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Case Report

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AYURVEDIC MANAGEMENT OF CHRONIC NASAL POLYPOSIS THROUGH KSHARAKARMA: A CASE REPORT ON NASA ARSHAS

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ABSTRACT

Nasal polyps are benign, non-neoplastic, inflammatory outgrowths of edematous nasal mucosa, often arising from the mucosa of the nasal cavity or paranasal sinuses. They typically result from chronic mucosal inflammation and are associated with conditions such as chronic rhinosinusitis, Samter's triad, Churg-Strauss syndrome, and cystic fibrosis. Clinically, polyps may be asymptomatic in early stages but often present with nasal obstruction, anosmia, facial pressure, and snoring in advanced cases. Despite medical and surgical interventions, recurrence remains a major clinical challenge. In ayurvedic literature this condition closely corresponds to nasa arshas, a type of nasa roga attributed to the vitiation of kapha vata pradhana tridoshas. This case study presents a 61-year- old-female patient diagnosed with nasa arshas, exhibiting classical symptoms such as nasal obstruction, ghrana nasha(anosmia), nasa srava(rhinorrhea), nasal twang, sneezing(kshavathu) primarily affecting the left nasal cavity. This case study highlights the successful treatment of nasa arshas using ayurvedic interventions. The patient was treated with ksharakarma(application of alkali for chemical cauterisation), nasa pichu, nasa prakshalana, kavala and internal medicines targeting kapha vata pradhana tridoshas aggrevation. These treatment helped to reduce nasal obstruction, nasal twang, sneezing, rhinorrhea and anosmia, leading to significant resolution in symptoms without any complications. The case demonstrates that ayurvedic approaches, when applied judiciously, can offer effective and holistic management for conditions like nasa arshas, underscoring the relevance of traditional medical systems in contemporary clinical practice.

KEYWORDS: Nasal polyps, Nasa arshas, Ksharakarma, Nasapichu.

INTRODUCTION

Nasal polyps are non-neoplastic, inflammatory outgrowths of edematous nasal mucosa, characterized by extracellular fluid accumulation. They arise from the mucosa of the nasal cavity or paranasal sinuses. Initially sessile, polyps often become pedunculated due to gravitational forces and repeated sneezing, assuming a teardrop or grape-like appearance[1] They are broadly classified into two types: antrochoanal polyps and ethmoidal polyps. Though the exact etiology remains uncertain, nasal polyps are often associated with chronic rhinosinusitis and systemic conditions such as Samter's triad (nasal polyps, asthma, and aspirin sensitivity), Churg-Strauss syndrome, Young's syndrome, nasal mastocytosis, and neoplasms[2]

Both allergic and non-allergic forms exist. The prevalence in the general population ranges from 1– 4%, with higher incidence in adults than in children under 10—except in cases related to cystic fibrosis. A strong association with asthma has been observed, particularly in non-atopic individuals. Symptoms may be absent in smaller polyps. However, larger or multiple polyps can cause nasal obstruction, anosmia (loss of smell), facial pain or pressure, headache, and snoring. Nasal polyps are more commonly seen in males, with a male-to-female ratio of 4:1

Grading of Nasal Polyps:[3]

- Grade 1: Confined to middle turbinate
- Grade 2: Extending beyond the middle turbinate
- Grade 3: Reaching the inferior turbinate
- Grade 4: Extending to the nasal floor

Medical management is generally the first line, especially for ethmoidal polyps, but surgical intervention may be required in persistent or recurrent cases. Despite treatment, recurrence is common. In Ayurveda, nasal

polyps are correlated with Nasa Arshas, a condition included among the 31 types of nasal disorders (Nasagata Rogas) described by Acharya Sushruta. The term Arshas is defined as "Arivat pranān śrunāti"—a disease that aflicts a person like an enemy.[5] Acharya Charaka describes that Arshas can manifest in various locations including the nose, eyes, ears, oral cavity, genitalia, and skin. Its origin is linked to the māmsadhara kalā (Saptami Twacha), which is the tissue layer and produce mamsankura of different shapes[5] supporting muscle and flesh. According to acharya sushruta arshas are of 4 types- vataja, pittaja, kaphaja, sannipataja. As well as 4 types of treatments- aushadhi, ksharakarma, agnikarma and shastrakarma[6] which were followed to treat nasa arshas. In the present study, Ksharakarma has been employed as the primary treatment method for Nasa Arshas.

CASE REPORT

PRESENTING ILLNESS

C/o Nasal obstruction and breathing difficulty aggravated since 2years associated with cold, runny nose on and off and nasal twang since 2 years.

HISTORY OF PRESENTING ILLNESS

A 61year old female patient had H/O nasal obstruction and breathing difficulty which used to aggrevate in the night since 2years associated with cold and runny nose on and off and anosmia and nasal twang since 2years. initially patient had same complaints 25 years back where she consulted a pulmonologist and was prescribed with steroid inhaler (seroflo 250mg) 2 puffs at night and montelukast with levocetrizine OD during exacerbation of signs and symptoms where she found only symptomatic relief .later on the symptoms aggrevated and she visited an ENT surgeon in sanjay gandhi hospital where she was diagnosed with nasal polyps in bilateral nostril R>L nostril and underwent laser nasal surgery for polyps in the right nostril and was relieved after the treatment, later on the symptoms recurred again after 10-15years and she visited nearby ENT surgeon and was adviced for CT PNS and was found to diagnosed with nasal polyposis/ inflammatory changes involving bilateral maxillary and ethmoidal sinuses and was adviced for nasal polypectomy, but patient neglected and continued the same treatment which was presecribed earlier and found better symptomatically. but symptoms aggrevated abruptly since 2years. hence patient approached SKAMCH&RC for better management. Patient was a k/c/o HTN, wheezing since 30years surgical history of bilateral tonsillectomy 40years back.

NASAL AND PARANASAL SINUS EXAMINATION

EXTERNAL NOSE EXAMINATION

INSPECTION

Skin

- ✓ External nose
- Broadening of nose with increased intercanthal distance
- Inflammation, scar, sinus, swelling, neoplasm- absent
- Osteocartilagenous framework- deviated nose

PALPATION

Temperature	Normal
Fixity of skin	Fixed on cartilage and mobile on bone
Thickening of soft tissues	Absent
Tenderness	Absent
Fluctuation and crepitation	Absent

VESTIBULE EXAMINATION

	Right nostril	Left nostril
Furuncle	Absent	Absent
Fissure	Absent	Absent
Crusting	Absent	Absent
Caudal end of septum	Absent	Dislocated to left
Tumors	Absent	Absent

ANTERIOR RHINOSCOPIC EXAMINATION INSPECTION

	Right nostril	Left nostril
Nasal passage	Narrow	Pale greyish, glistening grape like mass present
Septum	Deviated to right	Not visible
Floor of nose	Normal	Not visible
Roof of nose	Not visible	Not visible
Lateral wall of nose	Hypertrophied inferior turbinates +	Hypertrophied middle turbinates +

Probe test

- probe can be passed all around the mass which indicates pedunculated or narrow base,
- it can also be displaced with probe, confirming its non- invasive nature
- It is insensitive to pain and non-friable and no bleeding on probing

POSTERIOR RHINOSCOPY EXAMINATION INSPECTION

- Choanal polyp or atresia - Absent
- Hypertrophy of posterior ends of middle and superior turbinate's- Absent
- Discharge in the middle meatus- mucoidal discharge present
- Adenoids- Not enlarged
- Tonsils- bilaterally absent.

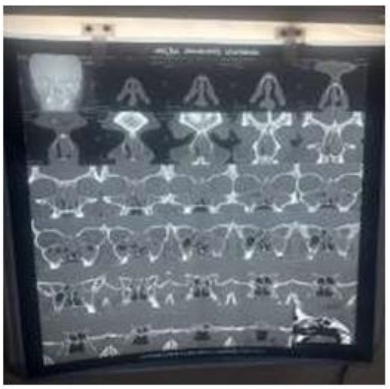
FUNCTIONAL EXAMINATION OF NOSE
PATENCY TEST

- Spatula test- mist formation was seen only on right side
- Cotton wool test- movement was noticed on the right side.

Cottles test- no improvement in the nasal airway on the test side which indicates there is no abnormality of vestibular component of nasal valve

SENSE OF SMELL
Sense of smell was absent in left nostril even with substances having strong odour

INVESTIGATIONS



- Nasal endoscopic examination- complete obstruction of nasal passage by the mass
- CT PNS findings

✓ Nasal septal deviation with left middle and right inferior turbinate enlargement

✓ Prominent mucosal thickening with fluid/soft tissue attenuation, seen almost completely filling the bilateral maxillary and ethmoidal sinuses. These changes are seen involving the bilateral ostiomeatal unit region, extending into/narrowing the bilateral nasal cavities, and partially obscuring the nasal turbinates outline on both sides. Suggestive of polyposis/ inflammatory changes involving the paranasal sinuses

DIAGNOSIS
On the basis of signs and symptoms and nasal examination it was diagnosed as Nasa arshas vis-a vis Nasal polyposis.

RESULTS
Assessment after apamarga kshara application

TREATMENT PROTOCOL
Patient was treated on OPD base from 13/05/2025 to 18/06/2025 *Apamarga ksharakarma 6 sittings was done over the polypoidal mass Kalingadi taila nasa pichu followed by steam inhalation*
Kavala with triphala kashaya
Nasa prakshalana with triphala kashaya
Pratimarsha nasya with kalingadi taila followed by steam inhalation
Agastya haritaki lehya 1tsp-0-1tsp
Tab triphala guggulu 2-0-2
Shwasamrutam 3tsp-0-3tsp
Dashamoolakatutrayadi kashayam 3tsp-0-3tsp with warm water

After 3rd Sitting of Application of apamarga kshara

after 6th sitting of application of apamarga kshara

Symptoms	Before treatment	After treatment
Nasal obstruction	Present	Reduced significantly
Nasal twang	Present	Absent
Anosmia	Present	Absent
Nasal discharge	Present	Absent
Sneezing	Present	Absent

DISCUSSION

Nasal polyposis is a chronic inflammatory disorder of the nasal mucosa, characterised by soft, edematous, non-neoplastic outgrowths arising from the lining of the nasal cavity or paranasal sinuses. In ayurveda, this condition finds close resemblance with nasa arsas. While modern approaches nasal polyps as a localised sinonasal pathology, ayurveda contextualizes nasa arshas as a systemic dosha imbalance manifesting as localised tissue overgrowth within the nasal cavity

Apamarga kshara is a potent ayurvedic herb known for its kshara preparation, which is widely used in ksharakarma, especially for arshas(both guda and nasa). When applied locally apamarga kshara works through a combination of chemical cauterisation, debridement and dosha-shamana.

Apamarga is kaphavatahara and Tikshna in nature. It counteracts the kapha and vata doshas, kshara exhibits lekhana karma, which scrapes away the excessive mucosal proliferation and cleans the local site of kapha-medo dominated dhatus. Apamarga kshara possesses anti inflammatory, antiseptic and antimicrobial properties, removes dushta mamsa and reduces infection and discharge. apamarga kshara's properties of tissue penetration, dissolution and scraping contributes in shrinking the mass.[7]

Kalingadi taila nasa pichu 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. Pichu acts systemically by cellular absorption and circulation thereby softening the nasal mucosa, reduces dryness and stiffness The formulation contains tikta Kashaya dravyas possessing lekhaniya and chedaniya properties which helps in breaking down hypertrophic tissues and facilitates disintegration and removal of accumulated kapha and dushta mamsa in the nasal mucosa, it possess antimicrobial and antiseptic actions useful in chronic infection of sinuses and nasal cavity. It specifically acts on kapha and vata doshas, which are responsible for mucosal thickening, obstruction and mass formation.

Triphala Kashaya kavala kavala is one of the kriyakalpa procedure explained in classics. Kavala is aroutine process of filling the mouth with liquid which helps to maintain oral health, kavala has both local and systemic avtions. It increases local defence mechanism. It helps in strengthening of muscles of oral cavity.kavala exerts mechanical pressure inside the oral cavity. This increased pressure stimulates baroreceptors that are present in the mouth. Once the baroreceptors is stimulated they send signals to salivary nuclei in the brain stem. As a result, para sympathetic nervous system activity increases and motor fibers in facial and glossopharyngeal nerve triggers dramatically increased output of saliva[8], chemical constituent present in triphala like gallic acid, ellagic acid, flavonoids exhibit strong antioxidant, antimicrobial and anti inflammatory properties and inhibit growth of oral pathogens like Streptococcus mutans, Porphyromonas gingivalis and helps in mucosal repair and also helps in modulating immune response. Modulates mast cell degranulation and reduces local hypersensitivity.

Triphala Kashaya nasa prakshalana is a therapeutic procedure of nasal cleansing or nasal irrigation, when performed with triphala Kashaya, it provides therapeutic cleansing, detoxification and healing of the nasal mucosa and sinuses after post ksharakarma procedure. And is considered to be effective especially in kapha dominant conditions like nasa arshas, it serves as an effective supportive therapy before or after procedures like ksharakarma and prevents recurrence through anti-inflammatory, antioxidant and mucosal strengthening actions. Post ksharakarma it cleanses residual kshara and

necrosed tissue, promotes faster healing and reduces the chances of recurrence.

CONCLUSION

Nasal polyps, though benign, represent a chronic and often recurrent inflammatory disorder of the nasal mucosa that can significantly impair quality of life through nasal obstruction, anosmia, and associated respiratory conditions. Despite advances in medical and surgical management, recurrence remains a persistent challenge in modern practice.

Ayurveda offers a comprehensive and individualized understanding of this condition through the lens of Nāsa Arśas, classified under Nāsa Rogas by Acharya Suśruta. With its roots in doṣa dūṣya sammūrchana and tissue-level pathology (Māṁsadhara Kalā involvement), Nāsa Arśas reflects the structural and systemic nature of the disease. The classification into Vātaja, Pittaja, Kaphaja, and Sannipātaja forms the basis for personalized treatment, which includes Aushadhi (medicinal), Kṣārakarma (chemical cauterization), Agnikarma (thermal cautery), and Śastrakarma (surgical excision).

Among these, Kṣārakarma stands out as a minimally invasive, effective, and recurrence-preventive approach, especially suitable for soft tissue overgrowths such as nasal polyps. With its chedana, lekhana, and śodhana actions, it not only removes the abnormal tissue but also addresses the underlying doṣic imbalance. When supported with appropriate post-procedural care—including Triphalā kaṣāya prakṣālana, Nasya karma, and Rasāyana therapy—the outcomes are promising in terms of both relief and recurrence prevention.

Thus, the integration of Ayurvedic principles with clinical practice offers a safe, holistic, and sustainable approach to managing nasal polyposis through the perspective of Nāsa Arśas.

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