



Review Article

A CRITICAL ANALYSIS OF NASAPRATINHA IN RELATION TO CONTEMPORARY CONCEPT OF NASAL OBSTRUCTION

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ABSTRACT

Nasal obstruction or blocked nose or stuffy nose is a common problem seen in E.N.T. as well as general practice. Patients visit the doctors with varying conditions of nasal obstruction- unilateral or bilateral, incomplete or complete, temporary or persistent etc. along with various others associated complaints. Depending on the causes of nasal obstruction, management also varies; which ranges from behavioural changes (i.e. avoiding exposure to inciting factors) and use of oral as well as topical drugs to invasive surgeries. The treatment can thus be medical or surgical. The existing treatment practices have their own merits and demerits, indications and contraindications, recurrences and complications etc. too, and accordingly the outcome differs. While relief is seen in many, many others have to live with a persistent stuffy nose throughout their life. In Ayurveda, detailed description of diseases of nose is found, under the broad heading of '*Nasa Rogas*'. Among these '*Nasanaha*' or '*Nasapratinaha*' is an important entity which is characterized by the clinical features of blocked nose. Ayurvedic Acharyas, have described about '*Nasapratinaha*' along with the management in their texts. A systematic literary review of the Ayurvedic literature regarding '*Nasapratinaha*' along with the various disease entities of contemporary science having similar presentations have been conducted in this study.

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INTRODUCTION

Shalaky Tantra bears utmost importance amongst the eight branches of Ayurveda, for dealing with the vital sense organs located above the Jatru (clavicle), also considered as the *Uttamanga* in Ayurveda. Diseases of nose and paranasal sinuses constitute bulk of this subject, and detailed description about the same has been mentioned in the Ayurvedic classics.

Diseases of nose are amongst the commonest problems in the otorhinolaryngology clinics and majority of the patients complain of nasal obstruction of one kind or the other. Depending upon the cause, its location and severity nasal obstruction can be temporary or persistent, unilateral or bilateral, partial or complete, of recent origin or long termed and can be with or without associated symptoms etc. The commonly seen causes of blocked nose include common cold, allergy, infections of nose and PNS, defects of nasal septum and other structures, inflammatory conditions of nose and PNS, foreign body, benign and malignant tumours, polypi, enlarged adenoid, trauma etc. The conditions can be congenital as well as acquired; their clinical features, line of management, prognosis etc. differ accordingly. While

some cases are managed very easily and totally, some others have only temporary relief and few conditions may be serious too.

The Ayurvedic term '*Nasapratinaha*' means a 'blocked nose' and as such, all the conditions presenting with the clinical feature of nasal obstruction fall in this category. Review of such conditions along with the Ayurvedic references regarding '*Nasapratinaha*' have been analysed in this study.

Aims of the present study

This review study has been undertaken with the following aims and objectives

1. To review the literature related to the concept of *Nasapratinaha* available in different Ayurvedic classics
2. To explore the literature regarding the concepts of nasal blockage found in the conventional medical science and correlate it suitably with *Nasapratinaha*.

Materials and methods

This is an extensive literary work conducted with the help of different Ayurvedic classical texts such

as Charak Samhita, Sushrut Samhita, Astanga Samgraha, Astanga Hriday, Madhav Nidan etc. Literary material also included references regarding the concepts of *Nasapratinaha* along with its management available in the Ayurvedic classics. Different electronic databases such as Pub Med, Google Scholar etc., and different online and print journals were also used as the source of data collection during the study.

Review of Ayurvedic literature regarding *Nasanaha/ Nasapratinaha*

Nirukti

The term '*Nasanaha*' consists of two words- '*Nasa*' and '*Anaha*'. Here '*Nasa*' stands for nose and '*Anaha*' stands for obstruction. Thus this means a condition in which, there is obstruction in the nasal passage. '*Nasanaha*' and '*Nasapratinaha*' are synonyms.

Acharya Caraka has defined the disease in 26th Chapter of Chikitsa Sthana, the *Trimarmiya chikitsadhyaya*. He stated that, when *Kapha* gets vitiated along with *Vata*, then they cause obstruction in the '*Ucchwavasa Marga*' and the condition is called '*Nasapratinaha*'.

"*Ucchwavasamargatu Kapha Savatu Rundhyat Pratinahamudaharettam.*"¹

Acharya Sushruta in the 22nd chapter of Uttartantra, i.e. '*Nasarogavigyaniyamadhyaya*', explains about the condition along with other '*Nasa Rogas*' as, when *Vayu* namely '*Udana*' gets enveloped by '*Kapha*' and gets vitiated from its own path, then there is blockage in the nose.

"*Kaphavrittu Vayurudanasangyu Yada Swamarge Viguna Sthita Shyata. Ghranam Vrinutiva Tada Sa Rogo Nasapratinaha Iti Pradista.*"²

Dalhanacharya, commenting on Acharya Sushruta's view, said that '*Nasapratinaha*' is caused by Avrutatva of *Vata* with *Kapha*. In the Uttarsthana of Astanga Samgraha, '*Nasa Rogas*' have been described in the 23rd chapter, the '*Nasaroga Vigyaniya Adhyaya*'. The disease '*Nasanaha*' has been mentioned as a condition where the nose appears to be inflated by *Vayu* obstructed by *Sleshma*. The obstruction to inspiration and expiration results in constriction of the passage.

"*Nasanahe tu Jayate. Nadhdattvamiva Nasaya Sleshmarudhdena Vayuna. Niswacchaucchwa vasasanrodhat Srotasi Samvritte Eva.*"³

The description of '*Nasanaha*' in Astanga Hridaya is exactly the same as that of Astanga Samgraha. The disease finds a place in the 19th chapter of *Uttarsthana*, the '*Nasaroga Vigyaniya Adhyaya*'⁴. Sri Madhavakara has quoted Acharya Caraka's definition of '*Nasapratinaha*' in the 58th chapter of *Uttaraddha*, '*Nasaroga Nidanam*'⁵. In Bhava prakash, the description of '*Nasapratinaha*' is seen in the *Madhyamkhanda*, 65th chapter, where the description is similar to that of Acharya Caraka- *Kapha* and *Vata* together getting aggravated, block the passage of respiration and the disease is called '*Pratinaha*'⁶. In the '*Nasarogadhikar*' of Vangasena's *Cikitsasara samgraha*, '*Pratinaha*' has been explained similar to Carakacharya.⁷ In Yogaratnakara,

description of the condition is available in the *Nasarogadhikar*, 14th *shloka*. Here also we find that Acharya Caraka's comment on the disorder has been followed.⁸ Thus, The review of the various Ayurvedic texts with regard to the *Nasaroga*, '*Nasapratinha*', '*Nasanaha*', can be summarized as the condition of nasal obstruction, due to the derangement of *Vata*, chiefly the '*Udana Vata*' and *Kapha*.

Review of Ayurvedic literature regarding the *Chikitsa of Nasanaha/ Nasapratinaha*

The Ayurvedic literatures mentioned the various dietary measures, medicaments for *Shamana* & *Shodhana* and treatment modalities for the management of *Nasapratinaha*. Acharya Sushruta, in the 23rd chapter of Uttartantra, concerned with the '*Nasarogapratisedha*', stated that-

"*Nasanahe Snehapanam Pradhanam, Snigdha Dhooma Murdhavasti Nityam. Balatailam Sarvathavopayojyam Vatavyadhavanyaduktancca Yadyat*"⁹

i.e. in *Nasanaha*, intake of *Sneha* is the chief remedy, and the regular practice of *Snigdha Dhooma* and *Shirovasti* should be followed; also like in all *Vatavyadhi* conditions, '*Bala Taila*' should be used for various modalities. While referring to the treatment of *Nasanaha*, Vagbhatacharya in Astanga Samgraha, Uttartantra, 24th chapter expresses-

"*Nasasoshe Balatailam Pane Sirovastau Ca. Snigdhashya Sweda. Ksheerasarpinashyam Madhuravargasadhitam va Tailam. Shehika Dhooma. Tatha Nasanahaapi. Evamanupasame Shirovirekah*"¹⁰;

It has been stated that for *Nasasosha* (another *Nasaroga*), *Balataila* should be used for drinking and *Shirovasti*, *Swedana* (fomentation) should be done after *Snehana* (oleation), *Nashya* should be given either with ghee, obtained by churning milk or with oil boiled with drugs of *Madhura* group, inhalation of smoke (*Dhooma*) that has lubricating effect. For '*Nasanaha*' also, this management has been advocated. If the condition doesn't subside, then *Sirovirechan* (head purgation) has been advised.

Astanga Hridaya also gives similar measures for *Nasasosha* and *Nasanaha*, in the 20th chapter on '*Nasarogapratisedha*' in the Uttartantra, -

"*Nasasoshe Balatailam Panadau Bhojanam Rasaye. Snigdhu Dhoomasthatha Swedu. Nasanaheapyayam Vidhi.*"¹¹,

which endorses the use of *Balataila* for drinking, *Nashya*, *Abhyanga* etc., meals with *Mamsarasa*, *Snigdha Dhoomapana* and *Swedana* (fomentation), for the *Nasarogas*, *Nasasosha* and *Nasanaha*. Treatment principle of *Nasanaha* as per Vangasena Samhita, *Nasarogadhikar* is-

"*Nasanahe Snehapanam Pradhanam Snidha Dhooma Murdhavasticha Nityam. Balatailam Sarvathavapi Yunjadvatvyadhavanyaduktam Ca Yaddyat*"¹²,

which is, in *Nasanaha*, the chief remedy is the intake of *Sneha* in addition to unctuous smoking and regular application of *Sirovasti* (head-pouch; *Bala taila* should be used along with others prescribed for the

diseases caused by *Vata*. Chakrapanidatta, in his text *Cakradatta*, has asked to opt for *Snehapana*, *Snigdha Dhooma* and *Sirovirechan* everyday,¹³; Whereas in Yogaratnakar, in the *Nasarogadhikar*, oral intake of *goghrita* has been advocated for *Nasanaha*,¹⁴ Thus, the Ayurvedic literatures provides different remedies for the management of *Nasanaha*, among which *Snehapana* and use of *Balataila* for different modalities are most common.

In the context of nasal obstruction [15, 16,17,18]

Nasal obstruction or blocked nose is a frequently seen problem characterized by insufficient airflow through the nose, which can be a subjective sensation or the result of objective pathology. Depending on the condition, the obstruction can be temporary or permanent, unilateral or bilateral. It is difficult to quantify by subjective complaints or clinical examinations alone, hence clinicians depend both on concurrent subjective assessment and on objective measurement of the nasal airway like the rhinomanometry. Also, often a doctor's assessment of a perfectly patent nasal airway might differ with a patient's complaint of an obstructed nose. The various common causes of nasal obstruction are as follows:

Nasal obstruction in the newborn may be because of congenital malformations, of which the most commonly encountered is the choanal atresia. In this condition, the choana (back of nasal passage) is blocked, usually by abnormal bony or soft tissue, due to failed recanalization of the nasal fossae during fetal development. The condition can be unilateral or bilateral; whereas the former may be detected much later, bilateral choanal atresia is a serious life-threatening condition which needs prompt management. The other common congenital cause of nasal obstruction is congenital tumours. The conditions are managed by oral airway and surgery.

Among the acquired causes of nasal obstruction, the most prevalent condition is the deformity of the nasal septum. Deviation of the nasal septum (DNS) is an important cause of blocked nose along with other complaints, when symptomatic; the condition is managed surgically by procedures like submucous resection of the septum (SMR), septoplasty, endoscopic septoplasty etc. Nasal septum can present with other disorders like septal haematoma, septal abscess etc. which can also result in obstruction in nasal breathing. Incision and drainage under appropriate antibiotic coverage is the line of management.

Allergies, inflammations and infections of nose and paranasal sinuses often lead to nasal obstruction; conditions like allergic rhinitis, vasomotor rhinitis, atrophic rhinitis and other forms of rhinitis and rhinosinusitis, infective as well as non-infective, all present with some degree of nose block. The cause is hypertrophy of the mucosa, turbinates, concha bullosa etc. Management consist of treatment of the condition along with symptomatic relief for stuffy nose, which again varies from the use of antihistamines, decongestants etc. both orally and as topical sprays, to

surgical procedures like turbinectomy, cautery, radiofrequency ablation, FESS etc.

The common conditions that lead to nasal obstruction in children apart from rhinitis, are foreign bodies in the nose and nasopharynx and adenoid hypertrophy. Foreign bodies need to be removed with or without sedation. An old foreign body may turn into a rhinolith, which needs to be removed under anaesthesia. Adenoid hypertrophy in mild cases are managed with antihistamines, steroids etc. and in persistent cases, by operative techniques like adenoidectomy, endoscopic adenoidectomy, coblation etc. in the adolescent boys, a tumour may develop in the nasopharynx, the juvenile nasopharyngeal angiofibroma, which is a cause of nose block along with epistaxis, and is managed surgically.

Trauma to nose and surrounding structures may lead to nasal obstruction along with other features; the nasal obstruction is mainly due to fracture of nasal bones, dislocation of the septum, haematoma and abscess of the nasal septum etc. surgical repair is often needed in these circumstances.

Tumours of nose and nasopharynx are also responsible for disturbing the nasal patency. These neoplasms may be benign as well as malignant. Papilloma, dermoid, glioma, angiofibroma, schwannoma, meningioma, haemangioma, chondroma, encephalocele, teratoma, fibroma, adenoma, lymphangioma, neurinoma etc. are the commonly seen benign tumours of nose and nasopharynx. Of the malignant forms, squamous cell carcinoma, malignant melanoma, lymphoma, adenocarcinoma, various types of sarcoma etc. are usual. Treatment consists of surgical excision to chemotherapy and radiotherapy etc.

Nasal polyps, usually antrochoanal and ethmoidal, which are prolapsed, pedunculated, painless, pearly white oedematous nasal mucosa lining the nose and sinuses, constitute another common causes of nasal obstruction. Although management with drugs like decongestants and steroids are practised, treatment is most surgical, viz. polypectomy, FESS, Caldwell-Luc surgery etc.

Numbers of granulomatous diseases are seen in the nose, caused by bacteria, fungi and others; common among them are rhinoscleroma, rhinosporidiosis, Wegner's granulomatosis, and those seen in tuberculosis, lupus vulgaris, syphilis, leprosy, aspergillosis, mucormycosis, candidiasis, sarcoidosis etc. Management consists of treatment of the underlying cause, surgical correction etc.

There are various other causes of blocked nose, like use of hypotensive and other drugs, smoking and alcoholism, use of snuff, synechia and adhesions, occupational and climatic factors, cystic fibrosis, pregnancy, long-term use of decongestants etc.; management varies according to condition, mostly withdrawal of the causative factors is advised.

DISCUSSION

Ayurvedic texts have given thorough description about the diseases of nose and paranasal sinuses, titled

as '*Nasa Rogas*'. Although there exists some differences in the opinion of the Acharyas about the total number of *Nasa Rogas*, most entities have been included by them. Acharya Sushruta, a pioneer of Ayurveda, has mentioned 28 types of *Nasa Rogas*. *Nasanaha* or *Nasapratinaha* is an important '*Nasa Roga*', characterized by obstruction of nose. In the management part, emphasis has been paid on oleation, fomentation, oral intake of cow's ghee, *Bala Taila*, *Mamsarasa*, procedures like *Nashya*, *dhoomapana*, *Sirovasti* etc. In the present day scenario, stuffy nose is a common problem in the population, owing to various etiological factors like pollution, allergens etc. Nasal obstruction can be due to many causes; their aetiologies, clinical features, managements etc. also vary accordingly.

CONCLUSION

Ayurvedic texts have included all the causes for obstruction of nose under the broad heading of '*Nasapratinaha*' of '*Nasanaha*'. Most of the Acharyas have opined on this entity, highlighting the feature of obstruction of nose. Among the various lines of management mentioned, use of *Bala Taila* is of significant importance for treating *Nasanaha*. In the contemporary sciences, we find many entities with the feature of nasal obstruction; although '*Nasapratinaha*' or '*Nasanaha*' is a '*Nasa Roga*' according to Ayurveda with the characteristic feature of nasal obstruction, in the contemporary science, nasal obstruction is not itself a disease entity, rather a clinical feature, which is seen in many diseases of nose and related structures.

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