

Table-2: Hair count (in 1cm² area):

Five Zones	Percentage of gray hair in 1cm ² area					
	0 th day	68 th day	97 th day			
Frontal	3%	2%	2%			
Vertex	3%	2%	2%			
Right temporal	7%	4%	3%			
Left temporal	7%	5%	3%			
Occipital	3%	2%	1%			

Table-3: Graying score

Zones	Score 1(1%-10% gray			Score2(11%-30% gray			Score 3 (>30% gray		
	hair/cm ²)			hair/cm ²)			hair/cm ²)		
	0 th day	68 th day	97 th	0 th day	68 th day	97 th	0 th day	68 th	97 th day
	(BT)	(AT)	day	(BT)	(AT)	day	(BT)	day	(AF)
			(AF)			(AF)		(AT)	
Frontal	1	1	1						
Vertex	1	1	1						
Right	1	1	1						
Temporal									
Left	1	1	1						
Temporal									
Occipital	1	1	1						

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Table-4: Hair graying grade

Day	Mild (Score of 0-5)	Moderate (Score of 6-10)	Severe (Score of 11-15)
0th day	5		
68 th day	5		
97 th day	5		

Discussion:

Bhavitanimba Taila was extracted from Nimba Beeja after impregnating (Bhavana) the seed in Bhringaraja Swarasa for 7 consecutive days and then in Asana Kashaya for the next 7 consecutive days. As a result Nimba Beeja attained the attributes of Bhringaraja Swarasa and Asana Kashaya. Hence by analysing the properties of Bhavitanimba Taila it possess Tikta, Kashaya Rasa; Laghu, Rooksha Guna; Anushnaseeta Veerya; Katu Vipaka and Pitta-Karma. Thus Nasya Kaphahara Bhavitanimba Taila has Shodhana action. Anushnaseeta Veerva helps to normalise further vitiation of Pitta and Kapha Doshas in Shiras. It's Laghu, Rooksha Guna helps to expel out the increased Malaroopa Kapha and Vitiated Pitta Dosha from Urdhajatru and results Anulomana. Normalised Pitta has an action maintenance Prabha (Complexion) thus helps to maintain the normal Krishna Varna of Kesha. Because of the Pittahara action further Vilayana of Malaroopa Kapha gets reduced strengthens the root of Kesha by the Sthiraguna of normalised Kapha. Thus Nasya with Bhavitanimba Taila helps to correct Shirogata Pitta and Kapha Doshas.

In Bhringarajadi Lehya most of the drugs possess the properties such as Madhura, Tikta Rasa; Laghu Guna; Anushnaseeta Veerya; Madhura Vipaka. It has Tridoshahara, Rasayana and Keshya actions. Tikta Rasa in the formulation normalises the deranged Pachaka Pitta and leads to proper Sara-Kitta formation by its Agnideepana Amapachana properties. Madhura Rasa has Pittashamana action and nourishes the Kesha. Laghu Guna corrects the Rasadhatu Dushti and increased Malaroopa Kapha.

Anushnaseeta Veerya corrects vitiated Kapha and *Pitta* Dosha. Being a Naimittika Rasayana, it Agnideepana Srotoshodhana action which provide proper Rasadi Dhatuposhana. As a result, Dhatus and their respective Kittabhaga gets formed and thus nourished hair attains its normal colour and texture. Thus Bhringarajadi Lehya helps in the management of premature graying.

Godugdha administered as Anupana is having Madhura Rasa; Guru, Snigdha Guna; Seeta Veerya; Madhura Vipaka, Vata-Pittahara and Rasayana Karmas. These properties enhance the properties of Bhringarajadi Lehya and provide fast spreading and absorption of medicine in the body.

Conclusion:

The patient underwent treatment for 67 days and showed reduction in gray hair as well as slight progression in black hairs after treatment. Hence *Bhavitanimba Taila Nasya* followed by *Bhringrajadi Lehya* showed significant effect in premature graying.

Limitation of study:

Time period of the study was short to observe the proper efficacy and is also single case so more patients with long duration should be treated with above intervention for concrete confucsion.

Patients consent:

Patients consent obtained has been obtained for intervention as well as for publication without disclosure the identity of patient.





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