

MANAGING NASAPAKA THROUGH AYURVEDA: A CASE STUDY OF NASAL
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ABSTRACT

Nasal Vestibulitis is a localized inflammatory condition of the nasal vestibule, commonly precipitated by recurrent trauma or bacterial infection, particularly *Staphylococcus aureus*. Clinically, it is characterized by redness, swelling, pain, crust formation, and occasional bleeding. In Ayurvedic literature, this condition closely corresponds to *Nasapaka*, a type of *Nasa Roga* attributed to the vitiation of *Pitta*, *Rakta*, and *Vata* doshas. This case study presents a 41-year-old male patient diagnosed with *Nasapaka*, exhibiting classical symptoms such as *daha* (burning sensation), *shula* (pain), nasal obstruction and crusting primarily affecting the left nasal vestibule. This case study highlights the successful treatment of nasal vestibulitis using Ayurvedic interventions. The patient was managed with *Nasapichu* (application of medicated cotton swabs in the nostrils), *lepa* and internal medicines targeting *Pitta*, *Vata*, and *Rakta* imbalances. These treatments helped reduce inflammation, clear infection, and restore doshic balance, leading to complete symptom resolution without recurrence or complications. The case demonstrates that Ayurvedic approaches, when applied judiciously, can offer effective and holistic management for conditions like nasal vestibulitis, underscoring the relevance of traditional medical systems in contemporary clinical practice.

KEYWORDS: Nasal Vestibulitis, *Nasapaka*, *Nasapichu*, Dosha.**INTRODUCTION**

Nasal Vestibulitis is a diffuse dermatitis condition affecting the nasal vestibule (the skin-lined anterior part of the nasal cavity) commonly caused by *Staphylococcus aureus*. Contributing factors include repeated trauma such as nose picking, excessive nose blowing, nasal piercings, and pre-existing conditions like rhinitis or sinusitis. Symptoms typically include redness, swelling, tenderness at the nasal tip, crusting, minor bleeding, and formation of boils. If not treated promptly, it may progress to serious complications like cellulitis or, in rare cases, cavernous sinus thrombosis.^[1]

Nasal vestibulitis is a commonly seen in approximately 1–3% of ENT outpatients, often associated with nasal trauma or infection.^[2] Its prevalence is higher among individuals with diabetes, frequent nasal swabbing, or chronic nasal spray use.^[3]

Vestibulitis may be acute or chronic. In acute form, vestibular skin is red, swollen and tender; crusts and scales cover an area of skin erosion or excoriation. In chronic form, there is induration of vestibular skin with painful fissures and crusting. Treatment consists of

cleaning the nasal vestibule of all crusts and scales with cotton applicator soaked in hydrogen peroxide and application of antibiotic-steroid ointment. A chronic fissure can be cauterized with silver nitrate.^[4]

In Ayurveda, nasal vestibulitis can be closely correlated with *Nasapaka*, one of the 31 types of *Nasa Rogas* described by Acharya Sushruta.^[5] This condition arises due to the vitiation of *Pitta* and *Rakta* doshas, often in association with *Vata*. "Acharyas Charaka and Vagbhata have highlighted the predominant involvement of *Pitta* and *Rakta* doshas in the pathogenesis of the condition." These aggravated doshas lead to *paka* (suppuration) of *twak* (skin) and *mamsa* (muscle) within the *nasaputa* (nasal passages), resulting in symptoms such as swelling (*shvayathu*), burning sensation (*daha*), pain (*shula*), and redness (*raga*).^{[6][7]}

Acharya Sushruta mentions characteristic features like the formation of *arumshika* (pustular eruptions) *kota* (necrosis) and *vikleda*^[8] (moist discharge), Management of *Nasapaka* involves *Pittahara* (Pitta-pacifying) measures. Therapeutic approaches include *Raktamokshana* (bloodletting), *Seka* (medicated

decoction pouring) using *Kshiri Vriksha* (milky latex plants), and *Lepana* (topical application) with *Ghrita*-based preparations made from *Kshiri Vriksha* drugs.^[9] These interventions help in reducing inflammation, promoting healing, and restoring doshic balance.

CASE REPORT

PRESENTING ILLNESS

Patient complaints of pain and swelling associated with redness in nasal area from 3 days.

HISTORY OF PRESENTING ILLNESS

A male patient aged 41 years initially reported experiencing pain on the inner aspect of the left nostril, persisting for four months. He sought consultation from a local physician and was prescribed analgesics for five days, which provided temporary relief. However, the symptoms recurred after one month at the same site. On subsequent consultation, he was advised a combination of analgesics and multivitamin tablets for 10 days, resulting in symptomatic resolution. The patient continued the multivitamin tablets for approximately one month as a prophylactic measure. In the following month, he developed fresh symptoms including blood-stained nasal discharge from the left nostril, accompanied by redness, swelling, and pain over the left ala nasi. He revisited the same physician, who advised the application of Soframycin ointment over the affected area. Despite three days of local application, there was no clinical improvement. Consequently, the patient was referred to the *Shalakya Tantra* Outpatient Department for further evaluation and management.

NASAL AND PARANASAL SINUS EXAMINATION

EXTERNAL NOSE EXAMINATION

Skin

Alar part of the nose- redness and swelling present on the left side.

- Ulcer, Crust and fissures- present on left side
- Dorsum of nose- deviation to left side

PALPATION

- Tenderness- present over the tip and alar part of nose
- Thickening of soft tissue over the left nasal ala- absent.
- Crepitation- absent

VESTIBULE EXAMINATION

- Ulcer- Present on left side of nasal cavity.
- Crusting – Present on left side of nasal cavity, bleeding on removal of crust was observed
- Fissure- Present more in the left side of the nostril.
- Swelling- Present on left side over tip and nasal ala.
- Congestion – Present in the both sides. More towards the left side.
- Dislocated caudal end of the septum-Absent
- Furuncle- absent.
- Tumours/ cyst- Absent

ANTERIOR RHINOSCOPIC EXAMINATION

INSPECTION

- **Nasal passage**- narrow on the left side
- **Nasal Septum**-septal mucosa inflamed, deviated to left side, it is a C- shaped deformity.
- **Floor of nose** – Inflammation noted.
- **Roof**- not visible

• Lateral wall

Turbinal mucosa- congestion present.

Ulcer- small, multiple ulcers present on left nasal cavity, Discharge-dried, blood stained brownish crusts in nasal cavity.

Mass- Absent.

POSTERIOR RHINOSCOPY EXAMINATION

INSPECTION

- Choanal polyp or atresia - Absent
- Hypertrophy of posterior ends of inferior turbinate's- Absent
- Discharge in the middle meatus- present
- Adenoids- Not enlarged
- Tonsils- Not enlarged.

FUNCTIONAL EXAMINATION OF NOSE

PATENCY TEST

- Spatula test- area of condensation in less on the left side compared to right.
- Cotton wool test- movement was more appreciated on right side when compared to left side.

SENSE OF SMELL

Patient was able to appreciate moderate and strong odorous substances

DIAGNOSIS

On the basis of signs and symptoms and nasal examination it was diagnosed as Nasapaka vis-a vis Nasal Vestibulitis.

TREATMENT PROTOCOL

Patient was treated on OPD base from 04/03/25 to 10/3/25.

Dashanga lepa over the alar surface of the nose was done

Panchavalkala kasayam prakshalana

Nasa pichu with *Bala Ashwagandha Lakshadi taila*

Ksheerabala taila pichu placed over Alar surface of the nose

Tab *Amla parimala* 2-2-2 (A/F)

Patola katuohinyadi kasayam 2tsp-2tsp-2tsp with 4tsp water (B/F)

Pathya	Apathya
Mudga	Katu Ahara,
Kshira	Usna, teeksa ahara
Ghrita	Pittakara ahara sevana
Dadima	Bakery Items,
	Nose Picking,
	Rajo Dhuma Sevana

OBSERVATION

The clinical assessment of the patient was conducted using subjective parameters based on the classical signs and symptoms of *Nasapaka*. Prior to treatment, the patient exhibited multiple symptoms, including *daha* (burning sensation), *shula* (pain), *rakta srava* (nasal bleeding), *raga* (redness), *shwayathu* (swelling), crusting, nasal fissures, and *nasa avarodha* (nasal obstruction). Associated complaints such as mouth breathing and snoring were also noted. On physical examination, a deviated nasal septum (DNS) was

observed on the left side, while other symptoms were present bilaterally.

Most of the cardinal features of *Nasapaka*—including *daha*, *shula*, *rakta srava*, *raga*, *shwayathu*, crusts, and fissures—were completely resolved. *Nasa avarodha*. However, the DNS persisted on the Left side, as expected in structural deviations. Overall, the findings indicate a favorable response to treatment in managing the inflammatory and obstructive symptoms associated with *Nasapaka*.



1st Day of Treatment.



During the course of the Treatment.



On the 7th day of the treatment.



DISCUSSION

Nasal vestibulitis, though often underreported, is a relatively frequent inflammatory condition, especially among individuals exposed to repeated nasal trauma, chronic nasal spray use, or frequent nasal swabbing. The chronicity and recurrence seen in this case reflect the need for a more holistic, immune-modulatory, and locally effective treatment strategy beyond temporary symptomatic relief.

Dashanga Lepa is a classical Ayurvedic formulation known for its *Tridosha*-pacifying properties, with a pronounced action on *Pitta Dosha*. By alleviating *Pitta*, it helps reduce local body temperature. The formulation exhibits significant anti-inflammatory effects by decreasing prostaglandin levels—biochemical mediators responsible for inflammation, pain, and swelling. The inherent analgesic properties of its ingredients further contribute to pain relief. Its *Dhatu-shoshaka* (tissue-draining) action, attributed to the *Kashaya* (astringent) and *Tikta* (bitter) rasa, supports the absorption of inflammatory exudates. The *Pittashamana* (Pitta-

pacifying) and *Sheeta Virya* (cool potency) properties provide a soothing and calming effect on the affected area. Phytochemical constituents like alkaloids, tannins, pinene, curcuminoids, phenolic compounds, flavonoids, and ephedrine impart potent anti-inflammatory and antipyretic actions. These bioactive compounds help in relieving symptoms such as pain, burning sensation, and swelling effectively.^[10]

Kṣheera-Balā Taila pichu applied to the nasal vestibule delivers *brimhaṇa* (nourishing) and *Vātahara* actions directly to the lesion. The synergy of *Balā* (*Sida cordifolia*), cow's milk and sesame oil strengthen mucosal tissues, provides cooling effect, nutrition and ensures deep oleation, respectively. This combination improves neural conductance, reduces local inflammation and accelerates epithelial regeneration, resulting in softer crusts, smoother debridement and quicker wound closure.

Patola Katurohinyadi Kashayam is a classical Ayurvedic formulation that primarily acts through *Pitta*-

Kapha Shamana, *Raktashodhana* (blood purification). The key ingredients—*Patola* (*Trichosanthes dioica*), *Katuohini* (*Picrorhiza kurroa*), *Guduchi* (*Tinospora cordifolia*), and *Chandana* (*Santalum album*)—are rich in *Tikta* (bitter) and *Kashaya* (astringent) rasa, which contribute to their anti-inflammatory, detoxifying, and *Pitta*-pacifying actions. These herbs help eliminate *Ama* (metabolic toxins), reduce *Raktadushti* (vitiation of blood), and alleviate conditions arising from *Pitta* vitiation. Owing to their *Sheeta Veerya* (cooling potency), they are particularly beneficial in managing symptoms such as burning sensations, skin inflammation, and other *Pitta* dominant disorders.

Panchavalkala *Kashaya* acts through its *shodhana* (cleansing) and *ropana* (healing) properties. It contains the barks of five *kashaya* (astringent) trees—*Vata*, *Udumbara*, *Ashwatha*, *Parisha*, and *Plaksha*—rich in *kashaya rasa* (astringent taste), which help in contracting tissues, reducing discharge, and promoting wound contraction. The *kashaya* has antibacterial, anti-inflammatory, and styptic effects, making it effective in infected, oozing, or chronic inflammatory wounds. It cleanses the wound surface, reduces microbial load, controls local inflammation. Its *tridosha-shamaka* nature, especially in *pitta* and *kapha* conditions, makes it ideal for external wound care.

Nasa Pichu with Bala Ashwagandha Lakshadi Taila is a therapeutic procedure wherein a sterile cotton wick soaked in the medicated oil is gently inserted into the nostrils and retained for a specific duration. This allows for sustained contact and effective absorption of the oil through the nasal mucosa, enabling targeted local action. The formulation exerts its effects primarily through its *Vatahara* (*Vata*-pacifying), *Brimhana* (nourishing), and *Balya* (strength-promoting) properties.

Amla Parimala Tab acts mainly through *deepana* (stimulating digestive fire), *pachana* (digesting *ama*/toxins), and *vata-anulomana* (regulating *vata* in the gut). It helps in conditions like indigestion, bloating, flatulence, weak appetite, and gastric discomfort. It also enhances nutrient absorption and corrects metabolic imbalances, indirectly supporting tissue repair and systemic homeostasis.

CONCLUSION

The present case study demonstrates that the integrative use of interventions—such as *Dashanga Lepa*, *Ksheerabala Taila Pichu*, *Bala Ashwagandha Lakshadi Taila Nasa Pichu*, and internal medications like *Patola Katurohinyadi Kashayam* and *Amla Parimala* offers a safe, effective, and holistic approach in the management of Nasal Vestibulitis, clinically correlated with *Nasapaka*. The interventions not only addressed the local inflammatory symptoms like pain, burning, swelling, and crusting, but also targeted systemic *doshic* imbalances of *Pitta*, *Rakta* and *Vata*. Notably, complete symptom resolution was achieved without complications.

Importantly, this approach not only alleviated the patient's symptoms but also prevented recurrence suggesting a better long-term prognosis. The protocol used in this case reinforces its relevance in managing **localized inflammatory nasal pathologies** with minimal risk of resistance or systemic side effects. It exemplifies how classical knowledge, when applied rationally, can address both the root and manifestation of disease in chronic ENT conditions like Nasal Vestibulitis.

REFERENCES

1. Dhingra. P.L, Dhingra S., 6th edition. Reed Elsevier India Pvt. Ltd; New Delhi: 2014. Disease of external nose and nasal vestibule, Chapter 25. Diseases of ear, nose & throat & head and neck surgery, page no 145.
2. Singh M, Singh S, Arora R. Clinical and microbiological profile of nasal vestibulitis in a tertiary care hospital. Int J Otorhinolaryngol Head Neck Surg, 2018; 4(3): 677–81.
3. Kanjanawasee D, Assanasen P, Bunnag C, et al. Incidence and risk factors of nasal vestibulitis in healthcare workers undergoing frequent nasopharyngeal swabbing during COVID-19. J Hosp Infect, 2021; 112: 102–6.
4. Dhingra. P.L, Dhingra S., 6th edition. Reed Elsevier India Pvt. Ltd; New Delhi: 2014. Disease of external nose and nasal vestibule, Chapter 25. Diseases of ear, nose & throat & head and neck surgery, page no 145.
5. Vaidya Jadavji Trikamji Acharya and Narayan Ram Acharya “Kavyathirtha”, Sushruta Samhita, with Sri Dalhanacharya teeka, Chaukhambha Surbharati Prakashan, Varanasi, reprint edition 2017; Uttartantra; Nasagatarogavigyaniya Adhyaya: 22nd chapter, Verse 5.
6. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda deepika, Chaukhambha Sanskrit Sansthan, Varanasi, Fifth Edition 2001. Chikitsa sthana; Trimarmiyachikitsa adhyaya: 23rd chapter, Verse 115.
7. Krishna Ramchandra Shastri Navre, Ashtangahrdayam of Vagbhata, Arunadatta's Sarvangasundara and Hemadri's Ayurvedarasayana, Krishnadas Academy Varanasi, Edition reprint 2000; Uttarasthana; Nasarogavigyaniya Adhayaya: 19th chapter, Verse 18-19.
8. Vaidya Jadavji Trikamji Acharya and Narayan Ram Acharya “Kavyathirtha”, Sushruta Samhita, with Sri Dalhanacharya teeka, Chaukhambha Surbharati Prakashan, Varanasi, reprint edition 2017; Uttartantra; Nasagatarogavigyaniya Adhyaya: 22nd chapter, Verse 8.
9. Vaidya Jadavji Trikamji Acharya and Narayan Ram Acharya “Kavyathirtha”, Sushruta Samhita, with Sri Dalhanacharya teeka, Chaukhambha Surbharati Prakashan, Varanasi, edition 2017; Uttartantra; reprint Nasagatarogapratishedha Adhyaya: 23rd chapter, Verse 5, 6.

10. Neha Meena, Vashishtha, Vidhu Singh, Rajendra Prasad Sharma, Sakhitha K.S. Review on dashanga lepa – An anti-inflammatory formulation. J of Ayurveda and Hol Med (JAHM), 2023; 11(9): 129-138.