



A Case Study: Ayurvedic Management of *Nasarsha* w.s.r to Nasal Polyp

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ABSTRACT:

Nasa is the most important organ of *Urdhwajatrugatabhaga* and is the gateway for head as well as respiratory system. *Nasarshas* is one among the thirty-one *Nasagata Rogas* mentioned in our classics. *Nasarshas* can be correlated to nasal polyps. Nasal polyps are non-neoplastic masses of nasal or sinus mucosa. Prolonged use of antihistamines and antibiotics leads to drug resistance and decreases immunity, Fear of surgery, its complications and cost have restricted many patients from undergoing surgery and allopathic medicines. In this study a case of 31years male Patient presented with difficulty in nasal breathing, mouth breathing especially at night, sneezing, nasal discharge, headache since 9 months was taken for study. Present case study is taken to evaluate the efficacy of *Ksharakarma* in the management of *Nasarshas* w.s.r to Nasal Polyp along with internal medications for improve immunity and to reduce its recurrence. *Kshara* is an excellent medicine in the management of *Arsha*, as it has *Lekhana*, *Tridoshaghna*, *Teekshna* and *Ushna* properties. *Shirovirechana* being one of the *Shodhana Karma*, hence *Nasya* with *Apamarga Kshara Taila* followed by *Yava kshara prathisarana* was planned. Internally, *Chitrakadi Vati*, *Triphala Guggulu* and *Haridra khanda*, *Hamsapadi Kashaya* was prescribed. There was significant improvement in patient's complaints and marked reduction in polypoidal mass.

Key words: *Ksharakarma*, *Rasayana*, *Nasaarsha*, Nasal Polyp

INTRODUCTION

Nasal polyps are mucosal lesions of the nasal passage or paranasal sinuses that can result from a response to inflammatory or infection stimuli. They appears as smooth, round, semitranslucent masses that are most commonly found in the middle meatus and ethmoid sinuses and affect 1% to 4% of the population. Males are affected more than females and adults more than children. If it happens in childhood, mucociliary and immunodeficiency disease, patients with nasal polyps may present clinically with complaints of nasal obstruction, congestion, rhinorrhoea, hyposmia, headaches, post nasal drips, and snoring. Nasal

polyps more commonly appear bilaterally they can also present unilaterally¹. Nasal polyps are frequently associated intrinsic asthma, young's syndrome, cystic fibrosis. Children 16 years or younger with nasal polyps should be evaluated for cystic fibrosis, and kartagener's syndrome. Histologically, they classically have pseudo stratified ciliated columnar epithelium, thickening of the epithelial basement membrane, high stromal eosinophil count, mucin with neutral pH, few glands, and essentially no nerve endings. Cells consist of a mixture of



lymphocytes, plasma cells and eosinophils. Polyps from patients with young’s syndrome, kartagener’s syndrome, and cystic fibrosis have predominately Neutrophils with insignificant Eosinophils. Mediators found in nasal polyps are as follows: histamine, serotonin, leukotrienes norepinephrine, kinin. There is more histamine in nasal polyps than in normal nasal mucosa, and norepinephrine is present in greater concentration in the base of nasal polyps than in normal mucosa. The concentrations of IgA and IgE and in some cases, IgG and IgM are greater in polyp fluid than in serum. IgE – mediated disease is not the cause of nasal polyps, but when present, may contribute to episodes of exacerbation. Despite medical or surgical management, a significant number of nasal polyps are recurrent. For treatment, systemic corticosteroid should be tried before surgical polypectomy. At the present, the pathogenesis of polyp formation is unknown².

In *Ayurveda*, nasal polyps are correlated to the *Nasa Arsha*. *Acharya Sushruta* has mentioned that the aggravated *Dosha* when moves upward it takes *sthanasamshraya* in ear, eye, nose, and mouth, then vitiates *Mamsa*, and *Rakta* of those parts and produces *Arsha*. *Acharya Sushruta* clearly mentioned that patients feel difficulty in nasal breathing, mouth breathing especially at night, foul smell, headache, constant sneezing, running nose are the common symptoms³. *Acharya Sushruta* has mentioned that it is one among thirty one *nasagata rogas*. Four type of *Nasarsha* are described by *Acharya Sushruta* – *Vata*, *Pittaja*, *Kaphaja* and *Sannipataja*⁴. *Acharya Charaka* has mentioned in *Arsha chikitsa* that the fleshy mass growth appear on many region of body like penis, vagina, throat, mouth, nose, eye, skin. These hypertrophied or fleshy growths are termed as *Adhimamsa*. The seat of these growth is *Twak*, *Mamsa*, and *Meda*⁵ Hence the present case study is taken to evaluate the efficacy of *Ksharakarma* in the management of *Nasarshas* w.s.r to Nasal Polyp along with internal medications. Objects of the study are:

1. To evaluate the efficacy of *Kshara Karma* in the management of *Nasarshas* w.s.r to Nasal polyp.
2. To evaluate the effect of oral Ayurvedic Medicines in the management and prevention of recurrence of *Nasarshas* w.s.r. to Nasal polyp.

MATERIALS AND METHOD

Source of Data

Patient were selected from the outpatient of Shalakya Tantra department from Government Ayurvedic Medical College, Bangalore, Karnataka. Drug selection is done

according to the Classical reference.

CASE STUDY

Chief Complaints & Associated Complaints

A male patient of age 31years presented with difficulty in nasal breathing, mouth breathing especially at night, headache, sneezing, nasal discharge since 1 year.

History Of Present Illness

A male patient of age 26 years was apparently healthy 9 months back. Gradually he started developing bilateral nasal obstruction on and off, recurrent sneezing on and off, rhinorrhea on and off, heaviness of head and headache. It was so recurrent that, the patient was feeling difficulty in breathing during the episodes and unable to concentrate on the routine activities. So, he consulted one of the allopathic doctor, where he diagnosed the case as Nasal polyp on examination and prescribed nasal decongestants and anti-allergic drugs. The symptoms used to relieve for sometimes but was recurring. So, he was suggested to undergo surgery for nasal polyps. Patient was not willing to get surgery done, so he consulted our hospital for further management.

History of Past Illness: History of allergy to pollens, dust, smoke.

Family History: Nothing Specific

Personal History: Appetite: Good

Sleep: Sound

Bowel: Twice a day

Micturition: 5-6 times a day

Diet: Mixed

General Examination:

Respiratory system: Normal vesicular breathin sound heard, no added sounds

CVS: S1 S2 heard, no added sounds

Per abdomen: On palpitation nothing specific.

BP- 120/80 mm/hg

Pulse rate: 71/ min

Weight- 57kg

Height: 166cm

Ashtavidha Pareeksha

Nadi – *Kaphapittaja*

Mala - *Prakruta*

Mutra – *Prakruta*

Jihva - *Prakruta*

Shabda – *Prakruta*

Sparsha - *Prakruta*

Drik – Prakruta
Akruthi – Madhyama

Nasal Examination

Inspection - Nothing Specific

Palpation - Nothing specific

Anterior Rhinoscopy - Round, soft, glossy, greyish swelling in the middle meatus is seen which does not bleed on touch when examined through Jobson’s probe.

Posterior Rhinoscopy - Nothing specific

Examination of Paranasal Sinus - Maxillary & Frontal Sinus Tenderness Present

Investigations: AEC - 450cells/microliter of blood

Samprapti Ghatakas

Dosha – Kaphavata

Dushya - Mamsa, Meda, Asthi

Agni - Jatharagni

Udbhava Sthana – Urdhwajatru

Sanchara Sthana - Urdhwajatru

Vyakta Sthana - Nasa

Srotas – Pranavaha

Srotodushti – Sanga

Rogamarga – Bahya

Sadhyasadyata – Kricchrasadyata

Diagnosis: *Nasarshas*(Nasal Polyp)

Treatment:

Table no-1(Treatment given)

OBSERVATIONS AND RESULT: Table 2:(

Observation- Before and after the treatment)

AEC was reduced to 230 cells/microliter of blood

Assessment Scale Grading:

All the subjective parameters were assessed based on Self-Grading Scale.

DISCUSSION

Shirovirechana being one of the *Shodhana karma*⁶ for the diseases of *Urdhwajatru* where it helps in evacuating the accumulated *Doshas* from the *Shiras*. Hence *Nasya* with *Apamarga Kshara Taila* for 7 days has been administered. *Apamarga Kshara Taila* is *Teekshna*, *Ushna* and has *Ksharana* property and is indicated in *Nasarshas*⁷.

Kshara is an excellent *Anusastra* in the management of *Arsha*, because it has *Lekhana*, *Tridoshaghna*, *Teekshna* and *Ushna* properties. In *Nasarsha* the *Doshic* predominance is *Kaphapradhana Tridosha*, and *Dushya* is *Mamsa* and *Medo Dhatu*, as the *Kshara* has *Ushna Guna* and *Lekhana* properties. It can reduce the vitiated

Mamsankura. *Ksharakarma* is specifically indicated in *Nasarshas*. *Yava Kshara* is having *Ushna*, *Teekshna*, *Lekhana* properties and can be easily prepared and available in the market. Hence *Yava Kshara* is used for the *Ksharakarma*⁸.

Internally *Chitrakadi Vati*, *Triphala Guggulu*, *Haridra Khanda*, *Hamsapadi Kashaya*. *Chitrakadi Vati*⁹ is prescribed to increase the *Agni* as patient is having *Agnimandya* and is the basic factor for manifestation of any disease. *Chitraka* is also having *Kshareeya* property and is acts as remedy for *Nasarshas*. *Triphala Guggulu*¹⁰ is also one of the antiinflammatory and *Kaphamedohara* in nature and helpful in relieving the pain, nasal blockage. *Haridra Khanda* is indicated in all allergic conditions and it has *kaphahara* property and *agnimandyahara*. *Hamsapadadi Kashaya* which contains *Tripadi*, *Pippali* and *Guduchi* acts on *Mamsa* and *Medo Dhatu* is helpful maintaining the respective *Dhatwagni*.

CONCLUSION

Nasal polyp is one of the major surgical disease in nasal disorder, there is chance of recurrence after surgery as per allopathic science. We can cure it by Ayurvedic line of treatment easily and more effectively. There is no chance of recurrence of disease where *Kshara karma* is done. There was significant result just after the *Nasya Karma*, where he got half relief of the symptoms of Nasal Polyp. Overall, there was significant improvement in the condition. Hence there is need to implement Ayurvedic medicines in larger samples of the disease to draw a conclusion.

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REFERENCES

1. The Epidemiology and Clinical aspect of nasal polyps <https://www.ncbi.nlm.nih.gov/PMC/3846212/10/11/22> .
2. Nasal polyps, epidemiology/pathology/treatment. <https://www.journals.sagepub.com/by/GA/setti/pane-1987.10/11/22>

3. Sharma A.R Sushruta Samhita Uttartantra, Chap -22, ckaukhambha surbharati prakashan Varanasi - 2001.pp.170.
4. Sharma A.R Sushruta Samhita Uttartantra, Chap -22, ckaukhambha surbharati prakashan Varanasi - 2001.pp.164.
5. Kushwaha H.C, Charaka Samhita second part , Chikitsa sthana chaukhambha Orientalia, Varanasi-2012.pp.341.
6. Moreshwar A, Acharya Laghu Vagbhata, Ashtanga Hridayam, Sarvaanga Sundara & Ayurveda Raasayana Commentry, Edited by Bhisagacharya Harishastri Paradakarya Vaidya, Chaukhambha Publications, 10th Edition, 2011, 287p.
7. Shastri AD, Bhaishajya Ratnavali, Vidyotini Commentry Edited by Shri Rajeshwardatta Shastri, Chaukhambha Publications, 2019.pp.979
8. Chunekar K, Acharya Bhavamishra, Bhavaprakasha Nighantu,Hindi translation Poorva Khanda, Mishraprakarana, Harithakyadi Varga,Shloka no-252-254. Chaukhambha Publications, 2019
9. Chunekar K, Acharya Bhavamishra, Bhavaprakasha Nighantu,Hindi translation Poorva Khanda, Mishraprakarana, Harithakyadi Varga,Shloka no-252-254. Chaukhambha Publications, 2019
10. Rao K.L, Pandit Sharangdharacharya, Sharangadhara Samhita, Adhamalla Deepika & Gudatha Deepika commentaries,2009.

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Table no-1(Treatment given)

SL NO	TREATMENT	MEDICINES	MODE OF ADMINISTRATION	DURATION
1	<i>Marsha Nasya</i>	<i>Apamarga Kshara Taila</i>	4-4 Drops Each Nostrils	7 days
2	<i>Kshara Prathisarana</i>	<i>Yava Kshara</i>	Application 5 Sittings(Once In 5 Days)	5 sittings
3	INTERNALLY	<i>Chitrakadi Vati</i>	1-0-1(b/f)	30 days
		<i>Triphala Guggulu</i>	2-0-2 (a/f)	30 days
		<i>Haridra Khanda</i>	1tsp-0-1tsp(warm water)	30 days
		<i>Hamsapadyadi Kashaya</i>	15ml-0-15 ml (a/f)	30 days

Table 2:(Observation- Before and after the treatment)

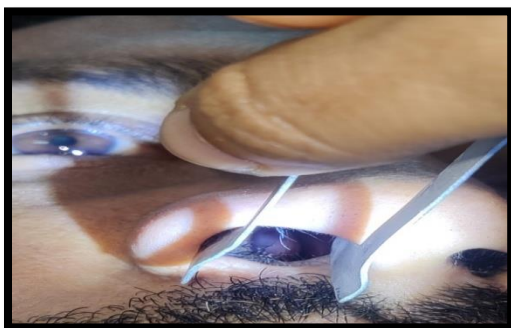
Assessment criteria	Before treatment (1 st day)	After <i>Nasya</i> (8 th day)	After <i>Kshara Karma</i> (33 rd day)	During Followup (40 th day)
Nasal Blockage	3	2	0	0
Sneezing	2	1	1	0
Rhinnorhea	2	1	0	0
Frontal Headache	3	1	0	0
Heaviness of the head	3	2	1	0

Table 3 All the subjective parameters were assessed based on Self- Grading Scale.

Assessment Criteria's	GRADINGS			
	No Symptoms	Mild	Moderate	Severe
Nasal Blockage	0 - No nasal blockage	1 - Occasional nasal blockage	2 - Intermittent nasal blockag	3 - Continuous nasal blockage
Sneezing	0 - No Sneezing	1 - Occasional sneezing	2 - Intermittent sneezing	3 - Severe sneezing
Rhinorrhea	0 - No Rhinorrhea	1 - Occasional Rhinorrhea	2 - Intermittent Rhinorrhea	3-Continuous Rhinorrhea
Frontal Headache	0 - No frontal Headache	1 - Occasional frontal Headache	2 - Intermittent frontal Headache	3 - Persistent frontal Headache
Heaviness of head	0 - No heaviness of head	1 - Occasional heaviness of head	2 - Intermittent heaviness of head	3 - Persistent heaviness of head

Pictogram of Nasal Polyp before and after treatment:

Before treatment



After treatment

