

EFFICACY OF SELECTED AYURVEDA TREATMENT IN THE MANAGEMENT OF NASANAHA (TURBINATE HYPERTROPHY): A CASE REPORTDr. Neha Singh^{1*} and Dr. Jayashree Vaidya²¹Post Graduate Scholar Department of Ayurved Samhita and Siddhant YMT Ayurvedic College, Kharghar, Navi Mumbai.²Head of Department of Ayurved Samhita and Siddhant YMT Ayurvedic College, Kharghar, Navi Mumbai.***Corresponding Author: Dr. Neha Singh**

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ABSTRACT

Acharya Vagbhata has explained about 18 Nasa rogas and Nasanaha is one among them. It occurs due to vitiation of Vata and Kapha and the treatments mentioned in the classics for Nasanaha include Snehapana, Nasya, and Dhoomapana. This case study is of a female patient who complained of recurrent nasal obstruction, watery nasal discharge and headache. Use of nasal decongestants gives her temporary relief from nasal obstruction and she came to the OPD for further management. In the present study, Nasa pichu with Bala taila is proved to give good results in Nasanaha.

KEYWORDS: Nasanaha, Turbinate Hypertrophy, Bala Tail pichu.**INTRODUCTION**

Advances in science and technology have led to several changes in human lifestyle and behavior that made man less immunized. This also has a great impact on natural ecosystems, like environmental pollution and unnatural seasonal variations which are responsible for many diseases. The nose, being in direct contact with the external environment is exposed to a lot of microorganisms and pollutants present in the atmosphere and is one of the organs that is more asanaha is one among the Nasarogas mentioned in the Ayurveda classics and it occurs when the vitiated Kapha dosha along with Vata dosha obstructs the nasal passage. Acharya Sushruta and Charaka have used the term Nasa ratinaha to explain the disease. The distinctive feature of Nasanaha is nasal obstruction leading to difficulty in breathing. asal obstruction is one of the most frequently encountered symptoms in the clinical practice and it can interfere with social activities, thus considerably compromising the quality of life. Nasanaha can be correlated to nasal obstructive diseases like Hypertrophic Turbinates, Deviated Nasal Septum, Cysts, Tumors, Adenoids, and Polyps. Among these disorders, the clinical features of Hypertrophic Turbinates can be best analyzed with that of Nasanaha.

Antihistamines, decongestants, and topical and systemic corticosteroids are widely used for medical treatment and may cause detrimental effects such as drowsiness, bleeding, dryness, and crusting of the nose. This can only

provide symptomatic relief and is not intended for long-term use. Surgical management is recommended when medical management approaches have failed, although it might result in complications such as hemorrhage and synechiae between the nasal septum and the turbinates, among other concerns.

According to Ayurveda classics, the treatments for Nasanaha include Snehapana, Nasya, and Dhoomapana. Nasya is one of the Panchakarma treatments and is the first line of treatment in all Urdhwajatu Vikaras. According to Ashtanga Sangraha, it is indicated to use Madhura Varga Sadhitha Taila Nasya in the management of Nasanaha. Bala (Sida Cordifolia) is one among the Guduchyadi Varga Dravya which has Tridoshahara property. So in this case study, Nasa Pichu with Bala Taila was given.

Probable Mode of Action

The Natural cool potency or Sheet Virya of Bala herb supports to control pitta, vatta doshas and increases kapha. Bala is beneficial in offering nourishment and strength to the respiratory system. While antispasmodic action of this herb prevents asthma attacks and provides relief from dry coughs and bronchitis. The richness of phytochemicals ephedrine, vasicinone, vasicine and vasicinol acts as a bronchodilator, which clears the airways, thereby mitigating breathing difficulties and prevent wheezing. It also works as a nasal decongestant, removes obstructions in the respiratory passage and

support optimising lung functions and health. Additionally, it aids in building a robust immune system owing to its rejuvenating traits. During Nasa pichu, the medicine comes in contact directly with the nasal mucosa, and the Snehana and Swedana karma prior to Nasa pichu karma accelerates the local drug absorption. This could have helped in reducing the nasal mucosal swelling and relieving the nasal obstruction and discharge. Also, the reduced nasal mucosal swelling might have caused reduced pressure on.

| Procedure | Medicine Used | Approximate Duration |
|--------------|---|----------------------|
| Mukhabhyanga | Murchita Tila taila | 10 minutes |
| Sweda | Nadisweda | 5 minutes |
| Nasa Pichu | Bala taila Alternate nostril, 5 days gap between 2 sitting | 45 minutes |
| Dhumapana | Haridra Varti | 5 minutes |
| Kavala | Ushnajala | 3 minutes |

Nasa Pichu Procedure

After a thorough examination, the patient was made to lie on the bed in supine position. As Purva karma, Mukhabhyanga was done with Murchita tila taila for 10 minutes and Nadisweda was given to face for 5 minutes. Then the patient is made to lie on the bed in supine position with head little lowered and cotton ball dipped in lukewarm Bala taila is put into alternate nostril. After that, mild massage was given to the nose and the forehead in upward direction. After 7 minutes, Dhumapana was given with Haridra varti followed by Ushnajala kavala. The patient was advised to avoid cold air exposure and to refrain from having milk products and cold food items.

RESULT

After the administration of Nasa pichu, patient noticed mild relief from nasal obstruction after the second sitting and the sleep of the patient improved as there was no severe nasal obstruction at nasal discharge and headache was completely resolved.

B/L nasal mucosa congestion was absent and B/L Inferior turbinate hypertrophy was reduced. In cold spatula test, fogging was seen on both sides though there was not much difference in the nasal septum deviation.

DISCUSSION

Inferior turbinate hypertrophy is often caused by swelling of the submucosa, and less rarely by expansion of the bone itself. Dilatation of the submucosal venous sinusoids causes this hypertrophy. This can be seen in diseases like allergic rhinitis, acute rhinosinusitis, vasomotor rhinitis, drug-induced rhinitis, and chronic rhinosinusitis. The symptoms include nasal obstruction, rhinorrhea, anosmia, dull headache, otalgia, and sore throat.

Acharyas have explained only nasal obstruction as a symptom of Nasanaha. Acharya Vagbhata has mentioned that Nasa being the gateway to Shiras, the drug instilled through nostrils, reaches Shringataka Marma, thereafter

CASE REPORT

A 32-year-old female patient came to OPD with complaints of recurrent bilateral nasal obstruction, watery nasal discharge, and dull frontal headache for 2 years which gets aggravated on exposure to cold weather and wind. Her sleep was disturbed due to severe nasal obstruction at night. The patient used nasal decongestants but got only temporary relief so the patient came to the hospital for further management.

spreading to the entire Murdha. This whole process disintegrates the morbid Doshas in the supra clavicular region and extracts them similar to the removal of the central thread of a grass called Munja without damaging the surrounding tissues.

CONCLUSION

Nasanaha is one among the Nasarogas and is a Vatakaphaja vyadhi. It can be correlated to Turbinate hypertrophy. A case of inferior hypertrophic turbinate was taken up for the study and Bala taila Nasa pichu was given to the patient alternate nostril 5 days gap between 2 sittings.

Patient had considerable relief from nasal obstruction and the complaints of watery nasal discharge and headache got resolved completely. Internal medications having Rasayana property along with Nasa pichu can be given to achieve sustenance of results after treatment. The study may be carried out in large number of subjects with longer duration to evaluate and analyze the results.

REFERENCES

- Bhargava KB, Bhargava SK, Shah TM. A Short Text Book of ENT Diseases. 9th ed. Mumbai: Usha Publications, 2011; 155.
- Sarmah J, Mahanta H, Sarma DR. A Clinical Study on Ksharakarma in the Management.
- Journal of Ayurveda and Pharma Research, 2017; 5(1): 24-27.
- Vagbhata, Astanga Samgraha with Sasilekha Commentary by Indu, edited by Dr Shivprasad Sharma. Uttarasthana, Ch.24, Ver.29. 1st Edition, Varanasi: Chowkhamba Sanskrit Series Office, 2006; 746.
- Scott Brown. Management of enlarged turbinates. Scott Brown's Otorhinolaryngology.
- Head and Neck Surgery. Edited by John Watkinson and Raymond W Clarke. 8th ed. Boca Raton: CRC Press, 2018; 1157.
- Mitra J. Ashtanga Sangraha of Vriddha Vagbhata,

Commentary: Sasilekha by Indu, Shareera sthana,
Chapter 29 verses 2, Varanasi: Chowkambha
Sanskrit Series, 2013.