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Case Study

VIDANGA TAILA NASYA IN THE MANAGEMENT OF *KAPHAJA SHIRASHOOLA* WSR CHRONIC SINUSITIS

Abhilash K N[1]*, Naveen B S[2], Geetha Kumari[2]

*[1]MS Scholar, [2]Professor, HOD, Dept. of Shalakya Tantra, Sri Sri College of Ayurvedic Science and Research Hospital, Bangalore, Karnataka, India.

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ABSTRACT

Kaphaja Shirashoola is one among the *Shirorogas* having symptoms like heaviness, swelling of eyes and face, coating of *Kapha* in head and oral cavity, facial pressure, fatigue, drowsiness. Pain is dull during the day and severe in the night. This condition can be clinically analysed with the features of Chronic Sinusitis. It refers to sinus infection lasting for months (>12 weeks) or years. It is caused by mucous build up as a result of inflammation and pressure within sinus during sinus infection and is one of the most common headaches affecting individuals of all age groups. Among different treatment modalities, *Nasya Karma* is considered as a prime treatment modality in all types of *Shiroroga* and also in *Kaphaja Shirashoola. Acharya Vagbhata* has described *Vidanga Taila Nasya* as a drug of choice in the management of *Kaphaja Shirashoola.* In this regard, this article aims to put forth a case of a 25 year old female patient with signs and symptoms of *Kaphaja Shirashoola* (Chronic Sinusitis) treated by *Nasya Karma* in the *Shalakya Tantra* OPD.

INTRODUCTION

Shiras is one among the *Shadangas,*[1] it is called as *Uttamanga.* There are eleven *Shirorogas* according to *Acharya Sushruta,*[2] five types according to *Acharya Charaka,*[3] ten *Shirorogas* and nine *Kapalagata Rogas* are mentioned by *Acharya Vagbhata.*[4] *Kaphaja Shirashoola* is one among them, in which there will be *Shirashoola* due to accumulation of vitiated *Kapha* in *Shirah Pradesha.* The *Vishesha Nidanas*[5] mentioned for *Kaphaja Shiroroga* like *Asyasukha, Swapna Sukha, Guru, Snigdha* and *Atibhojana* points toward the changing lifestyle which is a significant etiology of sinusitis.

The *Lakshanas* of *Kaphaja Shirashoola* are *Shirogalam Kaphopadigdham* (coating of *Kapha* in head and throat), *Guru* (feels heaviness), *Pratishtabdham* (*Kapha* adheres to head and throat) and *Himam* (feels cold), *Shoonakshikootam Vadanam* (swelling of eyes and face), *Aruchi* (anorexia), *Vami* (vomiting), *Tandra* (drowsiness), *Alasyam* (fatigue/ laziness), *Karnakandu* (itching sensation in ears) and *Ruk Manda Ahni Adhika Nishi* (pain is dull during the day and severe in the night).[6,7] This condition can be clinically analysed with the features of chronic sinusitis.

Chronic sinusitis refers to sinus infection lasting for months (>12 weeks) or years. It is caused by mucus build up as a result of inflammation and pressure within the sinus during sinus infection. The pain is usually more of a dull pain and usually worsen at night. Sinusitis is also coined as rhinosinusitis.[8]

The prevalence rates of Acute Rhinosinusitis and Chronic Rhinosinusitis range from 6% to 15% and 5% to 15% respectively in Western populations. Meanwhile, studies from several Asian countries show lower prevalence rates of chronic rhinosinusitis ranging between 2.7% and 8%.[9] In India it is affecting 30% of the whole population and

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estimated that 1 among 8 Indians are hit by chronic sinusitis.[10]

Acharyas have mentioned *Vamana*, *Gandoosha Dharana, Ghritapana, Teekshna Basti, Daha Karma, Rakta Mokshana, Nasya, Upanaha* and *Lepa Yogas* in the context of *Kaphaja Shirashoola.*[11]

Nasya Karma is considered as a prime treatment modality in all types of *Shiroroga* and also in *Kaphaja Shirashoola. Acharya Vagbhata* has described *Vidanga Taila Nasya* as a drug of choice in the management of *Kaphaja Shirashoola.*[12]

The present case report shows the successful management of *Kaphaja Shirashoola* (chronic sinusitis).

Timeline

The detailed timeline of this case is shown in Table 1.

Case Report

A female patient aged 25 years, consulted Shalakya OPD of Sri Sri College of Ayurvedic Science and Research Hospital - Bangalore, with the complaints of Bilateral (L>R) headache and heaviness of head which was on and off since 4 years associated with facial pressure, fatigue, nose block and coating of *Kapha* in oral cavity since 2 years. The symptoms got aggravated on exposure to cold climate and mild relief noticed after steam inhalation. Patient is not a known case of diabetic mellitus and hypertension.

PNS and Nasal examination

Shown in Table 2

Visual Acuity

Shown in Table 3

Nidana Panchaka

Shown in Table 4

MATERIALS AND METHODS

The treatment was planned after assessment of *Rogabala* (strength of the disease) and *Aturabala* (strength of the patient).

Intervention

Nasya with *Vidanga Taila* (8 drops each nostril)[13] for five days (early morning, empty stomach)[14] from 14/09/23 to 19/09/23 was done.

***Nasya* (Nasal therapy)**

Materials used: *Ksheerabala Taila, Vidanga Taila*, cotton, steam inhaler, *Saindhava Lavana*, water and *Haridra Dhuma Varti.*

Methodology of treatment[15]

Poorva Karma

- Patient was examined and made to lie in supine position *(Uttanashayinah)*.
- *Mukhaabhyanga* done with *Ksheerabala Taila (Snehana).*
- Steam inhalation *(Swedana).*

Pradhana Karma

- Instill 8-8 drops of *Vidanga Taila* in each nostril *(Nasya).*
- Advised to spit out the *Kapha.*

Paschat Karma

- *Kavala* with *Saindhava Jala* (4 pinches of *Saindhava Lavana* in 100ml of warm water).
- *Dhoomapana* with *Haridra Varti* (3 times in each nostril).

Pathya – Apathya

- *Pathya - Laghu Ahara* like *Ganji, Kicchdi.* Cotton plugs in ears, warm clothes.
- *Apathya - Shirasnana* (head bath), *Dadhi Sevana, Divaswapna, Yana, Sheetala Ahara* and *Vihara.*

RESULTS

After the course of treatment, the detailed results have been shown in timeline table 1 and in figures 1, 2.

Table 1: Timeline of events

14/09/2023 0th day (Before treatment)	• *Shirobhitaapa* – Present +++ • *Shirogurutva* – Present ++ • *Shirashoola* (VAS score) - 9 • Nose block - Present + • Coating of *Kapha* in oral cavity - Present + • SNOT Questionnaire Score - 44
19/09/2023 6th day (After treatment)	• *Shirobhitaapa* - Present + • *Shirogurutva* - Present + • *Shirashoola* (VAS score) - 2 • Nose block - Absent

	• Coating of *Kapha* in oral cavity - Absent • SNOT Questionnaire Score - 17
25/09/2023 11th day (Follow-up)	• *Shirobhitaapa* - Absent • *Shirogurutva* - Absent • *Shirashoola* (VAS score) - 0 • Nose block - Absent • Coating of *Kapha* in oral cavity - Absent • SNOT Questionnaire Score - 9
16/05/2024 (Follow-up)	• No symptoms noticed

Table 2: Local examination

Head posture		Normal
Facial symmetry		Symmetrical
Ocular posture		Orthophoria
Lacrimal apparatus	Right - Normal Schirmer's test – 14mm	Left - Normal Schirmer's test – 16mm
IOP	16mmHg (NCT @ 14/09/2023 10AM)	15mmHg (NCT @ 14/09/2023 10AM)
PNS Tenderness	**Right Sinus**	**Left Sinus**
Maxillary Sinus	+	++
Frontal Sinus	+	++
Anterior Ethmoidal Sinus	+	+
Nose	**Anterior Rhinoscopy**	
	Right Nostril	**Left Nostril**
Mucosa	Congestion +	Congestion +
Inferior Turbinate	Hypertrophied +	Hypertrophied +
DNS	-	Present

Table 3: Visual acuity

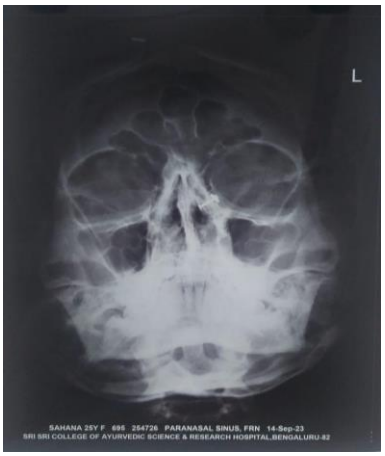
Distant vision	**Right eye**	**Left eye**	**Both eyes**
Visual acuity without power glasses	6/6 (B)	6/6 (B)	6/6
Visual acuity with power glasses	6/6	6/6	6/6
Near vision	**Right eye**	**Left eye**	**Both Eyes**
Near vision without power glasses	N6	N6	N6

Table 4: *Nidana Panchaka*

Nidana	• *Sheetala Ahara* at night • *Dadhi Sevana* • *Purovat* • *Yaana* • *Chinta* • *Divaswapna*
Poorvarupa	• *Avyakta*
Lakshanas	• *Shirashoola*

	• Coating of *Kapha* in oral cavity • *Shirogurutva* • Nose block • Fatigue
Samprapti	*Nidana Sevana* □ *Agnimandya – Ama* □ *Kapha Pradhana dosha dusti* at *Kapha Stana (Shiras)* □ pain and tenderness of head *(Kaphaja Shirashoola)*

Figures



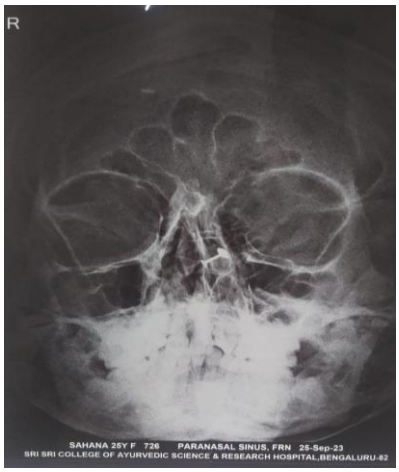


Figure 1: X-Ray PNS (Before treatment) Figure 2: X-Ray PNS (After treatment)

DISCUSSION

Among 11 diseases of *Shirorogas*, *Kaphaja Shirashoola* can be clinically analysed with the features of Chronic Sinusitis. It refers to sinus infection lasting for months (>12 weeks) or years. It is a common multifactorial inflammatory disorder of the upper airway system which severely affects the patient's quality of life. Most important cause of chronic sinusitis is failure of acute infection to resolve. Among different sinuses involved the most common cavity that becomes infected is maxillary followed by ethmoid, frontal and sphenoid sinuses. *Acharya Charaka* mentioned *Vishesha Nidanas* of *Kaphaja Shirashoola* like *Asyasukha, Swapna Sukha, Guru, Snigdha* and *Atibhojana.*[5] The classic feature of *Kaphaja Shirashoola* is *Gurutva* of *Shiras* and intense pain in nights compared to mornings.[7]

Kaphaja Shirashoola is a *Sadhyavyadhi* and in context of disease *Acharyas* have mentioned different treatment modalities like *Vamana*, *Gandoosha Dharana, Ghritapana, Teekshna Basti, Daha Karma, Rakta Mokshana, Nasya, Upanaha* and *Lepa Yogas.*[11] *Nasya Karma* is considered as a prime treatment modality in all types of *Urdwjatrugata Rogas* and also in *Kaphaja Shirashoola.*[16]

Sinus headache or headache due to sinusitis is caused by mucus build up as a result of inflammation and pressure within sinus during sinus infection. It is also termed as Rhinosinusitis because of symptoms involving congestion of nasal mucosa, nose block, running nose and other symptoms of nasal cavity.

Discussion on treatments

Kaphaja Shirashoola is a *Bheshaja Sadhyavyadhi.* The *Shodhana Marsha* type of *Nasya* with *Vidanga Taila* was adopted.[12,13] *Vidanga* has *Katu-Kashaya Rasa, Laghu-Ruksha-Teekshna Guna, Ushna Veerya, Katu Vipaka* helps in *Kapha-Vataghna, Krimihara, Shoolahara* and *Shirorogahara.* According to the chemical constitution, *Vidanga* possesses Embelin, quinone which acts as an analgesic property by inhibiting the production of inflammatory molecules in the body. Tannins and embelin contents act as antimicrobial and anthelmintic properties*. Vidanga also* has phenolics like coumarin and volatile compounds which act as nasal decongestants.[17,18]

Nasya as a procedure, *Acharya Vagbhata* mentioned *"Naasa Hi Shiraso Dwaram"* i.e., the nose is the easiest and closest opening for conveying the potency of medicines to the cranial cavity. The *Nasya Dravya* acts by reaching *'Shringataka Marma'* (vital point in head) from where it spreads into various *Srotas* (vessels and nerves) and brings out vitiated *Dosha* from the head.[19] The incorporation

of medications into the brain can be understood by the following three phenomena

- By general blood circulation after mucous membrane absorption.
- Direct pooling into the brain's venous sinuses through lower ophthalmic veins.
- Absorption in the cerebrospinal fluid.[20]

The nasal cavity opens directly into the frontal, maxillary, Ethmoidal and sphenoidal air sinuses, the transient retention of the drug in the nasopharynx and the suction causes the oozing of the drug material in the air. These sites have rich vessels of blood to the brain and meninges through existing bone foramina. Therefore, in this path there are better chances of drug absorption.

In this case, due to *Kapha* and *Vata Dushti*, *Shodhana Snehana Nasya* with *Vidanga Taila* was preferred. As a part of *Snehana, Mukhabhyanga* with *Ksheerabala Taila* was done which helps in *Dosha Mrudukarana*. *Swedana* was done which helps in vasodilatation and facilitate the movement of *Doshas.* Later after *Nasya, Kavala* and *Dhoomapana* were done to remove *Leena Doshas* and *Kleda* in *Srotas.*[21]

As in this case, DNS was present, chances of recurrence were high. Therefore *Anu Taila* (2 drops in each nostril as *Pratimarsha Nasya* for 1 month) was advised during 1st follow-up period.

CONCLUSION

Kaphaja Shirashoola is a clinical condition with high recurrence. This is due to lifestyle modifications. Therefore, *Shodhana Nasya* addresses the problem effectively. *Vidanga Taila* was chosen due to its *Kapha-Vatahara* and *Krimihara* properties. In the current study, the treatments adopted, cured the condition completely and there was no recurrence observed till one year.

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***Address for correspondence**
Dr. Abhilash K N
MS Scholar,
Dept. of Shalakya Tantra,
Sri Sri College of Ayurvedic Science and Research Hospital, Bangalore, Karnataka, India.
Email:
abhilash2ayurveda@gmail.com