



Case Study

ROLE OF PRADHAMANA NASYA IN TRIDOSHAJA PRATISHYAYA W.S.R TO CHRONIC SINUSITIS

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ABSTRACT

Sinusitis is considered as one of the most common clinical conditions among chronic diseases. Modification in lifestyle, rise in the cases of antibiotic resistance, deviated nasal septum, nasal polyps, tumors etc. are responsible for increased prevalence of sinusitis. Sinusitis affects 10-30% population whereas Chronic Sinusitis affects approximately 12.5% population each year. Women are more affected in comparison with men. Feature of Sinusitis can be co-related with *Tridoshaja Pratishyaya*. *Acharya Sushruta* has mentioned *Pratishyaya* under 31 *Nasagata rogas*. In modern science, sinusitis is managed with antibiotics, nasal decongestants sprays, corticosteroids, analgesics etc. Excessive use of decongestant sprays can cause rebound congestion. Person may become resistant to antibiotics. Repeated attacks of sinusitis and fear of surgery may cause depression to the patient. Permanent cure of sinusitis can be achieved through Ayurvedic management. In *Brihat Samhita*, *Nasya* has been considered as effective treatment modality for all kinds of *Urdhava Jatrugata rogas* (diseases of supra clavicular region). *Acharya Charaka* in *Chikitsa Sthana* has mentioned *Pradhamana Nasya* for the management of *Kapha Pradhan Pratishyaya*. In the present case study, a patient with the symptoms of *Kapha Pradhan Tridoshaja Pratishyaya* was treated with *Manashiladi churna Pradhamana Nasya*. Patient got complete relief in sign and symptoms.

INTRODUCTION

Sinusitis is a medical condition which is characterized by inflammation of paranasal sinuses. Paranasal sinuses are air filled spaces around the nasal passage. [1] Sinusitis may be caused by nasal infections, fractures or penetrating injuries to sinus, infections of molar or premolar teeth or their extraction. Acute sinusitis causes damage to normal ciliated epithelium interfering with drainage from sinuses. This leads to stagnation of mucus secreted by sinuses and invites further infection. As maxillary sinus is larger and is in direct contact with external environment, this sinus is involved most commonly followed by ethmoid, frontal and sphenoid. Sinusitis is of two types – Acute sinusitis and Chronic sinusitis.

Acute sinusitis is inflammation of paranasal sinuses for shorter period of time whereas in chronic sinusitis, inflammation occurs for more than 3 months. Common symptoms of sinusitis are: fever, general malaise, thick and yellowish discharge from the nose (runny nose), drainage down the back of the throat (postnasal drainage), blocked or congested nose causing difficulty in breathing, pain, tenderness and swelling around eyes, cheeks, nose or forehead, reduced sense of smell and taste, headache, pain in upper jaw which may refer to gums or teeth, foul smelling discharge.[2] Sinusitis is treated with nasal decongestants, corticosteroids, antibiotics. In case of resistance to treatment modality or re-occurrence of symptoms, endoscopic surgery is only option.

In Ayurveda, symptoms of sinusitis are mentioned under *Nasagata Rogas*. *Pratishyaya* is of five types i.e., *Vataja*, *Pittaja*, *Kaphaja*, *Tridoshaja* and *Raktaj Pratishyaya*. [3] Features of different types of *Pratishyaya* are - *Samtapta* (fever), *Aanadha pihita nasa* (obstruction of nostril), *Tanustrava pravartini* (watery discharge), *Peet strava* (yellowish discharge), *Gal talu osha shosha* (dryness in throat, palate,

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mouth), *Shankh nistoda* (pain in temporal part of head), *Shoona akshi gurushiromukha* (swelling around eyes and heaviness of head and face).^[4] *Tridoshaja Pratishyaya* includes the features of *Vataja, Pittaja, kaphaja Pratishyaya*. *Acharya Charka* has indicated *Manashiladi Churna Pradhamana nasya* in case of *Kapha Pradhan Pratishyaya*.^[5] Along with *Nasya*, *Acharya Charaka* has indicated *Hasta Seka* (application of warm hands) in case of pain in head, frontal region, *Swedana karma* (fomentation) and *Langhan karma* (fasting) in conditions like heaviness and anorexia.^[6]

Case Report

A female patient of 30 years came to the Hospital with the complaints of headache, blockage in right nostril, foul smelling discharge, pain and stuffiness in nose and throat, fever, pain and heaviness in right eye for one year.

H/O present illness

Patient was asymptomatic one year back. Then patient developed pain in right upper second molar which gradually proceeded to whole teeth. Patient then developed pain and stuffiness in nose and throat followed by productive yellowish coloured discharge associated with difficulty in breathing eleven months ago. Patient also complained of pain and heaviness in right side of face, head, right eye in the last eight months. With all these complaints patient came to the hospital.

Past History – No H/O any chronic illness, Surgical intervention, any addiction.

Treatment History

1. Patient took treatment for headache from local clinic Sukhbag; district- Mandi, one year back. Patient got temporary relief.
2. Patient took treatment for two days from Primary Health Centre, Bir, District- Kangra. Patient got relief for a shorter period of time.
3. Patient went to AHC Chauntra for headache, fever and got temporary relief.

Personal History

Diet- Mixed
 Bowel- Constipation (on & off)
 Appetite - Normal

Micturition- Normal
 Sleep- Disturbed

Astavidha Pariksha

Nadi - Vata pradhan
Mala- Vibadhta
Mutra – Nirmal
Jihva - Anavrutta
Shabda – Spasht
Sparsh – Ruksha
Druka – Samanya
Akriti – Madhyam

Dashvidha Pariksha

Prakriti – Vatakaphaj
Vikriti – Lakshynimitaj
Sara – Sarvasara
Samhanan – Madhyam
Pramaan – Madhyam
Satmya - Sarvarasa satmya
Aahaar shakti – Avar
Vyayama shakti – Avar
Satva – Madhyam
Vaya – Yuva awastha

Physical Examination

Temperature – 98.7°F
 Purulent nasal secretions were present.
 Tenderness and swelling around right eye were present.
 Tenderness of right side of face was present.

Investigations

Hb- 12gm%
 ESR- 15
 TLC- 3000/ul
 DLC: Poly- 20.6% Lymph – 71.3% Mono – 8.1%
 Platelet count- 1,45,000/ul
 FBS – 79mg/dl
 PPBS – 102mg/dl

X-Ray: X-Ray PNS watery view was done for diagnostic purpose as shown in figure 1.

Diagnosis- Chronic Sinusitis- *Kapha dosha pradhan Tridoshaja Pratishyaya*

Assessment criteria- Changes in symptoms were observed on the basis of Assessment criteria as mentioned in table.

Table 1: Criteria of Assessment

S.no	Symptoms	Grade 0	Grade 1	Grade 2
1.	<i>Anadha pihita nasa</i> (Nasal obstruction)	No obstruction	No interference with nasal breathing	Interference with nasal breathing
2.	<i>Tanustrava pravartini</i> (watery discharge)	No discharge	Occasional discharge	Continuous discharge
3.	Nature of discharge	Watery thin	Mucoid	Mucopurulent
4.	<i>Shankh nistoda</i> (Pain in temporal region)	Absent	Occasionally	Continuous throughout day
5.	<i>Sirahshool</i> (Headache)	No pain	Mild pain, doesn't	Severe pain, not able to

			hamper daily activity	do daily activity
6.	<i>Shoonakshi</i> (Swelling around eyes)	Absent	Mild swelling	Swelling associated with pain

Treatment Protocol – Patient was treated on OPD basis. Treatment plan is shown in table.

Table 2: Treatment Protocol

Drug	Dose and Duration	Anupana
<i>Pradhamana Nasya</i>	3 <i>Muccyuti</i> per nostril for 15 days Two cycles of the same were repeated at interval of 7 days	
<i>Vyoshadi vati</i>	500 gm BD	LWW
<i>Vasa avleha</i>	3 gm BD	LWW
<i>Laxmi Vilas Ras</i>	250 gm BD	Honey

Route of administration– Oral and Nasal

Follow up findings

After 15 days of therapy– There was complete relief from blockage and oedema around eyes. Headache, foul smelling nasal discharge were moderately decreased.

After 1 month of therapy– Patient got complete relief in headache and nasal discharge.

Observation and Results-

Observation of therapy was done on the basis of following Assessment Criteria

Table 3: Effect of therapy on symptoms– Effect of therapy on symptoms is shown in table below

Symptoms	Before treatment	After treatment
<i>Anadha pihita nasa</i> (nasal obstruction)	2	0
<i>Tanustrava pravartini</i> (watery discharge)	1	0
Nature of discharge	2	0
<i>Shankh nistoda</i> (pain in temporal region)	2	0
<i>Sirahshool</i> (Headache)	1	0
<i>Shoonakshi</i> (swelling around eyes)	2	0

Effect of Therapy on X - Ray Findings

X-Ray PNS watery view was done after 15 days of therapy and after completion of treatment as shown in Figure 2 and 3.

DISCUSSION

Selection of Problem

Sinusitis is a disease of upper respiratory tract. Due to air pollution, cold climate, weak immunity, improper hygiene, smoking etc., a person becomes more prone for respiratory tract diseases. Due to improper diet or exposure to causative factor aggravates the disease.^[7] In modern, a wide range of antibiotics, decongestants, corticosteroids are available for the management of sinusitis. But these do not provide permanent cure from symptoms. When there is pus collection in the sinuses, endoscopic sinus surgery is only option. Surgical intervention may cause complications like visual problems, altered sense of smell or taste, spinal fluid leakage, change in voice quality, recurrence of disease.^[8] We need to remove the pathology from the roots and management of disease without causing much side effects.

Selection of Drug

“*Nasa hi Shirsodwaram*” (nose is gateway of *Murdha Pradesh*).^[9] Drug which is administered through nose reaches *Shringataka Marma* and from here spreads into other *Strotasas*. Drug through its action brings vitiated *Doshas* from *Murdha* mixed with tears, nasal discharge, salivation. *Kapha dosha* is responsible for the obstruction of *Strotasas*. For appeasing *Kapha dosha* from nearest root, *Shodhana Nasya* is indicated. *Pradhamana Nasya* is best among all *Shodhana Nasya*. *Manashiladi churna* is consisted of various *dravya* like *Manashila*, *Vacha*, *Shunthi*, *Maricha*, *Pippali*, *Vaya vidanga*, *Hingu*, *Guggulu*.^[10] All constituents are having *Ushna*, *Teekshna*, *Katu*, *Chedhana*, *Kaphahara*, *Lekhana* properties. These drugs with its properties provoke morbid *Doshas* and expel them from *Murdha Pradesh*.

Mode of action of Nasya

In *Purva karma*, elevation of lower extremities, lowering of head, *Urdhava jatrugata abhyanga* with “*Badam Rogan taila*” was done. *Badam Rogan taila* have *Sukhsma guna* and with this *guna*, it reaches minute channels and causes *Mriduta* of *Doshas*. After proper *Abhyanga*, *Mridu Swedana karma* was done. *Swedana karma* is responsible for *vilayana* (liquefaction) of *Doshas*.^[11] Modern view says there is

presence of efferent vasodilator nerves on superficial surface of face which get stimulated by fomentation. Lowering of head, elevation of extremities, stimulation of vasodilator nerves causes increased blood supply of supraclavicular area. Increased blood supply increases permeability of blood vessels which results in faster absorption of drug.

Manashiladi churna was administered into each nostril with the help of *Pradhamana Nadi Yantra*. Drug reaches *Shringataka marma*. *Shringataka* is a *Sadya pranahara marma*, which is situated on surface of brain where nerve fibres of speech, hearing, vision, smell and taste are present. From here drug spreads into various parts and by removal of vitiated *Doshas Strotoshodhana* occurs.

In *Pashchata karma*, *Swedana* was done. *Swedana* helps in drainage of *Doshas (Stroto mukh vishodhana)*.

CONCLUSION

Chronic sinusitis can be co-related with *Tridoshaja Pratishyaya*. Features of Chronic Sinusitis are recurrent in nature. For avoiding recurrence of disease and removal of *Doshas* from root, *Samshodhan* is first line of treatment. In present case study, patient presented with recurrent features of *Kapha pradhan Tridoshaja Pratishyaya*. Patient was treated with *Manashiladi churna Pradhamana nasya*. *Pradhamana nasya* showed highly significant results in symptoms. No adverse reaction during and after therapy were noticed. Further work needs to be done in large number of patients.

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