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THERAPEUTIC EFFICACY OF AYURVEDIC INTERVENTIONS IN NASA ARSHA: A CLINICAL STUDY

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ABSTRACT

Nasa Arsha is one among the thirty-one *Nasagata Rogas* described by *Acharya Sushruta*. According to Ayurvedic classics, vitiation of *Doshas* affecting *Twak, Mamsa,* and *Meda* leads to the formation of fleshy growths in nasal region, the condition manifests as *Nasa Arsha*. Clinically it can be correlated with Nasal polyps, which are are benign, soft, edematous outgrowths arising from the mucous membrane of the nasal cavity or paranasal sinuses, usually due to chronic inflammation of the nasal mucosa. Condition is more common in adults aged 30–60 years and shows male predominance. This is a clinical study of 33-year-old male patient presented to OPD of GAMC Bengaluru with Complaints of blockage and discharge from left nostril,repeated sneezing,post nasal drip and occasional heaviness in head since 1 year. He was treated with *Apamarga kshara pratisarana* to *Nasarshas* as per classical treatment mentioned by *Acharya Sushrutha* along with *Shamana Oushadhis* like *Haridra Khanda* and *Agastya Haritaki Rasayana*. The treatment resulted in a marked reduction in the size of the polyp with significant improvement in nasal obstruction and associated symptoms. The procedure was well tolerated, safe, and showed excellent clinical outcome without any adverse effects. *Apamarga kshara* contains *Chedana, Bhedana, Lekhana* properties Thus subsides *Kapha, Mamsa* and *Medo dusti*. Ayurvedic treatment works by correcting *dosha* imbalance and strengthens the respiratory system where Conventional management includes both Pharmacological measures(anti histamines, corticosteroids, decongestants) and surgical interventions like polypectomy which causes drug resisistence, reduced immunity, rebound congestion and high rate of recurrence. Hence this case study proves Ayurvedic treatment is cost-effective, safe, and minimally invasive offering promising results when compared with Modern medical management.

KEYWORDS: *Nasa arsha, Nasal polyp, Apamaraa kshara, Aagasthya haritaki rasayana.*

INTRODUCTION

Nasarsha is one among the thirty-one *Nasagata Rogas* described by *Acharya Sushruta*[1] According to classical texts, vitiated *Doshas* affecting *Twak* (skin), *Mamsa* (muscle tissue), and *Meda* (adipose tissue) lead to the formation of fleshy growths known as *Arsha*.

When these aggravated *Doshas* localize in the *Nasa* and vitiate these tissues, it results in the development of *Nasarsha*. Acharya Sushruta further explains that indulgence in *Nidana Sevana* such as excessive exposure to *Raja* (dust), *Dhuma* (smoke), *Abhitapa* (intense heat), and *Pravata* (strong wind), along with the suppression of natural urges such as *Mutra* (urination) and *Purisha* (defecation), aggravates the *Doshas*. These aggravated *Doshas* subsequently invade the *Ghrana Pradesha*, leading to the manifestation of *Nasarsha* and its associated clinical features. *Nasarsha classified* into four types, namely *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja*. *Prakupita doshas* localize in the *Ghrana Pradesha* (nasal region), various symptoms manifest such as *Pratishyaya* (nasal discharge or cold), *Atimatra Kshavathu* (excessive sneezing), *Kruchchhra Uchchwasa* (difficulty in breathing), *Putinasya* (foul smell from the nose), *Shirah*

Shula (headache) and *Anunasika Vakya Dukha*[2] (difficulty in pronouncing nasal sounds). In contemporary medicine, *Nasarsha* can be correlated with nasal polyps.

Nasal polyps are benign, soft, edematous outgrowths arising from the mucous membrane of the nasal cavity or paranasal sinuses, usually due to chronic inflammation of the nasal mucosa.[3] They typically appear as pale, smooth, and insensitive masses that may obstruct the nasal passage and impair normal breathing and olfaction. The etiology is multifactorial, with chronic rhinosinusitis being the most common cause. Other contributing factors include allergic rhinitis, bronchial asthma, and genetic predisposition. The prevalence of nasal polyps in the general population ranges from 1–4%, while studies in India report about 0.5–1%. The condition is more common in adults aged 30–60 years and shows male predominance with a male-to-female ratio of about 2–3:1. Nasal polyps are mainly classified into ethmoidal polyps and antrochoanal polyps. Clinically, patients commonly present with nasal obstruction, nasal discharge, sneezing, reduced or loss of smell, postnasal drip, headache, mouth breathing, and nasal speech. If left untreated, they may lead to complications such as recurrent sinus infections, anosmia, sleep disturbances, and secondary infections.

Staging of Polyps can be staged based on the size [Meltzer polyp grading system[4]
Stage I: Limited to the extent of middle turbinate
Stage II: Extending beyond the limit of middle turbinate.
Stage III: Approaching inferior turbinate.
Stage IV: Going up to the floor of the nose

Modern management mainly includes intranasal or systemic corticosteroids, antihistamines, antibiotics (when infection is present), and saline nasal irrigation. Surgical procedures such as polypectomy or functional endoscopic sinus surgery (FESS) are recommended when medical therapy fails or when there is severe nasal obstruction. However, conventional treatments may be associated with complications, side effects, and fear of surgery among patients. Therefore, there is a growing need for safer, holistic, and cost-effective treatment approaches, where Ayurveda will provide promising therapeutic outcomes. *Kshara karma* and *kapha vatahara shamoushadis* give best results.

MATERIALS AND METHODS

This is a case report of 33 years old male patient who approached Outpatient department of Shalakya tantra, GAMC, Bengaluru.

CASE REPORT

Chief Complaints with Duration

Patient complaints of blockage and discharge from left nostril, repeated sneezing, postnasal drip and occasional heaviness in head since 1 year.

History of Past Illness

The patient was apparently healthy 4-5 years ago, Patient complaints of blockage and discharge from left nostril, repeated sneezing, postnasal drip and occasional heaviness in head since1 year. The patient reports a history of allergic rhinitis since 3 years ago. He had taken symptomatic treatment such as antihistamines, nasal decongestants, and steroid nasal sprays intermittently, which provided only temporary relief.

History of past illness

No history of major systemic illness such as diabetes mellitus, Hypertension etc,
No previous H/O Asthama and Nasal surgery.

Systemic examination: No specific abnormalities detected.

Diagnosis

The diagnosis was done based on Signs and Symptoms and Examination of Nose.

Nasal Examination

- **Inspection** -DNS towards left side
- **Palpation**-Examination of PNS-tenderness present in left frontal and maxillary sinus
- **Anterior Rhinoscopy**- (Left nostril)-A unilateral, round, pale, and glossy polypoidal mass was observed in the middle meatus**.** The mass was insensitive to probing and did not bleed on probing**.** Bilateral inferior turbinate hypertrophy was also noted.

Investigations: AEC - 670cells/microliter of blood, ESR-35mm/hr.

Personal History

a) Appetite-Poor
b) Bowel-Regular
c) Micturition-Normal
d) Sleep-Normal

Family History- Nothing significant.

Ashtasthana Pareeksha
Nadi: Vatakapha
Mala: Once daily
Mutra: 5-6 times/day
Jihwa: Ishat lipta
Shabda: Prakruta
Sparsha: Prakrutha
Druk: Prakruta
Akruthi: Madhyama

Vitals

Pulse rate-80/min,
Respiratory rate-22/min,
BP-110/80 mm of Hg,

Table no. 1: Treatment Protocol.

Days	Name of the medicine	Dose	Time	*Anupana*	Duration
1st-5th day	Tab *Chitrakadi vati*	1-1-1	Before food	Warm water	5 days
6th-27th day	*Apamarga kshara pratisarana* [5]*(kshara* application to left nasal polyp)	Q.S	Morning [2 times Weekly]	-	7sittings (21days)
6th - 27th day	*Haridra khanda*	¾ tsp BD	Before food	Warm water	21 Days

Table no. 2: Follow Up Medicine.

28th -43rd Day	*Agastya haritaki Rasayana*	1tsp	Early morning empty stomach	Warm milk	15 days
28th -43rd Day	*Anu taila PM Nasya*	2^0-2^0 both nostril	Twice daily	--	15 days
Total duration					**41 days**

Table No. 3: Observation and Result.

	BT	During Treatment (4th sitting -12th day)	AT (21 days)
Polyp grading	GRADE 2	GRADE 1	Grade 0

Figure 1: Before Treatment.

Figure 2: During Treatment.

Figure 3: After Treatment.

DISCUSSION

In this study, the combined approach of *Apamarga Khṣara Karma* and internal Ayurvedic medications demonstrated significant therapeutic potential. *Acharya Sushrutha* has recommended the local application of *kshara* in *Nasarshas*. *Kshara* is considered as best among *Anusastra* because of its *Chedana, Bhedana, Lekhana* and *Tridoshagna* properties.[6] *Nasarshaas* is a *Kaphapradhana Tridoshajanya Vyadhi* where *Mamsa* and *Medho Dhatu Dusti* is present. *Ushna* and *Lekhana* properties of *Kshara* help to reduced vitiated *Dusti*. *Chitrakadi vati* has been advised to correct *Agnimandya* of the patient inorder to prevent *Amajanya rogas*. *Haridra khanda* has anti inflammatory activity and immunomodulation action thus alleviates allergic symptoms like excessive sneezing and watery from nostrils. *Agastyaharitaki Rasayana* offers a vital *Rasayana* (rejuvenating) and respiratory tonic effect, helping to strengthen the entire upper respiratory tract (*Pranavaha Srotas*), clear accumulated mucus (*Kapha*), and boost local immunity.

CONCLUSION

The findings of this study suggest that an Ayurvedic therapeutic approach can provide meaningful clinical benefits in the management of *Nasa Arsha* (nasal polyps). The use of *Apamarga Kshara Pratisarana* as a local intervention demonstrated notable effectiveness in reducing the polypoidal growth and improving nasal patency, thereby relieving symptoms such as nasal obstruction and difficulty in breathing. When combined with appropriate internal Ayurvedic medications, helps to maintain *Agni*, *Tridoshas* and restore *Bala* thereby altering the pathogensis of disease. The Ayurvedic therapy is relatively simple, cost-effective, and can be performed safely in an outpatient setting with good patient tolerance.

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