



Case Study

SIGNIFICANCE OF AYURVEDIC SHODHANA THERAPY IN THE MANAGEMENT OF CHRONIC RHINOSINUSITIS

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ABSTRACT

Chronic Rhinosinusitis is a commonly occurring condition characterised by inflammation of paranasal sinuses associated with nasal obstruction, frontal headache, and mucopurulent discharge. In Ayurveda, this condition can be correlated to *Kaphaja Pratishyaya*. Conventional treatments (antibiotic, decongestants, anti-histaminics) often provide only temporary symptomatic relief while the underlying pathology persists. **Aim:** To evaluate the efficacy of *Vaman* and *Nasya* followed by *Rasayan chikitsa* in a diagnosed case of chronic rhinosinusitis. **Material and Methods:** A 37 years old female patient presented with headache and heaviness in the head, post nasal drip since last 6 months. She was diagnosed as chronic rhinosinusitis and was successfully managed with Ayurveda *Shodhana* therapy (*Vaman* and *Nasya*) followed by *Rasayan chikitsa*. X-ray PNS & SNOT 22 (22 item sino nasal outcome test) was assessed before and after the treatment. **Results:** Significant reduction was observed in all the symptoms, The patient reported improved and restful sleep, and no recurrence after exposure to cold or allergens. **Conclusion:** The combined intervention of *Vaman*, *Nasya* and *Rasayan* therapy showed significant improvement in the symptoms as well as on x ray. The therapy appears effective in correcting the underlying pathology and prevent the recurrence. This case report highlights potential of Ayurvedic bio-purification (*Shodhan*) and rejuvenation therapy (*Rasayan chikitsa*) in chronic respiratory disorders.

INTRODUCTION

The WHO through its International classification of disease (ICD-11), officially defines chronic rhinosinusitis as an inflammation of the mucosal lining of the nasal cavity and paranasal sinuses where symptoms persist for 12 weeks or more. Clinically, chronic sinusitis manifests with nasal obstruction, mucopurulent discharge, postnasal drip, facial pain or pressure, and headache persisting for more than 12 weeks.

Sinusitis is an inflammatory disorder of the paranasal sinuses, characterized by mucosal oedema, sinus ostial obstruction, and mucus retention leading to local infection or even allergy-mediated

inflammation. It is one of the most prevalent upper respiratory tract conditions worldwide, which affects approximately 10-15% of adults and significantly impacts quality of life and productivity.^[1,2]

Chronic sinusitis globally affects roughly 5-12% of people, while in India it impacts an estimated 134 million individual (about 1 in 8 people), driven heavily by severe air pollution and urban dust. This much of no. creates a major global as well as Indian population health impact. In India, especially due to urban pollution factor cases are rapidly rising in response to particulate matter and vehicle emission in cities like Mumbai, Delhi and Hyderabad have caused local sinus flare ups to surge by up to 50%.

The 4 pairs of paranasal sinuses, frontal, maxillary, ethmoidal, and sphenoidal, are air-filled cavities that help to humidify inhaled air, lighten the skull, and enhance vocal resonance in human beings. When drainage through the sinus ostia is compromised due to inflammation, polyp formation, or structural deviation, mucociliary clearance becomes impaired,

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which leads to chronic sinus mucosal congestion and secondary microbial growth.^[3,4]

In Ayurveda, the condition is closely correlated with *Kaphaja Pratishaya*, one of the *Urdhwa Jatrugata Rogas* (diseases affecting the supraclavicular region) described in classical literature like *Sushruta Charaka Samhita*, *Ashtanga Hridaya*, etc. The term *Pratishaya* refers to nasal discharge, and when *Kapha dosha* predominates, it produces classical symptoms such as *Guruta* (heaviness of the head), *Kandu* (itching), *Kasa* (cough), *Arochaka* (loss of taste or appetite), *Sleshma Pravritti* (thick mucus), *Nasa Avarodha* (nasal obstruction), and *Shiroshoola* (headache).^[5,6] The *Samprapti* (pathogenesis) begins with *Kapha* aggravation due to causative factors such as cold exposure, heavy meals, daytime sleep, and suppression of natural urges. This leads to obstruction (*Srotorodha*) of *Pranavaha Srotas*, producing stagnation of mucus and inflammation in the nasal passages. In advanced stages, associated *Vata* vitiation causes pain, dryness, and secondary infection, mirroring the modern understanding of sinus mucosal dysfunction and ostial blockage. Ayurvedic management of *Kaphaja Pratishaya*, therefore, emphasizes on *Srotoshodhana* (clearing obstructed channels), *Vata shamana*, and strengthening *Agni* (metabolic fire). Therapeutic emesis (*Vaman*), *Nasya Karma* (nasal administration of medicated oil) and *Rasayan chikitsa* are the main therapies that restore nasal patency, reduce mucosal inflammation, and enhance systemic immunity. Ayurvedic *Nasya* therapy parallels modern intranasal drug delivery strategies that ensure rapid mucosal absorption and localized anti-inflammatory effects.^[7-10]

Hence, understanding sinusitis through the perspective of *Kaphaja Pratishaya* provides an integrative approach that helps in dealing with pathology (*Samprapti*) and systemic *Dosha* imbalance. This case study presents a successful Ayurvedic management of chronic sinusitis through an Ayurvedic treatment protocol including *Vaman*, *Nasya* and *Rasayan chikitsa* resulting in symptom resolution and no recurrence.^[11]

MATERIAL AND METHOD

Case Presentation

A 37-year-old female patient presented with a chronic history of:

1. Nasal obstruction
2. Frontal headache and facial pain.
3. Mucopurulent nasal discharge that worsened during winter.
4. Sneezing worsened after exposure to cold and damp weather.
5. Post nasal drip which causes sleep disturbances.

The symptom complex had persisted for more than a year with gradual progression. She reported frequent thick mucus discharge from the oropharynx. She gave a history of while cleaning the house during Diwali the symptoms aggravated due to damp, dust and moist air. Painkillers and nasal decongestant gave transient relief.

On Ayurvedic assessment, her constitution (*Prakriti*) was *Dwandaja*, i.e., *Kapha*-predominant with *Pitta*. The disease process was traced to *Kapha-Vata Dosha prakopa* and *Pranavaha Srotas Dushti*, leading to *Shiro-Guruta* (head heaviness), *Nasavarodha* (nasal blockage), and *Shleshma-Pravritii* (mucus accumulation). The patient was enrolled for Ayurvedic management at D.Y. Patil School of Ayurveda, Nerul, Navi Mumbai, after obtaining informed consent.

Patient Details

Age/Sex: 37 years / Female

Date of first consultation: 26th January 2026. (pt came after ENT treatment which doesn't show any relief)

Duration of illness: More than 1 year

Past-history: k/c/o- Hypertension since 3 years (tab. Amlodipine 5mg)

Previous medication: Painkillers and nasal drops (self-medicated).

Chief Complaints

- Recurrent frontal headache (right>left) aggravated by air-conditioning, cold wind, and refrigerated food.
- Nasal obstruction with thick, viscid discharge, providing temporary relief after expulsion.
- Snoring and disturbed sleep, especially during winter.
- Post-nasal drips cause throat irritation.

Final Diagnosis

Chronic sinusitis (*Kaphaja Pratishaya*)

Intervention Protocols

It is a single-case observation following classical Ayurvedic diagnostic and therapeutic principles. The intervention aimed to work on *Kapha-Vata Dosha vridhhi*, *Srotorodha* (obstruction of nasal passages), and inflammation of *Pranavaha Srotas* corresponding to chronic sinusitis through *Vaman* and *Nasya* therapy and *Rasayan chikitsa*.

Evaluation was carried out at baseline and after completion of *Nasya* using snot 22 questionnaire and X Ray PNS.

Ayurvedic Diagnosis

Diagnosis was established through Ayurvedic parameters:

- *Dosha* involvement: Predominantly *Kapha*, associated *Vata*.
- *Dushya*: *Rasa* and *Mamsa Dhatu*.

- *Strotas* involved: *Pranavaha* and *Urdhva-Jatrugata Strotas*.
- *Srotodushti* type: *Sanga* (obstruction) and *Strotomargavarodha*.
- *Roga Marga*: *Bahya Marga (Urdhvajatrugata)*.
- *Rogabheda*: *Kaphaja Pratishaya*

The Ayurvedic pathogenesis (*Samprapti*) initiated with *Kapha Vriddhi* caused by cold exposure, excessive sleep, heavy food, and *Vegavarodha* (suppression of natural urges). This resulted in *Pranavaha Strotas Sanga*, impaired *Agni*, and accumulation of *Sleshma* in the nasal passages, producing *Shiro-guruta* (head heaviness) and *Nasavarodha* (nasal obstruction). Thus, therapy focused on *Kapha-nirharan* (liquefaction and elimination of *Kapha Dosha*), *Vata-Shamana* (pacification of *Vata*), *Srotoshodhana* (cleansing of nasal channels), *Agni-Dipana*, and *Rasayana chikitsa* (enhancement of metabolism and immunity).

Ayurvedic Treatment Protocols

Vaman Therapy: 1. *Purvakarma*

- Deepan pachan- Trikatu churna* 5gm bd bf for 3 days
- Snehapaan- Panchatikta Ghrita (Shodhanartha) Aarohan matra*.

Samyak snighdha lakshana were observed on 5th day.

- Vishram kala* 1 day. Patient was advised to take Urad dal khichadi and basundi in lunch and dinner. Performed *Sarvang snehana* and *Swedana*.

Pradhan Karma

- Yog -Chatan madan phal pippali churn* 5gm + *Vacha churna* 2gm + *Pillali churna* 2gm + *Madhu* and *saindhav*.
- Vamanopag Dravya - Yastimadhu phanta* and *Lavan jala*

Akantha pana- Go ksheer

- Vaigiki shuddhi- 6*

Antiki Shuddhi- Pittant

Laingiki Shuddhi- Shiro laghav, Angalaghav

Paschat karma

- Gandush- Triphala kwath*

- Dhoompana- Haridradi varti*

- Samsarjan krama - Peyadi krama* for 5 *Annakal*

Nasya Therapy- *Snehan nasya* with *Anutaila* 8 drops each (prior *Mukhabhyang* with *Bala taila* and mild steam on face) for 7 days

Rasayan (Rejunavation) therapy- 1. *Chitrakadi vati* 1-1-1 for 7 days with warm water

2. *Vasa avaleha*- 5gm od morning empty stomach.

Dietary and Lifestyle Monitoring

Dietary and behavioral modifications (*Pathya-Apathya*) were prescribed throughout the treatment.

Pathya (To follow)

- Warm, freshly cooked, easily digestible meals.
- Frequent sipping of lukewarm water.
- Old rice, barley, millet, moong dal, Ragi.
- Green vegetables, pomegranate, amla.
- Spices such as cumin, fennel, coriander, and curry leaves.
- Light yoga like *Ustrasana*, *Dhanurasana*, *Baddha Konasana*, and *Nadi Shodhana Pranayama* twice daily.

Apathya (To Avoid)

- Cold, oily, heavy, or fermented foods, leftover meals.
- High-lactose and high-fat dairy (cream, butter, cheese).
- Alcoholic beverages and carbonated drinks.
- Refined sugar, artificial sweeteners, and processed snacks.
- Night awakenings, day-sleep, or exposure to cold wind and air-conditioning.

OBSERVATION AND RESULT

After completion of three months of treatment, there was complete resolution of symptoms. All subjective parameters were assessed using a SNOT 22 questionnaire which demonstrated marked improvement following treatment.

Sino Nasal Outcome Test _22 Questionnaire

S.No.	Assessment parameter	Before treatment	After treatment
1	Congestion of nose	4	0
2	Need to blow nose	5	1
3	Sneezing	4	1
4	Runny nose	5	0
5	Post nasal drip	5	0
6	Facial pain	4	1
7	Difficulty falling asleep	3	0
8	Waking up tired	4	0
9	Reduced productivity	4	0

10	Embarrassed	4	0
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No problem	Very mild	Mild or slight	moderate	severe	Problem as bad as it can be
0	1	2	3	4	5

Visit-wise intervention and progress summary

Date (time of visitation)	Main symptom reported	Severity (0-5) scale	Progress summary
March 2026 (baseline / start of therapy)	• Heaviness in the head • Headache • Nasal obstruction and congestion • Thick, sticky mucus discharge	• Headache-5 • Nasal obstruction-5 • Mucus discharge-4 • Snoring-3 • Post-nasal drip-5	<i>Kapha prakop</i> symptoms were reported in pt. Patient reported daily frontal pain, heavy head, difficulty breathing through the nose, and dependence on nasal drops. Baseline score indicates chronic sinus inflammation with <i>Kapha-Vata</i> dominance.
15 April 2026 (after <i>Vaman</i>)	• Occasional mild headache only on cold exposure • Intermittent nasal obstruction • Mucus thinner, less quantity • Snoring reduced markedly	• Headache-2 • Nasal obstruction-2 • Mucus discharge-2 • Snoring-1 • Post-nasal drip-1	Pt underwent classical <i>Vaman karma</i> on 10 April 2026. After 5 days <i>Samsarjan krama</i> the patient reported significant improvement in the symptoms.
29 April (After <i>Nasya</i>)	• No frontal headache • Free nasal breathing • No snoring or post-nasal drip	• Headache-0 • Nasal obstruction-0 • Mucus discharge- 0 (occasional clear) • Snoring-0 • Post-nasal drip-0	From 22 April to 29 April <i>Marsha Nasya</i> with <i>Anutaila</i> given. and the symptoms were markedly lowered.
May 2026	No symptoms at all	Patient reported marked improvement in sleep.	<i>Rasayan chikitsa</i> given– <i>Vasa avleha</i> 1 tsf empty stomach for 1 month. No remission reported till date

DISCUSSION

Chronic sinusitis represents a persistent inflammatory condition of the paranasal sinuses, characterized by mucosal edema, mucus retention, and microbial colonization.

Pathophysiology (*Samprapti*) Correlation

As per Ayurveda, *Kaphaja Pratishyaya* arises when an individual with *Kapha-Pradhana Prakriti* or exposed repeatedly to *Kapha-Vardhaka Nidana*, such as cold, damp climate, daytime sleep, heavy unctuous food, and irregular routines then experience excessive accumulation of *Kapha Dosha* in the *Urdhva Jatru Pradesha*. This aggravated *Kapha* obstructs the free movement of *Vata Dosha* within the *Pranavaha Strotas*.

The resulting *Sanga* (stagnation) and *Avarana* produce a state of functional congestion that manifests

as nasal obstruction, heaviness of the head, and dull frontal pain.

Over time, the mixture of *Kapha* and *Vata* leads to the formation of thick, viscous mucus and mucosal oedema seen in chronic rhinosinusitis. The primary stage of *Samprapati*, i.e., *Dosha Parkopa*, is triggered by exposure to cold wind and a heavy diet, which initiates mucosal irritation in modern pathology.

In the next stage, *Dosha Sanga* and *Srotorodha* occur when the aggravated *Kapha* physically blocks the minute channels of the nasal mucosa, and this is the obstruction of sinus ostia and ciliary dysfunction that traps mucus within the sinuses. The resulting stagnation creates a humid, nutrient-rich environment for microbial growth, which corresponds to the *Ama Sanchya* (accumulation of toxic metabolites) described

in Ayurveda. *Ama* behaves like *Kapha* and precipitating local inflammation. As *Vata Dosha* becomes confined by *Kapha Avarana*, it loses its normal *Pravritti* (mobility), producing sensations of pressure, throbbing headache, and variable airflow caused by negative sinus ventilation. The disturbed *Vata* also contributes to disturbed sleep, which corresponds to the neurogenic component of chronic sinus pain and snoring. Progression from the acute to the chronic phase involves *Strotodushti* of the *Sanga* type structural blockage that prevents free drainage, leading to persistent mucus retention and potential formation of *Nasa Arsha* (nasal polyp). Therapeutic intervention in this case reversed an inflammatory exudate that contains oxidized proteins and microbial toxins, further aggravating each pathological step through *Samprapti Vighatana*.

CONCLUSION

This case study shows that *Kaphaja Pratishyaya* corresponds to chronic sinusitis and can be successfully managed through Ayurvedic bio-purification (*Shodhan- Vaman* and *Nasya*) and rejuvenation therapy (*Rasayan chikitsa*).

Bio purification therapies like classical *Vaman* and *Nasya karma*, mucolytic and anti-inflammatory herbal formulations, and systemic *Rasayana* support led to symptomatic remission within twelve weeks. The patient exhibited normalized nasal airflow, restored olfactory function, sound sleep, and sustained well-being without recurrence.

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